Colorado Children's Health Insurance Program

Fiscal Year 2024–2025 PIP Validation Report

for

DentaQuest

April 2025

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

Table of Contents

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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 2024–2025 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 EQR Protocol 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.

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[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, 2025.

Validation Overview

For FY 2024–2025, 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 EQR 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 EQR Protocol 1 steps:

Table 2-1—CMS EQR Protocol 1 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 2024–2025 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 EQR 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 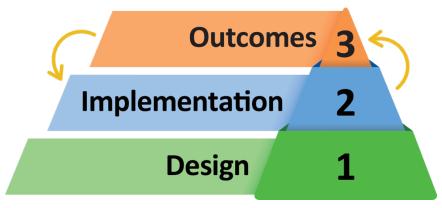not all performance indicators demonstrated improvement over the baseline and none of the performance indicators demonstrated *statistically significant* improvement over the baseline.

- *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—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 (Steps 7–8). 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 (Step 9) is the final stage, which involves the evaluation of statistically 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. This stage is the culmination of the previous two stages. 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.

Table 3-1 illustrates the initial and resubmission validation scores for each PIP.

Table 3-1—2024–2025 PIP Overall Confidence Levels for DentaQuest

PIP Title	Type of Review[1]	Validation Rating 1 — Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP			Validation Rating 2 — 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	87%	78%	*Low Confidence*	100%	100%	*High Confidence*
	Resubmission	100%	100%	*High Confidence*	100%	100%	*High Confidence*
SDOH Screening—Member Survey	Initial Submission	73%	67%	*Low Confidence*	100%	100%	*High Confidence*
	Resubmission	93%	100%	*High Confidence*	100%	100%	*High Confidence*

[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).*

The *Increasing the Rate of Enrollees Accessing Preventative Dental Services—Oral Evaluations* PIP was validated through all nine steps of the PIP Validation Tool. For Validation Rating 1, HSAG assigned 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. For Validation Rating 2, HSAG assigned a *High Confidence* level that the PIP achieved significant improvement. HSAG assigned a *High Confidence* level for Validation Rating 2 because the performance indicator results demonstrated a statistically significant improvement over baseline performance at the first remeasurement.

The *SDOH Screening—Member Survey* PIP was also validated through all nine steps in the PIP Validation Tool. For Validation Rating 1, HSAG assigned 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 88 percent of applicable evaluation elements in the Implementation (Steps 7–8) stages of the PIP. For Validation Rating 2, HSAG assigned a *High Confidence* level that the PIP achieved significant improvement. HSAG assigned a *High Confidence* level for Validation Rating 2 because the performance indicator results demonstrated a statistically significant improvement over baseline performance at the first remeasurement.

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	38.3%	N: 36,370	44.0%			
	D: 44,006		D: 82,736				

N–Numerator   D–Denominator
HSAG rounded percentages to the first decimal place.

For the baseline measurement period, DentaQuest reported that 38.3 percent of eligible enrollees under age 21 years received at least one oral evaluation dental service during the measurement year.

For the first remeasurement period, DentaQuest reported that 44.0 percent of eligible enrollees under age 21 years received at least one oral evaluation dental service during the measurement year. Compared to baseline results, the Remeasurement 1 results demonstrated a statistically significant increase in the percentage of eligible members who received an oral evaluation dental service of 5.7 percentage points.

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%	N: 81	0.1%		
	D: 45,435		D: 82,736			

N–Numerator D–Denominator
HSAG rounded percentages to the first decimal place.

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

For the first remeasurement period, DentaQuest reported that 0.1 percent of enrollees completed the SDOH member survey during the measurement year. Compared to baseline results, the Remeasurement 1 results demonstrated a statistically significant increase in the percentage of eligible members who completed a SDOH survey of 0.1 percentage point.

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. • Unaware that member is overdue for dental visit to complete the oral evaluation. • Perception of need: parent does not prioritize dental care.	Telephonic outreach to enrollee/caregiver to educate them on the importance of preventive care and oral evaluation. Outreach includes a reminder and assistance with appointment scheduling.

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 by mail to members to educate them on the SDOH survey and benefits of completing survey

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 Remeasurement 1 performance indicator results for both PIPs, and both PIPs were validated through Step 9 (Outcomes stage). Both PIPs received a *High Confidence* level for adherence to acceptable PIP methodology in the Design and Implementation stages. In the Outcomes stage, both PIPs received a *High Confidence* level that the PIP achieved significant improvement.

HSAG's PIP validation findings suggest a thorough application of the PIP Design stage (Steps 1 through 6) for both PIPs. 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 both PIPs. DentaQuest received one *Partially Met* score in Step 7 related to uncorrected errors in the narrative description of baseline indicator results for the *SDOH Screening—Member Survey* PIP. In the Outcomes stage (Step 9), Remeasurement 1 results for both PIPs demonstrated statistically significant improvement over baseline results. DentaQuest will progress to reporting Remeasurement 2 indicator results for both PIPs, and both PIPs will progress to being evaluated for sustaining significant improvement for next year's validation.

Recommendations

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

- For the *SDOH Screening—Member Survey* PIP, DentaQuest should ensure the narrative description of indicator results accurately reflects how data were collected and analyzed to produce indicator results for each measurement period.
- 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 provided by DentaQuest 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 submissions.

Appendix A: State of Colorado 2024-25 PIP Submission Form
Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
for DentaQuest

Demographic Information
Managed Care Organization (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: 10/31/2024
Resubmission Date (if applicable): 01/22/2025

Appendix A: State of Colorado 2024-25 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 2024-25 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.

DentaQuestDentaQuest 2024-25 PIP Submission Form
State of ColoradoColorado
Page A-3
DQ_CO2024-25_PIP-Val_Dental_Submission_F1_0425

DentaQuest Fiscal Year 2024–2025 PIP Validation Report
State of Colorado
Page A-3
DQ_CO2024-25_PAHP_PIP-Val_Report_F1_0425

Appendix A: State of Colorado 2024-25 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?

Appendix A: State of Colorado 2024-25 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

DentaQuestDentaQuest 2024-25 PIP Submission Form · State of ColoradoColorado · Page A-5 · DQ_CO2024-25_PIP-Val_Dental_Submission_F1_0425

DentaQuest Fiscal Year 2024–2025 PIP Validation Report · State of Colorado · **Page A-5** · DQ_CO2024-25_PAHP_PIP-Val_Report_F1_0425

Appendix A: State of Colorado 2024-25 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. 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:				

Appendix A: State of Colorado 2024-25 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	

Appendix A: State of Colorado 2024-25 PIP Submission Form
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	

Appendix A: State of Colorado 2024-25 PIP Submission Form
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.

	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	

Appendix A: State of Colorado 2024-25 PIP Submission Form
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.

	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.	

Appendix A: State of Colorado 2024-25 PIP Submission Form
Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
for DentaQuest

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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Appendix A: **State of Colorado 2024-25 PIP Submission Form**
Increasing the Rate of Enrollees Accessing Preventative Dental
Services - Oral Evaluations
for DentaQuest

Performance Improvement Projects

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	36,370	82,736	43.96%	N/A	Two Tailed Z Score. The result is significant at p < .05. The value of p is <.00001.
07/01/2024–06/30/2025	Remeasurement 2					

Appendix A: State of Colorado 2024-25 PIP Submission Form
Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
for DentaQuest

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:
1. Remeasurement 1 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. DQ used DQA technical specifications for FFY 2023. The requested remeasurement 1 time period was 07/01/2023 – 06/30/2024. The baseline period benchmark rate was 38.32%, while remeasurement 1 period rate was 43.96%. This represents an increase of 5.64 percentage points between the two periods. This increase is statistically significant using a two tailed Z score. The resulting p-value is <0.0001. All statistical testing was

Appendix A: State of Colorado 2024-25 PIP Submission Form
Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
for DentaQuest

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.

done using a 95% confidence level. There were no changes in measure technical specifications. Natural changes to eligibility affect the comparability of different time periods, as well as a significant increase in the eligible population, partly regarding the unwind of the Public Health Emergency (PHE) that the state of Colorado rolled out over a 12-month period.

2. The PIP team identified 16,865 members that had an OEV during the baseline period from 07/01/2022 – 06/30/2023. In remeasurement 1 from 07/01/2023 – 06/30/2024, the PIP team identified 36,370 members that had an OEV. The baseline shows that 38.32% of members had a completed OEV, while remeasurement 1 shows 43.96% of members had a completed OEV. With an increase of 5.64% of OEV completed during remeasurement 1 when compared to the baseline, it should be noted that remeasurement 1 ended with almost double the number of members enrolled in the CO CHP population due to the unwind of the PHE.

3. It should be noted that the denominator increased by 38,730 members between the two measurement periods. The numerator also increased by 19,505. The same qualifications were used to calculate the percentage. The data analyst on the PIP team used a two tailed z test to determine the p-value of <.00001. This shows that the difference between the two periods was statistically significant. It should be noted that while the difference was statistically significant, the PIP team feels that the PIP has been successful due to the higher percentage of members that are utilizing the benefits for the OEV, especially with the increase of the eligible population.

Appendix A: State of Colorado 2024-25 PIP Submission Form
Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
for DentaQuest

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 denominator 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 OEV that were completed during the measurement period indicating the member had a completed oral evaluation. The baseline time period was 07/01/2022 - 06/30/2023. The numerator for OEV completion was 16,865 and the denominator was 44,006. The baseline result was 38.32% of the population had a completed OEV.

Remeasurement 1 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 OEV that were completed during the measurement period indicating the member had a completed evaluation. The baseline time period was 07/01/2023 - 06/30/2024. The numerator for OEV completion was 36,370 and the denominator was 82,736. The remeasurement 1 result was 43.96% of the population completed OEV.

Baseline to Remeasurement 2 Narrative:

Appendix A: State of Colorado 2024-25 PIP Submission Form
Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
for DentaQuest

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:
   o Intervention Description
   o Intervention Effectiveness Measure
   o Intervention Evaluation Results - Clinical and Programmatic Improvement
   o 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.

Appendix A: State of Colorado 2024-25 PIP Submission Form
Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
for DentaQuest

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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

Appendix A: State of Colorado 2024-25 PIP Submission Form
**Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
for DentaQuest**

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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.

Appendix A: State of Colorado 2024-25 PIP Submission Form
Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
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    o   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

Appendix A: State of Colorado 2024-25 PIP Submission Form
Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
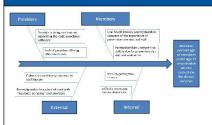**for DentaQuest**

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:

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

5	Misinformation and lack of trust based on culturally based concerns	1	2	2

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 outreach to member to educate them on the importance of preventive care and oral evaluation. Provide reminder and assistance to schedule visit during outreach.	• Low oral health literacy: parents/guardian unaware of the importance of preventive care and oral evaluation • Unaware that member is overdue for dental visit to complete the oral evaluation • Perception of need: parent does not prioritize dental care

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 2024-25 PIP Submission Form
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

Demographic Information
Managed Care Organization (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 2024-25 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 economical 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.

Appendix A: State of Colorado 2024-25 PIP Submission Form
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?

Appendix A: State of Colorado 2024-25 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 used to identify the eligible population (if applicable): N/A

Appendix A: State of Colorado 2024-25 PIP Submission Form
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				

Appendix A: State of Colorado 2024-25 PIP Submission Form
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

Appendix A: State of Colorado 2024-25 PIP Submission Form
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 [ ] Paper medical record abstraction [ ] Electronic health record abstraction Record Type [ ] Outpatient [ ] Inpatient [ ] Other, please explain in narrative section. [ ] Data collection tool attached (required for manual record review)	Data Source [ ] Programmed pull from claims/encounters [ ] Supplemental data [ ] Electronic health record query [ ] Complaint/appeal [ ] Pharmacy data [ ] Telephone service data/call center data [ ] Appointment/access data [ ] Delegated entity/vendor data _____ [ ] Other _____ Other Requirements [ ] Codes used to identify data elements (e.g., ICD-10, CPT codes)- please attach separately [ ] Data completeness assessment attached [ ] Coding verification process attached	Fielding Method [ ] Personal interview [ ] Mail [ ] Phone with CATI script [ ] Phone with IVR [X] Internet [ ] Other _____ Other Survey Requirements: Number of waves: _____ Response rate: _____ Incentives used: _____

Appendix A: State of Colorado 2024-25 PIP Submission Form
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.

	Estimated percentage of reported administrative data completeness at the time the data are generated: _____ % 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:	
	Survey is available to all CO CHP members via the member portal. All members have access to the member portal and the survey. Members will be encouraged to complete the survey annually. Member email addresses will be collected as a unique member identifier to ensure one annual completion of the SDoH survey is recorded per member. Monthly survey reports are provided to the DQ PIP team based on the number of unique surveys that were completed through email address identifier.	
	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	

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Appendix A: State of Colorado 2024-25 PIP Submission Form
Social Determinants of Health (SDOH) Screening – Member
Survey
for DentaQuest

Performance Improvement Projects

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.

	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.	

Appendix A: State of Colorado 2024-25 PIP Submission Form
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

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.

Appendix A: State of Colorado 2024-25 PIP Submission Form
Social Determinants of Health (SDOH) Screening – Member Survey
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: 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	81	82,736	0.1%	N/A	Two Tailed Z Score. The result is significant at p < .05. The value of p is <.00001.
07/01/2024–06/30/2025	Remeasurement 2					

Appendix A: State of Colorado 2024-25 PIP Submission Form
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

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:

Appendix A: State of Colorado 2024-25 PIP Submission Form
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

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.

1. All analysis was conducted within the guidelines of the data analysis plan. Using the results from the SDoH survey and identifying that members were CO CHP eligible during the measurement period, the PIP team was able to identify the numerator and denominator for performance measure 1. Performance measure 1 showed that there was an increase of 81 members that completed the SDoH survey. There was also a significant increase of eligible members in the measurement period denominator. This increase happened between the baseline to remeasurement 1. The performance measure increased 0.1% from baseline to remeasurement 1. The increase between the two time periods proved to be statistically significant. Both the baseline and remeasurement 1 were calculated using the same methodology. While the increase is not as large as the PIP team would have liked to see, it should be noted that there was a significant increase in the eligible population, partly regarding the unwind of the Public Health Emergency (PHE) that the state of Colorado rolled out over a 12-month period.

2. The PIP team identified 0 members that completed the SDoH survey during the baseline period from 07/01/2022 – 06/30/2023, as the survey was not yet made available to members. In remeasurement 1 from 07/01/2023 – 06/30/2024, the PIP team identified 81 members that completed the survey. The baseline shows that 0% of members completed the survey, while remeasurement 1 shows 0.1% of members completed the survey. While the increase was minimal between the baseline and remeasurement 1, remeasurement 1

Appendix A: State of Colorado 2024-25 PIP Submission Form
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

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.

ended with almost double the number of members enrolled in the CO CHP population. Additionally, remeasurement 1 analysis indicated a significant analysis at p < .05 with a p-value of <.00001, using a two tailed z score analysis.

3. It should be noted that the denominator increased by 37,301 members between the two measurement periods. The numerator also increased by 81 members. The same qualifications were used to calculate the percentage. The data analyst on the PIP team used a two tailed z test to determine the p-value of <.00001. This shows that the difference between the two periods was statistically significant. It should be noted that while the difference was statistically significant, the PIP team feels that the PIP has been successful due to the higher percentage of members that are accessing the online portal to complete the SDoH, especially with the increase of the eligible population.

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

Appendix A: State of Colorado 2024-25 PIP Submission Form
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

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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.

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. Remeasurement 1 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 07/01/2023 - 06/30/2024. The numerator for survey completion was 81 and the denominator was 82,736. The remeasurement 1 result was 0.001% of the population completed Social Determinants of Health (SDoH) Member Survey.

DQ added a qualifying layer to the member qualification portion to ensure that the survey responses are unique members for the CO CHP population. An email address is utilized as unique identifiers to ensure that a member is completing the survey once, annually. The member will be encouraged to take the survey each year that they qualify.

Appendix A: State of Colorado 2024-25 PIP Submission Form
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

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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.

During this measurement period a methodological issue was identified with the data collection process. This was clarified and qualified towards the end of the measurement period which directly impacted our intervention effectiveness measures. Additionally, due to the sensitivity of the information being collected caution must be exercised with interventions. Providing referrals and/or follow up for members expressing SDoH needs is critical and to address this, the survey was administered in a secure member portal which provided helpful resources to help overcome these challenges. The changes, issues with methodology and sensitivity of the topic created challenges for DQ that we have not encountered previously. DQ is positioned to apply quality improvement and PDSA process to interventions during R2.

There were no external threats to validity of the data despite the challenges encountered

Baseline to Remeasurement 2 Narrative:

Appendix A: State of Colorado 2024-25 PIP Submission Form
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

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:
   o Intervention Description
   o Intervention Effectiveness Measure
   o Intervention Evaluation Results - Clinical and Programmatic Improvement
   o 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.

Appendix A: State of Colorado 2024-25 PIP Submission Form
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

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  o Intervention Status

The fishbone diagram is below.

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

HSAG HEALTH SERVICES ADVISORY GROUP

Appendix A: State of Colorado 2024-25 PIP Submission Form
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

Performance Improvement Projects

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

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.

Appendix A: State of Colorado 2024-25 PIP Submission Form
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

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:

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   o Intervention Effectiveness Measure
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   o Intervention Status

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

Appendix A: State of Colorado 2024-25 PIP Submission Form
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

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 Status

5	Misinformation and lack of trust based on culturally based concerns	2	2	4

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 mail educating them on the member portal containing SDoH survey	• Low oral health literacy: parents/guardian unaware they have access to resources to address various SDoH • Unaware that SDoH survey is available and provides resources upon completion of survey

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 A1 contains the completed Intervention Worksheets that DentaQuest provided for validation. HSAG made only minor grammatical corrections to these forms and did not alter the content/meaning.

Appendix A1-1: State of Colorado PIP Intervention Worksheet
Increasing the Rate of Enrollees Accessing Preventative Dental Services – Oral Evaluations
for DentaQuest

Managed Care Organization (MCO) Information	
MCO Name	DentaQuest
PIP Title	*Increasing the Rate of Enrollees Accessing Preventative Dental Services – Oral Evaluations*
Intervention Title	Telephonic outreach to member to educate them on the importance of preventive care and oral evaluation. Provide reminder and assistance to schedule visit during outreach

Appendix A1-1: State of Colorado PIP Intervention Worksheet
Increasing the Rate of Enrollees Accessing Preventative Dental Services – Oral Evaluations
for DentaQuest

Instructions: Complete a separate worksheet for each intervention.

Intervention Description	
Intervention Title	Telephonic outreach to member to educate them on the importance of preventive care and oral evaluation. Provide reminder and assistance to schedule visit during outreach.
What barrier(s) are addressed?	• Low oral health literacy: parents/guardian unaware of the importance of preventive care and oral evaluation • Unaware that member is overdue for dental visit to complete the oral evaluation • Perception of need: parent does not prioritize dental care
Describe how the intervention is culturally and linguistically appropriate.	The intervention is culturally and linguistically appropriate as it is offering the same opportunity to all members, regardless of any social factors. Members are offered language assistance.
Intervention Process Steps (*List the step-by-step process required to carry out this intervention.*)	1. All eligible member data is pulled from the enrollment file.
	2. Eligible population receives a telephonic call to educate the member on purpose and benefit of completing the yearly oral evaluation.
	3. Upon completion of phone notification, data is reviewed to determine who was successfully contacted.
	4. DQ completes a monthly analysis of number of oral evaluations completed following successful contact via phone, 180 days after initial outreach.
Intervention Start Date (MM/DD/YYYY)	07/01/2023 **Intervention End Date (MM/DD/YYYY)** 06/30/2024

Appendix A1-1: State of Colorado PIP Intervention Worksheet
Increasing the Rate of Enrollees Accessing Preventative Dental Services – Oral Evaluations
for DentaQuest

Intervention Effectiveness Measure			
Intervention Effectiveness Measure Title	Telephonic outreach to member to educate them on the importance of preventive care and oral evaluation. Provide reminder and assistance to schedule visit during outreach.		
Numerator description (narrative)	The percentage of members that have a completed oral evaluation following successful contact via phone		
Denominator description (narrative)	The number of enrolled members that were successfully contacted and received a message regarding the importance of dental care and educated on importance of scheduling an appointment.		
Intervention Evaluation Period Dates (MM/DD/YYYY-MM/DD/YYYY)	**Numerator**	**Denominator**	**Percentage**
11/01/2023 – 06/30/2024	7,930	60,397	13.13%
If qualitative data were collected, provide a narrative summary of results below.			

Appendix A1-1: State of Colorado PIP Intervention Worksheet
Increasing the Rate of Enrollees Accessing Preventative Dental Services – Oral Evaluations
for DentaQuest

Intervention Evaluation Results

What lessons did the MCO learn from the intervention testing and evaluation results?

The initial number of people that complete an oral evaluation visit following a successful contact is low, but impactful. DQ will need to complete additional rounds of the telephonic outreach in order to gain true understanding of the impact of the successful outreach to members related to the oral evaluation. Furthermore, DQ has determined that additional approaches should be evaluated to further increase the utilization of the oral evaluation.

What challenges were encountered?

DQ has found that while telephonic outreach remains impactful, a percentage of members will continue to be difficult to successfully contact. This may be related to changes in phone number or contact methods for the member that are not updated timely. Additionally, as DQ has seen with states across the nation, dental office staffing and hours of availability, members may find it difficult to schedule an appointment for their yearly oral evaluation within time parameters that fit their needs. Dental offices continue to have more limited hours and availability with smaller staff sizes, decreased hours, and increased appointment requests.

How were the challenges resolved?

The challenges were resolved as DQ continues to assist members with providing details regarding their benefits and finding appropriate options with providers, while also directing members to the find a dental option for those requiring additional options. Additionally, DQ continues to offer assistance with scheduling for member's that require the help.

What successes were demonstrated through the intervention testing?

The DQ PIP team found success while working with an increase of members by continuing to offer member support via customer services calls during the telephonic outreach. Members that are successfully contacted have the option to be transferred to an individual in the customer service department for further direction. Additionally, DQ has seen a positive increase in the completion of oral evaluations, which is encouraging to know that the members are receiving the care that they need, following the detailed outreach call.

Appendix A1-1: State of Colorado PIP Intervention Worksheet
Increasing the Rate of Enrollees Accessing Preventative Dental Services – Oral Evaluations
for DentaQuest

Intervention Status
Select one intervention status: ☐ Adopt X Adapt ☐ Abandon ☐ Continue
Rationale for Intervention Status Selected
The intervention to outreach members by phone to educate the members on the importance and benefit of completing an oral evaluation will continue to be utilized, with additional considerations factored in. These considerations may include the addition of a live call provided to members that do not complete an oral evaluation within 90 days of receiving the IVR call. Additionally, DQ has considered adding language into the member portal and any future mailings to incorporate and educate members on the importance of completing the yearly oral evaluation benefit.

Appendix A1-2: State of Colorado PIP Intervention Worksheet
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

Managed Care Organization (MCO) Information	
MCO Name	DentaQuest
PIP Title	*Social Determinants of Health (SDOH) Screening – Member Survey*
Intervention Title	Outreach to members by mail educating them on the member portal containing SDOH survey

Appendix A1-2: State of Colorado PIP Intervention Worksheet
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

Instructions: Complete a separate worksheet for each intervention.

Intervention Description	
Intervention Title	Outreach to members by mail educating them on the member portal containing SDOH survey
What barrier(s) are addressed?	• Low oral health literacy: parents/guardian unaware they have access to resources to address various SDoH • Unaware that SDoH survey is available and provides resources upon completion of survey
Describe how the intervention is culturally and linguistically appropriate.	The intervention is culturally and linguistically appropriate as it is offering the same opportunity to all members, regardless of any social factors. Members are offered language assistance if needed.
Intervention Process Steps (*List the step-by-step process required to carry out this intervention.*)	1. Member data is pulled from the enrollment file for all members currently enrolled.
	2. Data is reviewed to determine if member is newly enrolled.
	3. Newly enrolled members that qualify according to the criteria are considered the population eligible for the intervention.
	4. Eligible population is selected to receive mailing to educate member on member portal to complete the SDoH survey.
	5. DQ completes an analysis of number of SDoH surveys completed by new members following the outreach to the newly enrolled members, 90 days after initial outreach.

Intervention Start Date (MM/DD/YYYY)	11/01/2023	**Intervention End Date (MM/DD/YYYY)**	06/30/2024

Appendix A1-2: State of Colorado PIP Intervention Worksheet
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

Intervention Effectiveness Measure			
Intervention Effectiveness Measure Title	The percentage of members that complete the SDoH survey who receive education on the survey		
Numerator description (narrative)	The number of members from the denominator that complete the SDoH survey		
Denominator description (narrative)	The number of newly enrolled members that received mailing with education on member portal with SDoH		
Intervention Evaluation Period Dates (MM/DD/YYYY-MM/DD/YYYY)	**Numerator**	**Denominator**	**Percentage**
11/01/2023 – 06/30/2024	81	9,808	0.08%
If qualitative data were collected, provide a narrative summary of results below.			

Appendix A1-2: State of Colorado PIP Intervention Worksheet
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

Intervention Evaluation Results
What lessons did the MCO learn from the intervention testing and evaluation results?
It was found that even through various methods of communication, the results for the SDoH survey completion remain low. A large CO CHP population increase was found during the measurement period due to the 12-month rollout of the PHE unwind. With the increase in the number of the population by the end of the measurement period, it is expected that DQ see an increase in the completion of SDoH surveys for the continuation of the PIP. Initially, survey responses were anonymous based on the sensitivity of the information being which has led to us not being able to evaluate the effectiveness of the mailing on the desired behavior. Regardless, the impact of the intervention was minimal and therefore not effective.
What challenges were encountered?
The online option for the SDoH survey was created and made available with a start date of 11/01/2023. The initial rollout of the survey had many necessary changes and updates as the survey was initially made to be anonymous, but then an added layer was necessary to ensure no duplicated surveys were submitted during the measurement period and consistency in the numerator and denominator. Due to the survey responses were anonymous until the unique identifier was implemented we are unable to measure effectiveness of the intervention on the desired outcome. The timing of the changes and the issues with initial methodology made it difficult to have a systematic approach using PDSA cycles to test and modify interventions. The questions on the SDoH contain sensitive information and require providing responses and/or resources which puts limitations on the way the survey is administered. Having the member complete the survey online ensures the member receives resources to assist with SDoH.
How were the challenges resolved?
The challenges were resolved as the PIP team worked with the state to incorporate any updates to the survey that were necessary including removal of the safety question.

Appendix A1-2: State of Colorado PIP Intervention Worksheet
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

Intervention Evaluation Results
Through numerous meetings and discussions, it was found that the initial anonymous version of the survey was unable to be monitored for duplicates. The PIP team worked with the internal DQ teams to ensure that the survey is qualified by member details in order to keep duplicate surveys from being submitted. This will allow us to measure effectiveness of interventions moving forward. Timing with short measurement period and challenges encountered are resolved with beginning the measurement period that does not require changes in the survey or redefining numerator and denominators. Gathering sensitive information that requires follow up is addressed by administering survey online which can provide real time resources to address any SDoH.
What successes were demonstrated through the intervention testing?
The DQ PIP team found that while the intervention effectiveness was not measurable, and the changes did not allow enough time to apply the PDSA cycle DQ is well positioned for next measurement period. While the results for the completed surveys remain low, the information provided to those that have completed the survey with high-risk responses have been found to be positive.

Appendix A1-2: State of Colorado PIP Intervention Worksheet
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

Intervention Status
Select one intervention status: ☐ Adopt ☐Adapt **X** Abandon ☐ Continue
Rationale for Intervention Status Selected
The intervention to outreach members by phone mail to educate them on the SDoH survey and benefit of completing the survey will not be utilized. DQ is unable to measure the effectiveness of this intervention due to study design. Upon further discussion, it was determined that measuring the effectiveness of mail on the desired outcome is not reliable; therefore we will not use mail as an intervention to increase survey responses.

Appendix B contains the final PIP Validation Tools provided by HSAG.

Appendix B: **State of Colorado 2024-25 PIP Validation Tool**
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, 2024		
Resubmission Date:	January 22, 2025		

Appendix B: **State of Colorado 2024-25 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 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. *N/A* 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*
N/A (Not Applicable)	0	0	*N/A (Not Applicable)*

*   "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.

HSAG HEALTH SERVICES ADVISORY GROUP

Appendix B: **State of Colorado 2024-25 PIP Validation Tool**
Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
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. *N/A* is not applicable to this element for scoring.	C*	*Met*	**General Feedback:** The Aim statement focused specifically on improvement during the Remeasurement 1 period (2023-2024). The health plan will need to update the Aim statement for next year's validation, when results from Remeasurement 2 (2024-2025) are reported.
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*
N/A (Not Applicable)	0	0	*N/A (Not Applicable)*

* "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 2024-25 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 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. *N/A* is not applicable to this element for scoring.	C*	*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*
N/A (Not Applicable)	0	0	*N/A (Not Applicable)*

*   "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 2024-25 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 4. Review the Sampling Method: (If sampling was not used, each evaluation element will be scored *Not Applicable [N/A]*). 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*
N/A (Not Applicable)	5	2	*N/A (Not Applicable)*

*   "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 2024-25 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 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*	
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
N/A (Not Applicable)	1	0	N/A (Not Applicable)

*   "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.

6

Appendix B: **State of Colorado 2024-25 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 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). *N/A* 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). *N/A* 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*
N/A (Not Applicable)	1	1	*N/A (Not Applicable)*

*   "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 2024-25 PIP Validation Tool
Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
for DentaQuest

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
N/A (Not Applicable)	7	3	N/A (Not Applicable)

Appendix B: State of Colorado 2024-25 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 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	
2. Included a narrative interpretation of results that addressed all requirements.		Met	
3. Addressed factors that threatened the validity of the data reported and ability to compare the initial measurement with the remeasurement.		Met	

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
N/A (Not Applicable)	0	0	N/A (Not Applicable)

* "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 2024-25 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 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*	
2. Interventions that were logically linked to identified barriers and have the potential to impact indicator outcomes.	C*	*Met*	The health plan submitted one intervention worksheet for the new member welcome packet mailer intervention. Based on the documented intervention process steps, it appeared that this intervention was a standard operating procedure (sending welcome packets with educational information to all new members). Each PIP intervention should address barriers identified through the causal/barrier analysis and should represent a process change; standard operating procedures should not be included as PIP interventions. The health plan should update the intervention documentation to clearly reflect the process change(s) made to address identified barriers and improve indicator results. **Resubmission January 2025:** The health plan removed the new member welcome packet mailer intervention and the remaining telephonic outreach intervention addressed the requirements for this evaluation element. The validation score for this evaluation element has been change to *Met* .
3. Interventions that were implemented in a timely manner to allow for impact of indicator outcomes.		*Met*	

Appendix B: **State of Colorado 2024-25 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 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:			
4. An evaluation of effectiveness for each individual intervention.	C*	*Met*	HSAG identified the following opportunities for improvement: •The health plan listed six separate interventions in the Barriers/Interventions Table in Step 8, Part B but only submitted one intervention worksheet. If six separate interventions were evaluated during the reporting period, the evaluation of each intervention should be documented in a separate intervention worksheet. Alternatively, if only one intervention was evaluated during the reporting period, only that one intervention should be listed in the Barriers/Interventions table. •In each submitted Intervention Worksheet, the health plan should align the Intervention Title and Barrier(s) Addressed with the documentation in Step 8, Part B of the PIP Submission Form. •In each submitted Intervention Worksheet, the Intervention Effectiveness Measure should be specific to the intervention and allow the health plan to distinguish the impact of the intervention on addressing barriers and improving indicator results. For the new member welcome packet mailer intervention, the health plan reported the overall Remeasurement 1 indicator results for Intervention Effectiveness Measure data in the Intervention Worksheet. The health plan should not rely on annual indicator results to evaluate intervention effectiveness. For example, for a new member education intervention, reporting the <u>monthly data</u> on the percentage of <u>new members who received the intervention</u> and received an oral evaluation within 180 days of the intervention (Step 7 in the intervention process steps) is acceptable for intervention effectiveness measure evaluation results. **Resubmission January 2025:** The health plan revised the Step 8 documentation and addressed the initial feedback. The validation score for this evaluation element has been changed to *Met*.

Appendix B: State of Colorado 2024-25 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 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:			
5. Interventions that were adopted, adapted, abandoned, or continued based on evaluation data.		*Met*	**General Feedback:** The health plan reported that the intervention was adopted. For next year's validation, HSAG will expect the new or revised interventions as part of the PIP submission to drive further improvement in indicator results.
Results for Step 8			
Total Elements**	**5**	**3**	**Critical Elements****
Met	5	3	*Met*
Partially Met	0	0	*Partially Met*
Not Met	0	0	*Not Met*
N/A (Not Applicable)	0	0	*N/A (Not Applicable)*

* "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 2024-25 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	8	4	Met
Partially Met	0	0	Partially Met
Not Met	0	0	Not Met
N/A (Not Applicable)	0	0	N/A (Not Applicable)

Appendix B: **State of Colorado 2024-25 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. 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.			
1. The remeasurement methodology was the same as the baseline methodology.	C*	*Met*	
2. There was improvement over baseline performance across all performance indicators.		*Met*	
3. There was statistically significant improvement (95 percent confidence level, $p < 0.05$) over the baseline across all performance indicators.		*Met*	
4. Sustained statistically significant improvement over baseline indicator performance across all indicators was demonstrated through repeated measurements over comparable time periods.		*Not Assessed*	Sustained improvement is not assessed until statistically significant improvement is demonstrated and remeasurement results are reported for a subsequent remeasurement period.
Results for Step 9			
Total Evaluation Elements**	**4**	**1**	**Critical Elements*****
Met	3	1	*Met*
Partially Met	0	0	*Partially Met*
Not Met	0	0	*Not Met*
N/A (Not Applicable)	0	0	*N/A (Not Applicable)*

*   "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 2024-25 PIP Validation Tool**
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
Table B—1 2024-25 PIP Validation Tool Scores *for Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations 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	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	5	0	0	0	3	3	0	0	0
9. Assess the Likelihood that Significant and Sustained Improvement Occurred	4	3	0	0	0	1	1	0	0	0
Totals for All Steps	**26**	**18**	**0**	**0**	**7**	**13**	**10**	**0**	**0**	**3**

Table B—2 2024-25 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 2024-25 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* *	*100%*
Percentage Score of Critical Elements *Met* **	*100%*
Confidence Level*	*High Confidence*

The *Not Assessed* and *Not Applicable* scores have been removed from the scoring calculations.

* 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 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.

DentaQuest 2024-25 PIP Validation Tool
State of Colorado
Page B-15
DQ_CO2024-25_PIP-Val_Dental_Tool_F1_0425

Appendix B: **State of Colorado 2024-25 PIP Validation Tool**
Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
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:	***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:	***High Confidence***

Appendix B: **State of Colorado 2024-25 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, 2024		
Resubmission Date:	January 22, 2025		

Appendix B: **State of Colorado 2024-25 PIP Validation Tool**
Social Determinants of Health (SDOH) Screening – Member Survey
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. *N/A 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*
N/A (Not Applicable)	0	0	*N/A (Not Applicable)*

* "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 2024-25 PIP Validation Tool
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

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. *N/A* 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
N/A (Not Applicable)	0	0	N/A (Not Applicable)

*   "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 2024-25 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. *N/A* is not applicable to this element for scoring.	C*	*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*
N/A (Not Applicable)	0	0	*N/A (Not Applicable)*

* "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.

DentaQuest 2024-25 PIP Validation Tool
State of Colorado
Page B-20
DQ_CO2024-25_PIP-Val_SDOH_Tool_F1_0425

DentaQuest Fiscal Year 2024–2025 PIP Validation Report
State of Colorado
Page B-20
DQ_CO2024-25_PAHP_PIP-Val_Report_F1_0425

Appendix B: **State of Colorado 2024-25 PIP Validation Tool**
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

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 [N/A]*). 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*
N/A (Not Applicable)	5	2	*N/A (Not Applicable)*

* "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.

DentaQuest 2024-25 PIP Validation Tool
State of Colorado

Appendix B: **State of Colorado 2024-25 PIP Validation Tool**
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

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*	
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
N/A (Not Applicable)	0	0	N/A (Not Applicable)

*   "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 2024-25 PIP Validation Tool
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). *N/A* 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). *N/A* is not applicable to this element for scoring.	C*	*Met*	The health plan did not update the data elements or data collection process description to reflect the technical assistance that was provided by HSAG and the Department after last year's final validation. On 6/7/2024, the health plan communicated via email that members will be eligible to complete the SDOH survey annually and that member email addresses will be collected as a unique identifier. On 6/14/2024, HSAG communicated this Department-approved recommendation to the health plan via email for this year's PIP submission: *Step 6 – The description of the data collection process in the PIP Submission Form to accurately reflect the modified data collection process, including collection of email addresses and offering the survey to all members annually.* The health plan should update the data elements and data collection process descriptions in Step 6 to address the recommendation and accurately reflect the revised data collection process that is used for all measurement periods. **Resubmission January 2025:** The health plan updated the data collection process description in Step 6 (page 10) to reflect collection of email addresses and offering the survey to members annually. The initial feedback was addressed and the validation score for this evaluation element has been changed to *Met*.
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.		*N/A*	

Appendix B: **State of Colorado 2024-25 PIP Validation Tool**
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

Results for Step 6			
Total Evaluation Elements**	**4**	**2**	**Critical Elements****
Met	2	1	*Met*
Partially Met	0	0	*Partially Met*
Not Met	0	0	*Not Met*
N/A (Not Applicable)	2	1	*N/A (Not Applicable)*

* "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 2024-25 PIP Validation Tool**
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

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*
N/A (Not Applicable)	7	3	*N/A (Not Applicable)*

Appendix B: State of Colorado 2024-25 PIP Validation Tool
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

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 should correct the Remeasurement 1 data in the Step 7 Indicator Results table. Based on the reported Remeasurement 1 numerator and denominator values, HSAG calculated a percentage of 0.1%. **Resubmission January 2025:** The health plan corrected the Remeasurement 1 data and addressed 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.		*Partially Met*	HSAG identified the following opportunities for improvement: •The health plan should update the Baseline Narrative to reflect the revisions to the data collection process made as a result of the technical assistance that was provided by HSAG and the Department after last year's final validation. The Baseline Narrative should be updated to explain how the health plan addressed identifying unique members for inclusion in the indicator results. •The health plan should revise the Baseline to Remeasurement 1 Narrative to correctly report the Remeasurement 1 indicator results, as described in the feedback for Evaluation Element 1, above. **Resubmission January 2025:** The health plan did not correct the Baseline Narrative to reflect the revisions to the data collection process. The initial feedback was partially addressed; therefore, the validation score for this evaluation element remains *Partially Met*. Prior to next year's annual validation, the health plan should correct the Baseline Narrative by removing the outdated paragraph stating, "The survey is anonymous therefore...DQ is unable to verify whether the member completing the survey was captured in the report".
3. Addressed factors that threatened the validity of the data reported and ability to compare the initial measurement with the remeasurement.		*Met*	

Appendix B: State of Colorado 2024-25 PIP Validation Tool
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

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
N/A (Not Applicable)	0	0	N/A (Not Applicable)

* "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 2024-25 PIP Validation Tool
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

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*	
2. Interventions that were logically linked to identified barriers and have the potential to impact indicator outcomes.	C*	*Met*	
3. Interventions that were implemented in a timely manner to allow for impact of indicator outcomes.		*Met*	
4. An evaluation of effectiveness for each individual intervention.	C*	*Met*	HSAG identified the following opportunities for improvement: •The health plan listed at least three separate interventions in the Barriers/Interventions Table in Step 8, Part B but only submitted one intervention worksheet. If multiple separate interventions were evaluated during the reporting period, the evaluation of each intervention should be documented in a separate intervention worksheet. Alternatively, if only one intervention was evaluated during the reporting period, only that one intervention should be listed in the Barriers/Interventions table. •In each submitted Intervention Worksheet, the Intervention Effectiveness Measure should be specific to the intervention and allow the health plan to distinguish the impact of the intervention on addressing barriers and improving indicator results. For the new member outreach call intervention, the health plan reported the Remeasurement 1 overall indicator results for Intervention Effectiveness Measure data in the Intervention Worksheet. The Intervention Effectiveness Measure should be specific to the intervention and the health plan should not rely on annual indicator results to evaluate intervention effectiveness. For example, reporting the monthly data on the percentage of members who were successfully reached for outreach and completed the SDOH survey within 90 days of outreach (Step 7 in the intervention process steps) is acceptable. •For outreach interventions using multiple modes of outreach, the health plan should track SDOH survey completion rates separately based on the type of outreach that occurred (phone call, mail, or portal alert) to distinguish differences in effectiveness based on mode of outreach. **Resubmission January 2025:** The health plan revised the Barriers/Interventions Table and Intervention Worksheet, and addressed the initial feedback. The validation score for this evaluation element has been changed to *Met*.
5. Interventions that were adopted, adapted, abandoned, or continued based on evaluation data.		*Met*	

Appendix B: **State of Colorado 2024-25 PIP Validation Tool**
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

Results for Step 8			
Total Elements**	**5**	**3**	**Critical Elements****
Met	5	3	Met
Partially Met	0	0	Partially Met
Not Met	0	0	Not Met
N/A (Not Applicable)	0	0	N/A (Not Applicable)

* "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 2024-25 PIP Validation Tool
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

Results for Step 7 - 8			
Total Evaluation Elements	**8**	**4**	**Critical Elements**
Met	7	4	Met
Partially Met	1	0	Partially Met
Not Met	0	0	Not Met
N/A (Not Applicable)	0	0	N/A (Not Applicable)

Appendix B: **State of Colorado 2024-25 PIP Validation Tool**
Social Determinants of Health (SDOH) Screening – Member Survey
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. 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.			
1. The remeasurement methodology was the same as the baseline methodology.	C*	*Met*	
2. There was improvement over baseline performance across all performance indicators.		*Met*	
3. There was statistically significant improvement (95 percent confidence level, $p < 0.05$) over the baseline across all performance indicators.		*Met*	
4. Sustained statistically significant improvement over baseline indicator performance across all indicators was demonstrated through repeated measurements over comparable time periods.		*Not Assessed*	Sustained improvement is not assessed until statistically significant improvement is demonstrated and remeasurement results are reported for a subsequent remeasurement period.
Results for Step 9			
Total Evaluation Elements**	**4**	**1**	**Critical Elements***
Met	3	1	*Met*
Partially Met	0	0	*Partially Met*
Not Met	0	0	*Not Met*
N/A (Not Applicable)	0	0	*N/A (Not Applicable)*

* "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 2024-25 PIP Validation Tool
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

	Table B—1 2024-25 PIP Validation Tool Scores for *Social Determinants of Health Screening – Member Survey* 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	2	0	0	0	1	1	0	0	0
6. Review the Data Collection Procedures	4	2	0	0	2	2	1	0	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	5	0	0	0	3	3	0	0	0
9. Assess the Likelihood that Significant and Sustained Improvement Occurred	4	3	0	0	0	1	1	0	0	0
Totals for All Steps	**26**	**17**	**1**	**0**	**7**	**13**	**10**	**0**	**0**	**3**

Table B—2 2024-25 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* *	*93%*
Percentage Score of Critical Elements *Met* **	*100%*
Confidence Level*	*High Confidence*

Table B—3 2024-25 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* *	*100%*
Percentage Score of Critical Elements *Met* **	*100%*
Confidence Level*	*High Confidence*

The *Not Assessed* and *Not Applicable* scores have been removed from the scoring calculations.

* 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 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.

Appendix B: State of Colorado 2024-25 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:	*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:	*High Confidence*