Colorado Hospital Transformation Program

Quarterly Reporting Guide

March 1, 2022

CHASE
Colorado Healthcare Affordability and Sustainability Enterprise

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I. Introduction

The Colorado Department of Health Care Policy and Financing (Department or HCPF) administers the Hospital Transformation Program (HTP). Over the course of the HTP, the Department receives a variety of information from HTP participants through quarterly reports. This document is a comprehensive guide to the quarterly reporting process for hospitals that participate in the program and other stakeholders.

A. HTP Overview

The HTP is a five-year program to implement hospital-led strategic initiatives through the establishment of an alternative payment incentive program. The HTP leverages supplemental payment funding generated through the existing healthcare affordability and sustainability fees. Payments are used as incentives in the HTP to improve patient outcomes through care redesign and integration with the community, optimize Medicaid costs through reductions in avoidable care, and prepare hospitals for future value-based care.

As part of the HTP, hospitals receive supplemental payments based on community health neighborhood engagement, performance on quality measures, and interventions implemented to impact those measures.

To qualify for the HTP, hospitals submitted HTP Applications containing interventions to be implemented or enhanced for the HTP to impact the hospital's selected performance measures. Upon Department approval of the HTP Application, participants prepared Implementation Plans for their HTP interventions with demonstrable milestones. Hospitals are measured on improved performance in years three through five of the program across a series of measures important to improved processes of care, improved health outcomes, and reducing avoidable utilization and costs. At the conclusion of the program, hospitals will be asked to produce a plan for sustainability of projects and performance.

B. Quarterly Reporting

Hospitals provide quarterly reports on intervention progress and milestones, as outlined in their approved HTP Implementation Plans, as well as ongoing community health neighborhood engagement (CHNE) activities. Once a year,

hospitals also self-report data on their selected performance measures. All reports are reviewed by the Department and are evaluated based on established scoring criteria described within this document to determine payment of at-risk dollars.

1. **Interim Activity and CHNE**

   This report documents the hospitals' progress toward achieving the milestones established in the approved HTP Implementation Plan and contain information about the hospital's CHNE activities.

2. **Milestone Activity and CHNE**

   Biannual milestone reports determine whether the milestones established in the participant's Implementation Plan were met. As part of milestone reporting, hospitals submit the supporting documents specified in the Implementation Plan to verify milestone completion. This report also contains information about CHNE activities.

3. **Performance Measures**

   Performance measures data is transmitted to the Department annually for the measures selected in the HTP Application.

C. Quarterly Reporting Schedule

The schedule below identifies the reporting periods and quarterly reporting due dates for the duration of the HTP. Quarterly reports are due the final calendar day of the month following the applicable quarter end. If the report due date falls on a weekend or Department holiday, reports may be submitted the following business day.

PY/Q	Quarter End Date	Applicable Report(s)	Report Due Date
PY1/Q1	12/31/2021	N/A	N/A
PY1/Q2	3/31/2022	Rehearsal Baseline Measure Data	3/31/2022
PY1/Q3	6/30/2022	Interim Activity & CHNE Report	7/31/2022
PY1/Q4	9/30/2022	Interim Activity & CHNE Report	10/31/2022
PY2/Q1	12/31/2022	Interim Activity & CHNE Report PY1 Performance Measure Data	1/31/2023
PY2/Q2	3/31/2023	Milestone & CHNE Report	4/30/2023
PY2/Q3	6/30/2023	Interim Activity & CHNE Report	7/31/2023
PY2/Q4	9/30/2023	Milestone & CHNE Report	10/31/2023

PY/Q	Quarter End Date	Applicable Report(s)	Report Due Date
PY3/Q1	12/31/2023	Interim Activity & CHNE Report PY2 Performance Measure Data	1/31/2024
PY3/Q2	3/31/2024	Milestone & CHNE Report	4/30/2024
PY3/Q3	6/30/2024	Interim Activity & CHNE Report	7/31/2024
PY3/Q4	9/30/2024	Milestone & CHNE Report	10/31/2024
PY4/Q1	12/31/2024	Interim Activity & CHNE Report PY3 Performance Measure Data	1/31/2025
PY4/Q2	3/31/2025	Milestone & CHNE Report	4/30/2025
PY4/Q3	6/30/2025	Interim Activity & CHNE Report	7/31/2025
PY4/Q4	9/30/2025	Milestone & CHNE Report	10/31/2025
PY5/Q1	12/31/2025	Interim Activity & CHNE Report PY4 Performance Measure Data	1/31/2026
PY5/Q2	3/31/2026	Milestone & CHNE Report	4/30/2026
PY5/Q3	6/30/2026	Interim Activity & CHNE Report	7/31/2026
PY5/Q4	9/30/2026	Milestone & CHNE Report	10/31/2026
Payment Year Q1	12/31/2026	PY5 Performance Measure Data	1/31/2027

D. Review and Scoring of Quarterly Reports

Through the submission of quarterly reports, hospitals earn at-risk funds in three distinct areas: (1) Reporting, (2) Milestone completion, and (3) Measure performance.

1. Reporting Scores

The Department scores hospital reporting compliance based on both timeliness of the submission and whether the reporting provided is satisfactorily complete. If one, or both, of these scoring elements are not achieved, the hospital loses at-risk funds for reporting. Scores of "on time" and "complete" must be achieved for each reporting element to earn at-risk dollars for reporting for that quarter. Reporting timeliness and completeness scores apply to the following submissions:

a. Interim activity and CHNE reports
b. Milestone and CHNE reports
c. Performance measures data
d. Reporting scores are based on submissions as of the due date.

2. Milestone Completion Scores

Distinct at-risk funds are earned for milestone completion, as documented in biannual milestone reports. In addition to scoring milestone reports for reporting compliance, a determination is made on whether the report demonstrates that the milestones established in the hospital's Implementation Plan were met. A score of "met" or "not met" is assigned, which translates to at-risk funding for milestone completion.

3. Measure Performance Scores

The Department will perform the applicable calculations to determine earned at-risk funds for measure performance, including benchmarks and achievement threshold attainment.

Scoring for the three categories of at-risk funds (reporting, milestone completion, and measure performance) are treated independently. If a hospital does not earn at-risk funds for one scoring category, at-risk funds may still be earned in other categories. For example, if a milestone completion score results in a "not met" score but the hospital provides complete and timely reporting, at-risk funds may be earned for reporting, and be unearned for milestone completion.

Report	At-Risk Category	Possible Scores
Interim Activity and CHNE	Reporting	Timeliness: On Time/Late Completeness: Complete/Incomplete
Milestones and CHNE	Reporting	Timeliness: On Time/Late Completeness: Complete/Incomplete
Milestones and CHNE	Milestone Completion	Milestone Completion: Met/Not Met
Performance Measure Data	Reporting	Timeliness: On Time/Late Completeness: Complete/Incomplete
Performance Measure Data	Measures Performance	Benchmark: Met/Not Met Achievement Threshold: Met/Not Met/NA High Performing Hospital: Yes/No/NA

E. Scoring Review and Reconsideration Period

The Department has implemented a quarterly Scoring Review and Reconsideration Period (SRRP) as part of the process for finalizing hospitals' scores. The objective of the SRRP is to provide hospitals an opportunity to view

their scores for reporting compliance and milestone completion after an initial review by the Department. As needed, hospitals may ask for a reconsideration of the score if they believe information has been scored in error.

Upon report submission, the Department will follow the timeline below to validate reports and finalize scoring. The SRRP begins when the Department notifies hospitals of initial scores available for viewing. Reporting and milestone completion scores are expected to be finalized within 45 business days from the report due date.

Validation Process Activity	Completion Date
Department completes initial review of quarterly reports	Within 20 business days
Department notifies participant of scores available for viewing and SRRP begins	Within 1 business day
Hospital request for reconsideration due	Within 10 business days
Department issues final scores and SRRP reconsideration decisions	Within 14 business days

On an annual basis, the Department will provide a quarterly reporting calendar, which will be made available on the CPAS portal. The calendar will include all key dates for quarterly reporting, such as the dates initial scores will be available, SRRP due dates, and scoring finalization dates.

1. Reviewing Hospital Scores

After the Department's initial review and scoring of quarterly reports, hospital contacts will receive email notification that scores are available for review on the CPAS portal. Hospitals follow the steps outlined below to view their scores:

- ✓ Log into the CPAS portal.
- ✓ Select Hospital Reporting Requirements dashboard to view the hospital's scores.
- ✓ Assess the current reporting quarter scores. Note: historic quarterly report scores will also be stored on the CPAS portal.
- ✓ If the hospital receives a score resulting in unearned at-risk funds, a letter is provided in the CPAS portal document repository by the date hospitals are notified scores are available for viewing. The letter explains the basis for unearned at-risk funds.

2. Requesting Reconsideration

Hospitals may request reconsideration of a scoring decision after receiving notification of initial scores. All requests for reconsideration must be submitted within 10 business days after notification that initial scores are available for viewing on the CPAS portal. No reconsideration requests received after 11:59 pm on the due date are considered.

To submit a request for reconsideration of the hospital's initial scores, follow the steps below:

1. Download a blank HTP SRRP Form available in the CPAS portal.
2. Complete the HTP SRRP Form to identify scoring elements the hospital would like reconsidered, and rationale for the reconsideration request.
3. Email the completed form to cohtp@mslc.com and copy cohtp@state.co.us.
4. In the subject line, enter "SRRP Form PY[x]Q[x] Hospital Name".

Do not attach documents other than the HTP SRRP Form to email requests for reconsideration, as all other quarterly report documents are managed within the CPAS portal. Additionally, new documentation submission may not be permitted as part of the SRRP. The goal of the process is to accommodate reconsideration of scoring decisions. However, follow the report-specific guidance contained in this document regarding whether additional documents will be accepted (via upload to the CPAS portal) during SRRP.

The hospital is notified via email when the Department has reached a decision on the hospital's reconsideration request. Using the same process to view initial scores, the hospital may view its final scores in the Hospital Reporting Requirements dashboard in the CPAS portal. Additionally, a letter will be provided in the CPAS portal document repository containing the Department's SRRP decision.

3. Requesting Escalation

If the hospital is not satisfied with their reconsideration decision, they may request an escalation to Department leadership, and if necessary, the CHASE board. Escalations should be made within three business days of receiving a reconsideration response from the Department and requested as soon as possible to ensure timelines for finalizing HTP scores are maintained. If escalation is requested, please include Matt Haynes (matt.haynes@co.state.us) from the Department in the request and copy cohtp@state.co.us.

Escalation requests will not be considered if the hospital did not first raise the issue during the SRRP.

II. Guide to Interim Activity and CHNE Reporting

Interim Activity and CHNE reports document the hospitals' progress toward achieving the milestones established in the approved HTP Implementation Plan and contain information about the hospital's CHNE activities.

A. Contents of Interim Activity and CHNE Report

The Interim Activity and CHNE Report Survey Template is included in Appendix B of this document.

B. Submission of Interim Activity and CHNE Report

The hospital's complete Interim Activity and CHNE report is included in the survey submission. Hospitals receive notification via email when the hospital's unique survey link is available to access on the CPAS portal. This notification will be sent to hospitals on the first business day of the new quarter. To support hospital's timely submission of quarterly reports, a reminder email is sent to hospitals approximately five business days prior to the report due date.

Using the survey link, the hospital is guided through interim activity and CHNE reporting. Responses to all questions are required to advance through the survey. Upon submission of the survey, the report is transmitted to the Department. The survey automatically generates a confirmation page for the hospital's records after the survey has been successfully submitted.

After submission, additional revisions are not possible using the survey link provided.

1. Report Revisions Prior to Due Date

The hospital may edit the survey on multiple occasions prior to the due date, and the hospital's changes are saved between sessions. However, submission of the survey prevents further edits. Hospitals are encouraged to carefully review their survey responses prior to submitting the report.

2. Late Submissions Not Accepted

Late submission of interim activity and CHNE reports are not accepted. After the report due date, survey links are disabled, and it is not possible for the hospital to submit a report for the quarter.

C. Scoring and Achievement Review Criteria

The Department scores Interim Activity and CHNE for reporting based on both timeliness of the submission and whether the reporting provided is satisfactorily complete. Hospital submissions must be scored "on time" and "complete" to earn at-risk dollars for reporting for the quarter. If one, or both, of these scoring elements is not achieved, the hospital loses one hundred percent of at-risk funds for reporting.

1. Timeliness

Hospitals receive a score of "on time" or "late" for the interim activity and CHNE report based solely on the date the survey was submitted. Reports are due on the last calendar day of the month following quarter end, as shown in the above Quarterly Reporting Schedule section of this document.

2. Completeness

Interim activity and CHNE reports receive a score of "complete" or "incomplete", based on the report's contents.

a. Interim Activity Completeness

To receive a score of "complete" for interim activity, the report must meet the criteria below:

- ✓ Is a response provided to each question in the survey?
- ✓ Is the response relevant to the intervention and upcoming milestones?
- ✓ Does the response describe interim activities the hospital has engaged in to progress toward achievement of upcoming milestones?

If the hospital is in the planning and implementation phase of the Implementation Plan and the upcoming milestone has multiple functional areas, it is not required for the hospital to report interim activity in every functional area of the upcoming milestone. Rather, the hospital may select one or more functional areas in which to report interim activity.

Regardless of Implementation Plan phase, hospitals indicate whether they are on target to complete the upcoming milestone. If the hospital indicates they are not on target for the upcoming milestone, responses are required regarding the challenges and risks. The below scoring criteria is applicable if the hospital indicates they are not on target for an upcoming milestone:

- ✓ Does the response identify the challenges/risks?
- ✓ Does the response articulate planned and/or attempted mitigation strategies for the challenges/risks identified?

b. CHNE Completeness

To receive a score of "complete", the CHNE report must meet the criteria below:

- ✓ Is a response provided to each question in the survey?
- ✓ Did the hospital perform CHNE activities during the quarter? Note, starting with PY1Q3, hospitals are required to report some type of ongoing CHNE activities every quarter as part of quarterly HTP reporting (whether key stakeholder engagements, community advisory meetings, and/or public engagements).

The following minimum annual CHNE requirements apply, as outlined in the Ongoing CHNE Requirements document on the HTP website posted (under Community and Health Neighborhood Engagement (CHNE) Process):

- ✓ Hospitals must consult with key stakeholders outside of community advisory meetings at least two quarters each year;
- ✓ Hospitals must host or participate in community advisory meetings at least two quarters each year;
- ✓ Hospitals must host public engagements at least once annually (wherein members of the public are given the opportunity to learn about and provide feedback on the hospital's HTP interventions); and
- ✓ Hospitals must attend the annual Learning Symposium.

Learning Symposium attendance is collected by the Department. As a result, quarterly CHNE reports do not gather information about the hospital's Learning Symposium attendance.

On an annual basis following Q4, an expanded review of CHNE reports will be conducted to determine if the hospital has completed and documented the required engagements across the quarterly CHNE reports. The hospital will receive a Q4 reporting score of "incomplete" if the annual CHNE requirements are not met.

Though the annual CHNE expanded review will begin following PY1Q4 (Jul-Sept 2022), only two quarterly CHNE reports are applicable in program year one. The CHNE requirements for program year one are below. Completion of these requirements must be demonstrated in the combined CHNE reports for PY1Q3 (Apr-Jun 2022) and PY1Q4 (Jul-Sept 2022):

- ✓ Hospitals must consult with key stakeholders in at least two quarters.
- ✓ Hospitals must have one quarter of public engagement wherein the members of the public were given the opportunity to learn about and provide feedback on the hospital's HTP interventions.

The Department's reporting scores interim activity and CHNE roll up to a single determination of whether the hospital earned at-risk for reporting for the quarter. Hospitals do not earn partial at-risk funds for reporting.

For example, a hospital could provide interim activity reporting that is "on time" and "complete", and report that no CHNE activities were completed during the quarter, resulting in a score of "on time" and "incomplete" for

CHNE. This would result in the hospital losing one hundred percent of at-risk funds for reporting for the quarter, since the hospital did not meet all quarterly reporting requirements.

D. SRRP for Interim Activity and CHNE Reports

The Department's SRRP provides hospitals an opportunity to view the reporting scores received for interim activity and CHNE reports. If the hospital believes the report has been scored in error, they may ask for reconsideration of the Department's initial scores.

The process for viewing hospital scores and requesting reconsideration is described in the Introduction section of this document (see Scoring Review and Reconsideration Period subsection). These processes are consistent for all types of quarterly reports.

All scoring and reconsideration decisions are based solely on the interim activity and CHNE reports submitted by the due date. Late report submissions and report revisions are not accepted as part of the SRRP.

The only type of supporting documentation accepted during the SRRP for interim activity and CHNE reports are documents that illustrate why the hospital disagrees with the initial score. Whereas, documents due as part of the report are not accepted during the SRRP.

For example, if a hospital submitted their Interim Activity and CHNE report by the due date, but received an initial score of "late" due to Department error, the hospital may request reconsideration. In this case, the hospital could submit their dated survey confirmation page during SRRP to show timely submission. This document is permitted because it illustrates the basis for disagreement with the score. The confirmation page is not an item that should have been submitted as part of the hospital's quarterly report.

III. Guide to Milestone and CHNE Reporting

Milestone reports document whether the intervention milestones established in the participant's Implementation Plan were met. As part of milestone reporting, hospitals submit the supporting documents specified in the

Implementation Plan to verify milestone completion. This report contains a section to document the hospital's CHNE activities for the quarter. Milestone amendments and course correction plans may also be submitted, if applicable.

A. Contents of Milestone and CHNE Report

The Milestone Activity and CHNE Report Survey Template will be included in a future update to this document.

B. Milestone and CHNE Report Submission

A complete Milestone and CHNE report submission includes all the following elements:

- Survey submission
- Index of supporting documentation uploaded to CPAS
- Milestone supporting documents uploaded to CPAS

Additionally, if hospital conducts public engagement as part of CHNE for the quarter, supporting documentation must be uploaded to CPAS.

1. Survey

Hospitals receive notification via email when the hospital's unique survey link is available to access on the CPAS portal. This notification will be sent to hospitals within seven business days after quarter end. To support hospital's timely submission of quarterly reports, a reminder email is sent to hospitals approximately five business days prior to the report due date. Using the survey link, the hospital is guided through milestone and CHNE reporting. Responses to all questions are required to advance through the survey. Upon submission of the survey, the report is transmitted to the Department. The survey automatically generates a confirmation page for the hospital's records after the survey has been successfully submitted. After submission, additional revisions are not possible using the survey link provided.

a. Report Revisions Prior to Due Date

The hospital may edit the survey on multiple occasions prior to the due date, and the hospital's changes are saved between sessions. However, submission of the survey prevents further edits. Hospitals

are encouraged to carefully review their survey responses prior to submitting the report.

b. Late Submissions Not Accepted

Late submission of milestone and CHNE reports are not accepted. After the report due date, survey links are disabled, and it is not possible for the hospital to submit a report for the quarter.

2. Milestone Supporting Documentation

Each hospital's Implementation Plan specifies supporting documentation to be submitted to verify milestone completion. Supporting documentation must be uploaded to the CPAS portal document repository by the report due date. The folders in the document repository are labeled by program year and quarter to organize documentation submissions over the course of the program. The hospital can upload multiple documents to a single folder for the applicable quarter. In addition, it is required that the hospital provide an index of supporting documentation and utilize the document naming convention specified below.

a. Index of Supporting Documents

A blank Index of Supporting Documents template is available on the CPAS portal. The index template must be filled out as a guide to the documents uploaded for the quarter. The document repository folder for the quarter contains a subfolder titled "Index of Supporting Documents", where the completed template must be uploaded.

b. Document Naming Convention

In order for the Department to identify the specific milestone element the documentation corresponds to; the following naming convention must be utilized for each supporting document uploaded: **Milestone Code – Document Description**

The milestone code identifies the intervention number, program year, quarter, and milestone element (such as functional area), and is formatted as follows: INT[x].PY[x]Q[x].[x].

Example One: Milestone codes for a milestone in the planning and implementation phase with two functional areas:

- ✓ People Milestone Code – **INT3.PY2Q4.1**
- ✓ Technology Milestone Code - **INT3.PY2Q4.2**

In this example, the second functional area is numbered "2", because there is more than one functional area associated with the milestone, and each functional area is identified by a different number.

Example Two: Milestone code for a continuous learning and improvement phase milestone:

- ✓ Milestone Code – **INT3.PY3Q4.1**

In this example, the milestone code ends with "1" because there are not multiple functional areas associated with continuous learning and improvement milestones. Thus, the final digit in the milestone code will always be "1" for continuous learning and improvement milestones.

An example of the full naming convention for supporting documentation is below.

- ✓ INT3.PY2Q4.1–Transitions of Care Meeting Minutes

C. Scoring and Achievement Review Criteria

Milestone and CHNE reports receive a score in two categories: (1) Reporting and (2) Milestone completion

1. Reporting Scores

The Department scores Milestone and CHNE for reporting compliance based on both timeliness of the submission and whether the reporting provided is satisfactorily complete. If one, or both, of these scoring elements is not achieved, the hospital loses one hundred percent of at-risk funds for reporting. Hospital submissions must be scored "on time" and "complete" to earn at-risk dollars for reporting for that quarter.

a. Timeliness

Hospitals receive a score of "on time" or "late" for the milestone and CHNE report based solely on the date that the following items are submitted:

- ✓ Survey
- ✓ Index of supporting documents
- ✓ Milestone supporting documents

Reports are due on the last calendar day of the month following quarter end, as shown in the above Quarterly Reporting Schedule section of this document.

b. Milestone Completeness

Milestone and CHNE reports receive a score of "complete" or "incomplete", based on the report's contents, including supporting documentation.

The reporting score for completeness addresses whether minimum reporting criteria was attained. For the milestone report to be considered "complete", the below criteria must be met:

- ✓ Is a response provided to each question in the survey?
- ✓ Do responses align with the milestones in the Implementation Plan?
- ✓ Was an Index of Supporting Documentation uploaded?
- ✓ Was documentation uploaded for each milestone the hospital met?

Documentation submission is required to achieve a score of "complete" for each milestone the hospital met during the quarter. If a hospital did not meet a milestone, the hospital may still achieve a reporting score of "complete". Documentation is not required for the interventions where milestones were not met during the quarter. As a reminder, there are no milestone reporting requirements in PY1; all CHNE reporting for PY1 happens during Interim Activity and CHNE reporting.

Reporting "completeness" scores do not consider whether the milestone documentation submitted aligns with the Implementation

Plan, or if it proves milestone completion. These factors are evaluated when determining if the milestone was met.

c. CHNE Completeness

To receive a score of "complete", the CHNE report must meet the criteria below:

- ✓ Is a response provided to each question in the survey?
- ✓ Did the hospital perform CHNE activities during the quarter? Note, starting with PY1Q3, hospitals are required to report some type of ongoing CHNE activities every quarter as part of quarterly HTP reporting (whether key stakeholder engagements, community advisory meetings, and/or public engagements).

Annual CHNE requirements are applicable to the quarterly reporting process, as outlined in the Ongoing CHNE Requirements document on the HTP website (posted under Community and Health Neighborhood Engagement (CHNE) Process). The following minimum CHNE requirements must be completed and demonstrated in the combined CHNE reports for each program year:

- ✓ Did hospital consult with key stakeholders outside of community advisory meetings at least two quarters each year?
- ✓ Did hospital host or participate in community advisory meetings at least two quarters each year?
- ✓ Did hospital host public engagements at least once annually?
- ✓ Did hospital attend the annual Learning Symposium annually?

On an annual basis following Q4, an expanded review of CHNE reports will be conducted to determine if the hospital has completed and documented the above engagements in quarterly CHNE reports, except for the annual Learning Symposium. Learning Symposium attendance will be collected by the Department. As a result, the hospital is not required to report on Learning Symposium attendance. The hospital will receive a Q4 reporting score of "incomplete" if the annual CHNE requirements are not met.

The reporting scores for milestones and CHNE roll up to a single determination of whether the hospital earned at-risk for reporting for the quarter. Hospitals do not earn partial at-risk funds for reporting.

2. Milestone Completion Scores

In addition to reporting, hospitals earn at-risk funds for meeting milestones. The Department scores milestones for each intervention as "met" or "not met", based on the responses to the survey, as well as the supporting documentation provided by the report due date.

For a milestone to be scored "met", the following scoring criteria will be applied, based on the survey submitted and documentation provided by the due date:

- ✓ Did hospital indicate in the survey that the milestone was completed by quarter-end?
- ✓ Did the hospital submit the supporting documentation specified in the Implementation Plan for the milestone?
- ✓ Does the supporting documentation provided demonstrate milestone completion?
- ✓ If supporting documentation is dated, does documentation support milestone completion by quarter-end?

Each intervention receives a score of "met" or "not met", and the number of milestones met correlate to at-risk funds earned. The hospital does not have to meet all milestones to earn a portion of at-risk funds for meeting the remaining milestones.

D. Course Correction Plan

If a milestone is not completed, hospitals may submit a course correction plan with the report for the quarter during which the milestone was not met. For example, if a Q4 milestone is not completed, the course correction plan would be submitted as part of the Q4 milestone report. 50% of unearned at-risk dollars are earned back by submitting an accepted course correction plan. Course correction plans receive a score of "approved" or "rejected" based on whether the plan is satisfactorily complete, and whether the intervention is eligible a course correction plan. Course correction plans may only be submitted once per intervention. An intervention would be ineligible for another course correction plan if a previous course correction plan was approved the intervention.

The below scoring criteria is applied to determine if the course correction plan is "approved" or "rejected":

- Is the milestone for the current quarter "not met"? (Note: If the milestone was met, the course correction plan will be rejected.)
- Is this the first course correction plan for the intervention? (Note: If a previous course correction plan was approved for the intervention, the intervention is ineligible for a course correction plan.)
- Did the hospital provide a complete response to each of the survey questions, including:
    - ✓ A summary of progress toward the milestone(s) to date, and the current status of that progress;
    - ✓ A detailed description of the circumstances causing the milestone to be missed;
    - ✓ A description of intention to pursue the milestone completion or insight on why the milestone will not or should not be completed; and
    - ✓ A description of how hospital will ensure future implementation activities and milestones are met?

Course correction plan scores are not viewable in the Hospital Reporting Requirements dashboard. As a result, the hospital will receive a letter uploaded to the CPAS portal to communicate the score. Communication of the score will be provided in a letter regardless of whether a score of "approved" or "rejected" is received.

E. Milestone Amendments

Throughout the HTP, various factors may require a participant to shift its implementation strategies. To allow for the flexibility to address unexpected barriers or outcomes, adopt new approaches and pursue innovative and emerging models of care, participants may submit requests to amend their milestones.

The milestone amendment request process is incorporated into quarterly milestone reporting. If in the survey the hospital indicates they would like to amend future milestones for an intervention, additional questions will follow. The survey will capture responses that document the hospital's

rationale for revising future milestones, as well as the revised milestone description(s) and supporting documentation description(s) proposed by the hospital. The amendment process is only available as part of milestone reports, and only milestones due in future quarters may be amended.

Milestone amendment requests will receive a score of "approved", "approved with modification", or "rejected". All review criteria documented in the Implementation Plan Review Criteria is applicable to milestone amendments.

If a score of "approved with modifications" is received, the hospital a letter will be uploaded to the CPAS portal documenting the required modifications. To address the required modifications, the hospital must file a request for reconsideration by the SRRP due date with updated Implementation Plan language that meets Implementation Plan Review Criteria. If the updated language does not meet Implementation Plan Review Criteria, or if the hospital does not file a request for reconsideration, the hospital's score for the milestone amendment will revert to "rejected". While there are no at-risk funds tied to receiving an approved or rejected milestone amendment, the hospital's future milestones will not be amended unless a score of "approved" is received.

If the milestone amendment is approved, an updated Implementation Plan will be available in the CPAS portal at the conclusion of the quarterly reporting process.

The following scoring criteria applies to milestone amendments:

- Did the hospital provide rationale for the milestone amendment?
- Does the revised milestone(s) meet all Implementation Plan Review Criteria for milestone descriptions?
- Does the revised supporting documentation meet all Implementation Plan Review Criteria for supporting documentation descriptions?

Milestone amendment scores are not viewable in the Hospital Reporting Requirements dashboard. As a result, the hospital will receive a letter uploaded to the CPAS portal to communicate the score. Communication of

the score will be provided in a letter regardless of whether a score of "approved", "approved with modification" or "rejected" is received.

F. Scoring Review and Reconsideration Period

The Department's SRRP provides hospitals an opportunity to view the reporting scores received for milestone and CHNE reports. If the hospital believes the report has been scored in error, they may ask for reconsideration of the initial scores.

SRRP is available for scores received for any of the following: (1) Milestone and CHNE; (2) Course Correction Plan; and (3) Milestone Amendment.

1. Milestone and CHNE Scores

All scoring and reconsideration decisions for reporting and milestone attainment are based solely on the milestone and CHNE reports and documentation submitted by the due date. Late report submissions and report revisions are not accepted as part of the SRRP.

The only supporting documentation accepted during the SRRP for milestone and CHNE reports are documents that illustrate why the hospital disagrees with the initial score. Whereas, documents due as part of the report are not accepted during the SRRP.

2. Course Correction Plan

If the hospital believes the plan was scored in error, they may request reconsideration of the scoring decision during the SRRP. However, no additional documentation, nor course correction plan revisions are accepted during the SRRP. All scoring and reconsideration decisions are based solely on the plan originally submitted.

3. Milestone Amendment

If the hospital believes the milestone amendment was scored in error, they may request reconsideration of the scoring decision during the SRRP. For milestone amendments scored "approved with modification", the hospital is required to submit a request for reconsideration that contains revised milestone description(s) and/or revised documentation description(s), in order to improve the score to "approved". If a request

for reconsideration is not filed to address the necessary modifications, the score will revert to "rejected", and no amendments to the Implementation Plan will be processed.

Documentation submission is not applicable to milestone amendments during the SRRP. However, revised milestone and documentation descriptions for the revised Implementation Plan may be provided during SRRP.

IV. Guide to Performance Measure Reporting

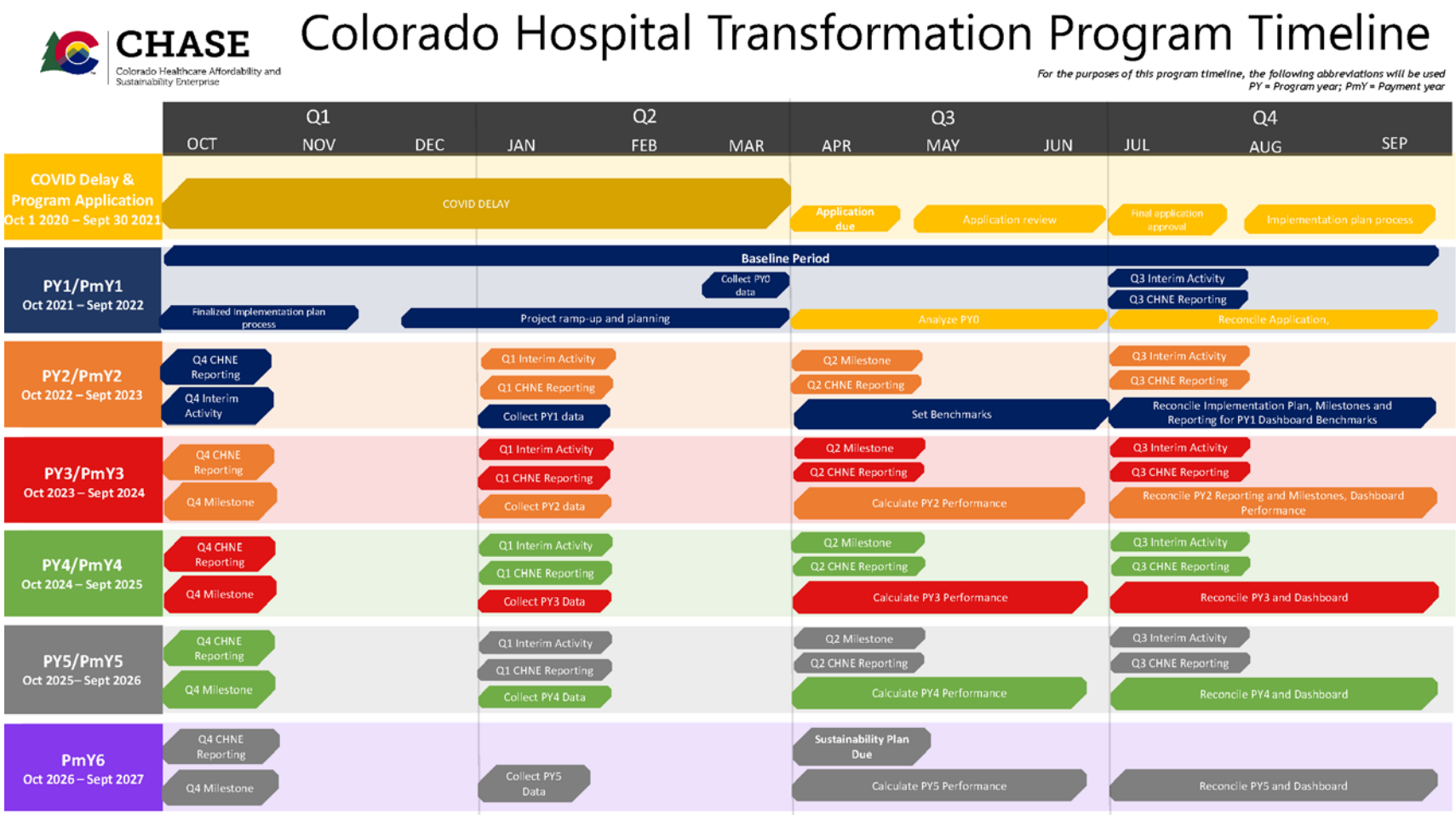
The Guide to Performance Measure Reporting will be included in a future update to this document.

Appendix A - Colorado Hospital Transformation Program

Program Timeline

CHASE
Colorado Healthcare Affordability and Sustainability Enterprise

Program Timeline



Appendix B - Colorado Hospital Transformation Project

Interim Activity and CHNE Report Survey Template

CHASE
Colorado Healthcare Affordability and Sustainability Enterprise

I. Colorado HTP Quarterly Report

Welcome to the Hospital Transformation Program (HTP) Quarterly Reporting Survey. This tool can be used to report on the hospital's interim activities related to HTP interventions and ongoing CHNE activities. Please follow section-specific instructions and answer each question completely.

II. Interim Activity Reporting

Reporting Hospital: CO HTP Test Hospital

Intervention: Intervention Name

Reporting Period: Program Year (PY) 1, Quarter (Q) 3

Upcoming Milestone: PY2Q2

This section will be used to report interim activities that are in support of completing the upcoming milestone for each intervention. Hospitals may review the latest submission of their Implementation Plan CPAS on the Intervention/Milestone Detail reporting dashboard, along with the hospital's reported interventions and milestone activities.

II.1. Indicate the phase to which the hospital attributes the interim activities for this intervention.

Planning and Implementation Phase
Continuous Learning and Improvement Phase

If **Planning and Implementation Phase** is selected for Question II.1, the below survey questions will follow:

II.2.a. Indicate the functional area(s) to which the hospital attributes the interim activities for this intervention. Select all that apply.

People
Process
Technology

Patient Engagement/ Target Population

II.2.b. Explain the interim activities related to the [People, Process, Technology, Patient Engagement/Target Population] functional area that the hospital has engaged in. The hospital may also include details of planning activities related to completion of the milestone activities for this intervention by next milestone reporting quarter (please limit responses to 250 words).

Note: The above prompt will repeat for each functional area selected.

II.2.c. Does the hospital consider its activities as on target for completing the upcoming milestone by its intended deadline?

Yes
No

Note: The next three prompts will only be included if "No" is selected above.

II.2.d. If not, what challenges and/or risks are present that may prevent the successful completion of the milestone in the functional areas (People, Process, Technology, Patient Engagement/Target Population)?

II.2.e. Indicate the functional area(s) to which the hospital attributes the challenges and/or risks. Select all that apply.

People
Process
Technology
Patient Engagement/ Target Population

II.2.f. What efforts does the hospital have planned, or has it attempted, to mitigate any challenges or risks identified above?

If **Continuous Learning and Improvement Phase** is selected for Question II.1, the below survey questions will follow:

II.3.a. Explain the interim activities related to this milestone activity that the hospital has engaged in. The hospital may also include details of planning activities related to completion of the milestone activities by next milestone reporting quarter (please limit responses to 250 words).

II.3.b. Does the hospital consider its activities as on target for completing the upcoming milestone by its intended deadline?

Yes
No

Note: The next two prompts will only be included if "No" is selected above.

II.3.c. If not, what challenges and/or risks are present that may prevent the successful completion of the milestone?

II.3.d. What efforts does the hospital have planned, or has attempted, to mitigate any challenges or risks identified above?

III. Ongoing Community Health Neighborhood Engagement Reporting

Reporting Hospital: CO HTP Test Hospital

Reporting Period: PY1Q3

As part of their participation in the HTP, hospitals must continue to facilitate a Community and Health Neighborhood Engagement (CHNE) process by which they collaborate with local community organizations and other external stakeholders to ensure hospitals and their interventions continue to be responsive to the community. Hospitals are required to complete CHNE activities in all quarters throughout the year, including consulting with key stakeholders, participating in community advisory meetings, and engaging with the public. Unlike interim activity and milestone reporting, ongoing CHNE reporting will be addressed on a hospital level rather than per intervention.

Hospitals must keep the Department of Health Care Policy and Financing (Department) informed of their ongoing CHNE as part of their regular HTP reporting obligations. Starting with PY1Q3, hospitals are required to report some type of ongoing CHNE activities every quarter as part of quarterly HTP reporting (whether key stakeholder engagements, community advisory meetings, and/or public engagements). This includes the following activities every PY, at a minimum:

- Hospitals must consult with key stakeholders outside of community advisory meetings at least **two** quarters each year.
- Hospitals must host or participate in community advisory meetings at least **two** quarters each year.
- Hospitals must host a public engagement at least **once** annually.
- Hospitals must attend the annual Learning Symposium.

If stakeholder consultation happened only through community advisory meetings, please report engagement via the Community Advisory Meeting section rather than the Consultation with Key Stakeholders section. As a reminder, hospitals must consult key stakeholders outside of community advisory meetings in at least two quarters.

Hospitals do not report Learning Symposium attendance through quarterly CHNE reporting. The Department collects attendance records for the Learning Symposium, and these records are used to evaluate compliance with this requirement.

For PY1, quarterly reporting will only occur in PY1Q3 and PY1Q4. For PY1, hospitals are required to report two quarters of consultations with key stakeholders and at least one quarter of Public Engagement.

Hospitals should consult in the Ongoing CHNE Requirements document on the HTP website (posted under Community and Health Neighborhood Engagement (CHNE) Process) for more information about these requirements. Please use the following section to report on these activities.

A. Continued CHNE Reporting

Reporting Hospital: CO HTP Test Hospital

Reporting Period: PY1Q3

III.1.a. Select any of the following that the hospital completed this quarter. Depending on which CHNE activities are selected, the following screens will populate accordingly.

Consultation with Key Stakeholders
Community Advisory Meetings
Public Engagements
None of the above

B. Continued CHNE Reporting: Consultation with Key Stakeholders

Reporting Hospital: CO HTP Test Hospital

Reporting Period: PY1Q3

Please use the next screens to report on the hospital's consultation with key stakeholders this quarter. As a reminder, if the consultation occurred through community advisory meetings, please report that engagement in the Community Advisory Meeting section instead. Hospitals must consult key stakeholders outside of community advisory meetings in at least two quarters, at a minimum.

Hospitals determine the key stakeholders specific to their community and community needs, local conditions and their HTP initiatives. However, the Department expects that key stakeholders for all hospitals will include at least

one representative from most, if not all, of the following stakeholder categories:

- Regional Accountable Entities (RAEs).
- Local Public Health Agencies (LPHAs).
- Mental Health Centers.
- Community Health Centers, including Federally Qualified Health Centers (FQHCs) and rural health centers (RHCs).
- Primary Care Medical Providers (PCMPs).
- Regional Emergency Medical and Trauma Services Advisory Councils (RETACs).
- Long Term Service and Support (LTSS) Providers.
- Consumer advocates or advocacy organizations.
- Health Alliances.
- Community organizations addressing social determinants of health.

Key stakeholders should also include representatives of any stakeholder categories that are impacted by, or particularly relevant to, any of the hospital's HTP initiatives.

This field will be prepopulated with information from previous quarters for the hospital to reference.

[Prepopulated information on previous stakeholders]

III.2.a. Please list all the names of the organizations you consulted with this quarter below. You may repeat and/or add any stakeholder organizations the hospital consulted with in previous quarters.

Organization Name:	

Note: The next two prompts will be repeated for each organization name entered by the hospital in this section. Engagement with up to 20 key stakeholders (outside community advisory meetings) may be reported for each quarter.

Please update the table below for your consultation(s) with the indicated stakeholder this quarter. Include all dates of engagement with the stakeholder outside of community advisory meetings, and all topics covered throughout the

engagement(s). If consultation happened through community advisory meetings, please report so in that section instead of this section.

III.2.b. Organization Name [prepopulated] – Details of Consultation

Name of Organization	Type of Organization (RAE, Mental Health Center, Health Alliance, etc.)	Name of Primary Point of Contact at Organization	Title of Primary Point of Contact	Date(s) of Engagement (mm/dd/yyyy)
[Prepopulated organization name]				

III.2.c. Organization Name [prepopulated] – Overview of HTP Topics Discussed

Measures
Interventions
Partners
Data Sharing / Technology
Data Reporting
General HTP Updates and Information
Other (Please Specify):

C. Continued CHNE Reporting: Community Advisory Meetings

Reporting Hospital: CO HTP Test Hospital

Reporting Period: PY1Q3

The Department expects that hospitals will also engage key stakeholders in a group setting through either convening of community advisory meetings or continued participation in existing advisory committees. The hospital should determine the most appropriate manner of convening meetings and who should be recruited to participate based on local conditions and existing relationships and collaborations. This includes whether the hospital will be able to engage existing committees or will choose to convene its own meetings. Key stakeholder groups must also be identified for inclusion in these meetings. The stakeholders who should be consulted are similar to those outlined in the Consultation with Key Stakeholders section above.

Hospitals may be able to meet this requirement through participation with health alliances. Likewise, the Accountable Care Collaboratives (ACC's) statewide and regional Program Improvement Advisory Committees (PIAC) may be an appropriate venue. PIACs were formed in July 2018 to engage stakeholders and provide guidance on how to improve health, access, cost, and satisfaction of Medicaid members and providers. If a hospital is unable to leverage its local health alliance, Regional PIAC or another similar existing convening, or if these convenings will not meet the hospital's needs for informing its ongoing HTP implementation, the hospital will be expected to convene meetings for its continued CHNE.

Hospitals should convene or engage in community advisory meetings at least semi-annually. This requirement can be satisfied by convening two or more different groups that meet the above requirements at least once each per year.

D. Continued CHNE Reporting: Community Advisory Meetings

Reporting Hospital: CO HTP Test Hospital

Reporting Period: PY1Q3

Please use the next screens to report on the hospital's community advisory meetings (if any) this quarter. As a reminder, hospitals are required to engage or participate in community advisory meetings at least twice (in two different quarters).

III.3.a. Name of Community Advisory Meeting

III.3.b. Date of Meeting (mm/dd/yyyy)

III.3.c. Information about Participating Organizations formatted as follows:

- Organization Name, Organization Type (RAE, Mental Health Center, Health Alliance, etc.)

III.3.d. Information about Meeting Organizer formatted as follows:

- Organization, Individual Name, Individual Title

III.3.e. Overview of HTP Topics Discussed

Measures
Interventions
Partners
Data Sharing / Technology
Data Reporting
General HTP Updates and Information
Other (Please Specify):

III.3.f. Please provide a brief overview of the feedback received.

III.3.g. Please briefly explain how the feedback received has informed the hospital's efforts going forward.

III.3.h. Would the hospital like to report another community advisory meeting?

Yes
No

Note: Up to 10 community advisory meetings may be reported for each quarter.

E. Continued CHNE Reporting: Public Engagement

Reporting Hospital: CO HTP Test Hospital

Reporting Period: PY1Q3

Continued CHNE should include periodic engagement with the public more broadly. This could be achieved via public forum, focus groups and / or online or paper surveys. Hospitals are permitted to leverage the public meeting pursuant to Colorado Revised Statutes Title 25.5, Article 1, Part 7 to meet this requirement as long as members of the public are given a specific opportunity during that hearing to learn about and provide feedback on the hospitals' HTP initiatives. Hospitals may also convene public engagement opportunities jointly with other hospitals as long as there are specific opportunities for members of the public to learn about and provide feedback on each hospital's HTP initiatives. Hospitals should facilitate public engagement at least once per year.

Please use the next screens to report on the hospital's public engagement activities (if any) this quarter.

F. Continued CHNE Reporting: Public Engagements

Reporting Hospital: CO HTP Test Hospital

Reporting Period: PY1Q3

III.4.a. Type of Venue (public forum, focus group, etc.)

III.4.b. Date or Time Span of the Activity (mm/dd/yyyy)

III.4.c. Number of People that Participated

III.4.d. Was this a joint activity with other hospitals?

Yes
No

III.4.e. Was this event combined with other topics?

Yes, with the Community Benefit meeting
Yes, combined with another topic: [enter here]
No

III.4.f. Did the public engagement provide members of the public an opportunity to learn AND provide feedback on the hospital's HTP interventions?

Yes
No

III.4.g. Please provide a brief overview of the feedback received.

III.4.h. Please briefly explain how the feedback received has informed the hospital's efforts going forward.

III.4.i. Would the hospital like to report another public engagement?

Yes

No

Note: Up to 5 public engagements may be reported for each quarter.

IV. Self-Reported Measure Workbook (If Applicable)

Reporting Hospital: CO HTP Test Hospital

Reporting Period: PY2Q1

IV.1. The hospital's self-reported measure workbook is due this quarter. Has the hospital uploaded the completed self-reported measure workbook on the CPAS portal?

Yes
No

V. Survey Conclusion

V.1. Thank you for filling out this quarterly report. By completing this form, the individual identified attests that they are authorized to complete this quarterly report on behalf of the hospital indicated and that the quarterly report has been completed truthfully and accurately. Please sign your name and include your title and the date to verify the accuracy of this information.

Please ensure all responses are complete before you submit this report.