

# *HTP Milestone Reporting Training*

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# Agenda

- Quarterly Reporting Overview
- Milestone Reporting
  - ✓ Milestone Activity Reporting
  - ✓ Milestone Achievement: Meeting Major Milestones
  - ✓ Milestone Supporting Documentation
  - ✓ Milestone Reporting: Hospital Index
  - ✓ Milestone Course Corrections
  - ✓ Milestone Amendments
  - ✓ Scoring Review and Reconsideration Period
- Wrap Up



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# *Quarterly Reporting Overview*



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# Overview of Quarterly Reporting Activities

An updated HTP Quarterly Reporting Guide is posted on the [CO HTP website](#).

The guide includes important information such as:

- Overview of the various types of quarterly reporting (CHNE, interim activity, milestone, performance measures)
- Quarterly Reporting schedule
- Deep-dive into interim, milestone, and CHNE reporting including requirements, submission, scoring and achievement review criteria, scoring review and reconsideration period, performance measure requirements, etc.
- Qualtrics survey prompts that will be used for interim and CHNE reporting, milestone and CHNE reporting, and performance measure reporting



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# Upcoming Quarterly Reporting Schedule

	Quarter End Date	Applicable Report(s)	Report Due Date
PY2/Q4	9/30/2023	Milestone & CHNE Report	10/31/2023
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

← Upcoming Due Date!



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# *Milestone Reporting*



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# Milestone Reporting Overview

- **Biannual milestone reports** (every Q2 and Q4) determine whether **milestones** established in the participant's Implementation Plan **were met**.
- Hospitals must submit supporting documentation specified in the Implementation Plan to **verify milestone completion**.
  - ✓ **Reporting scores** (for timeliness and completeness) for all components of milestone reporting will 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.
  - ✓ **Milestone achievement scores** will be **evaluated per intervention**. Hospitals can earn a portion of at-risk for each intervention milestone successfully completed (and verified through timely and complete submission of supporting documentation).



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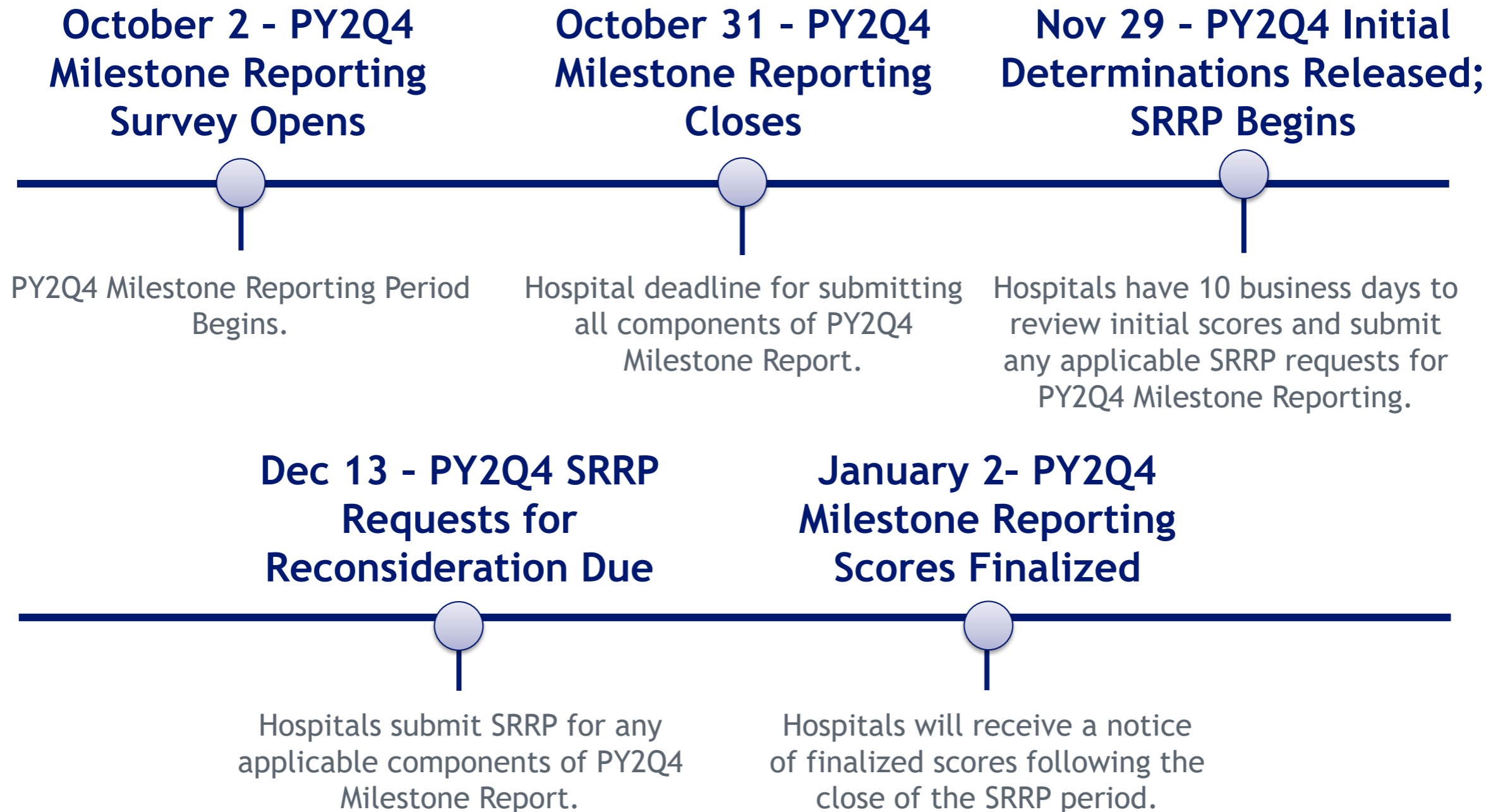
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# Milestone Reporting Components

Component	Possible Scores	At-Risk Associated
CHNE Reporting	Timeliness: On Time/ Late Completeness: Complete/Incomplete	There is <b>0.5%</b> at-risk available for timely and complete milestone reporting for each quarter.
Milestones Activity Reporting	Timeliness: On Time/Late Completeness: Complete/Incomplete	
Milestone Achievement	Milestone Completion: Met/Not Met	For PY2Q4, there is <b>2.0%</b> at-risk for meeting major milestones for each quarter. For PY3 Q2 and Q4, there is <b>4.0%</b> at-risk for meeting major milestones for each quarter.
Milestone Course Correction (if applicable)	Score: Approved / Rejected	For hospitals who miss their milestones, <b>50% of the at-risk</b> (related to milestone achievement) can be earned back by submitting an approved course correction plan.
Milestone Amendment (if applicable)	Score: Approved/Approved with Modification/Rejected	NA



# PY2Q4 Reporting Timeline



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# *Milestone Activity Reporting*



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# Accessing Milestone Reporting Survey Links

- ✓ Navigate to the hospital's Document Repository in CPAS.
- ✓ Click on the "Quarterly Reporting Submission" folder.
- ✓ Click on the "PY2Q4 Quarterly Reporting" subfolder.
- ✓ Download the survey link PDF.
- ✓ Click on the survey link to begin completing the survey.



Hello

As a part of the Hospital Transformation Program (HTP), your hospital must submit a Quarterly Report. The Quarterly Report includes Milestone Reporting, in which hospitals report completion of Milestones outlined in the approved HTP Implementation Plans, as well as ongoing community health neighborhood engagement (CHNE) activities. This also includes submission of supporting documentation for meeting major milestones.

Quarterly Reports for [redacted] are due on April 30, which lands on a Sunday. If the report due date falls on a weekend or Department holiday, reports may be submitted the following business day. Therefore, hospitals will be allowed to submit Milestone Reports on the following Monday, May 1, 2023 and still be considered timely.

**Follow the link below to the Survey. Or you may copy and paste the URL below into your internet browser:**

[https://mslc.qualtrics.com/jfe/form/SV\\_ewHpQyvrQMjRjoi?Q\\_CHL=gl&Q\\_DL=QYpGNt53A1B8IIG\\_ewHpQyvrQMjRjoi\\_CGC\\_gLon4NbfkGzD2dS](https://mslc.qualtrics.com/jfe/form/SV_ewHpQyvrQMjRjoi?Q_CHL=gl&Q_DL=QYpGNt53A1B8IIG_ewHpQyvrQMjRjoi_CGC_gLon4NbfkGzD2dS)

The Department is committed to setting all hospitals up for success and we encourage you to reach out if any assistance is needed.

- If you need technical assistance regarding the submission process, accessing the survey link, or with CPAS contact us at: [cohtp@mslc.com](mailto:cohtp@mslc.com).
- If you have questions regarding or need assistance with program related information, please submit your question to the Department at: [hcpf\\_cohtp@co.state.us](mailto:hcpf_cohtp@co.state.us).

Thank You,

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Colorado Hospital Transformation Program

[www.myersandstauffer.com](http://www.myersandstauffer.com)



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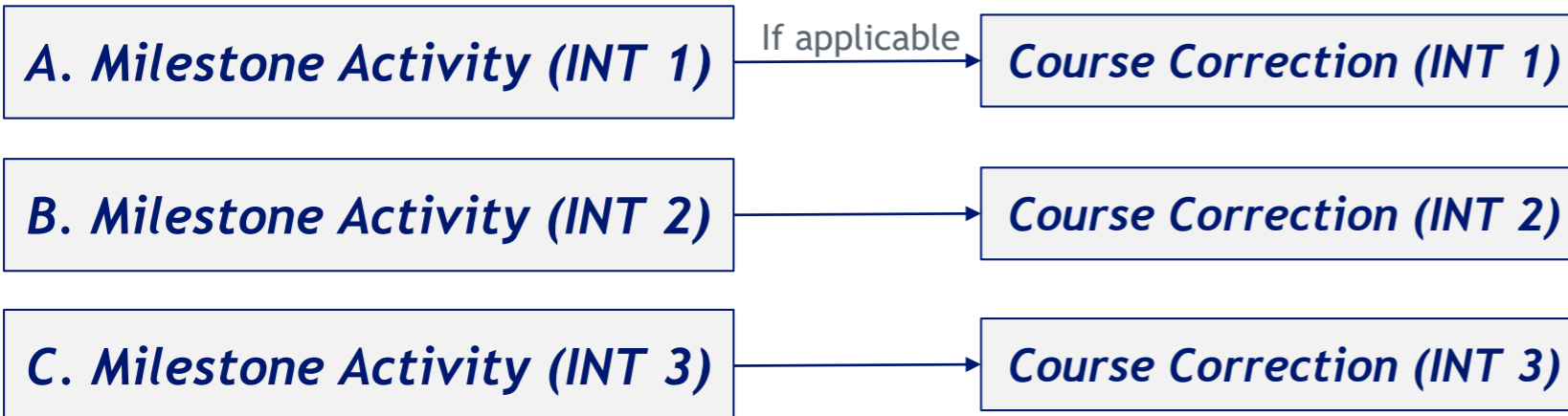
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# Milestone Survey Flow

## 1. Milestone Activity Reporting

Hospitals complete milestone activity reporting questions for **every intervention** (and associated milestone activities). This includes successfully **uploading all supporting documentation to CPAS**.



Hospitals that have **not met their milestones** can complete an additional course correction section for each applicable intervention.

If applicable

## 2. Milestone Amendment Reporting

If applicable, hospitals indicate which **future milestones** they would like to **amend**. Hospitals are also required to **submit a completed milestone amendment form** to CPAS.

## 3. CHNE Reporting

Hospitals also complete CHNE activity reporting to **document activities for the entire quarter**.

# Milestone Activity Survey Prompts

- Hospitals will be prompted to complete **survey questions related to the hospital's Milestone Activity**. Hospitals are required to report on the following information:
  - ✓ Is the milestone considered “**complete**” relative to each Functional Area (People, Process, Technology, Patient Engagement)?
  - ✓ Did the hospital submit the appropriate **supporting documentation** files, in alignment with the previously approved implementation plan?
  - ✓ What are the file names of the supporting documentation? Are there any **notes for the reviewer**?
- Hospitals will address Milestone Activity prompts **for each intervention** in the program.



# Submission of Supporting Documentation

- Hospitals must submit **Milestone Supporting Documents** as previously specified in the Implementation Plan to verify milestone completion.
- Supporting documentation must be uploaded to the [CPAS](#) portal Document Repository, under the **[PY2Q4 Quarterly Reporting]** folder.
- The department has also approved the use of a **ZIP file** to upload supporting documentation.
  - ✓ If your hospital chooses to utilize the ZIP file option, the individual files within the ZIP must be **appropriately labeled** according to the Milestone documentation naming scheme.

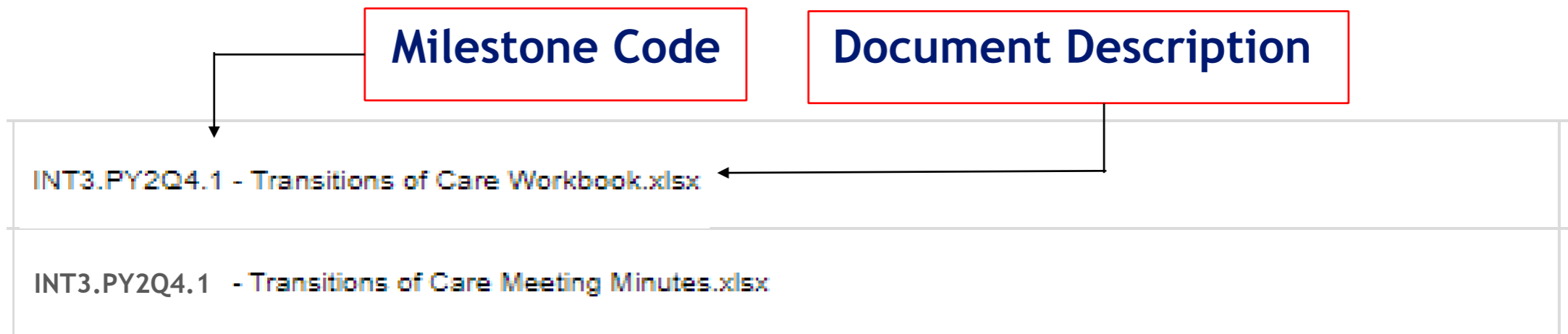


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# Submission of Supporting Documentation

- ✓ The naming scheme for index Documentation is as follows:



- ✓ Hospitals should indicate within the survey the location or page number of the documentation, along with any notes to the reviewer that specifically support completion of the milestone, if applicable.
- ✓ Hospitals should keep an inventory of the submitted documentation and conduct a final review prior to the PY2Q4 reporting deadline. Additional supporting documentation is **not accepted** during the SRRP.



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# Milestone Activity Reporting Scoring

- Hospitals will receive a reporting score of **complete** for meeting both the **timeliness** and **completion** requirements of PY2Q4 CHNE and Milestone Reporting portion of the quarterly report. There is **0.5% at-risk** granted for reporting for each quarter.
  - ✓ Hospitals must complete the **Milestone Survey prompts** in their entirety.
  - ✓ Hospitals are also required to submit all **supporting documentation**, as outlined in the hospital's approved Implementation Plan, via CPAS.
- The following report criteria must be met in order to earn a reporting score of "**Complete**":
  - ✓ Is a response provided to each applicable question in the survey?
  - ✓ Do responses address the PY2Q4 milestone (and associated functional areas) indicated in the Implementation Plan?
  - ✓ Was documentation uploaded for each milestone the hospital met?





# *Milestone Achievement: Meeting Major Milestones*



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# Milestone Achievement Overview

- Hospitals will earn **distinct at-risk funding** for meeting major milestones.
  - ✓ Hospitals will report having “**met**” or “**not met**” the milestones for each intervention in the applicable quarter.
  - ✓ For milestones indicated as met by the hospital, the Department will review supporting documentation to confirm the milestone was met and that the documentation aligns with the description in the hospital’s implementation plan. Approval translates to at-risk funding for milestone completion.



# *Milestone Achievement Overview*

- 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 the hospital provides complete and timely reporting, but a milestone achievement score results in a “not met” score, at-risk funds for reporting may be earned while some at-risk for meeting major milestones may be unearned.



# *Milestone Achievement Scoring Criteria*

- Scoring Criteria for **Meeting Major Milestones:**
  - ✓ Did hospital indicate in the survey that the milestone was completed by quarter-end?
  - ✓ Did the hospital submit the supporting documentation?
  - ✓ Does the supporting documentation provided demonstrate milestone completion?
  - ✓ If supporting documentation is dated, does documentation support milestone completion by quarter-end?
- The Department will determine whether a milestone is met based on a review of survey responses and supporting documentation.



# Milestone Achievement Scoring Criteria

- Scoring Criteria for **Meeting Major Milestones** continued:
  - ✓ Hospitals are responsible for demonstrating milestone completion. Reviewers will be looking for evidence of activity completion and will not be reviewing the results of any processes.
  - ✓ For example, hospitals that indicated they would complete a **PDSA (Plan, Do, Study, Act) cycle** for a milestone will not be required to submit the entirety of the test's results, however, will need to submit sufficient evidence of PDSA completion that aligns with the Implementation Plan.



# Milestone Achievement Scoring and At-Risk

- In PY2Q4, there is **2.0% at-risk** for meeting major milestones across all the hospital's interventions.
- The number of milestones “met” during the milestone reporting period will **directly correlate** with the at-risk earned, as calculated below:

$$\frac{\text{Number of Major Milestones Met}}{\text{Total Number of Milestones}} \times \text{At-risk available} = \text{At-risk earned}$$

- The hospital does **not** need to meet all milestones to earn **partial at-risk** for the met milestones.



# *Milestone Supporting Documentation*



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# Supporting Documentation Examples

- In the example presented, the hospital indicates that in alignment with their implementation plan, they will submit a **proposed follow up procedure document** and **meeting minutes with the RAE.**

Milestone Code	Functional Areas	Milestone Description	Impact Milestone	Supporting Documentation (SD) Description
INT1.PY2Q4.1	Process	1. Proposed polices and Procedures are completed for follow-up appointment before discharge and notification of the RAE for all Medicaid inpatients discharged to home.2. Proposed policies and procedures are completed for discharge planning(include notification to the clinic) and notification to the RAE for Medicaid patients discharged to home from the hospital or ED with a DX of mental illness or SUD. 3. We held a Stakeholder Meeting with the RAE to discuss the notification process.	No	1. Copy of proposed policy and procedure.2. Copy of proposed policy and procedure.3. Minutes from meeting with the RAE.



# Supporting Documentation Examples

- The hospital submitted **two distinct documents** as identified in their implementation plan to support having met the milestone. The hospital ensured that their documentation was clear, concise and appropriately labeled.

*Document Name: INT2.PY2Q4.1 - Proposed Follow-Up Procedure Document*

**PURPOSE:**

Patients discharged from emergency department [ED] and observation [OBS] encounters will have a follow-up action and potential follow-up visit if needed. The action will take place within seven business days of discharge.

**PERSONS AFFECTED:**

Clinic RN Care Manager [RNCM] or designee.

**POLICY:**

The Primary Care Clinic at [Clinic] is committed to reducing ED visits and hospitalizations for all patients of the Clinic and the surrounding area. We focus on providing quality care and follow-up to ensure the best possible patient outcome while also reducing healthcare costs.

**PROCEDURE:**

Clinic RN Care Manager (RNCM)

1. Daily (Monday – Friday) runs the ED and OBS report that captures all PSMC ED and OBS visits.



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# Supporting Documentation Examples

Document Name: *INT2.PY2Q4.1 - Meeting Minutes with the RAE*

## Hospital Transformation Program Meeting Minutes

**March 17, 2022 – 12:00pm**

**Attendees:** [REDACTED]

Introductions:

Discussion: most patients spend less than 2 days inpatient

**RAH 1** - – Connection to PCMP prior to discharge and follow up appointment made and notification to the RAE within one business day.



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# Supporting Documentation Examples

- In the example presented, the hospital indicates that in alignment with their implementation plan, they will submit a documentation of what the first **PDSA cycle** will be for their first continuous learning and improvement milestone.
- This does not require the hospital to present all data collected from the cycle, however hospital must provide enough information to satisfy the documentation description.

Milestone Code	Functional Areas	Milestone Description	Impact Milestone	Supporting Documentation (SD) Description
INT1.PY4Q2.1		We will have assessed the percentage of follow-up appointments made and the percentage of notifications to the RAE made for Medicaid inpatients for the quarter. We will have assessed the percentage of documented discharge plans and documented notifications to the RAE for Medicaid ED and inpatients discharged to home with DX of mental illness or SUD for the quarter. We will have created a rapid cycle PDSA to address any needed improvements. Areas for improvement may be related to workflow adoption, cooperation with the RAE, referral follow-up, appointment follow-up, and patient education materials. We will be evaluating data at each cycle to look for process improvements to address any disparities in either process that are related to age, race, ethnicity, language and gender (including those that identify as LGBT).	No	Documentation of what the first PDSA cycle will be, including the current performance data, a description of areas identified for improvement and actions to be taken to accomplish improvements in both processes.



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# Supporting Documentation Examples

- An example of a **PDSA cycle worksheet** is shown to the right.

## PDSA Worksheet

Objective:



**1. Plan:** Plan the test, including a plan for collecting data

Questions and Predictions:

Who, what, where, when:

Plan for collecting data:



**2. Do:** Run the test on a small scale

Describe what happened. What data did you collect? What observations did you make?



**3. Study:** Analyse the results and compare them to your predictions

Summarise and reflect on what you learned:



**4. Act:** Based on what you learnt from the test, make a plan for your next step:

Determine what modifications you should make – adapt, adopt or abandon:

# *Milestone Reporting: Hospital Index*



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# Hospital Index Background

- The **SW-COE1 Hospital Index Measure** is a statewide measure with pre-defined milestones to support hospital achievement throughout the program.
  - ✓ The achievement of the PY2Q2 Hospital Index impact milestone indicated the conclusion of the Planning and Implementation phase. The intervention moves to the Continuous Improvement phase beginning with PY2Q4.
  - ✓ A **pre- selected set of questions** associated with the first continuous learning and improvement phase of the intervention has been outlined for hospitals in Appendix A of the [Implementation Plan template](#).
  - ✓ Hospitals are encouraged to review the [HTP Hospital Index Measure Milestone Reporting Document](#), available on the CO HTP Website.
  - ✓ Hospitals should also reference the [HTP Hospital Index User's Guide](#) on the CO HTP website for more information.



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# Hospital Index Survey Prompts

- Hospitals will indicate in their survey whether or not they have met the milestone for the quarter; if so, hospitals will continue to fill out corresponding information about submission of supporting documentation.
- Hospitals should refer to the **Implementation Plan Template** located on the HTP website for survey prompts.
- In alignment with the Milestone Reporting structure, hospitals will provide information on supporting documentation submitted:

I.4.c.5. Continuous Learning and Improvement - Index of Supporting Documentation

INT1.PY2Q4.1 - Continuous Learning and Improvement Milestones

I.4.d.5. Continuous Learning and Improvement - Documentation notes for reviewer, if applicable (page number, tab reference, or other clarifying information).

INT1.PY2Q4.1 - Continuous Learning and Improvement Milestones; See page 1



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# *Milestone Course Corrections*



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# Milestone Course Corrections

- If a hospital did not meet an intervention's milestone for the quarter, they can submit a **course correction** with that quarter's Milestone Report.
- Hospitals will **earn back 50%** of the milestone's at-risk for an approved course correction plan.
- Hospitals will be prompted to submit responses for the following questions:
  - ✓ Does the hospital wish to file a course correction for this intervention?
  - ✓ What progress has the hospital made towards this milestone to date?
  - ✓ Can the hospital provide insight into the circumstances around the milestone not being met?
  - ✓ What process does the hospital intend to pursue to meet the missed milestone?
  - ✓ Can the hospital provide operation insight into how future milestones of the affected intervention will be completed by the intended deadlines?



# Milestone Course Corrections Scoring

- The approved course correction is based on whether the intervention is **eligible for a course correction plan**, and whether the submitted plan is **satisfactorily complete**.
  - ✓ Course correction plans may only be submitted **once per intervention**. If a course correction has been submitted for the intervention previously, the intervention is **no longer eligible** for a course correction plan.
  - ✓ For example, if your hospital has submitted a course correction for Intervention 3 in PY2Q2, a course correction **will not** be accepted in the PY2Q4 reporting period. Course corrections for other interventions can be submitted.
  - ✓ A “rejected” course correction plan will mean the hospital **does not** earn back lost at-risk dollars for milestone achievement, but will not further impact at-risk associated with reporting.



# Milestone Course Corrections Scoring

- Course Correction **Scoring Criteria**:
  - ✓ Did the hospital indicate (under the Milestone Activity section of the survey) for the current quarter was “**not met**”? (Note: If the milestone was met, course corrections will not populate within the survey.)
  - ✓ Is there a **previous** course correction plan for the intervention?
  - ✓ Did the hospital provide a **complete response** to each of the course correction survey questions?
- Hospital’s **course correction scores** are factored in to initial milestone reporting scores.



# *Milestone Amendments*



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# Milestone Amendments Overview

- To allow for flexibility in the hospital's implementation plan, hospitals are provided **milestone amendment periods** during milestone reporting quarters.
  - ✓ This provides hospitals the opportunity to **shift implementation strategies**. New evidence-based models may emerge, or other key developments or operating characteristics of facilities may shift.
  - ✓ Note that only milestones due in **future quarters (PY3Q2 and onward)** may be amended and milestones may only be amended during milestone reporting quarters (Q2 and Q4 annually).



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# Milestone Amendment Overview

- Hospitals may also consider altering their implementation plan to build a more **generalized plan**.
  - ✓ For example, if a hospital has indicated a specific EHR by name in their approved implementation plan, reviewers will **expect a reporting update** on that specific EHR during the appropriate reporting periods. Providing broader descriptions allows the hospital more flexibility in completing the milestones.
  - ✓ In the example presented below, the hospital indicated the use of a specific software by name, but has decided to cease the use of this program and continue on a new path with their intervention.
  - ✓ The hospital can opt to **amend their future milestones** during the Milestone Reporting period with **no penalty** to their at-risk.

Milestone Code	Functional Areas	Milestone Description	Impact Milestone	Supporting Documentation (SD) Description
INT7.PY3Q4.3	Technology	Finalize data capture in Pieces for the number of eligible patients engaged with and the impact on ER utilization.	Yes	Meeting Minutes from the monthly Readmission Team, will document timely completion of the technology integration and availability of data regarding reducing ER utilization.

# *Milestone Amendments Overview*

- In order for a hospital's Milestone Amendment to be considered, the hospital must complete the following:
  - ✓ A **Milestone Amendment Form** must be filled out completely and uploaded to CPAS; and
  - ✓ All relevant **Milestone Amendment questions** must be filled out completely in the Milestone Activity Survey.



# *Milestone Amendments Overview*

- If a hospital would like to **amend an upcoming milestone**, they must submit responses to the following prompts:
  - ✓ Does the hospital wish to submit a milestone amendment for any upcoming milestones for any of the interventions?
  - ✓ Which of the upcoming milestones would the hospital like to amend?
- Hospitals will also submit a milestone amendment form, available to be downloaded from the reporting survey or your hospital's CPAS document repository.





# Milestone Amendment Form

- **Access:** Milestone Amendment Forms can be accessed through the **Quarterly Reporting Submission Folder** in the hospital CPAS document repository.
  - ✓ The Milestone Amendment Form can also be downloaded from the Milestone survey.
- **Submission:** Milestone Amendment Forms should be submitted via CPAS in the same Quarterly Reporting Submission folder under the appropriate quarter.
  - ✓ Use the naming convention as follows:  
**[CHASE ID] [Hospital Name] - [Submission Quarter] Milestone Amendment Form [Date]**
- Guidelines for completing the Milestone amendment form can be found within the form.
  - ✓ Hospitals should email [cohttp@mslc.com](mailto:cohttp@mslc.com) for technical assistance or questions regarding the form.



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# Milestone Amendments Scoring

- The Department will review Milestone Amendment submissions based on the **scoring criteria**:
  - ✓ Did the hospital provide appropriate 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 Amendments will receive a **score** of “approved”, “approved with modification”, or “rejected” from the department.
  - ✓ If “**approved**”, an updated Implementation Plan will be available in the CPAS portal at the conclusion of the quarterly reporting process. If “**approved with modifications**”, a determination letter will be uploaded to the CPAS portal documenting the required modifications **in order to finalize through SRRP**.
  - ✓ 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.



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# *Milestone Amendment Form Walkthrough*



Milestone  
Amendment Form



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# *Milestone Scoring Review and Reconsideration Period*



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# Scoring Review and Reconsideration Form

- SRRP is available for scores received for any of the following: (1) CHNE and/or Milestone Reporting Score; (2) Milestone Achievement Score (3) Milestone Amendment Modification (4) Milestone Course Correction.
- Hospitals can utilize the same **SRRP Request Form** as all other SRRP requests, found in your CPAS document repository.

## Section II. HOSPITAL INFORMATION

Hospital CHASE ID - Name: Select Hospital

Program Year and Quarter: Select Program Year and Quarter

Submitted By: Enter Responsible Person for SRRP      Contact Information: Enter Email Address

Submission Date: Enter a date

Scoring Reconsideration Requested: *(select all that apply based on applicable quarter)*

Interim Activity Reporting – *Complete table 1*

CHNE Reporting – *Complete table 2*

Milestone Reporting (late and/or incomplete submission) – *Complete table 1*

Milestone Achievement (unmet milestones) – *Complete table 3*

Milestone Course Correction (milestone course correction received 'rejected' score) – *Complete table 4*

Milestone Amendment Modification Required (milestone amendment received 'approved with modification' or 'rejected' score) – *Complete table 5 and, if applicable, provide updated Milestone Amendment form*

Performance Measures – *Complete table 6, and provide updated Self-Reported Hospital Workbook if necessary*



SRRP Request  
Form v2



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# Scoring Review and Reconsideration Period

- All SRRP requests should be **submitted via email** to [cohttp@mslc.com](mailto:cohttp@mslc.com) and [cohttp@state.co.us](mailto:cohttp@state.co.us). Requests will be reviewed within 10 business days of submission.
- Hospitals should follow the following naming scheme:  
[Submission Quarter] - SRRP- [CHASE ID] [Hospital Name] [Date]
- **Milestone Reporting and Milestone Achievement** score reconsiderations are based solely on the initial survey responses and submitted documentation. **No additional documentation** or late submissions will be accepted.
- **Course Corrections** with reporting scores of “incomplete” can be submitted for reconsideration during the SRRP period. No additional documentation, nor course correction plan revisions are accepted during the SRRP.



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# Scoring Review and Reconsideration Period - Milestone Amendments

- If a hospital receives a **Milestone Amendment** score of “**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”.
  - ✓ Along with submitting a completed SRRP form, hospitals should submit an **updated** Milestone Amendment Form to CPAS with requested edits during this period - and should follow this naming scheme:  
**[CHASE ID] [Hospital Name] - [Submission Quarter] Milestone Amendment Form Revised [Revised Date]**
- If the hospital received a milestone amendment score of “rejected” and believes the milestone amendment was scored in error, they may request reconsideration of the scoring decision during the SRRP.
  - ✓ Neither revised documentation or an updated Milestone Amendment form **will not be accepted** during reconsideration.



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# Scoring Review and Reconsideration Submission Overview

Component	Initial Submission via Milestone Survey?	Initial Additional Documentation Required	SRRP Submission via cohtp Inbox (if applicable) <sup>1</sup>
CHNE Reporting	Yes	NA	Complete CHNE Reporting section (Table 2) in SRRP form. <sup>2</sup>
Milestones Activity Reporting	Yes	Submit Supporting Documentation via CPAS.	Complete Milestone Reporting section (Table 1) in SRRP form. <sup>2</sup>
Milestone Achievement	Yes		Complete Milestone Achievement section (Table 3) in SRRP form. <sup>2</sup>
Milestone Course Correction (if applicable)	Yes	NA	Complete Course Correction section (Table 4) in SRRP form. <sup>2</sup>
Milestone Amendment (if applicable)	Yes	Submit Milestone Amendment form via CPAS. <sup>3</sup>	Complete Milestone Amendment Modification section (Table 5) in SRRP form and, if applicable, submit updated Milestone Amendment form via CPAS. <sup>4</sup>

**1** - Naming convention: [Submission Quarter]-SRRP- [CHASE ID] [Hospital Name] [Date]

**2** - The only supporting documentation accepted during 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 SRRP.

**3** - Naming convention: [CHASE ID] [Hospital Name] - [Submission Quarter] Milestone Amendment Form [Date]

**4** - Naming convention: [CHASE ID] [Hospital Name] - [Submission Quarter] Milestone Amendment Form Revised [Revised Date]



# Milestone Scoring Review and Reconsideration Period

Escalation Process Activity	Completion Date
Hospital request for escalation to Matt Haynes, Special Finance Projects Manager and cohtp@state.co.us	Within 5 business days of Department issuing SRRP determination
Department issues escalation request decision	Within 10 business days of Department issuing SRRP determination
Hospital request for additional escalation to Nancy Dolson, Special Financing Division Director.	Within 15 business days of Department issuing SRRP determination
Department issues escalation request decision	Within 20 business days of Department issuing SRRP determination
Escalation Process Activity	Completion Date

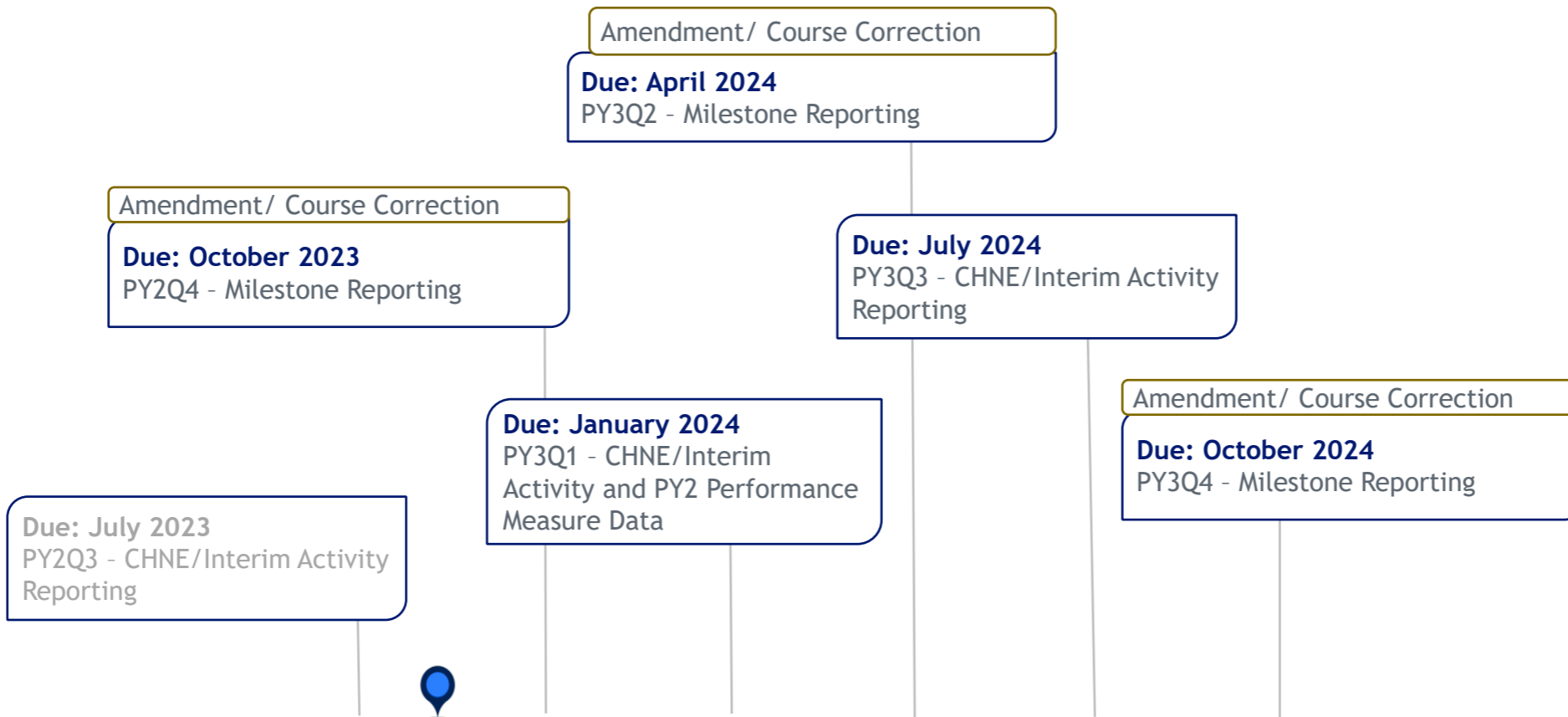
# *Wrap Up*



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# Upcoming Timeline



PY2Q1	PY2Q2	PY2Q3	PY2Q4	PY3Q1	PY3Q2	PY3Q3	PY3Q4	PY4Q1	PY4Q2	PY4Q3	PY4Q4
O/N/D	J/F/M	A/M/J	J/A/S	O/N/D	J/F/M	A/M/J	J/A/S	O/N/D	J/F/M	A/M/J	J/A/S

2022 - 2023

2023 - 2024

2024 - 2025

Note:

- CHNE is reported every quarter.
- Reports are due the last day of the month following quarter end.
- Hospitals will have an opportunity to review scores and request reconsiderations during SRRP.

# Next Steps

- HTP Participants will receive **email communication** on October 2<sup>nd</sup> notifying hospitals that **PY2Q4 Reporting** is open, and survey links are available via the CPAS portal.
- **Office Hours** will be held on **10/13 and 10/20** to support hospitals through Milestone Reporting.
- The hospital **deadline** for submitting all PY2Q4 Milestone Reporting components is **October 31st, 2023**.
- The **Milestone Reporting Training** will be made available on the HTP website within one week.
- Resources:
  - ✓ [Ongoing CHNE Requirements](#)
  - ✓ [HTP Quarterly Reporting Guide](#)
  - ✓ [Implementation Plan Template](#)
  - ✓ [Hospital Index Measure](#)



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*Thank You*



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