

# *HTP Milestone Reporting Training*

March 16, 2023

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Department of Health Care Policy & Financing



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# Agenda

- Welcome and Introductions
- Quarterly Reporting Overview
- Milestone Reporting Overview
  - ✓ Milestone Activity and Meeting Major Milestones
  - ✓ Milestone Course Corrections
  - ✓ Milestone Amendments
  - ✓ CHNE Activity
- Milestone Scoring Review and Reconsideration Period
- Wrap Up



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# *Welcome and Introductions*



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# *Quarterly Reporting Overview*



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# Overview of Quarterly Reporting Activities

The 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 the 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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# PY2 Quarterly Reporting Schedule

PY/Q	Quarter End Date	Applicable Report(s)	Report Due Date
PY2/Q1	12/31/2022	Interim Activity & CHNE Report PY1 Performance Measure Data	1/31/2023
PY2/Q2	3/31/2023	Milestone & CHNE Report	5/1/2023*
PY2/Q3	6/30/2023	Interim Activity & CHNE Report	7/31/2023
PY2/Q4	9/30/2023	Milestone & CHNE Report	10/31/2023



\*The report due date is 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.

# *Milestone Reporting Overview*



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# Milestone Reporting Overview

- **Biannual milestone reports** (every Q2 and Q4, beginning in PY2Q2) 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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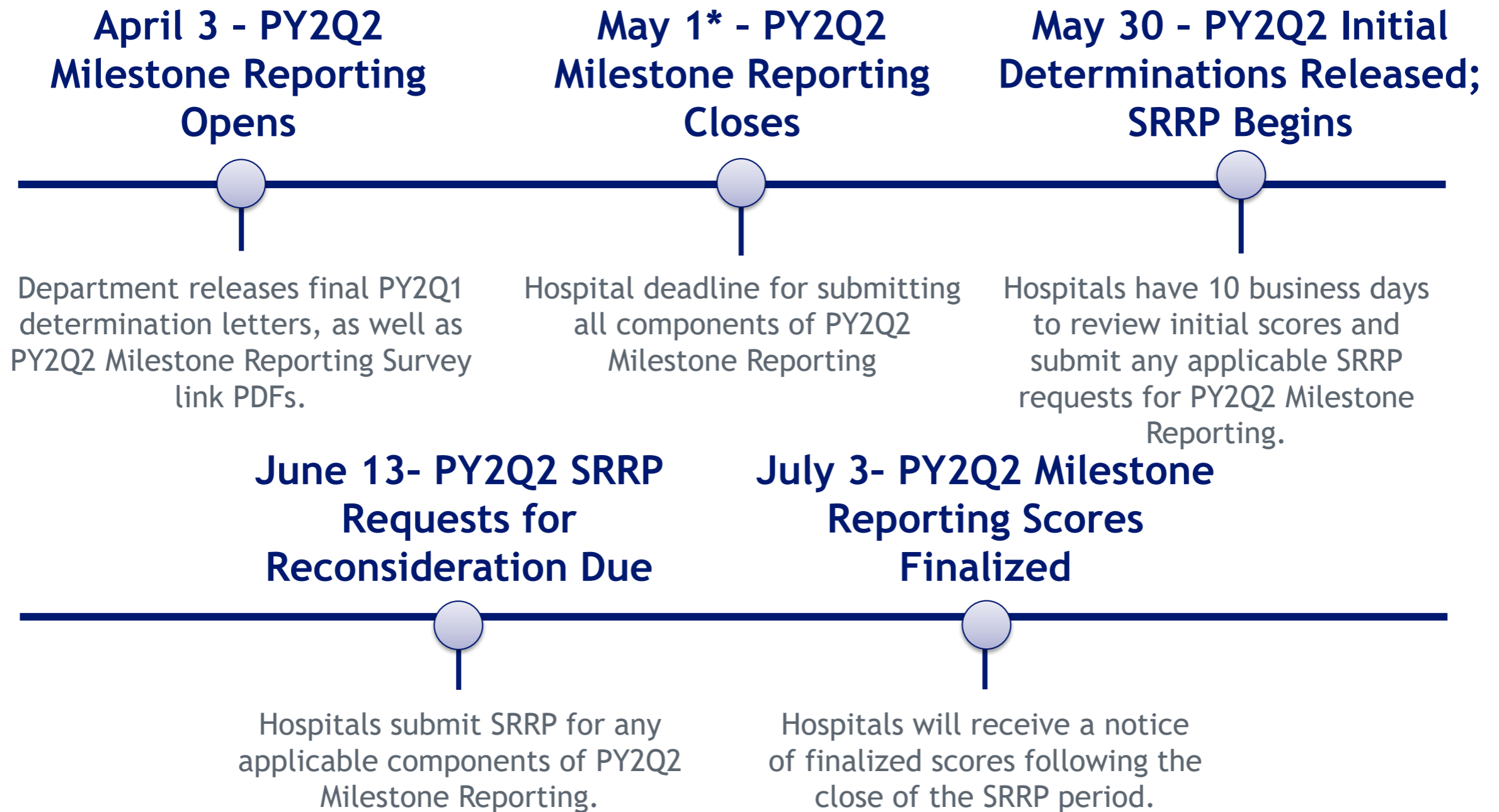
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# Milestone Reporting Components

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 PY2 Q2 and Q4, 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

# PY2Q2 Reporting Timeline



\*The report due date is 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.

# *Milestone Activity Reporting Components*



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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 "PY2Q2 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 PY2Q2 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 PY2Q2 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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# Milestone Survey Flow

## 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**.

Milestone Activity (INT 1)

Course Correction (INT 1)

Milestone Activity (INT 2)

Course Correction (INT 2)

Milestone Activity (INT 3)

Course Correction (INT 3)

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

## 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.

## CHNE Reporting

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



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# *Milestone Activity and Meeting*

## *Major Milestones*



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# Milestone Activity Survey Prompts

## Table of Contents

Intro

**Milestone Activity - Intervention 1**

Course Correction - Intervention 1

Milestone Activity - Intervention 2

Course Correction - Intervention 2

Milestone Activity - Intervention 3

Course Correction - Intervention 3

Milestone Activity - Intervention 4

Course Correction - Intervention 4

Milestone Activity - Intervention 5

Course Correction - Intervention 5

Milestone Amendment Reporting

Continued CHNE Reporting

## Milestone Activity Reporting

Reporting Hospital:

Intervention 1: Patient information sent to RAE

Reporting Period: PY2Q2

Hospitals may review the latest submission of their Implementation Plan on CPAS on the Intervention/Milestone Detail reporting dashboard, along with the hospital's reported interventions and milestone activities below. This field will be prepopulated with information from the hospital's Implementation Plan for the upcoming milestone for the hospital to reference:

Milestone Reporting Quarter	PY2Q2
Milestone Phase	Planning and Implementation
Impact Milestone	No
Has a Course Correction Plan Been Submitted for this Milestone?	NA
People (INT1.PY2Q2.1)	The Facility and RAE have collaboratively created a Policy to function as a framework of care coordination. The structure will consist of timelines corresponding with Intervention Milestones. Finalization of Policy will occur during Impact Milestones and have evolved into a Standard Operating Procedure. The facility has identified key personnel to represent this team.
Supporting Documentation for the People Functional Area	1. A roster of facility key personnel and RAE personnel. 2. Initial Policy3. Meeting occurrence timeline

# Milestone Activity Survey Prompts

Milestone Activity Reporting

Reporting Hospital:

Intervention 1: Patient information sent to RAE

Reporting Period: PY2Q2

Milestone Code: INT1.PY2Q2.1

1.4.a.1. People Functional Area - Is the hospital reporting this milestone as complete relative to the People functional area? (A milestone will only be considered fully complete if all activities of all applicable functional area(s) have been completed.)

In the event of a missed milestone, participating hospitals may file for an intervention course correction. If you select "No" below, you will be prompted on a later page to complete questions regarding course correction for this milestone. As a reminder, hospitals can only file one course correction plan per intervention over the course of the program.

Yes

No



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# Milestone Activity Survey Prompts

I.4.b.1. People Functional Area - Did the hospital upload the supporting documentation file identified at the beginning of this report and in the Implementation Plan to CPAS?

Yes

No

I.4.c.1. People Functional Area - Index of Supporting Documentation formatted as below (separated by semi-colons):

INT1.PY2Q2.1 - [Name of Document 1];

INT1.PY2Q2.1 - [Name of Document 2]

INT1.PY2Q2.1 - Key Personnel Roster; INT1.PY2Q2.1 - Initial Policy; INT1.PY2Q2.1 - Meeting Occurrence Timeline

I.4.d.1. People Functional Area - Documentation notes for reviewer, if applicable (page number, tab reference, or other clarifying information).

Key Personnel Roster - review pg. 3-4; Initial Policy- review pg. 1-3; Meeting Occurrence Timeline - review pg. 1



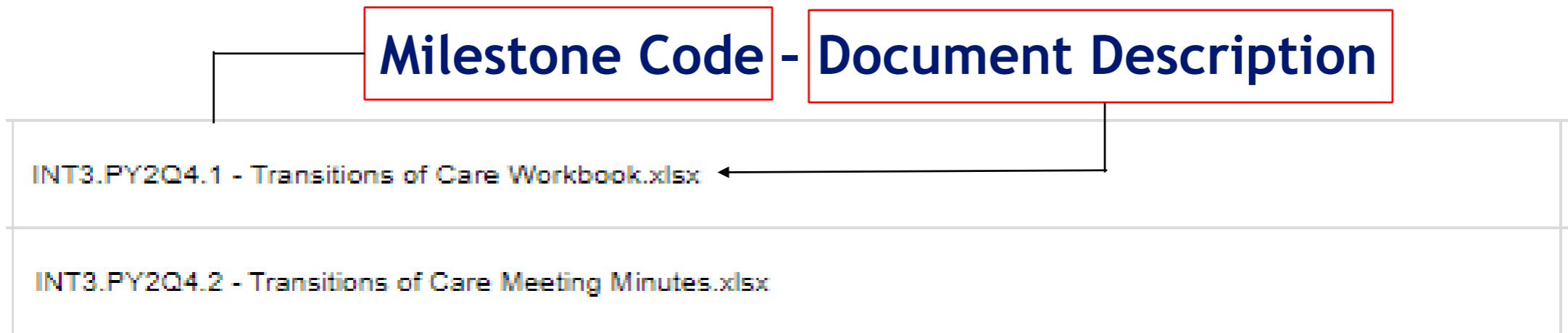
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# Submission of Supporting Documentation

- Hospitals must submit the 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 **[PY2Q2 Quarterly Reporting]** folder

✓ The naming scheme for index Documentation is as follows:



- ✓ Hospitals should indicate within the survey the location or page number of the documentation, or any notes to the reviewer that specifically support completion of the milestone, if applicable.



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# Milestone Reporting Scoring

- Hospitals will receive a reporting score of complete for meeting both the **timeliness** and **completion** requirements of PY2Q2 CHNE and Milestone Reporting portion of the quarterly report. There is **0.5% at-risk** applied 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 milestone (and associated functional areas) indicated in the Implementation Plan?
  - ✓ Was documentation uploaded for each milestone the hospital met?



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# Milestone Achievement Overview

- Hospitals will earn also **distinct at-risk funding** for meeting major milestones.
  - ✓ The Department will determine milestone achievement where there is sufficient supporting documentation to validate milestone completion. A score of “**met**” or “**not met**” is assigned, which translates to at-risk funding for milestone completion.
- 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*

- 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 and At-Risk

- For PY2Q2 and Q4, 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 Course Corrections*



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# Milestone Course Corrections: (Survey Prompts)

- If a hospital has not met their **Major Milestone** (Question 1.4.a under Milestone Activity of the survey), they can submit a course correction in the PY2Q2 Milestone Report for the quarter(s) during which the milestone(s) was not met. Hospitals will **earn back 50%** of the milestone's at-risk for an approved course correction plan.

1.4.a.2. Process Functional Area - Is the hospital reporting this milestone as complete relative to the Process functional area? (A milestone will only be considered fully complete if all activities of all applicable functional area(s) have been completed.) In the event of a missed milestone, participating hospitals may file for an intervention course correction. If you select "No" below, you will be prompted on a later page to complete questions regarding course correction for this milestone. As a reminder, hospitals can only file one course correction plan per intervention over the course of the program.

Yes

No



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# Milestone Course Corrections: (Survey Prompts)

## C. Milestone Course Correction Reporting

Reporting Hospital: |

Intervention 2: Ensuring patient follow-up and RAE communication

Reporting Period: PY2Q2

In the event of a missed milestone, participating hospitals may file for an intervention course correction. Please indicate below whether the hospital intends to file a course correction for this intervention. As a reminder, hospitals can only file one course correction plan per intervention.

If No is selected for Question I.4.a., the below survey questions will follow for each intervention:

I.5.a.2. Process Functional Area - Does the hospital wish to file a course correction for this intervention?

Yes

No



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# Milestone Course Corrections: (Survey Prompts)

If Yes is selected for Question 1.5.a, the below survey questions will follow.

1.5.b.2. Process Functional Area - Please summarize the progress toward the milestone to date and the current status of that progress.

1.5.c.2. Process Functional Area - Provide a detailed description of the circumstances that have caused the hospital to be unable to complete the milestone. The description should provide insights into the root causes of the missed or incomplete milestone.

1.5.d.2. Process Functional Area - Detail the process the program participant intends to pursue to either complete the missed milestone as previously defined or provide insight as to why the missed milestone will not or should not be completed.

# *Milestone Course Corrections: (Survey Prompts)*

I.5.e.2. Process Functional Area – Describe how the hospital will ensure that implementation activities for the submitted intervention are completed under this course correction plan.

I.5.f.2. Process Functional Area - Provide operational insights into how future milestones associated with the intervention will be completed by their previously 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**.
- 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? (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 course correction survey questions?
- **50% of unearned at-risk dollars** are earned back by submitting an “approved” course correction plan.
  - ✓ 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.



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# *Milestone Amendments*



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# Milestone Amendments Overview

- Throughout the HTP, various factors may require a participant to shift implementation strategies. New evidence-based models may emerge, or other key developments or operating characteristics of facilities may shift. To allow for these flexibilities, hospitals are provided **milestone amendment periods** during milestone reporting quarters.
  - ✓ Note that only milestones due in future quarters may be amended.
- 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 with supporting documentation specified and uploaded to CPAS; and
  - ✓ All relevant **Milestone Amendment questions** must be filled out completely in the Milestone Activity Survey.



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# Milestone Amendments (Survey Prompts)

## D. Milestone Amendment Reporting

Reporting Hospital:

Reporting Period: PY2Q2

Milestone Activity Reporting

Reporting Hospital: Kit Carson County Health Service District

Current Reporting Period: PY2Q2

II.4.a.1 Does the participating hospital wish to amend any upcoming milestones for any of the interventions?

Yes

No

# Milestone Amendments (Survey Prompts)

## D. Milestone Amendment Reporting

Reporting Hospital: |

Reporting Period: PY2Q2

II.4.a.2 Which of the upcoming milestones for any of the following interventions would the Department like to amend? Select all that apply.

	PY2Q4	PY3Q2	PY3Q4	PY4Q2	PY4Q4	PY5Q2	PY5Q4
Intervention 1: Patient information sent to RAE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intervention 2: Ensuring patient follow-up and RAE communication	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intervention 3: Patient Follow-Up Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Milestone Amendments (Survey Prompts)

Milestone Amendment Reporting

Reporting Hospital:

Current Reporting Period: PY2Q2

Please check each of the following boxes to confirm the hospital has completed or will complete the Milestone Amendment form to include each intervention and quarter listed AND uploaded the Milestone Amendment form to the appropriate folder in CPAS.

Select all that apply.

Intervention 1: PY2Q4

Intervention 2: PY3Q2

Intervention 2: PY3Q4

Intervention 2: PY4Q2

Intervention 2: PY4Q4



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# 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]**



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# Milestone Amendments Scoring

- The Department will review Milestone Amendment submissions based on the **scoring criteria**:
  - ✓ 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 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 is **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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# *CHNE Activity Reporting*



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# CHNE Activity Reporting Requirements

- **Annual CHNE Activity** requirements for PY2 (As outlined in the HTP Quarterly Reporting Guide):
  - ✓ CHNE reporting is required in **every quarter** of PY2.
  - ✓ Hospitals must consult with key stakeholders outside of community advisory meetings at least **two quarters** in PY2.
  - ✓ Hospitals must host or participate in community advisory meetings at least **two quarters** in PY2.
  - ✓ Hospitals must host public engagements at least **once annually**.
  - ✓ Hospitals must attend the **Annual Learning Symposium**.



# *Milestone Scoring Review and Reconsideration Period*



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# Scoring Review and Reconsideration Form

- For Milestone Reporting, 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.
  - ✓ Revised documentation **will not be accepted** during reconsideration; further, an updated Milestone Amendment form is not required.



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# Scoring Review and Reconsideration Submission Summary

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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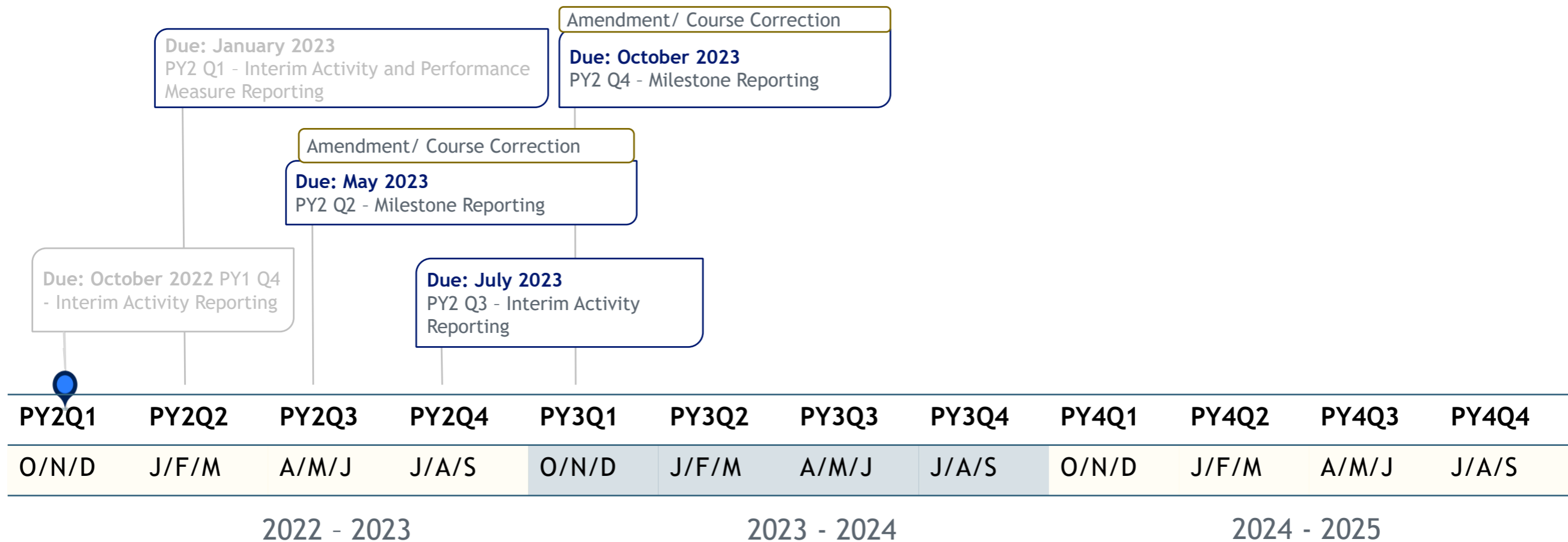
# Quarterly Reporting Schedule

PY/Q	Quarter End Date	Applicable Report(s)	Report Due Date
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PY2/Q3	6/30/2023	Interim Activity & CHNE Report	7/31/2023
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



\*The report due date is 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.

# Upcoming Timeline



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.

# Next Steps

- HTP Participants will receive **two emails** on April 3<sup>rd</sup>:
  - ✓ Notification that **PY2Q1 Determinations** are finalized.
  - ✓ Notification that **PY2Q2 Reporting** is open, and survey links are available via the CPAS portal.
- **Office Hours** will be held weekly in the month of April to support hospitals through Milestone Reporting. (**April 7th, 14th, 21st, and 28th**)
- The hospital **deadline** for submitting PY2Q2 Milestone Reporting information is **May 1st, 2023**.
- The **Milestone Reporting Training** will be made available on the HTP website within one week.
- Resources:
  - ✓ [Ongoing CHNE Requirements](#)
  - ✓ [HTP Quarterly Reporting Guide](#)



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*Thank You*



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