

# COLORADO

Department of Health Care Policy & Financing

# Regional Accountable Entities (RAEs) for the Colorado Accountable Care Collaborative

# Fiscal Year 2024–2025 PIP Validation Report

for

**Colorado Community Health Alliance Region 7** 

April 2025

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





# **Table of Contents**

1.	Executive Summary	1-1
2.	Background Rationale	<b>2-1</b> 2-1
	Validation Overview	2-2
3.	Findings	3-1
	Validation Findings	3-1
	Analysis of Results	3-2
	Barriers/Interventions	3-4
4.	Conclusions and Recommendations	4-1
	Conclusions	
	Recommendations	
App	endix A. Final PIP Submission Forms	A-1
App	endix A1. Intervention WorksheetsA	1-1
App	endix B. Final PIP Validation Tools	<b>B-1</b>



# **Acknowledgements and Copyrights**

HEDIS<sup>®</sup> refers to the Healthcare Effectiveness Data and Information Set and is a registered trademark of the National Committee for Quality Assurance (NCQA).



#### **1. Executive Summary**

Pursuant to 42 CFR §457.1250, which requires states' Medicaid managed care programs to participate in external quality review (EQR), the State of Colorado, Department of Health Care Policy and Financing (the Department) required its Regional Accountable Entities (RAEs) to conduct and submit performance improvement projects (PIPs) annually for validation by the State's external quality review organization (EQRO). Colorado Community Health Alliance Region 7, referred to in this report as CCHA R7, holds a contract with the State of Colorado for provision of healthcare services for Health First Colorado, Colorado's Medicaid program.

The purpose of a PIP is to achieve, through ongoing measurements and interventions, significant improvement sustained over time in performance indicator outcomes that focus on clinical or nonclinical areas. For this year's 2024–2025 validation, CCHA R7 submitted two PIPs: *Follow-Up After Hospitalization for Mental Illness (FUH)* and *Social Determinants of Health (SDOH) Screening*. These topics addressed Centers for Medicare & Medicaid Services' (CMS') requirements related to quality outcomes—specifically, the quality, timeliness, and accessibility of care and services.

The clinical *FUH* PIP addresses quality, timeliness and accessibility of healthcare and services by improving follow-up visit rates after hospitalization for mental illness among CCHA R7 members. The topic, selected by CCHA R7 and approved by the Department, was supported by historical data. The PIP Aim statement is as follows: "Do targeted interventions increase the percentage of members who have a follow-up visit with a mental health provider within 7 days after discharge from psychiatric inpatient hospitalization for treatment of selected mental illness or intentional self-harm diagnoses?"

The nonclinical *SDOH Screening* PIP addresses quality and accessibility of healthcare and services for CCHA R7 members by increasing awareness of social factors that may impact member access to needed care and services. The nonclinical topic was mandated by the Department. The PIP Aim statement is as follows: "Do targeted interventions increase the percentage of members enrolled in CCHA's Behavioral Health Transitions of Care (BHTOC) and Specialized Transitions of Care (STOC) who are screened for SDOH (unmet food, housing, utility, and transportation needs)?"

Table 1-1 outlines the performance indicators for each PIP.

**PIP Title** 

FUH

Performance Indicator
The percentage of discharges for CCHA R7 members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and

#### Table 1-1—Performance Indicators

	had a follow-up visit with a mental health provider within seven days after discharge.
SDOH Screening	The percentage of new BHTOC and STOC cases for members attributed to Region 7 wherein the member was screened for unmet food, housing, utility, and transportation needs.

### 2. Background



# 🙇 Rationale

The Code of Federal Regulations at 42 CFR Part 438—managed care regulations for the Medicaid program and Children's Health Insurance Program (CHIP), with revisions released May 6, 2016, effective July 1, 2017, and further revised on November 13, 2020, with an effective date of December 14, 2020—require states that contract with managed care health plans (health plans) to conduct an EQR of each contracting health plan. Health plans include primary care case management entities (PCCM entities). The regulations at 42 CFR §438.358 require that the EQR include analysis and evaluation by an EQRO of aggregated information related to healthcare quality, timeliness, and access. Health Services Advisory Group, Inc. (HSAG), serves as the EQRO for the Department —the agency responsible for the overall administration and monitoring of Colorado's Medicaid program. Beginning in fiscal year (FY) 2018–2019, the Department entered into contracts with RAEs in seven regions throughout Colorado. Each Colorado RAE meets the federal definition of a PCCM entity.

In its PIP evaluation and validation, HSAG used the Department of Health and Human Services, CMS publication, *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023 (CMS EQR Protocol 1).<sup>1</sup> HSAG's evaluation of the PIP includes two key components of the quality improvement (QI) process:

- 1. HSAG evaluates the technical structure of the PIP to ensure that CCHA R7 designs, conducts, and reports the PIP in a methodologically sound manner, meeting all State and federal requirements. HSAG's review determines whether the PIP design (e.g., PIP Aim statement, population, sampling methods, performance indicator, and data collection methodology) is based on sound methodological principles and could reliably measure outcomes. Successful execution of this component ensures that reported PIP results are accurate and capable of measuring sustained improvement.
- 2. HSAG evaluates the implementation of the PIP. Once designed, a RAE's effectiveness in improving outcomes depends on the systematic data collection process, analysis of data, and the identification of barriers and subsequent development of relevant interventions. Through this component, HSAG evaluates how well CCHA R7 improves its rates through implementation of effective processes (i.e., barrier analyses, interventions, and evaluation of results).

The goal of HSAG's PIP validation is to ensure that the Department and key stakeholders can have confidence that the RAE executed a methodologically sound improvement project, and any reported improvement is related to, and can be reasonably linked to, the QI strategies and activities conducted by the RAE during the PIP.

<sup>&</sup>lt;sup>1</sup> Department of Health and Human Services, Centers for Medicare & Medicaid Services. Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity, February 2023. Available at: <u>https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf</u>. Accessed on: Mar 18, 2025.



# Validation Overview

For FY 2024–2025, the Department required health plans to conduct PIPs in accordance with 42 CFR §438.330(b)(1). In accordance with §438.330 (d), RAE entities are required to have a quality program that (1) includes ongoing PIPs designed to have a favorable effect on health outcomes and beneficiary satisfaction and (2) focuses on clinical and/or nonclinical areas that involve the following:

	Measuring performance using objective quality indicators
	Implementing system interventions to achieve improvement in quality
	Evaluating effectiveness of the interventions
•	Planning and initiating of activities for increasing or sustaining improvement

To monitor, assess, and validate PIPs, HSAG uses a standardized scoring methodology to rate a PIP's compliance with each of the nine steps listed in CMS EQR Protocol 1. With the Department's input and approval, HSAG developed a PIP Validation Tool to ensure uniform assessment of PIPs. This tool is used to evaluate each of the PIPs for the following nine CMS EQR Protocol 1 steps:

	Protocol Steps						
Step Number	Description						
1	Review the Selected PIP Topic						
2	Review the PIP Aim Statement						
3	3 Review the Identified PIP Population						
4	4 Review the Sampling Method						
5	5 Review the Selected Performance Indicator(s)						
6	Review the Data Collection Procedures						
7	7 Review the Data Analysis and Interpretation of PIP Results						
8	8 Assess the Improvement Strategies						
9	Assess the Likelihood that Significant and Sustained Improvement Occurred						

#### Table 2-1—CMS EQR Protocol 1 Steps



HSAG obtains the data needed to conduct the PIP validation from CCHA R7's PIP Submission Form. This form provides detailed information about CCHA R7's PIP related to the steps completed and evaluated for the 2024–2025 validation cycle.

Each required step is evaluated on one or more elements that form a valid PIP. The HSAG PIP Review Team scores each evaluation element within a given step as *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed*. HSAG designates evaluation elements pivotal to the PIP process as critical elements. For a PIP to produce valid and reliable results, all critical elements must be *Met*.

In alignment with CMS EQR Protocol 1, HSAG assigns two PIP validation ratings, summarizing overall PIP performance. One validation rating reflects HSAG's confidence that the RAE adhered to acceptable methodology for all phases of design and data collection and conducted accurate data analysis and interpretation of PIP results. This validation rating is based on the scores for applicable evaluation elements in steps 1 through 8 of the PIP Validation Tool. The second validation rating is only assigned for PIPs that have progressed to the Outcomes stage (Step 9) and reflects HSAG's confidence that the PIP's performance indicator results demonstrated evidence of significant improvement. The second validation rating is based on scores from Step 9 in the PIP Validation Tool. For each applicable validation rating, HSAG reports the percentage of applicable evaluation elements that received a *Met* score and the corresponding confidence level: *High Confidence, Moderate Confidence, Low Confidence*, or *No Confidence*. The confidence level definitions for each validation rating are as follows:

#### 1. Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP (Steps 1 Through 8)

- *High Confidence*: High confidence in reported PIP results. All critical evaluation elements were *Met*, and 90 percent to 100 percent of all evaluation elements were *Met* across all steps.
- *Moderate Confidence*: Moderate confidence in reported PIP results. All critical evaluation elements were *Met*, and 80 percent to 89 percent of all evaluation elements were *Met* across all steps.
- Low Confidence: Low confidence in reported PIP results. Across all steps, 65 percent to 79 percent of all evaluation elements were *Met*; or one or more critical evaluation elements were *Partially Met*.
- *No Confidence*: No confidence in reported PIP results. Across all steps, less than 65 percent of all evaluation elements were *Met*; or one or more critical evaluation elements were *Not Met*.

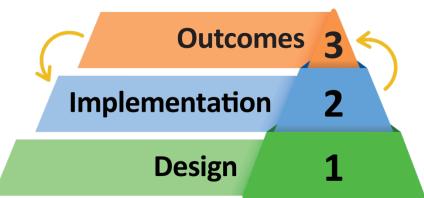
#### 2. Overall Confidence That the PIP Achieved Significant Improvement (Step 9)

- *High Confidence*: All performance indicators demonstrated *statistically significant* improvement over the baseline.
- *Moderate Confidence*: One of the three scenarios below occurred:
  - All performance indicators demonstrated improvement over the baseline, **and** some but not all performance indicators demonstrated *statistically significant* improvement over the baseline.
  - All performance indicators demonstrated improvement over the baseline, **and** none of the performance indicators demonstrated *statistically significant* improvement over the baseline.



- Some but not all performance indicators demonstrated improvement over baseline, and some but not all performance indicators demonstrated *statistically significant* improvement over baseline.
- *Low Confidence*: The remeasurement methodology was not the same as the baseline methodology for at least one performance indicator **or** some but not all performance indicators demonstrated improvement over the baseline and none of the performance indicators demonstrated *statistically significant* improvement over the baseline.
- *No Confidence*: The remeasurement methodology was not the same as the baseline methodology for all performance indicators **or** none of the performance indicators demonstrated improvement over the baseline.

Figure 2-1 illustrates the three stages of the PIP process—Design, Implementation, and Outcomes. Each sequential stage provides the foundation for the next stage. The Design stage establishes the methodological framework for the PIP. The activities in this section include development of the PIP topic, Aim statement, population, sampling techniques, performance indicator(s), and data collection processes. To implement successful improvement strategies, a strong methodologically sound design is necessary.





Once CCHA R7 establishes its PIP design, the PIP progresses into the Implementation stage (Steps 7– 8). During this stage, CCHA R7 evaluates and analyzes its data, identifies barriers to performance, and develops interventions targeted to improve outcomes. The implementation of effective improvement strategies is necessary to improve outcomes. The Outcomes stage (Step 9) is the final stage, which involves the evaluation of statistically significant improvement, and sustained improvement based on reported results and statistical testing. Sustained improvement is achieved when performance indicators demonstrate statistically significant improvement over baseline performance through repeated measurements over comparable time periods. This stage is the culmination of the previous two stages. If the outcomes do not improve, CCHA R7 should revise its causal/barrier analysis processes and adapt QI strategies and interventions accordingly.



## 3. Findings

# Validation Findings

HSAG's validation evaluates the technical methods of the PIP (i.e., the design, data analysis, implementation, and outcomes). Based on its review, HSAG determined the overall methodological validity of the PIP. Table 3-1 summarizes the health plan's PIPs validated during the review period with an overall confidence level of *High Confidence*, *Moderate Confidence*, *Low Confidence* or *No Confidence* for the two required confidence levels identified below. In addition, Table 3-1 displays the percentage score of evaluation elements that received a *Met* score, as well as the percentage score of critical elements that received a *Met* score as within the PIP Validation Tool that HSAG has identified as essential for producing a valid and reliable PIP.

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

		Va	lidation Ratin	g 1	Validation Rating 2			
	Type of Review <sup>1</sup>	Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP				t the PIP provement		
PIP Title		Percentage Score of Evaluation Elements <i>Met</i> <sup>2</sup>	Percentage Score of Critical Elements <i>Met</i> <sup>3</sup>	Confidence Level <sup>4</sup>	Percentage Score of Evaluation Elements <i>Met</i> <sup>2</sup>	Percentage Score of Critical Elements <i>Met</i> <sup>3</sup>	Confidence Level⁴	
<b>E</b> UU	Initial Submission	80%	89%	Low Confidence	67%	100%	Moderate Confidence	
FUH	Resubmission	100%	100%	High Confidence	67%	100%	Moderate Confidence	
SDOH	Initial Submission	81%	89%	Low Confidence	100%	100%	High Confidence	
Screening	Resubmission	94%	100%	High Confidence	100%	100%	High Confidence	

#### Table 3-1—2024–2025 PIP Overall Confidence Levels for CCHA R7

<sup>1</sup> **Type of Review**—Designates the PIP review as an initial submission, or resubmission. A resubmission means the MCO resubmitted the PIP with updated documentation to address HSAG's initial validation feedback.

<sup>2</sup> **Percentage Score of Evaluation Elements** *Met*—The percentage score is calculated by dividing the total elements *Met* (critical and non-critical) by the sum of the total elements of all categories (*Met*, *Partially Met*, and *Not Met*).

<sup>3</sup> Percentage Score of Critical Elements Met—The percentage score of critical elements Met is calculated by dividing the total critical elements Met by the sum of the critical elements Met, Partially Met, and Not Met.

<sup>4</sup> **Confidence Level**—Based on the scores assigned for individual evaluation elements and the confidence level definitions provided in the PIP Validation Tool.



The *FUH* PIP was validated through all nine steps of the PIP Validation Tool. For Validation Rating 1, HSAG assigned a *High Confidence* level for adhering to acceptable PIP methodology. CCHA R7 received *Met* scores for 100 percent of applicable evaluation elements in the Design (Steps 1–6) and Implementation (Steps 7–8) stages of the PIP. For Validation Rating 2, HSAG assigned a *Moderate Confidence* level that the PIP achieved significant improvement. HSAG assigned a level of *Moderate Confidence* for Validation Rating 2 because the performance indicator results demonstrated improvement in performance from baseline to the first remeasurement that was not statistically significant.

The *SDOH Screening* PIP was validated through all nine steps of the PIP Validation Tool. For Validation Rating 1, HSAG assigned a *High Confidence* level for adhering to acceptable PIP methodology. CCHA R7 received *Met* scores for 100 percent of applicable evaluation elements in the Design stage (Steps 1–6) and for 88 percent of applicable evaluation elements in the Implementation (Steps 7–8) stage of the PIP. For Validation Rating 2, HSAG assigned a *High Confidence* level that the PIP achieved significant improvement. HSAG assigned a *High Confidence* level for Validation Rating 2 because the performance indicator results demonstrated a statistically significant improvement over baseline performance at the first remeasurement.

Scores and feedback for individual evaluation elements and steps are provided for each PIP in Appendix B. Final PIP Validation Tools.

# Analysis of Results

Table 3-2 displays data for CCHA R7's FUH PIP.

Performance Indicator	Baseline (7/1/2022 to 6/30/2023)		(7/1/2	rement 1 2023 to /2024)	(7/1/2	rement 2 024 to 2025)	Sustained Improvement
The percentage of discharges for CCHA R7 members 6 years of age and older who were hospitalized for treatment of selected mental illness or	N: 827	41.20/	N: 758	42.90/			
intentional self-harm diagnoses and had a follow-up visit with a mental health provider within seven days after discharge.	D: 2,007	41.2%	D: 1,731	43.8%			

#### Table 3-2—Performance Indicator Results for the FUH PIP

N-Numerator D-Denominator

HSAG rounded percentages to the first decimal place.



For the baseline measurement period, CCHA R7 reported that the percentage of discharges for CCHA R7 members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and had a follow-up visit with a mental health provider within seven days after discharge was 41.2 percent.

For the first remeasurement period, CCHA R7 reported that the percentage of discharges for CCHA R7 members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and had a follow-up visit with a mental health provider within seven days after discharge was 43.8 percent. Compared to baseline, the Remeasurement 1 results demonstrated an increase in the seven-day follow-up rate among eligible members of 2.6 percentage points, which was not statistically significant.

Table 3-3 displays data for CCHA R7's SDOH Screening PIP.

Performance Indicator	Basel (7/1/20 6/30/2	)22 to	(7/1/2	urement 1 2023 to /2024)	(7/1/2	rement 2 024 to 2025)	Sustained Improvement
The percentage of new BHTOC and STOC cases for members attributed to Region	N: 699		N: 796	20 (0/			
7 wherein the member was screened for unmet food, housing, utility, and transportation needs.	D: 2,968	23.6%	D: 2,598	30.6%			

Table 3-3—Performance Indicator	Results for the SDOH Screening PIP
---------------------------------	------------------------------------

N-Numerator D-Denominator

HSAG rounded percentages to the first decimal place.

For the baseline measurement period, CCHA R7 reported that 23.6 percent of BHTOC members attributed to Region 7 with new BHTOC and STOC cases were screened for unmet food, housing, utility, and transportation needs. CCHA R6 updated the baseline indicator data for the 2024–2025 validation cycle after identifying and addressing a data collection issue. The RAE discussed the updated indicator results with HSAG, and the Department in an October 2024 technical assistance call to ensure appropriate documentation for PIP validation.

For the first remeasurement period, CCHA R7 reported that 30.6 percent of BHTOC members attributed to Region 7 with new BHTOC and STOC cases were screened for unmet food, housing, utility, and transportation needs. Compared to baseline, the Remeasurement 1 results demonstrated a statistically significant increase in the percentage of eligible members who were screened for SDOH of 7.0 percentage points.



# Barriers/Interventions

The identification of barriers through barrier analysis and the subsequent selection of appropriate interventions to address these barriers are necessary steps to improve outcomes. CCHA R7's choice of interventions, combination of intervention types, and sequence of implementing the interventions are essential to the overall success in improving PIP rates.

Table 3-4 displays the barriers and interventions documented by CCHA R7 for FUH PIP.

Barriers	Interventions
<ul> <li>Poor coordination and collaboration between inpatient and outpatient treatment providers to support transition of care.</li> <li>Lack of standardized procedures to initiate, secure, and verify members' successful transition between care settings.</li> <li>Limited accountability for ensuring member's successful access to aftercare.</li> <li>Lack of standardized process or staff training on measure specifications and requirements to ensure that a qualifying follow-up service is scheduled within 7 days from discharge.</li> <li>No process to document, calculate, or routinely review rates of follow-up within 7 days from discharge from inpatient placement.</li> </ul>	Establish a process to coordinate discharge and behavioral health follow-up service within 7 days for eligible members transitioning out of psychiatric inpatient hospitalization.
<ul> <li>Unreliable process to notify Peak Vista Health Centers when their attributed CCHA members are admitted to inpatient psychiatric facilities.</li> <li>No process to assign and differentiate care coordination responsibility between provider and RAE, leading to duplicative efforts and limited accountability.</li> <li>Lack of standardized process or staff training on measure specifications and requirements to ensure that a qualifying follow-up service is scheduled within 7 days from discharge.</li> <li>No process to calculate or routinely review performance to identify gaps in follow-up</li> </ul>	Establish process to coordinate discharge and BH follow-up service within 7 days for members attributed to Peak Vista Community Health Centers transitioning out of psychiatric inpatient hospitalization.

#### Table 3-4—Barriers and Interventions for the FUH PIP



Barriers	Interventions
within 7 days from discharge from inpatient placement.	

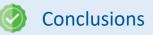
Table 3-5 displays the barriers and interventions documented by CCHA R7 for the *SDOH Screening* PIP.

Table 3-5—Barriers and	Interventions for the	SDOH Screening PIP
------------------------	-----------------------	--------------------

Barriers	Interventions
Lack of standardized expectations requiring consistent screening for socially determined factors as standard protocol for health needs assessment of members transitioning out of Psychiatric Inpatient and Acute Treatment Unit (ATU) for a behavioral health condition, or high levels of care for a substance use disorder (SUD) event.	Standardize requirements for screening CCHA members enrolled in BHTOC and STOC programming for unmet food, housing, utility, and transportation needs.



## 4. Conclusions and Recommendations



For this year's validation cycle, CCHA R7 submitted the clinical *FUH* PIP and the nonclinical *SDOH Screening* PIP. For the *FUH* PIP, CCHA R7 reported Remeasurement 1 performance indicator results for both PIPs, and both PIPs were validated through Step 9 (Outcomes stage). Both PIPs received a *High Confidence* level for adherence to acceptable PIP methodology in the Design and Implementation stages. In the Outcomes stage, the *FUH* PIP received a *Moderate Confidence* level and the *SDOH Screening* PIP received a *High Confidence* level that the PIP achieved significant improvement.

HSAG's PIP validation findings suggest a thorough application of the PIP Design stage (Steps 1 through 6) for both PIPs. A methodologically sound design created the foundation for CCHA R7 to progress to subsequent PIP stages—collecting data and carrying out interventions to positively impact performance indicator results and outcomes for the project. In the Implementation stage (Steps 7 and 8), CCHA R7 accurately reported performance indicator data and carried out methodologically sound improvement strategies for both PIPs. For the *SDOH Screening* PIP, CCHA R7's narrative interpretation of Remeasurement 1 results included statements that were unclear. In the Outcomes stage (Step 9), Remeasurement 1 results for the *FUH* PIP demonstrated improvement from Remeasurement 1 to baseline that was not statistically significant. Remeasurement 1 results for the *SDOH Screening* PIP demonstrated statistically significant improvement over baseline results. CCHA R7 reported Remeasurement 2 indicator results for both PIPs and will progress to being evaluated for sustaining significant improvement for one PIP, *SDOH Screening*, in next year's validation.

# Recommendations

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

- For the *SDOH Screening* PIP, review the narrative interpretation of Remeasurement 1 indicator with HSAG's assistance to ensure a clear and accurate understanding of indicator results over time.
- Revisit causal/barrier analyses at least annually to ensure timely and accurate identification and prioritization of barriers and opportunities for improvement.
- Use QI tools such as a key driver diagram, process mapping, and/or failure modes and effects analyses to determine and prioritize barriers and process gaps or weaknesses, as part of the causal/barrier analyses.
- Use Plan-Do-Study-Act (PDSA) cycles to meaningfully evaluate the effectiveness of each intervention. The RAE should select intervention effectiveness measures that directly monitor intervention impact and evaluate measure results frequently throughout each measurement period. The intervention evaluation results should drive next steps for interventions and determine whether they should be continued, expanded, revised, or replaced.



# **Appendix A. Final PIP Submission Forms**

Appendix A contains the final PIP Submission Forms that CCHA R7 submitted to HSAG for validation. HSAG made only minor grammatical corrections to these forms; the content/meaning was not altered. This appendix does not include any attachments provided with the PIP submission.

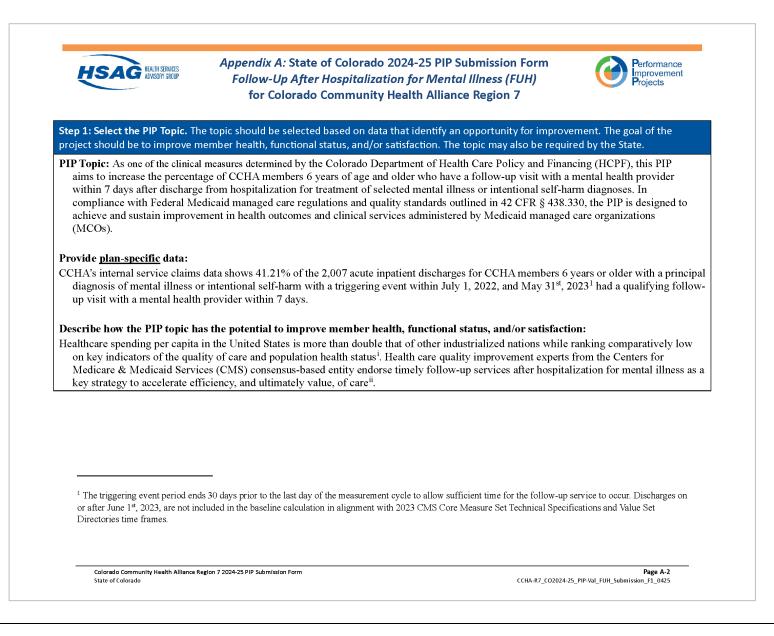




Demographic Information         Managed Care Organization (MCO) Name: Colorado Community Health Alliance (RAE 7)         Project Leader Name: Camila Joao       Title: Clinical Quality Program Manager         Felephone Number: (303) 817-3791       Email Address: camila.joao@cchacares.com         PTP Title: Follow-Up After Hospitalization for Mental Illness (FUH)       Submission Date: 10/31/2024         Resubmission Date (if applicable): 01/22/2025       01/22/2025		<i>Up After Hospitalization for Mental Illness (FUH)</i> Colorado Community Health Alliance Region 7	Projects
roject Leader Name:       Camila Joao       Title:       Clinical Quality Program Manager         elephone Number:       (303) 817-3791       Email Address:       camila.joao@cchacares.com         IP Title:       Follow-Up After Hospitalization for Mental Illness (FUH)         ubmission Date:       10/31/2024		Demographic Information	
Felephone Number:       (303) 817-3791       Email Address: camila.joao@cchacares.com         PIP Title:       Follow-Up After Hospitalization for Mental Illness (FUH)         Submission Date:       10/31/2024	anaged Care Organization (MCO) Name: Co	blorado Community Health Alliance (RAE 7)	
PIP Title: Follow-Up After Hospitalization for Mental Illness (FUH) Submission Date: 10/31/2024	oject Leader Name: <u>Camila Joao</u>	Title: Clinical Quality Program Manager	
Submission Date: <u>10/31/2024</u>	elephone Number: (303) 817-3791	Email Address: <u>camila.joao@cchacares.com</u>	
	P Title: Follow-Up After Hospitalization for	Mental Illness (FUH)	
Resubmission Date (if applicable): 01/22/2025	ubmission Date: <u>10/31/2024</u>		
	esubmission Date (if applicable): 01/22/2025		

Colorado Community Health Alliance Region 7 2024-25 PIP Submission Form State of Colorado Page A-1 CCHA-R7\_CO2024-25\_PIP-Val\_FUH\_Submission\_F1\_0425

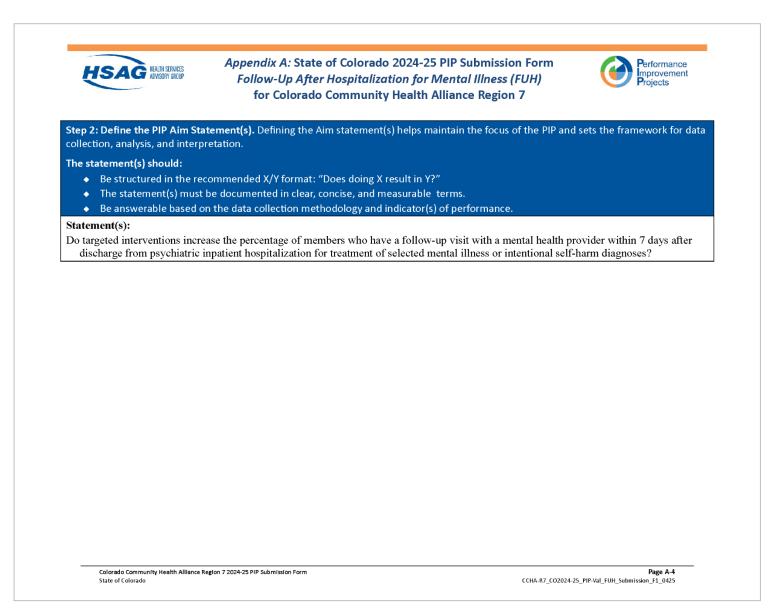




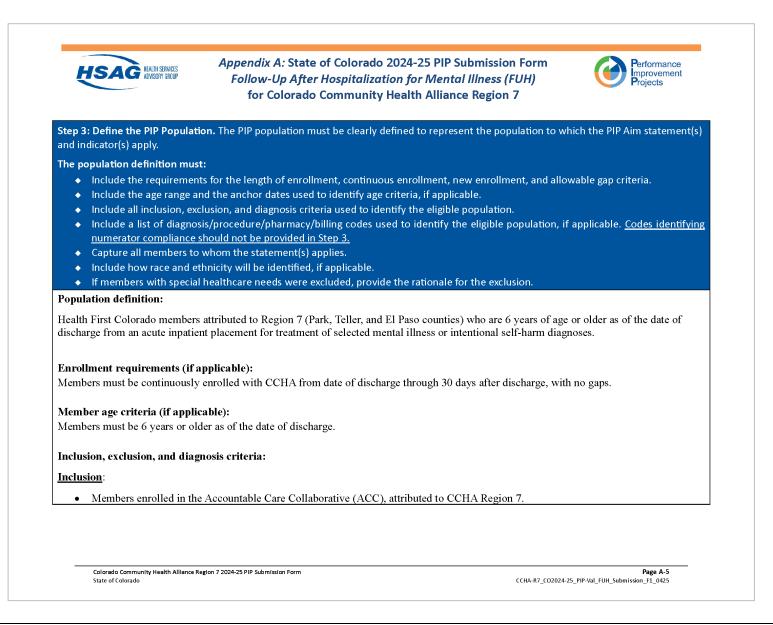


HSAG HEATH SERVICES	Appendix A: State of Colorado 2 Follow-Up After Hospitalizatio for Colorado Community H	on for Mental Illness (FUH)	Performance Improvement Projects
	ne topic should be selected based on data t nember health, functional status, and/or sa		
functional status. Individuals ir multiple actors when transition result in inadequate and fragme readmissions. The risk of readn of access to adequate communi lower intensity settings. In addi	nt mental health settings and the communi- n vulnerable circumstances are at the junctu- ing out of acute mental health settings. Lac- ented support, which increase the risk of re- nission has been found to be higher in the p ty-based aftercare, challenges with psychia tion to being disruptive to individuals' stat capacity to effectively manage the deman-	re of a complex system with vulnerable k of coordination and collaboration betw peated psychiatric decompensation and i periods immediately after discharge <sup>iii</sup> and tric medication adherence and effective ole and independent functioning, readmis	connections between veen treatment providers car npatient hospital d may be indicative of a lack condition management in
health, functional status, and	a mental health provider after discharge fro I/or satisfaction in the following ways: gement can help members establish and ma		-
<ul><li>inpatient treatment and</li><li>Effective treatment in left</li></ul>	prevent future hospital readmissions. east restrictive settings protects against disr tus at school, work, within the family and	uptions to individuals' independent func	
Care coordination betw	een service providers may improve health avoidable utilization of higher levels of ca	outcomes, facilitate condition manageme	ent in lower acuity settings,
0	ospital readmissions promotes efficiencies nage psychiatric inpatient beds shortage.	in the allocation of health care resources	, enhancing availability and
determined factors and ad	ssing treatment and overcoming barriers to er dress disparities in health equity.		act of unmet socially
Support navigating syst	ems of care and convenience of access may	y increase member satisfaction.	
	egion 7 2024-25 PIP Submission Form		Page A-3

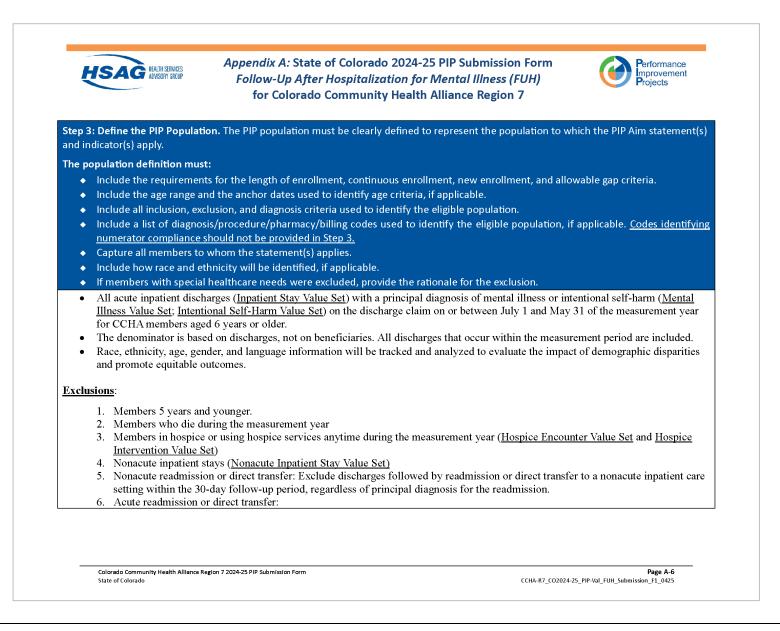




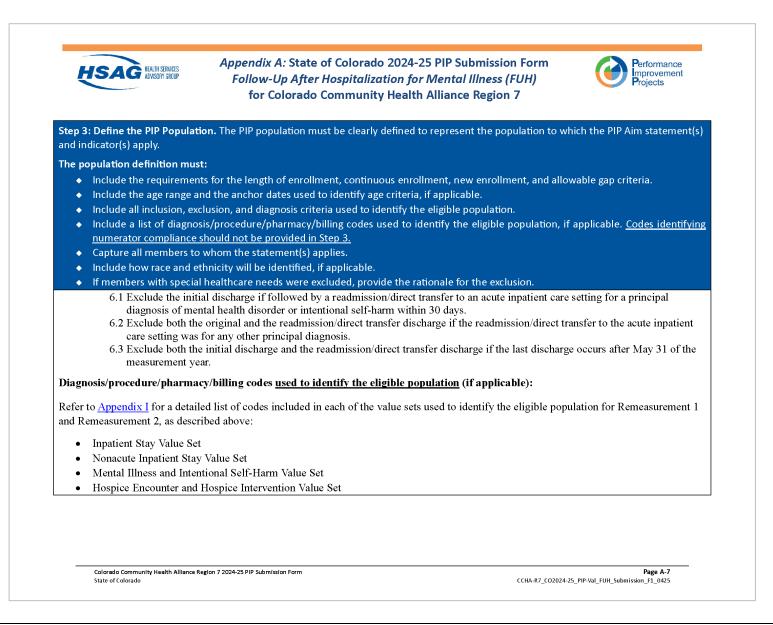














r. e sample and ensure sampling methods support generalizable Sampling Sample Margin of Error and
e sample and ensure sampling methods support generalizable
e sample and ensure sampling methods support generalizable
Sampling Sample Margin of Error and
janiping janipic iviaignior choranu
Frame Size Size Confidence Level
ted to Region 7 who were hospitalized for treatment of



HSAG HEALTH SERVICES ACW/SORY BRCUP	Appendix A: State of Colorado 2024-25 PIP Submission Form Follow-Up After Hospitalization for Mental Illness (FUH) for Colorado Community Health Alliance Region 7Performance Performance 		
discrete event or a status that is	Indicator(s). A performance indicator is a quantitative or qualitative characteristic or variable that reflects a to be measured. The selected indicator(s) must track performance or improvement over time. The learly, and unambiguously defined, and based on current clinical knowledge or health services research.		
<ul> <li>If indicator(s) are based of used for the applicable n</li> <li>Include complete dates f</li> </ul>	le of each indicator.		
Indicator 1	BH follow-up within 7 days after discharge from a psychiatric inpatient hospitalization for treatment of mental illness or intentional self-harm.		
	Poor transition between inpatient mental health settings and the community may have detrimental effects on members' health outcomes and functional status. As one of the clinical measures determined by the Colorado Department of Health Care Policy and Financing (HCPF), this PIP aims to increase the percentage of CCHA members 6 years of age and older who have a follow-up visit with a mental health provider within 7 days after discharge from hospitalization for treatment of selected mental illness or intentional self-harm diagnoses. Performance is calculated in accordance with the 2023 and 2024 CMS Core Measure Set Technical Specifications and Value Set Directories.		
Numerator Description:	Denominator events followed by a visit with a mental health provider within 7 days after discharge, excluding visits that occur on the date of discharge.		
•			
Denominator Description:	excluding visits that occur on the date of discharge.         All acute inpatient discharges with a principal diagnosis of mental illness or intentional self-harm for		
Numerator Description: Denominator Description: Baseline Measurement Period Remeasurement 1 Period	excluding visits that occur on the date of discharge.         All acute inpatient discharges with a principal diagnosis of mental illness or intentional self-harm for CCHA members 6 years or older on the day of discharge that occur within the measurement period.		

Colorado Community Health Alliance Region 7 2024-25 PIP Submission Form State of Colorado Page A-9 CCHA-R7\_CO2024-25\_PIP-Val\_FUH\_Submission\_F1\_0425



HSAG HAUH SERVICES ADVISORY BRCUP	Appendix A: State of Colorado 2024-25 PIP Submission Form       Forlow-Up After Hospitalization for Mental Illness (FUH)         for Colorado Community Health Alliance Region 7       Forlow-Up After Hospitalization for Mental Illness (FUH)
discrete event or a status that i	<b>e Indicator(s).</b> A performance indicator is a quantitative or qualitative characteristic or variable that reflects a is to be measured. The selected indicator(s) must track performance or improvement over time. The clearly, and unambiguously defined, and based on current clinical knowledge or health services research.
<ul> <li>Include a narrative desc</li> <li>If indicator(s) are based used for the applicable</li> <li>Include complete dates</li> </ul>	
Mandated Goal/Target, if applicable	Not Applicable.

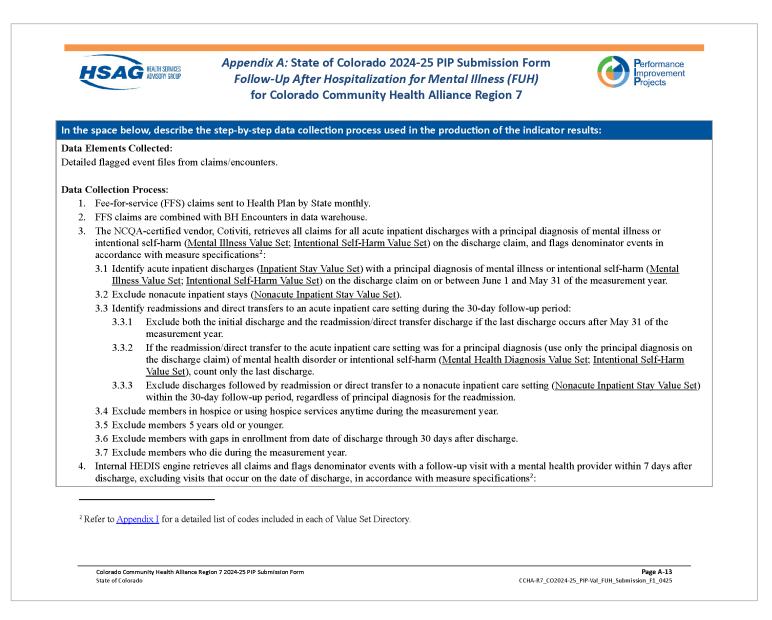


HSAG HEALTH SERVICES	Appendix A: State of Colorado 2024-25 PIP Submission For Follow-Up After Hospitalization for Mental Illness (FUH) for Colorado Community Health Alliance Region 7	m Performance Improvement Projects
Step 6: Valid and Reliable Data Co reliable.	ollection. The data collection process must ensure that data collected for	or each indicator are valid and
The data collection methodology	must include the following:	
<ul> <li>Identification of data elem</li> </ul>	ents and data sources.	
<ul> <li>When and how data are co</li> </ul>	ollected.	
<ul> <li>How data are used to calcu</li> </ul>	late the indicator percentage.	
<ul> <li>A copy of the manual data</li> </ul>	collection tool, if applicable.	
<ul> <li>An estimate of the reporte</li> </ul>	d administrative data completeness percentage and the process used to	o determine this percentage.
Data Sources (Select all that apply)		
]Manual Data	[X] Administrative Data	[ ] Survey Data
Data Source	Data Source	Fielding Method
[ ] Paper medical record	[X] Programmed pull from claims/encounters	[ ] Personal interview
abstraction	<ul> <li>Supplemental data</li> <li>Electronic health record query</li> </ul>	[ ] Mail [ ] Phone with CATI script
[ ] Electronic health record	[ ] Complaint/appeal	[ ] Phone with CATI script [ ] Phone with IVR
abstraction	[ ] Pharmacy data	[] Internet
Record Type	[ ] Telephone service data/call center data	[] Other
[] Outpatient	[ ] Appointment/access data	[ ] Surer
[ ] Inpatient	[] Delegated entity/vendor data	
[ ] Other, please explain in	[ ] Other	Other Survey Requirements:
narrative section.		Number of waves:
	Other Requirements	Response rate:
[ ] Data collection tool attached (required for manual	[X] Codes used to identify data elements (e.g., ICD-10, CPT codes)-	Incentives used:
record review)	please attach separately	
record review)	[ ] Data completeness assessment attached	
	[ ] Coding verification process attached	
	Estimated percentage of reported administrative data completeness at the	
	time the data are generated: 90 % complete.	
	une un data are generated. <u>90</u> % comprete.	

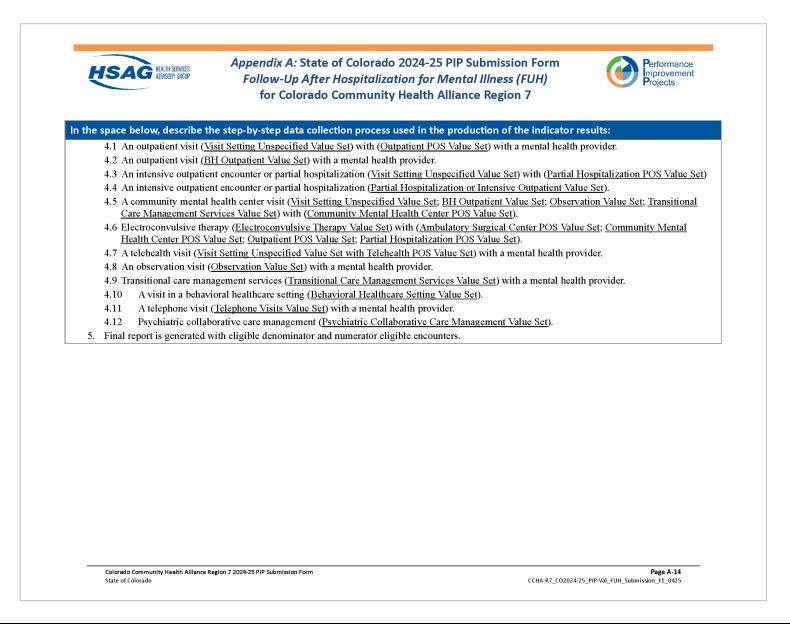


HSAG HEALTH SERVICES ALWSORY DRCUP	Appendix A: State of Colorado 2024-25 PIP Submission Form Follow-Up After Hospitalization for Mental Illness (FUH) for Colorado Community Health Alliance Region 7
<b>ep 6: Valid and Reliable Data</b> liable.	Collection. The data collection process must ensure that data collected for each indicator are valid and
e data collection methodolo	ogy must include the following:
	ements and data sources.
When and how data are	
	alculate the indicator percentage. ata collection tool, if applicable.
	are contection tool, if applicable. In the administrative data completeness percentage and the process used to determine this percentage.
	completeness percentage. Include a narrative of how claims lag may have impacted the data reported: Data completeness percentage is assessed by estimated Incurred But Not Reported (IBNR) claims for the measurement period, as calculated by CCHA's Finance Department as of the date of data generation. The IBNR assessment includes known claims in the process of adjudication and/or settlement as well as unknown claims.







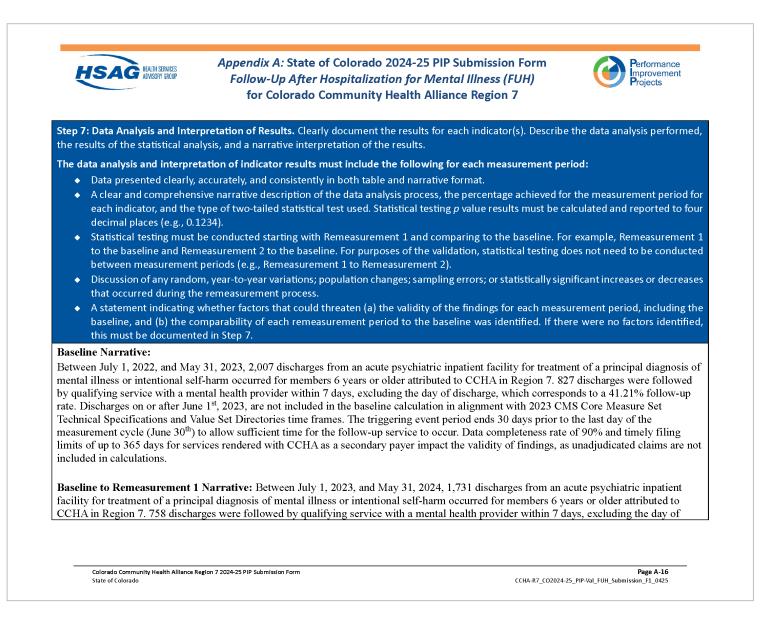




Measurement Numerator Denominator Percen	ization for treatment of mental illness or	hospitalization	isary.		Enter results for each in
leasurement Period Indicator Numerator Denominator Percen			discharge f		Indicator 1 Title: BH foll
101/2022 - 06/30/2023 Baseline 827 2007 41.21	Mandated Goal Statistical Test Used or Target, if Statistical Significand applicable and p Value	Percentage	nerator		intentional self-harm. Measurement Period
	N/A for boaling N/A for boaling	41.21%	827	Baseline	07/01/2022 - 06/30/2023
/01/2023 - 06/30/2024 Remeasurement 1 758 1731 43.79	9% 46.19% 46.19% Fisher's exact test. Increase from Baseline Remeasurement 1 no statistically significan Two-tailed p Value=0.1113	43.79%	758	Remeasurement 1	07/01/2023 - 06/30/2024
/01/2024 - 06/30/2025 Remeasurement 2				Remeasurement 2	07/01/2024 - 06/30/2025

Colorado Community Health Alliance Region 7 2024-25 PIP Submission Form State of Colorado Page A-15 CCHA-R7\_CO2024-25\_PIP-Val\_FUH\_Submission\_F1\_0425







HSAG HEALTH SERVICES ADMSORY GROUP	Appendix A: State of Colorado 2024-25 PIP Submission Form Follow-Up After Hospitalization for Mental Illness (FUH) for Colorado Community Health Alliance Region 7	Performance Improvement Projects
	<b>rpretation of Results.</b> Clearly document the results for each indicator(s). Describe alysis, and a narrative interpretation of the results.	the data analysis performed
The data analysis and interpre	etation of indicator results must include the following for each measurement pe	riod:
<ul> <li>Data presented clearly,</li> </ul>	accurately, and consistently in both table and narrative format.	
	sive narrative description of the data analysis process, the percentage achieved fo type of two-tailed statistical test used. Statistical testing <i>p</i> value results must be ca 1234).	
<ul> <li>Statistical testing must to the baseline and Rer</li> </ul>	be conducted starting with Remeasurement 1 and comparing to the baseline. Fo measurement 2 to the baseline. For purposes of the validation, statistical testing d t periods (e.g., Remeasurement 1 to Remeasurement 2).	
	ym, year-to-year variations; population changes; sampling errors; or statistically sign	nificant increases or decreases
that occurred during th	e remeasurement process.	
	whether factors that could threaten (a) the validity of the findings for each meas omparability of each remeasurement period to the baseline was identified. If the red in Step 7.	
period rate calculation in align triggering event period ends 30 service to occur. Data complete	to a 43.79% follow-up rate. Discharges on or after June 1 <sup>st</sup> , 2024, are not included ment with 2023 CMS Core Measure Set Technical Specifications and Value Set Di days prior to the last day of the measurement cycle (June 30 <sup>th</sup> ) to allow sufficient eness rate of 90% and timely filing limits of up to 365 days for services rendered w dings, as unadjudicated claims are not included in calculations.	rectories time frames. The time for the follow-up
conducted to determine the sta intervention did not achieve sta factors have been identified that	prmance rate during the remeasurement 1 period did not surpass the target of 46.19 tistical significance of the improvement, yielding a two-tailed $p$ value of 0.1113. Thatistically significant improvement over the baseline rate at conclusion of the first national threaten the comparability of Remeasurement 1 results to Baseline results; howe year cycles and are not comparable to validated measurement year results.	his result indicates the remeasurement period. No
Baseline to Remeasurement 2	2 Narrative:	







Ę	HSAG HEALTH SERVICES ADMISORY GRCUP	Appendix A: State of Colorado 2024-25 PIP Submission Form Follow-Up After Hospitalization for Mental Illness (FUH) for Colorado Community Health Alliance Region 7	Performance Improvement Projects
	3: Improvement Strategie vement (QI) processes ar	es. Interventions are developed to target and address causes/barriers identified t nd tools.	hrough the use of quality
The d	ocumentation of Step 8 is	s organized into the following three sections:	
В.	Barriers/Interventions Intervention Workshee o Intervention De	scription ectiveness Measure aluation Results	
5. 6. 7. 8.	Cassidy Crossman, Pea Arlene Tobin, Peak Vist	ta Community Health Centers, Director of Population Health k Vista Community Health Centers, Vice President of Operations ta Community Health Centers, Quality Oversight – Health Informatics Vista Community Health Centers, Health Informatics Analyst	
QI pr	ocess and/or tools used	to identify and prioritize barriers:	
functi discha psych serve hospit Healtl	onal status. To help main arge, improvement rates of iatric hospitalization. Pro a large volume of member tals and facilitate the disc in Centers (FDHCs) meet	In the mental health settings and the community may have detrimental effects on men- tain the positive effects of acute treatment and prevent further disruption to member of aftercare engagement is expected to benefit members with recent history of hig viders expected to have the greatest leverage to impact regional rates of follow-u- ers, offer a comprehensive array of services, and have systems and dedicated pers harge process. As safety net providers, Comprehensive Safety Net Providers (CS) these standards and are uniquely positioned to implement processes to establish c ly challenging needs during the period following hospitalization.	bers' stable functioning post- h acuity needs as evidenced by p after hospitalization should onnel in place to engage NPs) and Federally Qualified



		for Colorado Commur	ity Health Alliance Region 7	
	mprovement Strategie ment (QI) processes an		get and address causes/barriers identified th	rough the use of quality
he doc	umentation of Step 8 is	organized into the following three s	ections:	
		ا) Team and Activities Narrative Des		
	Barriers/Interventions T ntervention Worksheet	able: Prioritized barriers and corresp ·	onding intervention descriptions	
С,	<ul> <li>Intervention Des</li> </ul>			
		ctiveness Measure		
	<ul> <li>Intervention Eva</li> <li>Intervention Stat</li> </ul>			
			pacity to impact rates of timely follow-up with	11 7 1 0
	vention. For each interv		ons currently being evaluated, and barrier(s) a on Worksheet. The worksheet must be comple 1.	
inter				
inter	In	tervention Title	Barrier(s) Addressed	
inter	Remeasurement 1 Inte	<b>tervention Title</b> rvention: Establish process to nd BH follow-up service within 7	Barrier(s) Addressed           1. Poor coordination and collaboration bet outpatient treatment providers to support	- I
inter	Remeasurement 1 Inte	rvention: Establish process to	1. Poor coordination and collaboration bet	- I
	Remeasurement 1 Inte	rvention: Establish process to nd BH follow-up service within 7	1. Poor coordination and collaboration bet	- I

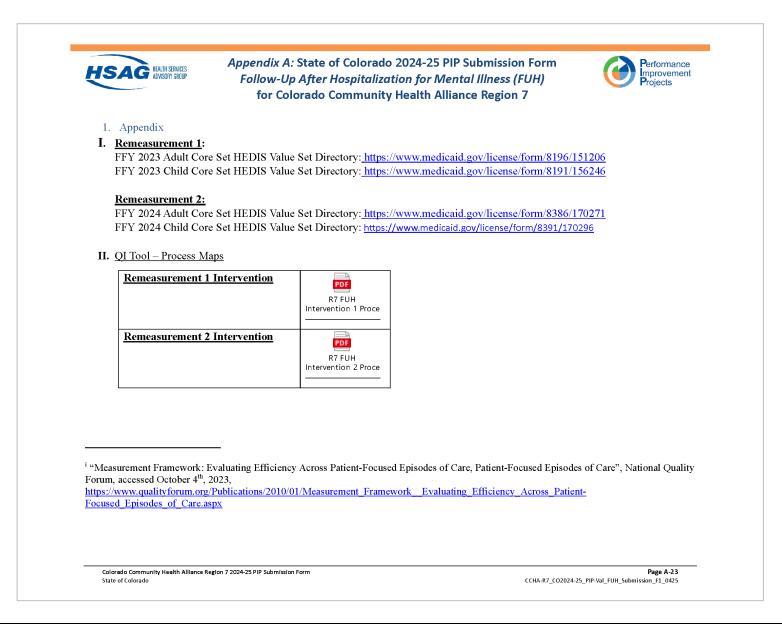


HSAG HEALTH SERVICES AUMSORY GROUP	Follow-Up After Hospita	ado 2024-25 PIP Submission Form <i>lization for Mental Illness (FUH)</i> nity Health Alliance Region 7
nprovement (QI) processes an ne documentation of Step 8 is A. Quality Improvement (C B. Barriers/Interventions T C. Intervention Worksheet o Intervention Des	d tools. organized into the following three s a)) Team and Activities Narrative Des able: Prioritized barriers and corres : : : : : : : : : : : : : : : : : : :	scription
days for eligible mem inpatient hospitalizatio	bers transitioning out of psychiatric on.	<ol> <li>Lack of standardized procedures to initiate, secure, and verify members' successful transition between care settings.</li> <li>Limited accountability for ensuring member's successful access to aftercare.</li> <li>Lack of standardized process or staff training on measure specifications and requirements to ensure that a qualifying follow-up service is scheduled within 7 days from discharge.</li> <li>No process to document, calculate, or routinely review rates of follow-up within 7 days from discharge from inpatient placement.</li> </ol>
coordinate discharge a	rvention: Establish process to nd BH follow-up service within 7 ibuted to Peak Vista Community	<ol> <li>Unreliable process to notify Peak Vista Health Centers when their attributed CCHA members are admitted to inpatient psychiatric facilities.</li> </ol>
Colorado Community Health Alliance Ro State of Colorado	egion 7 2024-25 PIP Submission Form	Page A-21 CCHA-R7 CO2024-25 PIP-Val FUH Submission F1 0425



HSAG HAITH SERVICES ALWSORY ORCUP	Follow-Up After Hospit	brado 2024-25 PIP Submission Form talization for Mental Illness (FUH) unity Health Alliance Region 7
mprovement (QI) processes an The documentation of Step 8 is A. Quality Improvement (C B. Barriers/Interventions T C. Intervention Worksheet o Intervention Des	d tools. organized into the following three QI) Team and Activities Narrative D able: Prioritized barriers and corre cription ectiveness Measure luation Results	
Health Centers transit	ioning out of psychiatric inpatient	<ol> <li>No process to assign and differentiate care coordination responsibility between provider and RAE, leading to duplicative efforts and limited accountability.</li> <li>Lack of standardized process or staff training on measure specifications and requirements to ensure that a qualifying follow-up service is scheduled within 7 days from discharge.</li> <li>No process to calculate or routinely review performance to identify gaps in follow-up within 7 days from discharge from inpatient placement.</li> </ol>
Complete a Step 8 Intervent	ntervention Effectiveness Measu tion Worksheet for each intervention at the time of the annual PIP subm	on currently being evaluated. The worksheet must be completed to the poin









HSAG HALIN STRUCES	Appendix A: State of Colorado 2024-25 PIP Submission Form Follow-Up After Hospitalization for Mental Illness (FUH) for Colorado Community Health Alliance Region 7	Performance Improvement Projects
"Follow-Up After Hospitali <u>https://p4qm.org/measures/05</u>	zation for Mental Illness (FUH)", Partnership for Quality Measurement, accessed October 576.	r 4 <sup>th</sup> , 2023,
"Readmission after discharge	Lamb D., Harper T., Johnson S., Lloyd-Evans B., Marston L., Pinfold V., Smith D., Kirkh e from acute mental healthcare among 231,988 people in England: Cohort study exploring e day units in local areas." BJPsych Open. 2021 Jul;7:e136, <u>https://doi.org/10.1192%2Fbj</u>	predictors of readmission





Demographic Information         Ianaged Care Organization (MCO) Name: <u>Colorado Community Health Alliance (RAE 7)</u> roject Leader Name: <u>Camila Joao</u> Title: <u>Clinical Quality Program Manager</u> elephone Number:       (303) 817-3791       Email Address: <u>camila.joao@cchacares.com</u> Title: <u>Social Determinants of Health (SDOH) Screening</u> ubmission Date:       10/31/2024	anaged Care Organization (MCO) Name: <u>Colorado Community Health Alliance (RAE 7)</u> oject Leader Name: <u>Camila Joao</u> Title: <u>Clinical Quality Program Manager</u> lephone Number: <u>(303) 817-3791</u> Email Address: <u>camila.joao@cchacares.com</u> P Title: <u>Social Determinants of Health (SDOH) Screening</u> bmission Date: <u>10/31/2024</u>	
roject Leader Name: <u>Camila Joao</u> Title: <u>Clinical Quality Program Manager</u> elephone Number: <u>(303) 817-3791</u> Email Address: <u>camila.joao@cchacares.com</u> IP Title: <u>Social Determinants of Health (SDOH) Screening</u> ubmission Date: <u>10/31/2024</u>	oject Leader Name:       Camila Joao       Title:       Clinical Quality Program Manager         lephone Number:       (303) 817-3791       Email Address:       camila.joao@cchacares.com         P Title:       Social Determinants of Health (SDOH) Screening         bmission Date:       10/31/2024	
elephone Number:       (303) 817-3791       Email Address: camila.joao@cchacares.com         IP Title:       Social Determinants of Health (SDOH) Screening         ubmission Date:       10/31/2024	lephone Number:       (303) 817-3791       Email Address: camila.joao@cchacares.com         P Title:       Social Determinants of Health (SDOH) Screening         bmission Date:       10/31/2024	
IP Title: <u>Social Determinants of Health (SDOH) Screening</u> ubmission Date: <u>10/31/2024</u>	P Title: Social Determinants of Health (SDOH) Screening bmission Date: <u>10/31/2024</u>	
ubmission Date: <u>10/31/2024</u>	bmission Date: <u>10/31/2024</u>	
esubmission Date (if applicable): 01/22/2025	submission Date (if applicable): <u>01/22/2025</u>	

Colorado Community Health Alliance Region 7 2024-25 PIP Submission Form State of Colorado Page A-25 CCHA-R7\_CO2024-25\_PIP-Val\_SDOH\_Submission\_F1\_0425

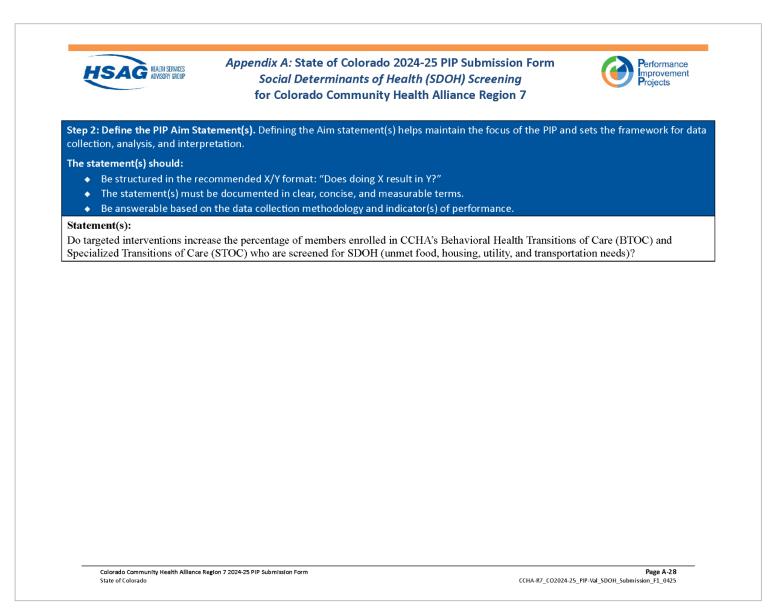


Appendix A: State of Colorado 2024-25 PIP Submission Form Performance HEALTH SERVICES mprovement Social Determinants of Health (SDOH) Screenina for Colorado Community Health Alliance Region 7 Step 1: Select the PIP Topic. The topic should be selected based on data that identify an opportunity for improvement. The goal of the project should be to improve member health, functional status, and/or satisfaction. The topic may also be required by the State. **PIP Topic:** As mandated by the Colorado Department of Health Care Policy and Financing (HCPF), this PIP aims to increase the percentage of CCHA members participating in the Behavioral Health (BH) capitated benefit who are screened for unmet food, housing, utility, and transportation needs. In compliance with Federal Medicaid managed care regulations and quality standards, the PIP targets improvement in non-clinical services delivered by CCHA that are expected to mitigate threats to the health or functional status of members experiencing high-risk conditions. Members' high-risk conditions and participation in BH capitation are identified by an approved authorization for placement in high levels of care for a mental health or substance use disorder diagnosis. These members are served by CCHA's Care Coordinators through the following programs: 1. CCHA's Behavioral Health Transitions of Care (BTOC) supports members between settings of care, including appropriate discharge planning for short-term and long-term hospital and institutional stays for a covered behavioral health condition. 2. CCHA's Specialized Transitions of Care (STOC) program provides deliberate care coordination assistance, facilitate effective discharge and aftercare planning for members transitioning from high levels of care (inpatient, residential, and withdrawal management) for a substance use disorder (SUD) event. Provide plan-specific data: CCHA's documentation of care coordination activities indicates 2,968 BTOC and STOC cases were opened between 7/1/2022 and 6/30/2023, corresponding to 2.424 unique members, and 485 members associated with 2 to up to 6 treatment episodes, 23.55% of cases received a full screening for unmet food, housing, utility, and transportation needs, 45,13% (1,094) were screened for at least one of these factors, out of which 35.74% reported unmet needs related to these core elements. Transportation was the most frequently reported concern (32.23%), followed by housing (29.92%), food (29.41%), and utilities (8.44%). No screening was administered to 47.01% of members with multiple placements to evaluate the impact of social needs on the repeated utilization of higher levels of care. Consistent assessment of immediate needs may provide insights into the prevalence of resource gaps and its correlation to the risk of higher acuity interventions. Colorado Community Health Alliance Region 7 2024-25 PIP Submission Form Page A-26 CCHA-R7 CO2024-25 PIP-Val SDOH Submission F1 0425 State of Colorado

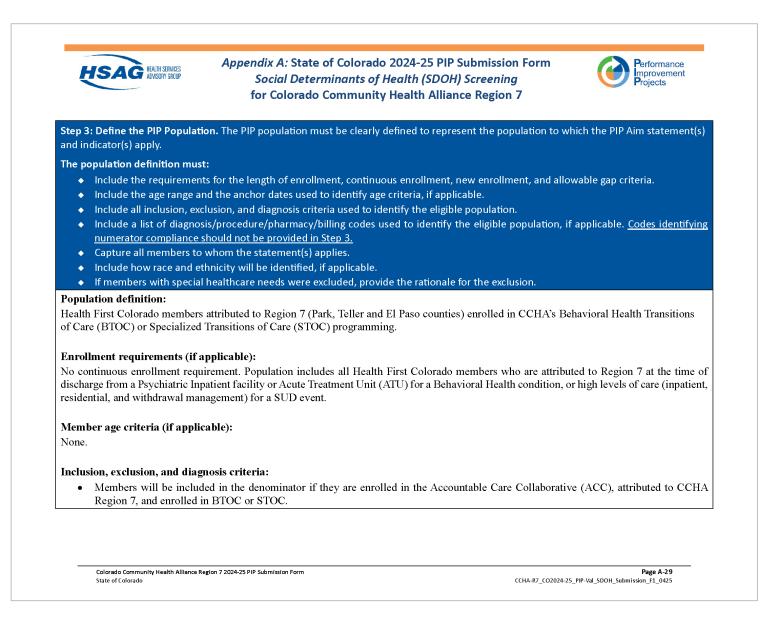


HSAG HEALTH SERVICES ADVISORY GROUP	Appendix A: State of Colorado Social Determinants of H for Colorado Community	lealth (SDOH) Screening	Performance Improvement Projects
	ne topic should be selected based on data nember health, functional status, and/or		
Health is a product of multiple outcomes and can be more imp Organization. <sup>1</sup> Disparities in qu power and resources. Individua struggle to manage chronic hea	as the potential to improve member here determinants. A broad body of evidence i cortant than health care or lifestyle choices hality and outcomes of care often reveal so ils with unmet social needs are more likel with conditions <sup>ii</sup> . Research has shown that ps can expect to live six and a half years 1	ndicates that social determinants of healt s in influencing health status, according t ocially determined inequities rooted in th y to utilize emergency departments, miss a person's zip code is a better predictor o	h (SDOH) affect health o the World Health e unequal distribution of outpatient appointments, and
addressing social needs is esser disadvantaged from achieving t SDOH upstream helps to reduc	al, and structural disparities manifest as un ntial for whole-person care, to enable pro- their full health potential independently o be long-term health care costs <sup>IV</sup> . Assessing dress the barriers securing health for patie	motion of health equity and establish con f social position. Correspondently, mitiga social needs as key components of healt	ditions in which no one is ting the impact of adverse h can provide information
Routine SDOH screening has th	he potential to improve member health, fu	unctional status, and/or satisfaction in the	following ways:
•	d social factors promotes detection of unn	**	
• •	immediate necessities promotes removal		
	ocial needs may facilitate engagement in t stays, and reduce overall healthcare cost		health outcomes, reduce ED
	of socially determined inequities may imp		ithin the family and
• Whole-person care and	collaboration with social services agencie	es may increase member satisfaction.	

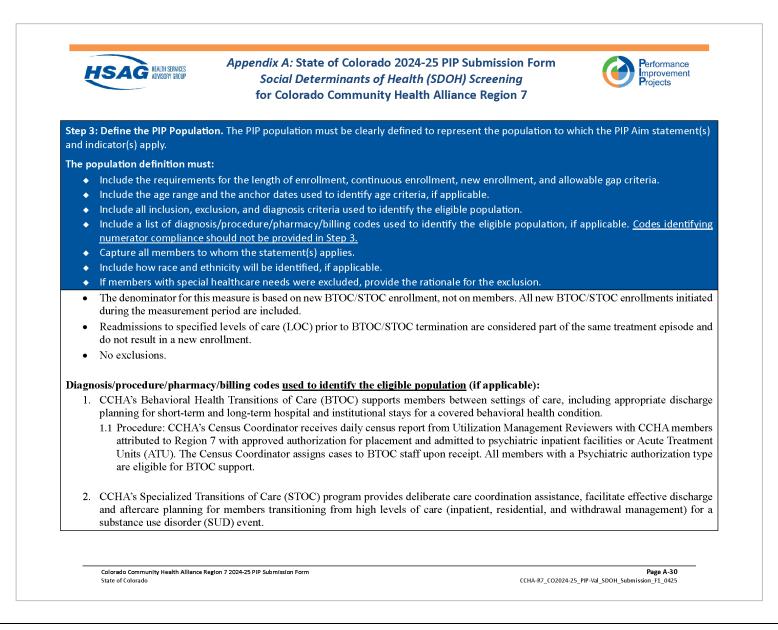




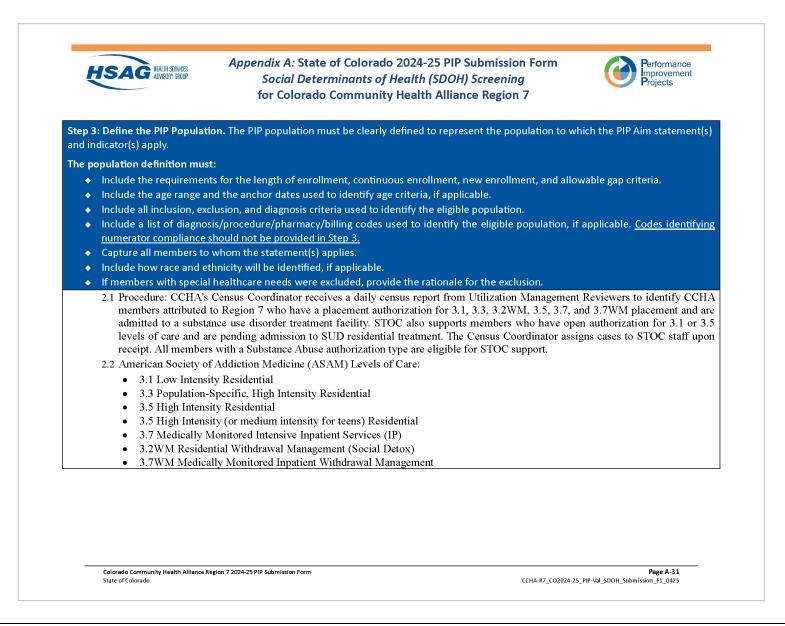














nethods support generalizable			npling was not used, please leave table blank and doo ling methods must: identified in the table below. for each measurement period and for each indicator.	below the table. The description of the samp
	ire sampling methods	sample and ensure s	identified in the table below.	The description of the samp
	ire sampling methods	sample and ensure s		the standard second second
	ire sampling methods	sample and ensure sample and ensure sample and ensure same same same same same same same sam	for each measurement period and for each indicator.	
	are sampling methous	sample and ensure so	rrative description of the methods used to select the	
mple Margin of Error and				results.
		Sampli Frame S	Performance Indicator Title	Measurement Period
			ods used to select the sample:	
-			*	
serves to strategically deploy	ction method serves	factor. This selection	3TOC/STOC enrollment as the specific determining	target population based on I
•	• •		thers with service utilization patterns indicative of his thod and not intended to be representative or extrapo	-
			ions between HLOC utilization and SDOH factors in	
thod was used serves to stra ly determined ttion, howeve	purposive method wa ction method serves may be socially deter CCHA population, ho	A homogeneous pur factor. This selection gher risk, which may lated to the full CCI	includes all members enrolled in BTOC or STOC pro avioral health service during the measurement period. 3TOC/STOC enrollment as the specific determining ibers with service utilization patterns indicative of high thod and not intended to be representative or extrapo	The intervention population who received a capitated beh target population based on 1 resources and prioritize men This is a non-probability me



HSAG HEALTH SERVICES	Appendix A: State of Colorado 2024-25 PIP Submission Form Social Determinants of Health (SDOH) Screening for Colorado Community Health Alliance Region 7
discrete event or a status that is t	n <b>dicator(s).</b> A performance indicator is a quantitative or qualitative characteristic or variable that reflects a o be measured. The selected indicator(s) must track performance or improvement over time. The early, and unambiguously defined, and based on current clinical knowledge or health services research.
<ul> <li>If indicator(s) are based of used for the applicable manual</li> </ul>	of each indicator.
	I or target, if applicable. If no mandated goal or target enter "Not Applicable."
Indicator 1	SDOH Screening of BTOC and STOC members.
	CCHA's BTOC and STOC programs provides care coordination assistance to members transitioning out of inpatient psychiatric placement high levels of care for a SUD event. Utilization of higher levels of care may signal a lack of access to care or issues with continuity of care. Screening for and addressing resource gaps can support stable functioning, promote recovery, and help mitigate future risk of higher acuity intervention needs.
Numerator Description:	Number of cases from the denominator that have a screening for unmet food, housing, utility, and transportation needs.
Denominator Description:	Number of new CCHA's Behavioral Health Transitions of Care (BTOC) and Specialized Transitions of Care (STOC) cases for members attributed to Region 7.
Baseline Measurement Period	07/01/2022 to 06/30/2023
Remeasurement 1 Period	07/01/2023 to 06/30/2024
Remeasurement 2 Period	07/01/2024 to 06/30/2025
Mandated Goal/Target, if applicable	Not Applicable.
Use this area to provide addition	nal information.

Colorado Community Health Alliance Region 7 2024-25 PIP Submission Form State of Colorado Page A-33 CCHA-R7\_CO2024-25\_PIP-Val\_SDOH\_Submission\_F1\_0425

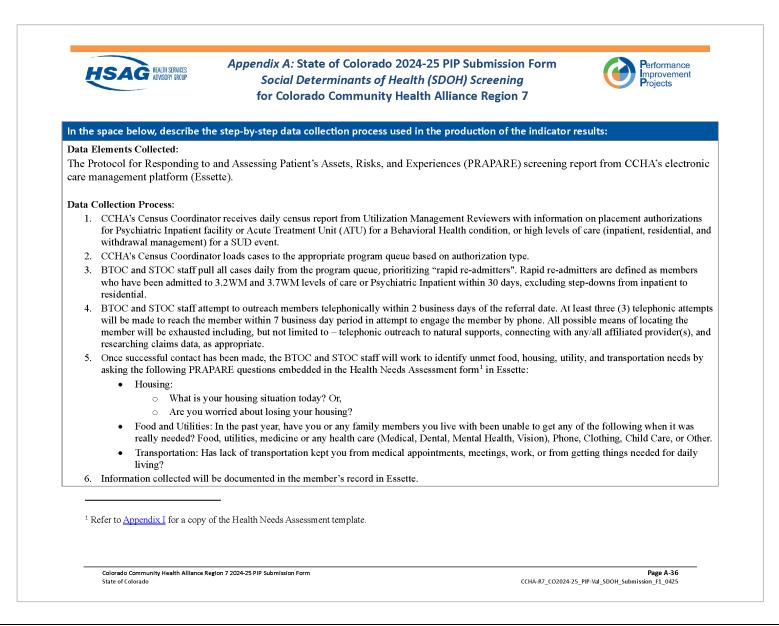


HSAG HEALTH SERVICES ACM/SORY BROUP	Appendix A: State of Colorado 2024-25 PIP Submission For Social Determinants of Health (SDOH) Screening for Colorado Community Health Alliance Region 7	rm Performance Improvement Projects
Step 6: Valid and Reliable Data Correliable.	<b>ollection.</b> The data collection process must ensure that data collected for	or each indicator are valid and
The data collection methodology	must include the following:	
<ul> <li>Identification of data elem</li> </ul>	ients and data sources.	
• When and how data are co	ollected.	
• How data are used to calc	ulate the indicator percentage.	
<ul> <li>A copy of the manual data</li> </ul>	collection tool, if applicable.	
<ul> <li>An estimate of the reported</li> </ul>	ed administrative data completeness percentage and the process used t	o determine this percentage.
Data Sources (Select all that apply)		
]Manual Data	[X] Administrative Data	[ ] Survey Data
Data Source	Data Source	Fielding Method
[ ] Paper medical record	[ ] Programmed pull from claims/encounters	[ ] Personal interview
abstraction	[ ] Supplemental data	[ ] Mail
[] Electronic health record	[X] Electronic health record query	[ ] Phone with CATI script
abstraction	[ ] Complaint/appeal	[ ] Phone with IVR
Record Type	[] Pharmacy data	[ ] Internet
[] Outpatient	[ ] Telephone service data/call center data	[ ] Other
[] Inpatient	[ ] Appointment/access data	
[] Other, please explain in	[ ] Delegated entity/vendor data	Other Survey Requirements:
narrative section.	[ ] Other	Number of waves:
	Other Requirements	Response rate:
[ ] Data collection tool	[ ] Codes used to identify data elements (e.g., ICD-10, CPT codes)-	Incentives used:
attached (required for manual	please attach separately	
record review)	Data completeness assessment attached	
	[ ] Coding verification process attached	
	Estimated percentage of reported administrative data completeness at the	
	time the data are generated: <u>99.33</u> % complete.	



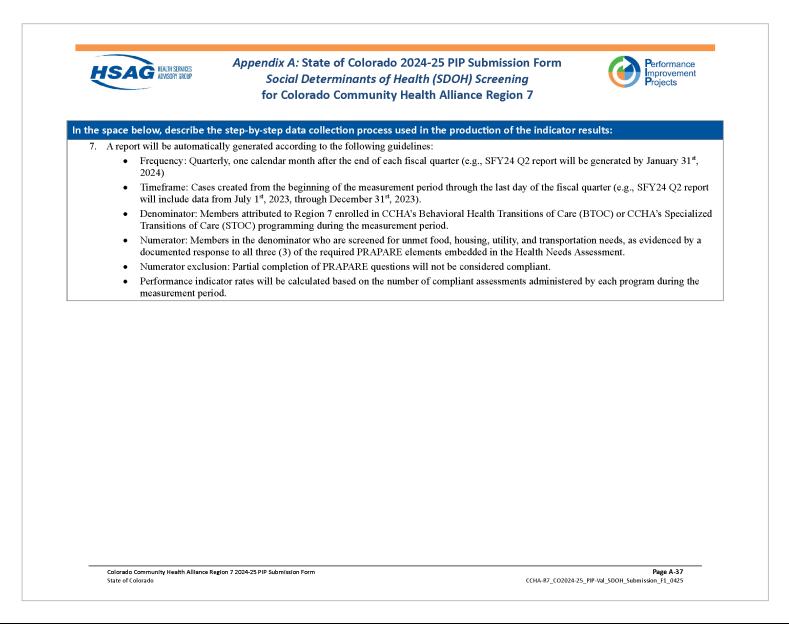
HSAG HEALTH SERVICES	Appendix A: State of Colorado 2024-25 PIP Submission Form Social Determinants of Health (SDOH) Screening for Colorado Community Health Alliance Region 7Performance Performance Projects
e <b>p 6: Valid and Reliable Data</b> iable.	Collection. The data collection process must ensure that data collected for each indicator are valid and
e data collection methodolo	ogy must include the following:
	ements and data sources.
When and how data are	
	alculate the indicator percentage.
	ata collection tool, if applicable. rted administrative data completeness percentage and the process used to determine this percentage.
	Description of the process used to calculate the reported administrative data completeness percentage. Include a narrative of how claims lag may have impacted the data reported: Data completeness percentage is determined based on the case status according to the clinical documentation. Only cases with "Closed" status or with responses documented for all mandatory SDOH screening questions are considered complete. Information may still be pending for cases with an "Enrolled" status and without responses to the SDOH questions.
	egion 7 2024-25 PIP Submission Form Page A-35









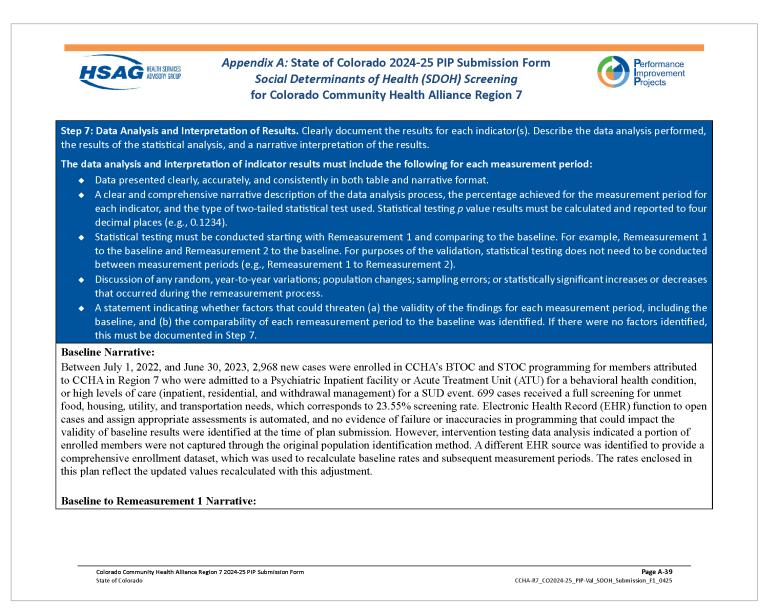




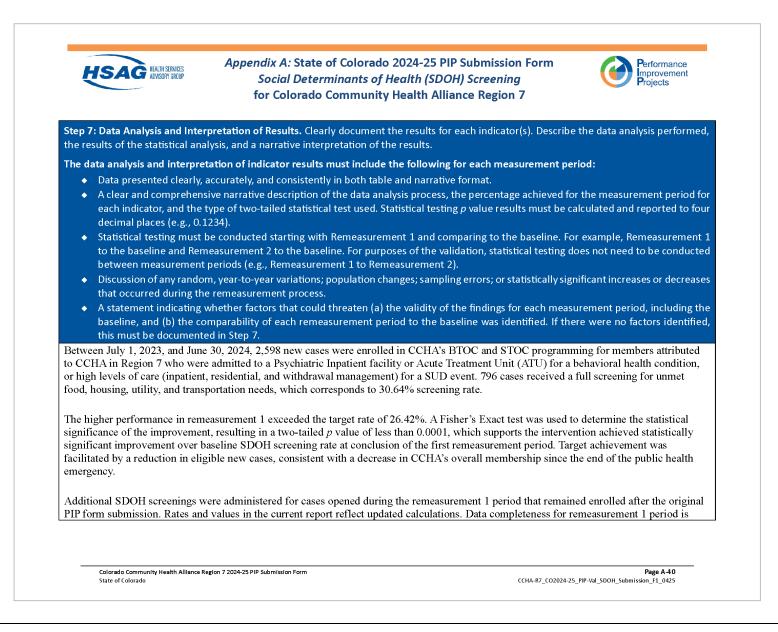
The PIP Submission Forr Enter results for each in remeasurement period	· · · ·	, the table belo			r decimal places (i.e	., 0.1234). Additional
ndicator 1 Title: SDOH Measurement Period	Screening of BTOC ar Indicator Measurement	nd STOC memb	ers. Denominator	Percentage	Mandated Goal or Target, if applicable	Statistical Test Used, Statistical Significance, and p Value
07/01/2022 - 06/30/2023	Baseline	699	2,968	23.55%	N/A for baseline	N/A for baseline
)7/01/2023 - 06/30/2024	Remeasurement 1	796	2,598	30.64%	26.42%	Fisher's exact test, statistically significant increase from Baseline to Remeasurement 1, Two- tailed $p$ Value < 0.0001.
07/01/2024 - 06/30/2025	Remeasurement 2					

Colorado Community Health Alliance Region 7 2024-25 PIP Submission Form State of Colorado Page A-38 CCHA-R7\_CO2024-25\_PIP-Val\_SDOH\_Submission\_F1\_0425





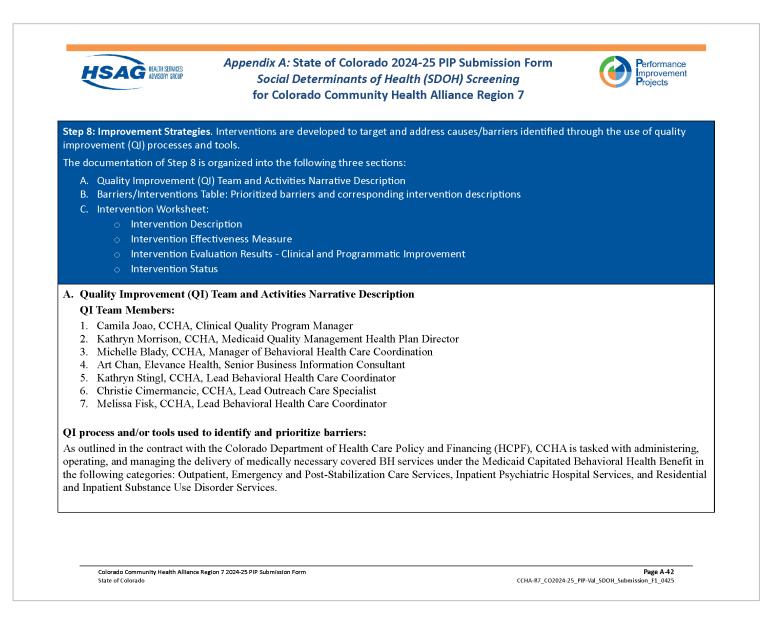






HSAG HALIN SERVICES	Appendix A: State of Colorado 2024-25 PIP Submission Form Social Determinants of Health (SDOH) Screening for Colorado Community Health Alliance Region 7Performance Performance Projects
	erpretation of Results. Clearly document the results for each indicator(s). Describe the data analysis performed, alysis, and a narrative interpretation of the results.
<ul> <li>Data presented clearly,</li> <li>A clear and comprehene each indicator, and the decimal places (e.g., 0.</li> <li>Statistical testing must to the baseline and Rer between measurement</li> <li>Discussion of any rando that occurred during the A statement indicating</li> </ul>	be conducted starting with Remeasurement 1 and comparing to the baseline. For example, Remeasurement 1 measurement 2 to the baseline. For purposes of the validation, statistical testing does not need to be conducted to periods (e.g., Remeasurement 1 to Remeasurement 2). om, year-to-year variations; population changes; sampling errors; or statistically significant increases or decreases the remeasurement process. whether factors that could threaten (a) the validity of the findings for each measurement period, including the omparability of each remeasurement period to the baseline was identified. If there were no factors identified
	creenings may still occur for currently enrolled members. No evidence of failure or inaccuracies in methodology of the remeasurement 1 period results or that threaten its comparability to Baseline results have been identified. 2 Narrative:







HS	App Anwork Bruces	Social Determin	Colorado 2024-25 PIP Su ants of Health (SDOH) S nmunity Health Alliance	creening	$\bigcirc$	Performance mprovement Projects
	<b>provement Strategies</b> . Interv nent (QI) processes and tools.	entions are developed	to target and address cause	s/barriers identified th	hrough the us	e of quality
	mentation of Step 8 is organize	ed into the following th	hree sections:			
B. Ba	uality Improvement (QI) Team rriers/Interventions Table: Pri- tervention Worksheet:			escriptions		
	<ul> <li>Intervention Description</li> </ul>					
	<ul> <li>Intervention Effectivenes</li> </ul>					
	• Intervention Evaluation F	Results - Clinical and Pr	rogrammatic Improvement			
	<ul> <li>Intervention Status</li> </ul>					
	Modes and Effects Analysis w					
	Modes and Effects Analysis w intervene, and risk of detrimen					
	intervene, and risk of detrimen	ntal impact to health ou	teomes caused by lack of sc	reening and access to r	resources, as f	
	intervene, and risk of detrimen		Itcomes caused by lack of sc Ability to reach/intervene	Potential Harm	resources, as f	
	intervene, and risk of detrimen	ntal impact to health ou Detection Likelihood 4	Ability to reach/intervene	Potential Harm	resources, as f	
	intervene, and risk of detrimen LOC Inpatient Psychiatric Hospital Residential and Inpatient Substance Use Disorder	ntal impact to health ou Detection Likelihood	Itcomes caused by lack of sc Ability to reach/intervene	Potential Harm	resources, as f	
	Intervene, and risk of detrimen LOC Inpatient Psychiatric Hospital Residential and Inpatient Substance Use Disorder Emergency and Post-	ntal impact to health ou Detection Likelihood 4	Ability to reach/intervene	Potential Harm	resources, as f	
	intervene, and risk of detrimen LOC Inpatient Psychiatric Hospital Residential and Inpatient Substance Use Disorder	Detection Likelihood 4 3	Ability to reach/intervene 4 3	Potential Harm 4 3	resources, as f	
	LOC LOC Inpatient Psychiatric Hospital Residential and Inpatient Substance Use Disorder Emergency and Post- Stabilization	Detection Likelihood 4 3 1	Ability to reach/intervene 4 3 1	Potential Harm 4 3 2	TOTAL           12           9           4	
bility to i	LOC Inpatient Psychiatric Hospital Residential and Inpatient Substance Use Disorder Emergency and Post- Stabilization Outpatient	Detection Likelihood 4 3 1 2 more likely to access l	Ability to reach/intervene 4 3 1 2 higher levels of care due to c	Potential Harm 4 3 2 1 hallenges consistently	resources, as f TOTAL 12 9 4 5 r engaging with	ollows:
ubility to i	LOC Inpatient Psychiatric Hospital Residential and Inpatient Substance Use Disorder Emergency and Post- Stabilization Outpatient Is with unmet social needs are intensity services". To help m	Detection Likelihood 4 3 1 2 more likely to access l aintain the positive eff	Ability to reach/intervene 4 3 1 2 higher levels of care due to c ects of acute treatment and p	Potential Harm 4 3 2 1 hallenges consistently revent further disrupti	resources, as f TOTAL 12 9 4 5 r engaging with on to member	ollows:
bility to i ndividual und lower ùnctionin	LOC Inpatient Psychiatric Hospital Residential and Inpatient Substance Use Disorder Emergency and Post- Stabilization Outpatient Is with unmet social needs are intensity services". To help m ng post-discharge, improvemer	Detection Likelihood 4 3 1 2 more likely to access I aintain the positive eff nt efforts are expected	Ability to reach/intervene 4 3 1 2 higher levels of care due to c ects of acute treatment and p to have highest potential ben	Potential Harm 4 3 2 1 hallenges consistently revent further disrupti efit if dedicated to targ	resources, as f TOTAL 12 9 4 5 r engaging with on to member geting membe	ollows:
bility to i ndividual nd lower ùnctionin	LOC Inpatient Psychiatric Hospital Residential and Inpatient Substance Use Disorder Emergency and Post- Stabilization Outpatient Is with unmet social needs are intensity services". To help m	Detection Likelihood 4 3 1 2 more likely to access I aintain the positive eff nt efforts are expected	Ability to reach/intervene 4 3 1 2 higher levels of care due to c ects of acute treatment and p to have highest potential ben	Potential Harm 4 3 2 1 hallenges consistently revent further disrupti efit if dedicated to targ	resources, as f TOTAL 12 9 4 5 r engaging with on to member geting membe	ollows:
bility to i ndividual nd lower ùnctionin	LOC Inpatient Psychiatric Hospital Residential and Inpatient Substance Use Disorder Emergency and Post- Stabilization Outpatient Is with unmet social needs are intensity services". To help m ng post-discharge, improvemer	Detection Likelihood 4 3 1 2 more likely to access I aintain the positive eff nt efforts are expected	Ability to reach/intervene 4 3 1 2 higher levels of care due to c ects of acute treatment and p to have highest potential ben	Potential Harm 4 3 2 1 hallenges consistently revent further disrupti efit if dedicated to targ	resources, as f TOTAL 12 9 4 5 r engaging with on to member geting membe	ollows:
bility to i ndividual nd lower ùnctionin	LOC Inpatient Psychiatric Hospital Residential and Inpatient Substance Use Disorder Emergency and Post- Stabilization Outpatient Is with unmet social needs are intensity services". To help m ng post-discharge, improvemer	Detection Likelihood 4 3 1 2 more likely to access I aintain the positive eff nt efforts are expected	Ability to reach/intervene 4 3 1 2 higher levels of care due to c ects of acute treatment and p to have highest potential ben	Potential Harm 4 3 2 1 hallenges consistently revent further disrupti efit if dedicated to targ	resources, as f TOTAL 12 9 4 5 r engaging with on to member geting membe	ollows:
bility to i	LOC Inpatient Psychiatric Hospital Residential and Inpatient Substance Use Disorder Emergency and Post- Stabilization Outpatient Is with unmet social needs are intensity services". To help m ng post-discharge, improvemer	Detection Likelihood 4 3 1 2 more likely to access I aintain the positive eff nt efforts are expected	Ability to reach/intervene 4 3 1 2 higher levels of care due to c ects of acute treatment and p to have highest potential ben	Potential Harm 4 3 2 1 hallenges consistently revent further disrupti efit if dedicated to targ	resources, as f TOTAL 12 9 4 5 r engaging with on to member geting membe	ollows:



HSAG HEALTH SERVICES ADMISORY GROUP	Social Determinant	orado 2024-25 PIP Submission Form s of Health (SDOH) Screening unity Health Alliance Region 7
Step 8: Improvement Strate Improvement (QI) processes		target and address causes/barriers identified through the use of qual
The documentation of Step 8	8 is organized into the following three	e sections:
B. Barriers/Intervention C. Intervention Worksh O Intervention I O Intervention I	Description Effectiveness Measure Evaluation Results - Clinical and Progr	sponding intervention descriptions
<b>B. Barriers/Interventions</b> intervention. For each int		ntions currently being evaluated, and barrier(s) addressed by each ntion Worksheet. The worksheet must be completed to the point of ion. Barrier(s) Addressed
B. Barriers/Interventions intervention. For each im intervention progression Standardize process CCHA members er	tervention, complete a Step 8 Interver at the time of the annual PIP submiss Intervention Title s and requirements for screening molled in BTOC and STOC nmet food, housing, utility, and	ntion Worksheet. The worksheet must be completed to the point of ion.



HSA	G ADWSORY GROUP Social L	State of Colorado 2024-25 PIP Submission Form Determinants of Health (SDOH) Screening rado Community Health Alliance Region 7
1. Aj	opendix	
Ι.	Health Needs Assessment template	Essette v3.10.1 PROD • Modify Asse
Strategies,	ng for Social Determinants of Health in Po	opulations with Complex Needs: Implementation Considerations", Center for Health Care s.org/resource/screening-social-determinants-health-populations-complex-needs-
<sup>iii</sup> Risa Lav	ation-considerations/. izzo-Mourey,. Why Health, Poverty and G	Community Development are Inseparable. In: Investing in What Works for America's
<sup>iii</sup> Risa Lav Communit 225, <u>http://</u> <sup>iv</sup> "Social I	ation-considerations/. izzo-Mourey,. Why Health, Poverty and G ies: Essays on People, Places, and Purpos whatworksforamerica.org/pdf/whatworks Determinants of Health: Resource Guide",	Community Development are Inseparable. In: Investing in What Works for America's se. 1st ed. Federal Reserve Bank of San Francisco & Low-Income Investment Fund; 2012:21: <u>s fullbook.pdf</u> , NCQA, accessed June 6 <sup>th</sup> , 2023. <u>https://www.ncqa.org/wp-</u>
<sup>iii</sup> Risa Lav Communit 225, <u>http://</u> <sup>iv</sup> "Social I	ation-considerations/. izzo-Mourey,. Why Health, Poverty and G ies: Essays on People, Places, and Purpos whatworksforamerica.org/pdf/whatworks	Community Development are Inseparable. In: Investing in What Works for America's se. 1st ed. Federal Reserve Bank of San Francisco & Low-Income Investment Fund; 2012:21: <u>s fullbook.pdf</u> , NCQA, accessed June 6 <sup>th</sup> , 2023. <u>https://www.ncqa.org/wp-</u>
<sup>iii</sup> Risa Lav Communit 225, <u>http://</u> <sup>iv</sup> "Social I	ation-considerations/. izzo-Mourey,. Why Health, Poverty and G ies: Essays on People, Places, and Purpos whatworksforamerica.org/pdf/whatworks Determinants of Health: Resource Guide",	Community Development are Inseparable. In: Investing in What Works for America's se. 1st ed. Federal Reserve Bank of San Francisco & Low-Income Investment Fund; 2012:21: <u>s fullbook.pdf</u> , NCQA, accessed June 6 <sup>th</sup> , 2023. <u>https://www.ncqa.org/wp-</u>
<sup>iii</sup> Risa Lav Communit 225, <u>http://</u> <sup>iv</sup> "Social I	ation-considerations/. izzo-Mourey,. Why Health, Poverty and G ies: Essays on People, Places, and Purpos whatworksforamerica.org/pdf/whatworks Determinants of Health: Resource Guide",	Community Development are Inseparable. In: Investing in What Works for America's se. 1st ed. Federal Reserve Bank of San Francisco & Low-Income Investment Fund; 2012:21: <u>s fullbook.pdf</u> , NCQA, accessed June 6 <sup>th</sup> , 2023. <u>https://www.ncqa.org/wp-</u>
<sup>iii</sup> Risa Lav Communit 225, <u>http://</u> <sup>iv</sup> "Social I	ation-considerations/. izzo-Mourey,. Why Health, Poverty and G ies: Essays on People, Places, and Purpos whatworksforamerica.org/pdf/whatworks Determinants of Health: Resource Guide",	Community Development are Inseparable. In: Investing in What Works for America's se. 1st ed. Federal Reserve Bank of San Francisco & Low-Income Investment Fund; 2012:21: <u>s fullbook.pdf</u> , NCQA, accessed June 6 <sup>th</sup> , 2023. <u>https://www.ncqa.org/wp-</u>



## **Appendix A1. Intervention Worksheets**

Appendix A1 contains the completed Intervention Worksheets that CCHA R7 provided for validation. HSAG made only minor grammatical corrections to these forms and did not alter the content/meaning.



KANIN SERVICE	Appendix A1-1: State of Colorado PIP Intervention Worksheet Follow-Up After Hospitalization for Mental Illness (FUH) for Colorado Community Health Alliance Region 7
	Managed Care Organization (MCO) Information
MCO Name	Colorado Community Health Alliance (RAE 7)
PIP Title	Follow-up After Hospitalization for Mental Illness (FUH)
Intervention Title	Establish process to coordinate discharge and BH follow-up service within 7 days for eligible members transitioning out of psychiatric inpatient hospitalization

Performance mprovement

rojects





Appendix A1-1: State of Colorado PIP Intervention Worksheet Follow-Up After Hospitalization for Mental Illness (FUH) for Colorado Community Health Alliance Region 7

Instructions: Complete a separate worksheet for each intervention.

	Intervention Description
Intervention Title	Establish process to coordinate discharge and BH follow-up service within 7 days for eligible members transitioning out of psychiatric inpatient hospitalization.
What barrier(s) are addressed?	<ol> <li>Poor coordination and collaboration between inpatient and outpatient treatment providers to support transition of care.</li> <li>Lack of standardized procedures to initiate, secure, and verify members' successful transition between care settings.</li> <li>Limited accountability for ensuring member's successful access to aftercare.</li> <li>Lack of standardized process or staff training on measure specifications and requirements to ensure that a qualifying follow-up service is scheduled within 7 days from discharge.</li> <li>No process to document, calculate, or routinely review rates of follow-up within 7 days from discharge from inpatient placement.</li> </ol>
Describe how the intervention is culturally and linguistically appropriate.	Aftercare services are scheduled in accordance with client's needs and preferences, including cultural and language needs. The Transitional Care Team (TCT) offers services at a convenient time through the preferred mode of delivery, including community-based settings. Providers fluent in the member's primary language are prioritized as available, and language interpretation services are offered by phone, virtually, or in person to facilitate services for non-English speaking members.
<b>Intervention Process Steps</b> (List the step-by-step process required to	1. Review data to identify partner provider with sufficient volume and resources to impact regional performance.
carry out this intervention.)	2. Identify stakeholders, engage PIP team, and schedule recurring process meetings.
	3. Transfer of daily inpatient placement census files for provider notification.
	4. Implement email to notify members' primary provider, treatment team, or last clinician seen of hospitalization and expected clinical response.

Colorado Community Health Alliance Region 7 PIP Intervention Worksheet State of Colorado Page A1-2

CCHA-R7\_C02024-25\_PIP-Val\_FUH\_Intervention Worksheet\_F1\_0425



AG HALTN SERVICES AVISON COMP		lorado PIP Intervention Wo Ilization for Mental Illness ( nity Health Alliance Region	FUH)
	Interve	ntion Description	
	5. Design process ma	ap to identify workflow gaps and	opportunities for improvement.
	6. Establish TCT reg Springs Hospital.	lar in-person co-location at Peal	s View Behavioral Health and Cedar
	7. Design data trackir	ng tool to track and monitor perfo	ormance.
	8. Train TCT staff on and available.	workflow and documentation, a	nd ensure needed resources are known
	9. Retrieve and analy	ze tracking report to evaluate pro	ocess effectiveness.
Intervention Start Date (MM/DD/YYYY)	11/01/2023	Intervention End Date (MM/DD/YYYY)	06/30/2024

Colorado Community Health Alliance Region 7 PIP Intervention Worksheet State of Colorado Page A1-3 CCHA-R7\_C02024-25\_PIP-Val\_FUH\_Intervention Worksheet\_F1\_0425



for Cold	<i>After Hospitalization for I</i> orado Community Health /		
	Intervention Effectivenes	s Measure	
Intervention Effectiveness Measure Title	Hospital outreach and co-location for aftercare planning and coordination.		
Numerator description (narrative)	Denominator events followed by a qualifying visit with a mental health provider within 7 days after discharge, excluding visits that occur on the date of discharge.		
Denominator description (narrative)	Psychiatric inpatient hospital Diversus Health on the day of		pers 6 years or older open to
Intervention Evaluation Period Dates (MM/DD/YYYY-MM/DD/YYYY)	Numerator	Denominator	Percentage
11/01/2023-11/30/2023	1	7	14.29%
12/01/2023-12/31/2023	1	5	20.00%
01/01/2024-01/31/2024	3	18	16.67%
02/01/2024-02/29/2024	3	15	20.00%
03/01/2024-03/31/2024	5	11	45.45%
04/01/2024-04/30/2024	1	10	10.00%
05/01/2024-05/05/31/2024	1	4	25.00%
06/01/2024-06/30/2024	0	2	0.00%

Colorado Community Health Alliance Region 7 PIP Intervention Worksheet State of Colorado Page A1-4

CCHA-R7\_CO2024-25\_PIP-Val\_FUH\_Intervention Worksheet\_F1\_0425



HSAGE HEALTH SERVICES AUVISION E GROUP	Appendix A1-1: State of Colorado Follow-Up After Hospitalization for Colorado Community He	n for Mental Illness (FUH)	Performance Improvement Projects
Colorado Community Hea	Ith Alliance Region 7 PIP Intervention Worksheet		Page A1-5



SAG HEALTH SERVICES ADVISION GROUP	Appendix A1-1: State of Colorado PIP Inte Follow-Up After Hospitalization for Me for Colorado Community Health All	ental Illness (FUH)				
	Intervention Evaluation Results					
What lessons did th	e MCO learn from the intervention testing and evalua	tion results?				
cases, which corresp psychiatric hospitals.	nd 6/30/2024, Diversus Health provided a qualifying beh ond to 15 out of 72 admissions for members open to servi Regional performance data for FY24 indicate these effor ent hospitalization for mental illness.	ices at the Center at discharge from 15 inpatient				
service (39.29%), cli services rendered on	identified for non-compliant events in the remeasuremen ent cancelations or no shows (19.05%), and no follow-up the day of discharge or after 7 days, and provider cancela s from process failure, both represented as no follow-up s	service scheduled (14.88%). Other reasons include tions. It is important to note that available data did not				
What challenges we	re encountered?					
of CCHA members a	vas greatly impacted by the lack of process stability and . Process data signaled immediate concerns regarding the trively receiving services from Diversus Health at the tim f the project to include new referrals and/or members wi	e provider's declining membership and the low volume e of inpatient discharge. However, the provider refused				
deployment. Once e documentation was c contact was not a bill contact at the facility reported no benefit f reported the failure t	ontracts and agreements for in-person co-location at inpat stablished, attempts to evaluate the effectiveness of T- completed to determine the general number of members r able service, there were no plans to evaluate if visits return helped new members engage in aftercare, but no suppor from co-location as long as alternative points of referra- b secure hospitals' partnership in this PIP impeded the ex- mpts to engage hospitals in the project were unsuccessful	CT staff's visits to inpatient facilities found that not eached or the details of the visit. Although co-location hed the investment. Anecdotal reports suggest in-person tring evidence was identified. Feedback from hospitals I were identified and easily accessible. Diversus staff stablishment of referral pathways, limiting their ability				
L						
Colorado Community Heal State of Colorado	h Alliance Region 7 PIP Intervention Worksheet	Page A1-6 CCHA-R7_CO2024-25_PIP-Val_FUH_Intervention Worksheet_F1_0425				



Appendix A1-1: State of Colorado PIP Intervention Worksheet Follow-Up After Hospitalization for Mental Illness (FUH) for Colorado Community Health Alliance Region 7



## Intervention Evaluation Results

By February 2024, all TCT staff had resigned, positions were not backfilled, and co-location at hospitals were discontinued. In the following months, the TCT was dissolved, and the task of scheduling follow-up services was assigned to a referral navigator in the Operations team. Attempts to include the Operations team's leadership in the PIP workgroup were denied and the PIP team became disconnected from the person carrying out an intervention.

Restrictions imposed by this PIP's measure specifications for the types of service and modalities of delivery that qualify as a followup contact also impacted the intervention's performance rate. Without exclusions, 41.67% of admissions were followed by an appointment within 7 days. Although the workflow was adjusted to promote rendering of eligible services, these failures are not expected to be eliminated due to member preference and/or clinical judgement. Providers have discretion to determine clinically indicated services and selections may not qualify. Delivery modalities may also be adjusted to accommodate member preference or to overcome barriers, such as lack of transportation, which will continue to be prioritized to facilitate access to aftercare in lieu of the PIP's measure standards.

## How were the challenges resolved?

Extensive effort was made by the PIP team to identify creative solutions, reallocate resources, and mitigate multiple challenges encountered throughout implementation. Persistent attempts to collaborate with inpatient hospital leadership successfully achieved co-location goals but was ultimately discontinued due to lack of perceived benefit. The provider's assessment of available resources in their system identified alternative resources that could be reallocated to support hospital follow-up coordination instead of backfilling TCT resignations; however, the PIP team's structure remained unchanged.

## What successes were demonstrated through the intervention testing?

Challenges experienced to meet the requirements of this PIP forced ongoing assessments of resources as well as members and community needs, and the pursuit of sustainable strategies to approach this project's intent. The provider determined that a systemic restructuring was necessary to establish alignment across the organization. An agency-wide procedure was developed to engage all members seeking their services regardless of treatment status, point of access or referral source, including psychiatric hospitals. This procedure established additional means of referring members to treatment, changes to the phone routing system to expedite connections to the appropriate teams, and staff training on measure specifications and requirements to promote timely access to qualifying services, as clinically appropriate.

Colorado Community Health Alliance Region 7 PIP Intervention Worksheet State of Colorado Page A1-7 CCHA-R7\_C02024-25\_PIP-Val\_FUH\_Intervention Worksheet\_F1\_0425



HALIN SERVICES ARVORT GROUP	Appendix A1-1: State of Colorado Follow-Up After Hospitalization for Colorado Community He	n for Mental Illness (FUH)	Performance Improvement Projects		
	Intervention Status				
	Select one intervention status:	🗆 Adapt 🛛 Abandon 🗆 Continue			
Rationale for Inte	ervention Status Selected				
process improvem improve rates of fe	reach, resources, potential impact, access to key sta ent, this PIP strategy will be abandoned, and a new ollow-up after hospitalization will be determined an ip or assistance to support related endeavors they op	partnership will be pursued for SFY25. Fur d carried out by the provider. CCHA extend	ther action to		



HAUTH SERVICES Advisition Group	Appendix A1-2: State of Colorado PIP Intervention Worksheet Follow-Up After Hospitalization for Mental Illness (FUH) for Colorado Community Health Alliance Region 7
	Managed Care Organization (MCO) Information
MCO Name	Colorado Community Health Alliance (RAE 7)
PIP Title	Follow-up After Hospitalization for Mental Illness (FUH)
Intervention Title	Establish process to coordinate discharge and BH follow-up service within 7 days for members attributed to Peak Vista Community Health Centers transitioning out of psychiatric inpatient hospitalization

Performance mprovement

rojects





Appendix A1-2: State of Colorado PIP Intervention Worksheet Follow-Up After Hospitalization for Mental Illness (FUH) for Colorado Community Health Alliance Region 7

Instructions: Complete a separate worksheet for each intervention.

	Intervention Description
Intervention Title	Remeasurement 2 Intervention: Establish process to coordinate discharge and BH follow-up service within 7 days for members attributed to Peak Vista Community Health Centers transitioning out of psychiatric inpatient hospitalization.
What barrier(s) are addressed?	<ol> <li>Unreliable process to notify Peak Vista Health Centers when their attributed CCHA members are admitted to inpatient psychiatric facilities.</li> <li>No process to assign and differentiate care coordination responsibility between provider and RAE, leading to duplicative efforts and limited accountability.</li> <li>Lack of standardized process or staff training on measure specifications and requirements to ensure that a qualifying follow-up service is scheduled within 7 days from discharge.</li> <li>No process to calculate or routinely review performance to identify gaps in follow-up within 7 days from discharge from inpatient placement.</li> </ol>
Describe how the intervention is culturally and linguistically appropriate.	A team of bilingual care coordinators will outreach members/guardians to schedule aftercare services in accordance with client's needs and preferences, including cultural and language needs. Peak Vista offers services at a convenient time through the preferred mode of delivery. Providers fluent in the member's primary language are prioritized as available, and language interpretation services are offered by phone, virtually, or in person to facilitate services for non-English speaking members.
<b>Intervention Process Steps</b> ( <i>List</i> the step-by-step process required to	1. Review data to identify partner provider with sufficient volume and resources to impact regional performance.
carry out this intervention.)	2. Identify stakeholders, engage PIP team, and schedule recurring process meetings.
	3. Design process map to identify workflow gaps and opportunities for improvement.
	4. Establish process to identify members attributed to Peak Vista on daily inpatient placement census and to notify the provider.

Colorado Community Health Alliance Region 7 PIP Intervention Worksheet State of Colorado Page A1-10 CCHA-R7\_C02024-25\_PIP-Val\_FUH\_Intervention Worksheet\_F1\_0425



		on Description	alanning expectations
	<ul> <li>5. Outline care coordination, outreach and aftercare planning expectations.</li> <li>6. Train staff on process requirements, workflow and documentation, and ensure needed resources are known and available.</li> </ul>		
	7. Design data tracking	tool to track and monitor per	formance.
	8. Retrieve and analyze	tracking report to evaluate p	rocess effectiveness.
Intervention Start Date (MM/DD/YYYY)	11/01/2024	Intervention End Date (MM/DD/YYYY)	06/30/2025
			<u> </u>

Colorado Community Health Alliance Region 7 PIP Intervention Worksheet State of Colorado Page A1-11 CCHA-R7\_C02024-25\_PIP-Val\_FUH\_Intervention Worksheet\_F1\_0425



	health provider within 7 days		
after discharge, excluding visits that occur on the date Psychiatric inpatient hospital discharges for CCHA m			
	e of discharge.		
attributed to Peak Vista Community Health Centers of	Psychiatric inpatient hospital discharges for CCHA members 6 years or older attributed to Peak Vista Community Health Centers on the day of discharge.		
ntervention Evaluation Period Dates (MM/DD/YYYY-MM/DD/YYYY) Numerator Denominator	Percentage		
N/A			
ualitative data were collected, provide a narrative summary of results below.			
A			

Colorado Community Health Alliance Region 7 PIP Intervention Worksheet State of Colorado Page A1-12 CCHA-R7\_CO2024-25\_PIP-Val\_FUH\_Intervention Worksheet\_F1\_0425



AG HEATH SERVICES	Appendix A1-2: State of Colorado PIP Intervention Worksheet Follow-Up After Hospitalization for Mental Illness (FUH) for Colorado Community Health Alliance Region 7	Performan Improveme Projects
	Intervention Evaluation Results	
What lessons did t	the MCO learn from the intervention testing and evaluation results?	
Pending.		
What challenges w	vere encountered?	
Pending.		
How were the cha	llenges resolved?	
Pending.		
What successes we	ere demonstrated through the intervention testing?	
Pending.		



KARA KAUNSON GROUP	<i>Appendix A1-2</i> : State of <i>Follow-Up After Hosp</i> for Colorado Comr	italization for Mei	ntal Illness (FU		Performance Improvemen Projects
	Int	tervention Status			
	Select one intervention status:	🗆 Adopt 🛛 Adapt	:□Abandon D	🛛 Continue	
Rationale for Int	ervention Status Selected				
Process is being st be analyzed to ide	ructured and data collection methods ar ntify challenges and successes upon rec	e currently under deve eipt. The intervention	lopment. Results development wil	are unavailable at th 1 continue as planne	is time and will d.
<u>.                                      </u>					



HALTIN SERVICES ANVOSORY GROUP	Appendix A1-3: State of Colorado PIP Intervention Worksheet Social Determinants of Health (SDOH) Screening for Colorado Community Health Alliance Region 7
	Managed Care Organization (MCO) Information
MCO Name	Colorado Community Health Alliance (RAE 7)
PIP Title	Social Determinants of Health (SDOH) Screening
Intervention Title	Standardize process and requirements for screening CCHA members enrolled in BTOC and STOC programming for unmet food, housing, utility, and transportation needs

Colorado Community Health Alliance Region 7 Fiscal Year 2024–2025 PIP Validation Report State of Colorado

Performance mprovement

rojects





Appendix A1-3: State of Colorado PIP Intervention Worksheet Social Determinants of Health (SDOH) Screening for Colorado Community Health Alliance Region 7

Instructions: Complete a separate worksheet for each intervention.

	Intervention Description				
Intervention Title	Standardize process and requirements for screening CCHA members enrolled in BTOC and STOC programming for unmet food, housing, utility, and transportation needs.				
What barrier(s) are addressed?	Lack of standardized expectations requiring consistent screening for socially determined factors as standard protocol for health needs assessment of members transitioning out of Psychiatric Inpatient and ATU for a behavioral health condition, or high levels of care for a SUD event.				
Describe how the intervention is culturally and linguistically appropriate.	Members are offered local resources to access unmet social factors in accordance with their specific needs and preferences, including cultural and language needs. BTOC and STOC staff fluent in the member's primary language are prioritized, and language interpretation services are available to facilitate services for non-English speaking members.				
<b>Intervention Process Steps</b> (List the step-by-step process required to	1. Identify available resources, stakeholders, engage PIP team, and schedule recurring process meetings.				
carry out this intervention.)	2. Select tool for screening for social determinants of health.				
	3. Design process map to identify workflow gaps and opportunities to align screening with existing procedures.				
	4. Embed SDOH screening tool in Health Needs Assessment (HNA).				
	5. Design performance tracking reports.				
	6. Review data to determine performance baseline.				
	7. Train BTOC and STOC staff on workflow and documentation, and ensure needed resources are known and available.				

Colorado Community Health Alliance Region 7 PIP Intervention Worksheet State of Colorado Page A1-16 CCHA-R7\_CO2024-25\_PIP-Val\_SDOH\_Intervention Worksheet\_F1\_0425



	S	ocial Determinant	blorado PIP Intervention Wo s of Health (SDOH) Screenin unity Health Alliance Region	g	Performan Improvem Projects
		Interve	ntion Description		
		8. Retrieve and ana	lyze tracking report to evaluate p	rocess effectiveness.	
Intervention Start Date (MM/DD/YYYY)		07/01/2023	Intervention End Date (MM/DD/YYYY)	06/30/2025	



SAG HEALTH SERVICES

Appendix A1-3: State of Colorado PIP Intervention Worksheet Social Determinants of Health (SDOH) Screening for Colorado Community Health Alliance Region 7



Intervention Effectiveness Measure Title	SDOH Screening of members enrolled in CCHA's BTOC and STOC programming.				
Numerator description (narrative)	Number of cases from the denominator that have a documented screening for unrefood, housing, utility, and transportation needs.				
Denominator description (narrative)	Number of CCHA's Behavioral Health Transitions of Care (BTOC) and Specia Transitions of Care (STOC) cases for members enrolled and reached during the measurement period.				
Intervention Evaluation Period Dates (MM/DD/YYYY-MM/DD/YYYY)	Numerator	Denominator	Percentage		
07/01/2023-09/30/2023	156	288	54.17%		
10/01/2023-12/31/2023	136	302	45.03%		
01/01/2024-03/31/2024	137	315	43.49%		
04/01/2024-06/30/2024	236	76.13%			

Colorado Community Health Alliance Region 7 PIP Intervention Worksheet State of Colorado Page A1-18 CCHA-R7\_CO2024-25\_PIP-Val\_SDOH\_Intervention Worksheet\_F1\_0425



Appendix A1-3: State of Colorado PIP Intervention Worksheet Social Determinants of Health (SDOH) Screening for Colorado Community Health Alliance Region 7



## Intervention Evaluation Results

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

The intervention was originally designed to correspond to the performance improvement plan's aim of increasing the percentage of members enrolled in CCHA's Behavioral Health Transitions of Care (BTOC) and Specialized Transitions of Care (STOC) who are screened for Social Determinants of Health (SDOH) needs. However, the inability to reach members for screening emerged as a confounding variable in assessing the team's performance. To mitigate the impact of unreachable members, the intervention was modified to include only those cases where the member or guardian was successfully contacted. This adjustment enabled an independent evaluation of the teams' success in increasing the percentage of screenings each quarter, irrespective of the total number of members reached.

After a decline in Q2, adjustments to the PIP workgroup's internal stakeholder communication and engagement strategy have been effective in reestablishing screening rates and are expected to continue contributing to positive outcomes. The upward trend in intervention rates supports this strategy has been productive in driving improvements. Ongoing evaluation is necessary to assess the intervention's effectiveness sustaining the higher volume of screenings.

#### What challenges were encountered?

A challenge in implementing the PIP intervention included conflicting priorities during the initial rollout. This period coincided with numerous structural and procedural changes within the Care Coordination team, thereby restricting the ability to adequately focus on balancing the new process with staff needs.

#### How were the challenges resolved?

As competing projects concluded or became more established, additional focus was gradually dedicated to this intervention. Increased emphasis on adherence to screening and documentation requirements was regularly communicated to the team, reinforcing the priority and re-educating staff on the significance of assessing SDOH needs.

### What successes were demonstrated through the intervention testing?

The increased focus on SDOH screening required reevaluation of available resources, competing requirements and associated benefit to inform adjustments to CCHA's member engagement strategy. Mandatory questions were highlighted on the HNA assessment to prompt staff to target priority elements amid extensive general documentation requirements. Care coordination leaders also initiated auditing all HNAs for members reached prior to case closure, promoting corrections, real-time feedback, and identification of

Colorado Community Health Alliance Region 7 PIP Intervention Worksheet State of Colorado Page A1-19 CCHA-R7\_CO2024-25\_PIP-Val\_SDOH\_Intervention Worksheet\_F1\_0425



HEALTH SERVICES ADVISORY SHOUP	Appendix A1-3: State of Colorado PIP Intervention Worksheet Social Determinants of Health (SDOH) Screening for Colorado Community Health Alliance Region 7	Performa Improve Projects
	Intervention Evaluation Results	
process, outcomes,	equiring support or clarification. The Quality department participated in team meetings to share up, and impact of these efforts. Staff were invited to provide direct feedback on the workflow and t cements to support ongoing improvements.	
responsibility, parti	education and focus on value enabling activities, these efforts improved internal collaboration and sl ticipation, and ownership among stakeholders. Communicating and reviewing performance da helped to enhance transparency, drive accountability, sustain engagement, and foster a culture of	ata with care
Adjustments to the	ne PIP workgroup's internal stakeholder communication and engagement strategy have been	effective in
reestablishing screet the highest screenin corresponded to a h	ening rates and are expected to continue supporting improvements. The remeasurement 1 period co ng rate since intervention deployment and statistical significance over Q1 was achieved. This impr- higher number of screenings administered to all BTOC and STOC members in this period, resul- xceeding the statistically significant target.	oncluded with ovement also
reestablishing screet the highest screenin corresponded to a h	ening rates and are expected to continue supporting improvements. The remeasurement 1 period co ng rate since intervention deployment and statistical significance over Q1 was achieved. This impr higher number of screenings administered to all BTOC and STOC members in this period, result	oncluded with ovement also
reestablishing screet the highest screenin corresponded to a h	ening rates and are expected to continue supporting improvements. The remeasurement 1 period co ng rate since intervention deployment and statistical significance over Q1 was achieved. This impr higher number of screenings administered to all BTOC and STOC members in this period, result	oncluded with ovement also
reestablishing screet the highest screenin corresponded to a h	ening rates and are expected to continue supporting improvements. The remeasurement 1 period co ng rate since intervention deployment and statistical significance over Q1 was achieved. This impr higher number of screenings administered to all BTOC and STOC members in this period, result	oncluded with ovement also
reestablishing screet the highest screenin corresponded to a h	ening rates and are expected to continue supporting improvements. The remeasurement 1 period co ng rate since intervention deployment and statistical significance over Q1 was achieved. This impr higher number of screenings administered to all BTOC and STOC members in this period, result	oncluded with ovement also
reestablishing screet the highest screenin corresponded to a h	ening rates and are expected to continue supporting improvements. The remeasurement 1 period co ng rate since intervention deployment and statistical significance over Q1 was achieved. This impr higher number of screenings administered to all BTOC and STOC members in this period, result	oncluded with ovement also
reestablishing screet the highest screenin corresponded to a h	ening rates and are expected to continue supporting improvements. The remeasurement 1 period co ng rate since intervention deployment and statistical significance over Q1 was achieved. This impr higher number of screenings administered to all BTOC and STOC members in this period, result	oncluded with ovement also



HALTH SERVICES AUNSORY GROUP	Appendix A1-3: State of Colorado PIP Intervention Worksheet Social Determinants of Health (SDOH) Screening for Colorado Community Health Alliance Region 7	Performa mprover Projects
	Intervention Status	
	Select one intervention status: $\Box$ Adopt $\Box$ Adapt $\Box$ Abandon $\boxtimes$ Continue	
Rationale for Inte	ervention Status Selected	
Intervention testing sustaining outcome	g will continue for ongoing evaluation of the intervention's effectiveness increasing the volume of screening es with a stable membership size.	s and
L		



**Appendix B. Final PIP Validation Tools** 

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



HSAG HEALTH SERVICES

Appendix B: State of Colorado 2024-25 PIP Validation Tool Follow-Up After Hospitalization for Mental Illness (FUH) for Colorado Community Health Alliance Region 7



Demographic Information						
MCO Name:	Colorado Community Health Alliance Region 7					
Project Leader Name:	Camila Joao	Title:	Clinical Quality Program Manager			
Telephone Number:	B03) 817-3791     Email Address:     camila.joao@cchacares.com					
PIP Title:	Follow-Up After Hospitalization for Mental Illness (FUH)					
Submission Date:	October 31, 2024	October 31, 2024				
Resubmission Date:	January 22, 2025					

Colorado Community Health Alliance Region 7 2024-25 PIP Validation Tool State of Colorado Page B-1 CCHA-R7\_CO2024-25\_PIP-Val\_FUH\_Tool\_F1\_0425





improve member health, functional status, and/or satisfaction. The topic may also be required by the State. The PIP topic:       1. Was selected following collection and analysis of data.     C*     Met       N/A is not applicable to this element for scoring.     C*     Met       Total Evaluation Elements**       Met     1     1	iect should be to
N/A is not applicable to this element for scoring.     C*     Met       Results for Scoring.       Total Evaluation Elements***       1     1     Critical Elements***       Met     1     Met	iect should be to
N/A is not applicable to this element for scoring.     C*     Met       Results for Scoring.       Total Evaluation Elements**       1     1     Critical Elements***       Met     1     1     Met	
Total Evaluation Elements**     1     1     Critical Elements***       Met     1     1     Met	
Total Evaluation Elements**     1     1     Critical Elements***       Met     1     1     Met	
Met 1 1 Met	
Partially Met 0 0 Partially Met	
Not Met         0         0         Not Met           N/A (Not Applicable)         0         0         N/A (Not Applicable)	



#### HSAG HEALTH SERVICES ADVISORY GROUP

Appendix B: State of Colorado 2024-25 PIP Validation Tool Follow-Up After Hospitalization for Mental Illness (FUH) for Colorado Community Health Alliance Region 7



Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 2. Review the PIP Aim Statement(s): Defining the statement (s): Defining the statement interpretation. The statement:	ent(s) help	s maintain the fo	cus of the PIP and sets the framework for data collection, analysis, and
<ol> <li>Stated the area in need of improvement in clear, concise, and measurable terms.</li> <li>v/A is not applicable to this element for scoring.</li> </ol>	C*	Met	
		Results for S	Step 2
Total Evaluation Elements**	1	1	Critical Elements***
Met	1	1	Met
Partially Met	0	0	Partially Met
Not Met	0	0	Not Met
N/A (Not Applicable)	0	0	N/A (Not Applicable)
<ul> <li>"C" in this column denotes a critical evaluation element.</li> <li>** This is the total number of all evaluation elements for this step.</li> <li>*** This is the total number of critical evaluation elements for this step.</li> </ul>			

Colorado Community Health Alliance Region 7 2024-25 PIP Validation Tool State of Colorado

Page B-3 CCHA-R7\_CO2024-25\_PIP-Val\_FUH\_Tool\_F1\_0425

piects



Appendix B: State of Colorado 2024-25 PIP Validation Tool Performance HEALTH SERVICES nprovement Follow-Up After Hospitalization for Mental Illness (FUH) for Colorado Community Health Alliance Region 7 **Evaluation Elements** Critical **Comments/Recommendations** Scoring Performance Improvement Project Validation Step 3. Review the Identified PIP Population: The PIP population should be clearly defined to represent the population to which the PIP Aim statement and indicator(s) apply, without excluding members with special healthcare needs. The PIP population: 1. Was accurately and completely defined and captured all members to whom the PIP Aim statement(s) applied.  $C^*$ Met N/A is not applicable to this element for scoring. **Results for Step 3** Total Evaluation Elements\*\* 1 1 Critical Elements\*\*\* Met Met 1 1 0 Partially Met Partially Met 0 Not Met 0 0 Not Met N/A (Not Applicable) N/A (Not Applicable) 0 0 "C" in this column denotes a critical evaluation element. This is the total number of all evaluation elements for this step. \*\* This is the total number of critical evaluation elements for this step.

Colorado Community Health Alliance Region 7 2024-25 PIP Validation Tool State of Colorado

Page B-4 CCHA-R7\_CO2024-25\_PIP-Val\_FUH\_Tool\_F1\_0425



HSAG HEALTH SERVICES

Appendix B: State of Colorado 2024-25 PIP Validation Tool Follow-Up After Hospitalization for Mental Illness (FUH) for Colorado Community Health Alliance Region 7



Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 4. Review the Sampling Method: (If sampling was not use the population, proper sampling methods are necessary to pro			ent will be scored Not Applicable [N/A] ). If sampling was used to select members in sults. Sampling methods:
1. Included the sampling frame size for each indicator.		N/A	
2. Included the sample size for each indicator.	C*	N/A	
<ol> <li>Included the margin of error and confidence level for each indicator.</li> </ol>		N/A	
4. Described the method used to select the sample.		N/A	
5. Allowed for the generalization of results to the population.	C*	N/A	
		Results fo	or Step 4
Total Evaluation Elements**	5	2	Critical Elements***
Met	0	0	Met
Partially Met	0	0	Partially Met
Not Met	0	0	Not Met
N/A (Not Applicable)	5	2	N/A (Not Applicable)

\*\*\* This is the total number of critical evaluation elements for this step.

Colorado Community Health Alliance Region 7 2024-25 PIP Validation Tool State of Colorado Page B-5 CCHA-R7\_CO2024-25\_PIP-Val\_FUH\_Tool\_F1\_0425



erformance Improvement Project Validation			
atus that is to be measured. The selected indicator(s) should the measured, and based on current clinical knowledge and based	track perfo	rmance or imp	titative or qualitative characteristic or variable that reflects a discrete event or a rovement over time. The indicator(s) should be objective, clearly and arch. The indicator(s) of performance:
Were well-defined, objective, and measured changes in alth or functional status, member satisfaction, or valid ocess alternatives.	C*	Met	
Included the basis on which the indicator(s) was developed, internally developed.		N/A	
	1	Results for	r Step 5
Total Evaluation Elements**	2	1	Critical Elements***
Met	1	1	Met
Partially Met	0	0	Partially Met
Not Met	0	0	Not Met
N/A (Not Applicable)           "C" in this column denotes a critical evaluation element.	L	U	N/A (Not Applicable)
This is the total number of all evaluation elements for this step.			
* This is the total number of critical evaluation elements for this step.			

Colorado Community Health Alliance Region 7 2024-25 PIP Validation Tool State of Colorado

Page B-6 CCHA-R7\_CO2024-25\_PIP-Val\_FUH\_Tool\_F1\_0425



HSAG HEALTH SERVICES

Appendix B: State of Colorado 2024-25 PIP Validation Tool Follow-Up After Hospitalization for Mental Illness (FUH) for Colorado Community Health Alliance Region 7



Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
•	•		that the data collected on the indicator(s) were valid and reliable. Validity is an repeatability or reproducibility of a measurement. Data collection procedures
<ol> <li>Clearly defined sources of data and data elements collected for the indicator(s).</li> <li>N/A is not applicable to this element for scoring.</li> </ol>		Met	
<ol> <li>A clearly defined and systematic process for collecting baseline and remeasurement data for the indicator(s).</li> <li>V/A is not applicable to this element for scoring.</li> </ol>	C*	Met	
<ol> <li>A manual data collection tool that ensured consistent and accurate collection of data according to indicator specifications.</li> </ol>	C*	N/A	
4. The percentage of reported administrative data completeness at the time the data are generated, and the process used to calculate the percentage.		Met	
		Results fo	r Step 6
Total Evaluation Elements**	4	2	Critical Elements***
Met	3	1	Met
Partially Met	0	0	Partially Met
Not Met	0	0	Not Met
N/A (Not Applicable)	1	1	NAN/A (Not Applicable)

Colorado Community Health Alliance Region 7 2024-25 PIP Validation Tool State of Colorado

Page B-7 CCHA-R7\_CO2024-25\_PIP-Val\_FUH\_Tool\_F1\_0425



### HSAG HEALTH SERVICES ADVISORY GROUP

Appendix B: State of Colorado 2024-25 PIP Validation Tool Follow-Up After Hospitalization for Mental Illness (FUH) for Colorado Community Health Alliance Region 7



		Results for Step 1 - 6								
Total Evaluation Elements	14	8	Critical Elements							
Met	7	5	Met							
Partially Met	0	0	Partially Met							
Not Met	0	0	Not Met							
N/A (Not Applicable)	7	3	N/A (Not Applicable)							

Colorado Community Health Alliance Region 7 2024-25 PIP Validation Tool State of Colorado

Page B-8 CCHA-R7\_CO2024-25\_PIP-Val\_FUH\_Tool\_F1\_0425



HEALTH SERVICES	Appendix B: State of Colorado 2024-25 PIP Validation Tool         Follow-Up After Hospitalization for Mental Illness (FUH)         for Colorado Community Health Alliance Region 7					
Evaluation Elements	Critical	Scoring	Comments/Recommendations			
Performance Improvement Project Validation						
	or. Through data a	nalysis and int	r each indicator. Describe the data analysis performed, the results of the statistical erpretation, real improvement, as well as sustained improvement, can be			
<ol> <li>Included accurate, clear, consistent, and easily understainformation in the data table.</li> </ol>	C*	Met	The health plan reported accurate indicator data; however, HSAG was unable to replicate the reported $p$ value for the Fisher's Exact test comparing Remeasurement to baseline results. HSAG calculated $p = 0.1113$ . If the health plan is using GraphPad or a similar calculator, please ensure that the numerator value is entered for Outcome 1 and the <u>difference between the numerator and denominator</u> is entered for Outcome 2. HSAG is available to provide statistical testing support and technical assistance upon request, if needed. <b>Resubmission January 2025:</b> The health plan corrected the Remeasurement 1 statistical testing results and addressed the initial feedback. The validation score for this evaluation element has been change to $Met$ .			
<ol> <li>Included a narrative interpretation of results that addre all requirements.</li> </ol>	ssed	Met	As noted in the feedback for Evaluation Element 1, above, the health plan should correct the <i>p</i> value in the Baseline to Remeasurement 1 Narrative. <b>Resubmission January 2025:</b> The health plan corrected the Baseline to Remeasurement 1 Narrative and addressed the initial feedback. The validation score for this evaluation element has been change to <i>Met</i> .			
<ol> <li>Addressed factors that threatened the validity of the da reported and ability to compare the initial measurement w the remeasurement.</li> </ol>		Met	The health plan included a statement regarding the validity of the Remeasurement 1 results but did not discuss whether any factors were identified that may threaten the ability to compare the Remeasurement 1 results to the baseline results. The health plan should revise the Baseline to Remeasurement 1 Narrative to also discuss whether any factors were identified that threaten the ability to baseline results. If no factors were identified, then a statement of this fact should be added to the Baseline to Remeasurement 1 Narrative. This requirement applies to the narrative for each remeasurement period. <b>Resubmission January 2025:</b> The health plan corrected the Baseline to Remeasurement 1 Narrative and addressed the initial feedback. The validation score for this evaluation element has been change to <i>Met</i> .			

Colorado Community Health Alliance Region 7 2024-25 PIP Validation Tool State of Colorado Page B-9 CCHA-R7\_CO2024-25\_PIP-Val\_FUH\_Tool\_F1\_0425



HSAG HEALTH SERVICES ADVISORY GROUP Appendix B: State of Colorado 2024-25 PIP Validation Tool Follow-Up After Hospitalization for Mental Illness (FUH) for Colorado Community Health Alliance Region 7



	Results for Step 7							
Total Evaluation Elements**	3	1	Critical Elements***					
Met	3	1	Met					
Partially Met	0	0	Partially Met					
Not Met	0	0	Not Met					
N/A (Not Applicable)	0	0	N/A (Not Applicable)					
<ul> <li>"C" in this column denotes a critical evaluation element.</li> <li>This is the total number of all evaluation elements for this step.</li> </ul>								

\*\*\* This is the total number of critical evaluation elements for this step.

Colorado Community Health Alliance Region 7 2024-25 PIP Validation Tool State of Colorado Page B-10 CCHA-R7\_CO2024-25\_PIP-Val\_FUH\_Tool\_F1\_0425



Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 8. Assess the Improvement Strategies: Interventions were analysis. The improvement strategies were developed from an			uses/barriers identified through a continuous cycle of data measurement and data ment process that included:
<ol> <li>A causal/barrier analysis with a clearly documented team, process/steps, and quality improvement tools.</li> </ol>	C*	Met	
<ol><li>Interventions that were logically linked to identified barriers and have the potential to impact indicator outcomes.</li></ol>	C*	Met	
3. Interventions that were implemented in a timely manner to allow for impact of indicator outcomes.		Met	
4. An evaluation of effectiveness for each individual intervention.	C*	Met	<b>General Feedback:</b> To drive greater improvement in overall performance indicator results, the health plan should consider shorter testing periods for future interventions. For example, if meaningful effectiveness data can be collected in 1-3 months to determine intervention effectiveness, the health plan can make a decision to adapt, adopt, or abandon and move onto revising the intervention or starting a new intervention before the end of the measurement period. The health plan should consider collecting more real-time, process-level intervention effectiveness data to support timely decisions about adopting, adapting, or abandoning interventions to support overall improvement.
<ol> <li>Interventions that were adopted, adapted, abandoned, or continued based on evaluation data.</li> </ol>		Met	General Feedback: The health plan should consider if additional interventions are needed to sufficiently address high-impact barriers and drive improvement in overal indicator results.
	î	Results fo	r Step 8
Total Elements**	5	3	Critical Elements***
Met	5	3	Met .
Partially Met Not Met	0	0	Partially Met Not Met
Not Met N/A (Not Applicable)	0	0	NOT MET N/A (Not Applicable)

Colorado Community Health Alliance Region 7 2024-25 PIP Validation Tool State of Colorado Page B-11 CCHA-R7\_CO2024-25\_PIP-Val\_FUH\_Tool\_F1\_0425



### HSAG HEALTH SERVICES ADVISORY GROUP

Appendix B: State of Colorado 2024-25 PIP Validation Tool Follow-Up After Hospitalization for Mental Illness (FUH) for Colorado Community Health Alliance Region 7



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

Colorado Community Health Alliance Region 7 2024-25 PIP Validation Tool State of Colorado

Page B-12 CCHA-R7\_CO2024-25\_PIP-Val\_FUH\_Tool\_F1\_0425



HSAG HEALTH SERVICES

Appendix B: State of Colorado 2024-25 PIP Validation Tool Follow-Up After Hospitalization for Mental Illness (FUH) for Colorado Community Health Alliance Region 7



Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
improvement over baseline indicator performance. Sustained i	mprovem	ent is assessed at	ovement in performance is evaluated based on evidence that there was iter improvement over baseline indicator performance has been demonstrated. periods demonstrate continued improvement over baseline indicator
<ol> <li>The remeasurement methodology was the same as the baseline methodology.</li> </ol>	C*	Met	
2. There was improvement over baseline performance across all performance indicators.		Met	
3. There was statistically significant improvement (95 percent confidence level, $p < 0.05$ ) over the baseline across all performance indicators.		Not Met	The improvement in indicator results from baseline to Remeasurement 1 was not statistically significant. Resubmission January 2025: The indicator results remained the same; therefore, the validation score for this evaluation element remains <i>Not Met.</i>
4. Sustained statistically significant improvement over baseline indicator performance across all indicators was demonstrated through repeated measurements over comparable time periods.		Not Assessed	Sustained improvement is not assessed until statistically significant improvement is demonstrated and remeasurement results are reported for a subsequent remeasurement period.
		Results for	Step 9
Total Evaluation Elements**	4	1	Critical Elements***
Met	2	1	Met
Partially Met	0	0	Partially Met
Not Met	1	0	Not Met
N/A (Not Applicable)	0	0	N/A (Not Applicable)

\*\*\* This is the total number of critical evaluation elements for this step.

Colorado Community Health Alliance Region 7 2024-25 PIP Validation Tool State of Colorado Page B-13 CCHA-R7\_CO2024-25\_PIP-Val\_FUH\_Tool\_F1\_0425



		Table B-	1 2024-25 P	P Validation 1	Cool Scores					
for Foll	ow-Up After Hospita						lliance Regio	n 7		
Review Step	Total Possible Evaluation Elements (Including Critical Elements)	Total <i>Met</i>	Total Partially Met	Total Not Met	Total N/A	Total Possible Critical Elements	Total Critical Elements <i>Met</i>	Total Critical Elements <i>Partially</i> <i>Met</i>	Total Critical Elements Not Met	Total Critical Elements <i>N/A</i>
1. Review the Selected PIP Topic	1	1	0	0	0	1	1	0	0	0
2. Review the PIP Aim Statement(s)	1	1	0	0	0	1	1	0	0	0
3. Review the Identified PIP Population	1	1	0	0	0	1	1	0	0	0
4. Review the Sampling Method 5. Review the Selected Performance	5	0	0	0	5	2	0	0	0	2
Indicator(s)	2	1	0	0	1	1	1	0	0	0
6. Review the Data Collection Procedures	4	3	0	0	1	2	1	0	0	1
7. Review Data Analysis and Interpretation of Results	3	3	0	0	0	1	1	0	0	0
8. Assess the Improvement Strategies	5	5	0	0	0	3	3	0	0	0
9. Assess the Likelihood that Significant and Sustained Improvement Occurred	4	2	0	1	0	1	1	0	0	0
Totals for All Steps	26	17	0	1	7					
Table B-2 2024-25 Overall Confidence of	Adherence to Acce	ptable Me	thodology for	All Phases of		13	10	0	0	3
Table B—2 2024-25 Overall Confidence of the PIP (Step 1 through Step 8) for	Adherence to Acce Follow-Up After Ho munity Health Allia	ptable Me spitalizatio	thodology for <i>n for Mental I</i> n 7	All Phases of	,	13	10	0	0	3
Table B—2 2024-25 Overall Confidence of the PIP (Step 1 through Step 8) for for Colorado Com	Adherence to Acce Follow-Up After Ho munity Health Allia	ptable Me spitalizatio	thodology for <i>n for Mental L</i> n 7 <i>1</i> 0	All Phases of Illness	,	13	10	0	0	3
Table B—2 2024-25 Overall Confidence of the PIP (Step 1 through Step 8) for for Colorado Com Percentage Score of Evaluation Elements M	Adherence to Acce Follow-Up After Ho munity Health Allia	ptable Me spitalizatio	thodology for n for Mental 1 n 7 10 10	All Phases of Illness		13	10	0	0	
Table B-2 2024-25 Overall Confidence of the PIP (Step 1 through Step 8) for for Colorado Com Percentage Score of Evaluation Elements <i>M</i> Percentage Score of Critical Elements <i>Met</i> * Confidence Level*** Table B-3 2024-25 Overall Confidence T for <i>Follow-Up After</i> for Colorado Com	Adherence to Acce Follow-Up After Ho munity Health Allia et* * Fhat the PIP Achiev Hospitalization for munity Health Allia	ptable Mei spitalizatio псе Region ed Signific Mental Illn	thodology for <i>n for Mental i</i> <i>n 7</i> <i>High C</i> ant Improventiess <i>n 7</i>	All Phases of Uliness 00% onfidence nent (Step 9)		13	10	0	0	3
Table B-2 2024-25 Overall Confidence of the PIP (Step 1 through Step 8) for for Colorado Com         Percentage Score of Evaluation Elements M         Percentage Score of Critical Elements Met*         Confidence Level***         Table B-3 2024-25 Overall Confidence T for Follow-Up After for Colorado Com         Percentage Score of Evaluation Elements M	Adherence to Acce Follow-Up After Ho munity Health Allia et * * Chat the PIP Achiev Hospitalization for munity Health Allia et *	ptable Mei spitalizatio псе Region ed Signific Mental Illn	thodology for n for Mental 1 n 7 10 14 High C ant Improver tess n 7 6	All Phases of Illness 000% 00% 00fidence nent (Step 9) 7%		13	10	0	0	3
Table B-2 2024-25 Overall Confidence of the PIP (Step 1 through Step 8) for for Colorado Com         Percentage Score of Evaluation Elements M         Percentage Score of Critical Elements Met*         Confidence Level***         Table B-3 2024-25 Overall Confidence T for Follow-Up After for Colorado Com         Percentage Score of Evaluation Elements M         Percentage Score of Evaluation Elements M         Percentage Score of Critical Elements M	Adherence to Acce Follow-Up After Ho munity Health Allia et * * Chat the PIP Achiev Hospitalization for munity Health Allia et *	ptable Mei spitalizatio псе Region ed Signific Mental Illn	thodology for n for Mental , n 7 High C ant Improven tess n 7 6 10	All Phases of Illness 00% 0nfidence nent (Step 9) 7% 00%	,	13	10	0	0	3
Table B-2 2024-25 Overall Confidence of the PIP (Step 1 through Step 8) for for Colorado Com         Percentage Score of Evaluation Elements M         Percentage Score of Critical Elements Met*         Confidence Level***         Table B-3 2024-25 Overall Confidence T for Follow-Up After for Colorado Com         Percentage Score of Evaluation Elements M	Adherence to Acce Follow-Up After Ho munity Health Allia et * * Chat the PIP Achiev Hospitalization for munity Health Allia et *	ptable Mei spitalizatio псе Region ed Signific Mental Illn	thodology for n for Mental , n 7 High C ant Improven tess n 7 6 10	All Phases of Illness 000% 00% 00fidence nent (Step 9) 7%	/	13	10	0	0	3



	for Colorado Community Health Alliance Region 7 EVALUATION OF THE OVERALL VALIDITY AND RELIABILITY OF PIP RESULTS
	I's PIP based on CMS Protocol 1 to determine whether the MCO adhered to an acceptable methodology for all phases of design and dat accurate data analysis and interpretation of PIP results. IISAG's validation of the PIP determined the following:
High Confidence:	High confidence in reported PIP results. All critical evaluation elements were Met, and 90 percent to 100 percent of all evaluation elements were Met across all steps.
Moderate Confidence:	Moderate confidence in reported PIP results. All critical evaluation elements were <i>Met</i> , and 80 percent to 89 percent of all evaluation elements were <i>Met</i> across all steps.
Low Confidence:	Low confidence in reported PIP results. Across all steps, 65 percent to 79 percent of all evaluation elements were <i>Met</i> ; or one or more critical evaluation elements were <i>Partially Met</i> .
No Confidence:	No confidence in reported PIP results. Across all steps, less than 65 percent of all evaluation elements were <i>Met</i> ; or one or more critical evaluation elements were <i>Not Met</i> .
Confidence Level for	Acceptable Methodology: High Confidence
HSAG assessed the MCC of the PIP determined th	I's PIP based on CMS Protocol 1 and determined whether the MCO produced evidence of significant improvement. IISAG's validation e following:
High Confidence:	All performance indicators demonstrated statistically significant improvement over the baseline.
Moderate Confidence:	To receive Moderate Confidence for significant improvement, one of the three scenarios below occurred:
	1. All performance indicators demonstrated improvement over the baseline, <b>and</b> some but not all performance indicators demonstrated <i>statistically significant</i> improvement over the baseline.
	2. All performance indicators demonstrated improvement over the baseline, <b>and</b> none of the performance indicators demonstrated <i>statistically significant</i> improvement over the baseline.
	3. Some but not all performance indicators demonstrated improvement over baseline, and some but not all performance indicators demonstrated <i>statistically significant</i> improvement over baseline.
	The remeasurement methodology was not the same as the baseline methodology for at least one performance indicator or some but not all
Low Confidence:	performance indicators demonstrated improvement over the baseline and none of the performance indicators demonstrated <i>statistically significant</i> improvement over the baseline.
Low Confidence: No Confidence:	





HEALTH SERVICIS ADVISORY GROUP	Appendix B: State of Colorado 2024-25 PIP Validation Tool Social Determinants of Health (SDOH) Screening for Colorado Community Health Alliance Region 7						
	Demogra	phic Informatio	n				
MCO Name:	Colorado Community Health Alliance Region 7						
Project Leader Name:	Camila Joao Title: Clinical Quality Program Manager						
Telephone Number:	(303) 817-3791 Email Address: camila.joao@cchacares.com						
PIP Title:	Social Determinants of Health (SDOH) Screening						
Submission Date:	October 31, 2024						
Resubmission Date:	January 22, 2025						

Colorado Community Health Alliance Region 7 2024-25 PIP Validation Tool State of Colorado

Page B-16 CCHA-R7\_CO2024-25\_PIP-Val\_SDOH\_Tool\_F1\_0425





Evaluation Elements	Cr	ritical	Scoring	Comments/Recommendations
Performance Improvement Project Validation				
itep 1. Review the Selected PIP Topic: The PIP topic sh mprove member health, functional status, and/or sati				at identify an opportunity for improvement. The goal of the project should be t quired by the State. The PIP topic:
<ol> <li>Was selected following collection and analysis of data #/A is not applicable to this element for scoring.</li> </ol>		C*	Met	
			Results for	Step 1
Total Evaluation Elements**		1	1	Critical Elements***
	Met	1	1	Met
		-		
	ally Met	0	0	Partially Met
	ally Met Not Met olicable)	0 0 0		
NA (Not Appl "C" in this column denotes a critical evaluation element. "This is the total number of all evaluation elements for this step.	ally Met Not Met olicable)	0	0	Partially Met Not Met
NA (Not Appl "C" in this column denotes a critical evaluation element. "This is the total number of all evaluation elements for this step.	ally Met Not Met olicable)	0	0	Partially Met Not Met
NA (Not Appl "C" in this column denotes a critical evaluation element. "This is the total number of all evaluation elements for this step.	ally Met Not Met olicable)	0	0	Partially Met Not Met
NA (Not Appl "C" in this column denotes a critical evaluation element. "This is the total number of all evaluation elements for this step.	ally Met Not Met olicable)	0	0	Partially Met Not Met
NA (Not Appl "C" in this column denotes a critical evaluation element. * This is the total number of all evaluation elements for this step.	ally Met Not Met olicable)	0	0	Partially Met Not Met

Performance mprovement Projects



### HSAG HEALTH SERVICES ADVISORY GROUP

Appendix B: State of Colorado 2024-25 PIP Validation Tool Social Determinants of Health (SDOH) Screening for Colorado Community Health Alliance Region 7

rformance Improvement Project Validation							
s) helps	maintain the fo	cus of the PIP and sets the framework for data collection, analysis, and					
C*	Met						
Results for Step 2							
1	1	Critical Elements***					
1	1	Met					
0	0	Partially Met					
0	0	Not Met					
0	0	N/A (Not Applicable)					
	<b>1</b> 1 1 2 2	Met           Results for S           1           1           0           0           0           0					

Colorado Community Health Alliance Region 7 2024-25 PIP Validation Tool State of Colorado

Page B-18 CCHA-R7\_CO2024-25\_PIP-Val\_SDOH\_Tool\_F1\_0425



#### Appendix B: State of Colorado 2024-25 PIP Validation Tool Performance HEALTH SERVICES nprovement Social Determinants of Health (SDOH) Screening piects for Colorado Community Health Alliance Region 7 **Evaluation Elements** Critical **Comments/Recommendations** Scoring Performance Improvement Project Validation Step 3. Review the Identified PIP Population: The PIP population should be clearly defined to represent the population to which the PIP Aim statement and indicator(s) apply, without excluding members with special healthcare needs. The PIP population: 1. Was accurately and completely defined and captured all members to whom the PIP Aim statement(s) applied. $C^*$ Met N/A is not applicable to this element for scoring. **Results for Step 3** Total Evaluation Elements\*\* 1 1 Critical Elements\*\*\* Met Met 1 1 0 Partially Met Partially Met 0 Not Met 0 0 Not Met N/A (Not Applicable) N/A (Not Applicable) 0 0 "C" in this column denotes a critical evaluation element. This is the total number of all evaluation elements for this step. \*\* This is the total number of critical evaluation elements for this step. Colorado Community Health Alliance Region 7 2024-25 PIP Validation Tool Page B-19 State of Colorado CCHA-R7\_CO2024-25\_PIP-Val\_SDOH\_Tool\_F1\_0425



HSAG HEALTH SERVICES ADVISORY GROUP Appendix B: State of Colorado 2024-25 PIP Validation Tool Social Determinants of Health (SDOH) Screening for Colorado Community Health Alliance Region 7



Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 4. Review the Sampling Method: (If sampling was not use the population, proper sampling methods are necessary to pro			nt will be scored Not Applicable [N/A] ). If sampling was used to select members in sults. Sampling methods:
1. Included the sampling frame size for each indicator.		N/A	
2. Included the sample size for each indicator.	C*	N/A	
3. Included the margin of error and confidence level for each indicator.		N/A	
4. Described the method used to select the sample.		N/A	General Feedback: The health plan stated in Step 4 that the entire eligible population defined in Step 3 of the PIP Submission Form was included in the PIP therefore, sampling methods were not applicable.
5. Allowed for the generalization of results to the population.	C*	N/A	
		Results fo	r Step 4
Total Evaluation Elements**	5	2	Critical Elements***
Met	0	0	Met
Partially Met	0	0	Partially Met
Not Met	0	0	Not Met
N/A (Not Applicable)	5	2	N/A (Not Applicable)

\*\*\* This is the total number of critical evaluation elements for this step.

Colorado Community Health Alliance Region 7 2024-25 PIP Validation Tool State of Colorado

Page B-20 CCHA-R7\_CO2024-25\_PIP-Val\_SDOH\_Tool\_F1\_0425



atus that is to be measured. The selected indicator(s) should trac ambiguously defined, and based on current clinical knowledge o			itative or qualitative characteristic or variable that reflects a discrete event or a
atus that is to be measured. The selected indicator(s) should trac ambiguously defined, and based on current clinical knowledge o			itative or qualitative characteristic or variable that reflects a discrete event or a
	or health		rovement over time. The indicator(s) should be objective, clearly and rch. The indicator(s) of performance:
Were well-defined, objective, and measured changes in alth or functional status, member satisfaction, or valid ocess alternatives.	C*	Met	
Included the basis on which the indicator(s) was developed, internally developed.		Met	
		Results for	Step 5
	2	1	Critical Elements***
	2	1	Met
×	0	0	Partially Met Not Met
	0	0	N/A (Not Applicable)
"C" in this column denotes a critical evaluation element. This is the total number of all evaluation elements for this step. "This is the total number of critical evaluation elements for this step.			

Colorado Community Health Alliance Region 7 2024-25 PIP Validation Tool State of Colorado

Page B-21 CCHA-R7\_CO2024-25\_PIP-Val\_SDOH\_Tool\_F1\_0425



		-	ealth (SDOH) Screening Health Alliance Region 7
Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
•	•		that the data collected on the indicator(s) were valid and reliable. Validity is an repeatability or reproducibility of a measurement. Data collection procedures
<ol> <li>Clearly defined sources of data and data elements collected for the indicator(s).</li> <li>V/A is not applicable to this element for scoring.</li> </ol>		Met	
<ol> <li>A clearly defined and systematic process for collecting baseline and remeasurement data for the indicator(s).</li> <li>V/A is not applicable to this element for scoring.</li> </ol>	C*	Met	
3. A manual data collection tool that ensured consistent and accurate collection of data according to indicator specifications.	C*	N⁄A	
4. The percentage of reported administrative data completeness at the time the data are generated, and the process used to calculate the percentage.		Met	
		Results fo	r Step 6
Total Evaluation Elements**	4	2	Critical Elements***
Met	3	1	Met
Partially Met	0	0	Partially Met
Not Met	0	0	Not Met
N/A (Not Applicable) ""C" in this column denotes a critical evaluation element.		1	N/A (Not Applicable)

Colorado Community Health Alliance Region 7 2024-25 PIP Validation Tool State of Colorado Page B-22 CCHA-R7\_CO2024-25\_PIP-Val\_SDOH\_Tool\_F1\_0425



### HSAG HEALTH SERVICES ADVISORY GROUP

Appendix B: State of Colorado 2024-25 PIP Validation Tool Social Determinants of Health (SDOH) Screening for Colorado Community Health Alliance Region 7



		tep 1 - 6	
Total Evaluation Elements	14	8	Critical Elements
Met	8	5	Met
Partially Met	0	0	Partially Met
Not Met	0	0	Not Met
N/A (Not Applicable)	6	3	N/A (Not Applicable)

Colorado Community Health Alliance Region 7 2024-25 PIP Validation Tool State of Colorado

Page B-23 CCHA-R7\_CO2024-25\_PIP-Val\_SDOH\_Tool\_F1\_0425



	Appendix B: State of Colorado 2024-25 PIP Validation Tool Social Determinants of Health (SDOH) Screening for Colorado Community Health Alliance Region 7			
Evaluation Elements	Critical	Scoring	Comments/Recommendations	
Performance Improvement Project Validation				
	or. Through data e indicator outcor	analysis and inte	each indicator. Describe the data analysis performed, the results of the statistical repretation, real improvement, as well as sustained improvement, can be	
information in the data table.	00d C*	Met	The health plan reported accurate indicator data; nowever, itsAct was unable to replicate the reported $p$ value for the Fisher's Exact test comparing Remeasurement 1 to baseline results. HSAG calculated $p < 0.0001$ . If the health plan is using GraphPad or a similar calculator, please ensure that the numerator value is entered for Outcome 1 and the <u>difference between the numerator and denominator</u> is entered for Outcome 2. HSAG is available to provide statistical testing support and technical assistance upon request, if needed. <b>Resubmission January 2025:</b> The health plan updated the Remeasurement 1 indicator results and corrected the statistical testing results. The health plan addressed the initial feedback and the validation score for this evaluation element has been changed to $Met$ .	
<ol> <li>Included a narrative interpretation of results that addre all requirements.</li> </ol>	essed	Partially Met	As noted in the feedback for Evaluation Element 1, above, the health plan should correct the $p$ value in the Baseline to Remeasurement 1 Narrative. In addition, when describing the difference between the baseline and Remeasurement 1 indicator rates, the correct units is percentage points, rather than percent. For example, there was an increase of 4.70 percentage points. <b>Resubmission January 2025:</b> The health plan addressed the initial feedback; however, some of the revised documentation in the Baseline to Remeasurement 1 Narrative was unclear including the statement. "Data completeness for remeasurement 1 period is 96.13% at resubmission and screenings may still occur for	

Colorado Community Health Alliance Region 7 2024-25 PIP Validation Tool State of Colorado Page B-24 CCHA-R7\_CO2024-25\_PIP-Val\_SDOH\_Tool\_F1\_0425



		Scoring	Comments/Recommendations
Performance Improvement Project Validation			
analysis, and a narrative interpretation for each indicator. The letermined. The data analysis and interpretation of the indi	nrough data a	nalysis and int	or each indicator. Describe the data analysis performed, the results of the statistical erpretation, real improvement, as well as sustained improvement, can be
3. Addressed factors that threatened the validity of the data eported and ability to compare the initial measurement with he remeasurement.		Met	The health plan included a statement regarding the validity of the Remeasurement 1 results but did not discuss whether any factors were identified that may threaten the ability to compare the Remeasurement 1 results to the baseline results. The health plan should revise the Baseline to Remeasurement 1 Narrative to also discuss whether any factors were identified that threaten comparability of Remeasurement 1 results to baseline results. If no factors were identified, then a statement of this fact should be added to the Baseline to Remeasurement 1 Narrative. This requirement applies to the narrative for each remeasurement period. <b>Resubmission January 2025</b> : The health plan addressed the initial feedback and the validation score for this evaluation element has been changed to <i>Met</i> .
	I	Results fo	r Step 7
Total Evaluation Elements**	3	1	Critical Elements***
Me	et 2	1	Met
Partially Me		0	Partially Met
Not Me		0	Not Met
N/A (Not Applicable	) 0	0	N/A (Not Applicable)

Colorado Community Health Alliance Region 7 2024-25 PIP Validation Tool State of Colorado

Page B-25 CCHA-R7\_CO2024-25\_PIP-Val\_SDOH\_Tool\_F1\_0425



HSAG HEALTH SERVICES ADVISORY GROUP Appendix B: State of Colorado 2024-25 PIP Validation Tool Social Determinants of Health (SDOH) Screening for Colorado Community Health Alliance Region 7



Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 8. Assess the Improvement Strategies: Interventions wer analysis. The improvement strategies were developed from ar			uses/barriers identified through a continuous cycle of data measurement and data ment process that included:
<ol> <li>A causal/barrier analysis with a clearly documented team, process/steps, and quality improvement tools.</li> </ol>	C*	Met	
<ol> <li>Interventions that were logically linked to identified barriers and have the potential to impact indicator outcomes.</li> </ol>	C*	Met	
3. Interventions that were implemented in a timely manner to allow for impact of indicator outcomes.		Met	
<ol> <li>An evaluation of effectiveness for each individual intervention.</li> </ol>	C*	Met	General Feedback: To drive sustained improvement in overall performance indicator results, the health plan should consider shorter testing periods for future interventions. For example, if meaningful effectiveness data can be collected in 1-3 months to determine intervention effectiveness, the health plan can decide to adapt, adopt, or abandon and move onto revising the intervention or starting a new intervention before the end of the measurement period. The health plan should consider collecting more real-time, process-level intervention effectiveness data to support timely decisions about adopting, adapting, or abandoning interventions to support overall improvement.
<ol> <li>Interventions that were adopted, adapted, abandoned, or continued based on evaluation data.</li> </ol>		Met	
	· · · ·	Results fo	r Step 8
Total Elements**	5	3	Critical Elements***
Met	5	3	Met
Partially Met	0	0	Partially Met
Not Met	0	0	Not Met
N/A (Not Applicable)	0	0	N/A (Not Applicable)

Colorado Community Health Alliance Region 7 2024-25 PIP Validation Tool State of Colorado Page B-26 CCHA-R7\_CO2024-25\_PIP-Val\_SDOH\_Tool\_F1\_0425



### HSAG HEALTH SERVICES ADVISORY GROUP

Appendix B: State of Colorado 2024-25 PIP Validation Tool Social Determinants of Health (SDOH) Screening for Colorado Community Health Alliance Region 7



		tep 7 - 8	
Total Evaluation Elements	8	4	Critical Elements
Met	7	4	Met
Partially Met	1	0	Partially Met
Not Met	0	0	Not Met
N/A (Not Applicable)	0	0	N/A (Not Applicable)

Colorado Community Health Alliance Region 7 2024-25 PIP Validation Tool State of Colorado

Page B-27 CCHA-R7\_CO2024-25\_PIP-Val\_SDOH\_Tool\_F1\_0425



HSAG HEALTH SERVICES

Appendix B: State of Colorado 2024-25 PIP Validation Tool Social Determinants of Health (SDOH) Screening for Colorado Community Health Alliance Region 7



Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
improvement over baseline indicator performance. Sustained i	improvem	ent is assessed a	ovement in performance is evaluated based on evidence that there was fter improvement over baseline indicator performance has been demonstrated. e periods demonstrate continued improvement over baseline indicator
<ol> <li>The remeasurement methodology was the same as the baseline methodology.</li> </ol>	C*	Met	
<ol> <li>There was improvement over baseline performance across all performance indicators.</li> </ol>		Met	
3. There was statistically significant improvement (95 percent confidence level, $p < 0.05$ ) over the baseline across all performance indicators.		Met	
4. Sustained statistically significant improvement over baseline indicator performance across all indicators was demonstrated through repeated measurements over comparable time periods.		Not Assessed	Sustained improvement is not assessed until statistically significant improvement is demonstrated and remeasurement results are reported for a subsequent remeasurement period.
		Results for	Step 9
Total Evaluation Elements**	4	1	Critical Elements***
Met	3	1	Met
Partially Met	0	0	Partially Met
Not Met	0	0	Not Met
N/A (Not Applicable)	0	0	N/A (Not Applicable)

Colorado Community Health Alliance Region 7 2024-25 PIP Validation Tool State of Colorado

Page B-28 CCHA-R7\_CO2024-25\_PIP-Val\_SDOH\_Tool\_F1\_0425



	101			y Health Allia						
for	Social Determinant			P Validation 1			o Dogion 7			
Review Step	Total Possible Evaluation Elements (Including Critical Elements)	Total <i>Met</i>	Total Partially Met	Total Not Met	Total N/A	Total Possible Critical Elements	Total Critical Elements <i>Met</i>	Total Critical Elements <i>Partially</i> <i>Met</i>	Total Critical Elements Not Met	Total Critical Elements <i>N/A</i>
1. Review the Selected PIP Topic	1	1	0	0	0	1	1	0	0	0
2. Review the PIP Aim Statement(s)	1	1	0	0	0	1	1	0	0	0
<ol><li>Review the Identified PIP Population</li></ol>	1	1	0	0	0	1	1	0	0	0
<ol><li>Review the Sampling Method</li></ol>	5	0	0	0	5	2	0	0	0	2
5. Review the Selected Performance Indicator(s)	2	2	0	0	0	1	1	0	0	0
<ol><li>Review the Data Collection Procedures</li></ol>	4	3	0	0	1	2	1	0	0	1
<ol> <li>Review Data Analysis and Interpretation of Results</li> </ol>	3	2	1	0	0	1	1	0	0	0
<ol><li>Assess the Improvement Strategies</li></ol>	5	5	0	0	0	3	3	0	0	0
9. Assess the Likelihood that Significant and Sustained Improvement Occurred	4	3	0	0	0	1	1	0	0	0
Totals for All Steps	26	18	1	0	6	13	10	0	0	3
the PIP (Step 1 through Step 8) for Social Determinants of Health Screening for Colorado Community I Percentage Score of Evaluation Elements Met*			9	4%						
Percentage Score of Critical Elements <i>Met</i> **			100%							
Confidence Level***			High Confidence							
Table B—3 2024-25 Overall Confidence T for Social Determinants of Health Screen.	ing for Colorado Co		Health Allian		ļ					
	0			0%						
Percentage Score of Evaluation Elements M	*									
	*			onfidence	1					



	Social Determinants of Health (SDOH) Screening for Colorado Community Health Alliance Region 7						
	EVALUATION OF THE OVERALL VALIDITY AND RELIABILITY OF PIP RESULTS						
	D's PIP based on CMS Protocol 1 to determine whether the MCO adhered to an acceptable methodology for all phases of design and data I accurate data analysis and interpretation of PIP results. IISAG's validation of the PIP determined the following:						
High Confidence:	High confidence in reported PIP results. All critical evaluation elements were Met, and 90 percent to 100 percent of all evaluation elements were Met across all steps.						
Moderate Confidence:	Moderate confidence in reported PIP results. All critical evaluation elements were <i>Met</i> , and 80 percent to 89 percent of all evaluation elements were <i>Met</i> across all steps.						
Low Confidence:	Low confidence in reported PIP results. Across all steps, 65 percent to 79 percent of all evaluation elements were <i>Met</i> ; or one or more critical evaluation elements were <i>Partially Met</i> .						
No Confidence:	<i>ifidence:</i> No confidence in reported PIP results. Across all steps, less than 65 percent of all evaluation elements were <i>Met</i> ; or one or more critical evaluation elements were <i>Not Met</i> .						
Confidence Level for	Acceptable Methodology: High Confidence						
High Confidence:	All performance indicators demonstrated <i>statistically significant</i> improvement over the baseline.						
Moderate Confidence:	To receive <i>Moderate Confidence</i> for significant improvement, one of the three scenarios below occurred: 1. All performance indicators demonstrated improvement over the baseline, <b>and</b> some but not all performance indicators demonstrated <i>statistically significant</i> improvement over the baseline.						
	2. All performance indicators demonstrated improvement over the baseline, and none of the performance indicators demonstrated <i>statistically significant</i> improvement over the baseline.						
	3. Some but not all performance indicators demonstrated improvement over baseline, <b>and</b> some but not all performance indicators demonstrated <i>statistically significant</i> improvement over baseline.						
Low Confidence:	The remeasurement methodology was not the same as the baseline methodology for at least one performance indicator <b>or</b> some but not all performance indicators demonstrated improvement over the baseline and none of the performance indicators demonstrated <i>statistically significant</i> improvement over the baseline.						
No Confidence:	The remeasurement methodology was not the same as the baseline methodology for all performance indicators or none of the performance indicators demonstrated improvement over the baseline.						