



CHP+

Child Health Plan *Plus*

FY 2023–2024 Quality of Care Grievances Audit Report

June 2024

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



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1. Executive Summary

The Department of Health Care Policy & Financing (the Department) defines “quality of care (QOC) concern” as a matter regarding QOC, patient access, or patient safety that represents a concern which requires action by the managed care entity (MCE) or the Department. “Grievance” is defined as an expression of dissatisfaction about any matter other than an adverse benefit determination.¹⁻¹ If a member complaint or grievance constitutes an expression of dissatisfaction about the QOC, it should be treated as a potential QOC grievance. The Department uses the Centers for Medicare & Medicaid Services’ (CMS’) definition of “quality of care grievance.”¹⁻² The MCEs must consider and process each QOC grievance as a potential QOC concern. This report will use the term quality of care grievance (QOCG), which will include the subset of quality of care concerns (QOCCs) and potentially significant patient safety issues. The Department requested that Health Services Advisory Group, Inc. (HSAG), audit Colorado’s Child Health Plan *Plus* (CHP+) MCEs to investigate how they responded to and investigated potential QOCGs, to assess a sample of potential QOCG cases for each CHP+ MCE for compliance with the MCE’s own policies and procedures, and to evaluate their compliance with any MCE contract requirements in place during the review period of fiscal year (FY) 2023–2024. For additional information about the background of this project and the methodology used, please refer to Section 3—Methodology.

HSAG reviewed a total of 12 potential QOCGs that were identified and investigated by the four CHP+ MCOs and the dental CHP+ prepaid ambulatory health plan (PAHP). This review was focused specifically on the QOCG process and was not a comprehensive review of the member grievance process. Each MCE had their own definition for QOC, QOCC, and QOCGs and processes for investigating QOCGs. Four of the five MCEs made reference to the use of a severity rating scale, but only three MCEs included details in their written policies explaining the procedure for using the severity rating scale. All MCEs used a physician or equivalent (i.e., dentist) as a final reviewer to determine if a case was substantiated as a QOCG and to make recommendations for next steps. Five of the cases reviewed were substantiated and led to actions of tracking/trending or sending an education letter to the provider. Most MCEs did not have policies or procedures to address follow-up with the member to determine if the member’s immediate healthcare needs were being met. When a member grievance is determined to be a QOCC, most MCEs closed the grievance and sent a resolution letter informing the member that the grievance has been resolved by sending it to the quality team for review. The MCEs did not have clear policies and procedures for reporting the receipt of QOCGs nor for submitting the QOC summary to the Department.

For additional information about the statewide findings of this project, please refer to Section 2—Findings and Assessment. For additional information about MCE-specific findings, please refer to Appendix A through Appendix E.

¹⁻¹ Title 42 of the Code of Federal Regulations (42 CFR) §438.400(b). The Department follows the “grievance” definition as outlined by 42 CFR §438.400(b).

¹⁻² “Quality of care grievances” are complaints about the quality of care received in hospitals or other provider settings. Additional information is available at: [Grievances | CMS](#). Accessed on: May 5, 2024.

2. Findings and Assessment

Findings

Definition

While all five MCEs submitted policies and procedures to describe their processes for responding to member complaints about QOC and investigating potential QOCGs, each MCE used different operating definitions to guide the process.

Table 2-1 summarizes each MCE’s QOC-related definitions.

Table 2-1—Definitions Used by the CHP+ MCEs

MCE	Definitions
Colorado Access (COA)	<p><i>Quality of Care Concern</i>—A concern that care provided did not meet a professionally recognized standard of healthcare.</p> <p><i>Quality of Care Grievance</i>—A complaint made regarding a provider’s competence, conduct, and/or care provided that could adversely affect the health or welfare of a member.</p>
Denver Health Medical Plan, Inc. (DHMP)	<p>DHMP’s own policies and procedures submitted, DHMP did not explicitly define “QOCG” or “QOCC.” COA, DHMP’s delegate, defined QOCC and QOCG as:</p> <p><i>Quality of Care Concern</i>—A concern that care provided did not meet a professionally recognized standard of healthcare.</p> <p><i>Quality of Care Grievance</i>—A complaint made regarding a provider’s competence, conduct, and/or care provided that could adversely affect the health or welfare of a member.</p>
Kaiser Permanente Colorado (Kaiser)	<p><i>Potential Quality of Care Issue (PQI)</i>—A member-expressed concern relating to the quality of care, which is not yet substantiated.</p>
Rocky Mountain Health Plans (RMHP)	<p>No definition of quality of care concern or grievance in policy.</p> <p><i>Quality of Care</i>—The degree to which health services for enrollees/members increase the likelihood of the desired health outcomes and are consistent with current professional knowledge.</p>
DentaQuest	<p>No definition of quality of care concern or grievance in policy.</p> <p><i>Quality of Care</i>—Care that is safe, effective, patient centered, timely, efficient, and equitable.</p>

Number of QOCG Cases Investigated

Table 2-2 presents the number of QOCG cases each CHP+ MCE reported investigating during calendar year (CY) 2023, and the average CHP+ member population for each CHP+ MCE.

Table 2-2—Number of Cases Investigated by MCE

MCE	# of Investigated Cases	Average Population
COA	6	69,542
DHMP	0	10,035
Kaiser	3	11,682
RMHP	3*	13,276
DentaQuest	1	68,371
Total	13**	172,906

*RMHP originally reported eight cases during the CY 2023 review period. However, during the record review, RMHP discovered that several cases were incorrectly attributed to CHP+. In the post-interview follow-up, RMHP confirmed the CHP+ plan received three potential cases, only two of which were included in the record review for this audit.

**The MCEs reported a total of 13 cases for review, but HSAG only reviewed a total of 12 cases for the review period due to an issue with RMHP documentation.

Severity Level

Four of the five CHP+ MCEs referenced using a severity rating scale for QOCG investigations. Three MCEs had clearly written policies related to severity level ratings, and the review of records demonstrated implementation of the policies as written.

Table 2-3 describes the severity rating scale for each MCE.

Table 2-3—Severity Rating Scale Used by Each MCE

MCE	Severity Rating Scale
COA	Two-factor severity rating; possible 0–3 <i>Level of Harm</i> score and possible 0–5 <i>Action Required</i> score.
DHMP	<i>QOC Nurse Job Aid</i> described use of severity ratings of <i>Substantiated</i> , <i>Unsubstantiated</i> , and <i>Inconclusive</i> ; however, no records were submitted to determine if DHMP used severity ratings.
Kaiser	Two-factor severity rating; possible 0–2 for level of practitioner responsibility and possible 0–3 for level of system issue/responsibility.

MCE	Severity Rating Scale
RMHP	Four severity level assignments: <i>No Issue, Minor, Moderate, and Serious.</i>
DentaQuest	No severity rating found in policies and procedures or records submitted and reviewed.

Qualifications of Staff Members Investigating Cases

The four CHP+ MCOs used a two-level review: the first review was performed by either a registered nurse (RN) or a master’s level clinician, and the second review was performed by a physician and/or physician committee for cases the first reviewer deemed met criteria for physician review. DentaQuest, a dental PAHP, used only board-certified dentists as consultants.

Collectively, the records reviewed demonstrated that the MCEs used professionals with the following qualifications and/or degrees to review and investigate QOCGs:

- RN
- Master’s level clinician
- Physician
- Dentist

Overview of Sampled Cases

HSAG categorized the cases reviewed into four broad categories of case type:

- Quality of care or service (in general terms)
- Appropriateness of treatment, diagnosis, or level of care
- Lack of communication, coordination, or discharge planning
- Suicide, suicide attempt, serious harm, elopement

Figure 2-1 presents the percentage of cases reviewed in each case type category.

Figure 2-1—Percentage of Case Types

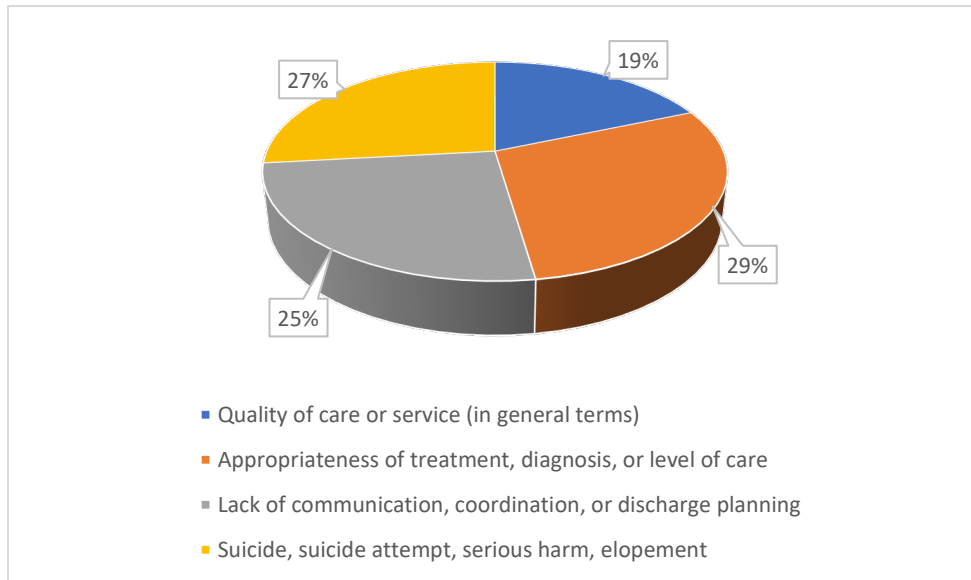


Figure 2-2 and Figure 2-3 demonstrate the percentage of members in the sample within self-reported race and ethnicity and nationality categories:

Figure 2-2—Reported Race Categories

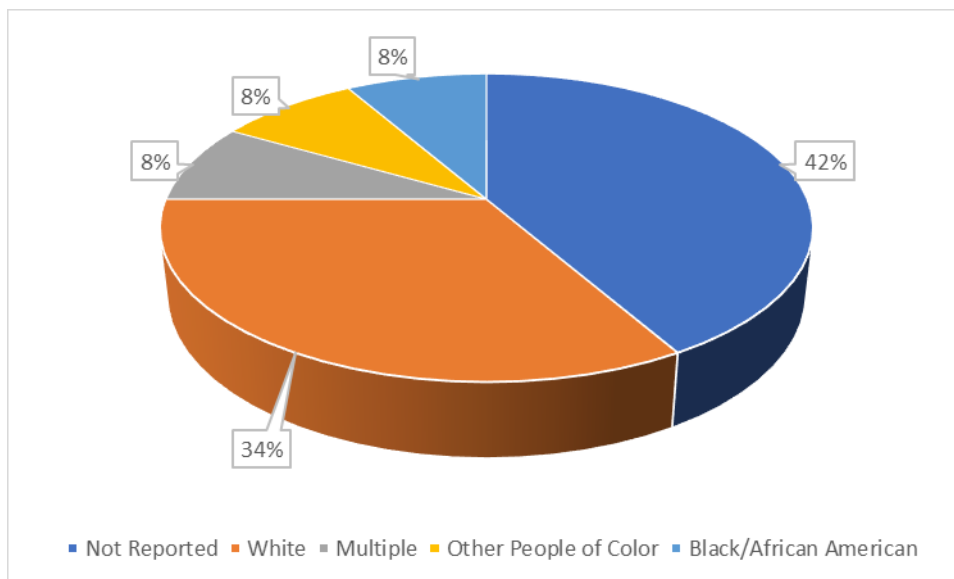
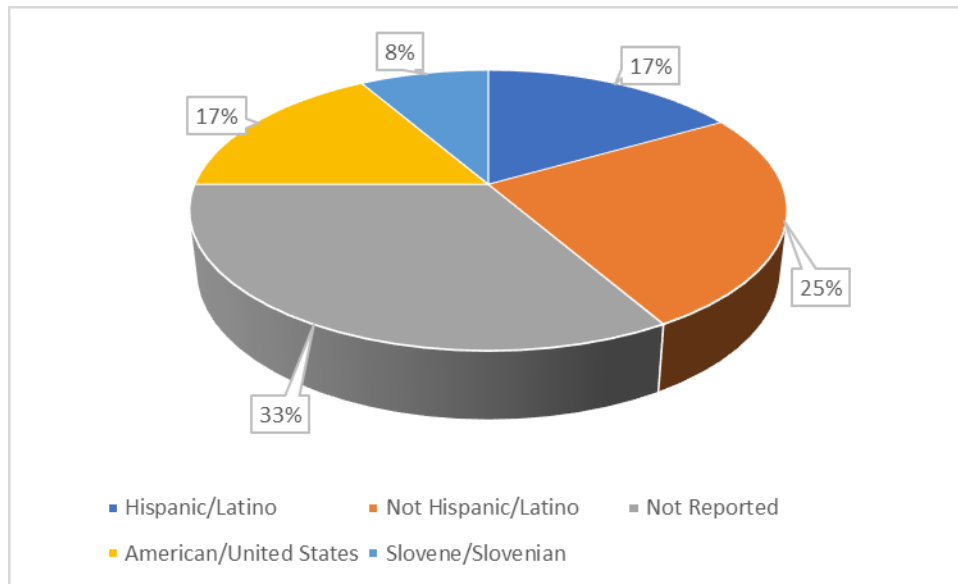


Figure 2-3—Reported Ethnicities and Nationalities



Adherence to Internal Policies and Procedures

Through a review of records, HSAG determined that four of the five MCEs followed their own policies and procedures. Similar to FY 2022–2023—although DentaQuest indicated a severity rating level being assigned to the case investigated—ratings assigned were not otherwise found in the record reviewed. When a member grievance is determined to be a QOCC, most MCEs closed the grievance and sent a resolution letter informing the member that the grievance has been resolved by sending it to the quality team for review.

Case Outcomes

Five of the 12 cases reviewed were substantiated and led to actions of tracking/trending or sending an education letter to the provider. In the other seven cases, the MCEs determined that the cases were unsubstantiated and that no further action was required.

Regulatory Agency Reporting

Table 2-4 presents each MCE and its practices, stated in policy and during interviews, for reporting QOC investigations to regulatory agencies.

Table 2-4—MCE Regulatory Agency Reporting

MCE	Regulatory Agency Reporting
COA	Notification to the appropriate regulatory agencies, licensing boards, and/or law enforcement agencies.
DHMP	If the allegations are found to be substantiated and harm occurred to the member, the case must be reported to the State and any other applicable regulatory body.
Kaiser	Reported to the Department of Regulatory Agencies (DORA).
RMHP	Reported to the State medical board, other applicable licensing boards, and the Colorado Department of Public Health and Environment (CDPHE), if appropriate.
DentaQuest	Policies and procedures did not address reporting to any regulatory agency.

Assessment and Opportunities for Improvement

All MCEs had processes for investigating QOCGs or other QOC issues brought to the MCEs. Each MCE used a different definition of QOC, QOCGs, QOCCs, and different investigation processes. One of the four MCEs that reported QOCGs investigations during CY 2023 investigated issues brought forth by MCE internal staff members (i.e., care management). HSAG found through record reviews that all MCEs, except one, followed their stated policies and procedures. HSAG identified the following best practices and strengths among the MCEs:

- Two of the five MCEs (COA and Kaiser) used a two-factor rating scale to determine the severity level of the case investigated. Although the two scales were not alike, HSAG found this practice provided the MCEs with a more detailed way to assess and understand the issues and/or actions needed.
- All MCEs used a physician or equivalent (i.e., dentist) level of reviewer to make a final determination regarding action needed (e.g., corrective action, monitoring, review needed with peer review committee)
- One MCE (Kaiser) provided a guide for grievance and appeal staff members to identify which complaints warrant referral to a clinical staff member.
- Two MCE’s policies (COA and RMHP) documented procedures for following up with the member to determine if immediate healthcare needs are being met, or the QOCG is screened for imminent threat to patient safety, and if present, the issue is to be referred to the appropriate team for member follow-up.
- One MCE (Kaiser) submitted a QOC summary to the Department for each case reviewed, fulfilling the contract requirement to notify the Department of receipt of a QOC.

Recommendations

Statewide Recommendations for the MCEs

Based on the findings, HSAG concluded that the most common recommendations for the MCEs were:

- Update applicable policies and procedures to address how the MCEs are to follow up to ensure that the member’s immediate healthcare needs are being met, regardless of where the QOCCG originates. If immediate follow-up is not indicated, the MCEs should define procedural steps regarding how other MCE departments are to reach out to members and assist with any non-emergent healthcare needs.
- Add language to the member materials (e.g., member handbook, quick reference guide, member newsletters) defining both “member grievance” and “QOCCG,” offering examples of what is considered a QOCCG, and providing additional detail regarding how a member can submit a QOCCG.
- Implement a process for notifying the Department that a QOCCG has been received and document the process for submitting a QOC summary to ensure compliance with the MCE contract.

Statewide Recommendations for the Department

Based on the findings, HSAG recommends that the Department:

- Clarify the expectations related to the contract requirement of Department notification of QOCCGs and receipt of QOC summaries for each QOCCG.
- Work with DentaQuest to provide clear requirements and expectations for addressing QOCCGs.
- Provide the MCEs with direction related to the member follow-up contract requirement.

Background

The Department is required to contract with an external quality review organization (EQRO) to monitor, at least annually, the MCEs on a variety of topics, including grievances and appeals, medical management, and quality programming.³⁻¹ The CHP+ MCEs are responsible for receiving, investigating, and resolving potential QOCGs reported to the MCE by members or their representatives and/or identified by the MCE. In an effort to understand QOCG activity in the State, and to design a robust monitoring mechanism, the Department requested that HSAG develop an audit to gather information regarding the processes for addressing QOCGs. This project was designed as a focus study with the goal of providing information to the Department for use in improving monitoring efforts, ultimately resulting in improved health outcomes for Colorado's CHP+ members. The review period was January 1, 2023, through December 31, 2023.

Methodology

To evaluate each CHP+ MCE's process for managing, investigating, and resolving QOCGs during the review period, HSAG used the following methodology:

1. Document Request
2. Initial Document Review (of policies and procedures, workflows, etc.)
3. QOCG Case Review
4. Teleconference Interviews
5. Reporting

1. Document Request

HSAG requested that each CHP+ MCE submit documents including policies and procedures, any related desktop protocols, process documents, and member and provider informational materials regarding QOCGs. In addition, HSAG requested that each MCE submit a complete list of QOCGs that warranted investigation during the CY 2023 review period, whether the final outcome was substantiated or not. HSAG selected a sample of up to 10 cases for review for each MCE. If the MCE had 10 or fewer cases within the review period, HSAG requested review materials for each case. The MCEs then submitted to HSAG all review materials for each case, which included documentation of the investigation of the

³⁻¹ 42 CFR §438.66(b).

QOCG and its resolution/outcome. Each MCE completed information and file transfers using HSAG's Secure Access File Exchange (SAFE) site.

2. Initial Document Review

During the initial document review, HSAG reviewed all submitted documentation, which included policies, procedures, and related documents, to understand how the CHP+ MCEs defined QOCG and each MCE's standard procedures for addressing QOCGs.

3. QOCG Case Review

HSAG assessed the following:

- Definitions.
- Number of QOCG cases reported.
- Severity level definitions.
- Qualifications of staff members investigating cases.
- Case sample overview.
- Adherence to internal policies and procedures.
- Case outcomes.
- Regulatory agency reporting process.

4. Teleconference Interviews

HSAG collaborated with each CHP+ MCE and the Department to schedule and conduct teleconference interviews with key MCE staff members to:

1. Ensure a mutual understanding of documents submitted.
2. Clarify and confirm MCE implementation of policies, procedures, and related documents.
3. Discuss the case review findings, opportunities for improvement (if any), and recommendations for process improvement, if applicable.

As a result of the initial document review, case review, and teleconference interviews, HSAG requested and reviewed additional documents, as necessary.

5. Reporting

This report documents HSAG's findings of each CHP+ MCE's process for addressing QOCGs. Section 2—Findings and Assessment provides statewide aggregated results and recommendations. Additionally, Appendix A through Appendix E include MCE-specific findings. Table 3-1 presents Colorado's CHP+ MCEs.

Table 3-1—Colorado’s CHP+ MCEs

MCE	Services Provided
COA	Physical health primary care, physical and behavioral inpatient and outpatient services, and specialty care
DHMP	Physical health primary care, physical and behavioral inpatient and outpatient services, and specialty care
Kaiser	Physical health primary care, physical and behavioral inpatient and outpatient services, and specialty care
RMHP	Physical health primary care, physical and behavioral inpatient and outpatient services, and specialty care
DentaQuest	Dental services