

Colorado Hospital Transformation Program:

Quarterly Reporting Training

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Department of Health Care Policy and Financing



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Our Mission

Improving health care, equity, access, and outcomes for the people we serve while saving Coloradoans money on health care and driving value for Colorado



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Agenda

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Hospital Transformation Program (HTP) Overview



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HTP Overview

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



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HTP GOALS

01

Improve patient outcomes through care redesign and integration of care across settings

02

Improve patient experience in the delivery system by ensuring appropriate care in appropriate settings

03

Lower Medicaid costs through reductions in avoidable hospital utilization and increased effectiveness and efficiency in care delivery

04

Accelerate hospitals' organizational, operational and systems readiness for value-based payment

05

Increase collaboration between hospitals and other providers, particularly Regional Accountable Entities (RAEs)



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HTP PRIORITIES & FOCUS AREAS

1. Avoidable hospital utilization.
2. Core populations.
3. Behavioral health and substance use disorder (SUD).
4. Clinical and operational efficiencies.
5. Community development efforts to address population health and total cost of care.



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Four Principles of Success

1. What is our measurable impact on meaningful metrics?
2. What actions/interventions/processes of care are affecting that impact?
3. What are our learning systems for continuous improvement and what are we learning from our activity and performance?
4. How are we building a culture of engagement and how are we engaging our communities regarding what we measure, what interventions we do, and in our learning and feedback loops?



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Overview of Quarterly Reporting Activities



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Overview of Quarterly Reporting Activities

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

The guide includes important information such as:

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

The Qualtrics survey prompts for milestone reporting and more details on performance measure reporting will be added to the guide at a later date.

Overview of Quarterly Reporting Activities

- **Interim Activity and CHNE Reporting:** This report documents the hospitals' progress toward achieving the milestones established in the approved HTP Implementation Plan, and contains information about the hospital's CHNE activities.
 - CHNE is reported every quarter and included in each survey.
 - Reporting scores for interim and CHNE reporting will roll up to a single determination of whether the hospital earned at-risk for reporting for the quarter. Hospitals do not earn partial at-risk funds for reporting.
- **Performance Measure Data Reporting:** Performance measure data for hospital self-reported measures is transmitted to the Department annually for the measures selected in the HTP Application. Claims-based measures are calculated on an annual basis by the Department.
 - The annual submission is part of the reporting requirement for quarter one of the applicable program year.



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Overview of Quarterly Reporting Activities (cont.)

- **Milestone Activity and CHNE Reporting:** Biannual milestone reports determine whether the milestones established in the participant's Implementation Plan were met. As part of milestone reporting, hospitals submit the supporting documents specified in the Implementation Plan to verify milestone completion.
 - CHNE is reported every quarter and included in each survey.
 - Reporting scores for milestone and CHNE reporting will roll up to a single determination of whether the hospital earned at-risk for reporting for the quarter. Hospitals do not earn partial at-risk funds for reporting.



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Quarterly Reporting Schedule



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Quarterly Reporting Schedule

PY/Q	Quarter End Date	Applicable Report(s)	Report Due Date
PY1/Q3	6/30/2022	Interim Activity & CHNE Report	7/31/2022
PY1/Q4	9/30/2022	Interim Activity & CHNE Report	10/31/2022
PY2/Q1	12/31/2022	Interim Activity & CHNE Report PY1 Performance Measure Data	1/31/2023
PY2/Q2	3/31/2023	Milestone & CHNE Report	4/30/2023
PY2/Q3	6/30/2023	Interim Activity & CHNE Report	7/31/2023
PY2/Q4	9/30/2023	Milestone & CHNE Report	10/31/2023
PY3/Q1	12/31/2023	Interim Activity & CHNE Report PY2 Performance Measure Data	1/31/2024
PY3/Q2	3/31/2024	Milestone & CHNE Report	4/30/2024
PY3/Q3	6/30/2024	Interim Activity & CHNE Report	7/31/2024
PY3/Q4	9/30/2024	Milestone & CHNE Report	10/31/2024
PY4/Q1	12/31/2024	Interim Activity & CHNE Report PY3 Performance Measure Data	1/31/2025
PY4/Q2	3/31/2025	Milestone & CHNE Report	4/30/2025
PY4/Q3	6/30/2025	Interim Activity & CHNE Report	7/31/2025
PY4/Q4	9/30/2025	Milestone & CHNE Report	10/31/2025
PY5/Q1	12/31/2025	Interim Activity & CHNE Report PY4 Performance Measure Data	1/31/2026
PY5/Q2	3/31/2026	Milestone & CHNE Report	4/30/2026
PY5/Q3	6/30/2026	Interim Activity & CHNE Report	7/31/2026
PY5/Q4	9/30/2026	Milestone & CHNE Report	10/31/2026
Payment Year Q1	12/31/2026	PY5 Performance Measure Data	1/31/2027

← Upcoming Due Date!



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Review and Scoring of Quarterly Reports



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Review and Scoring of Quarterly Reports

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

1. **Reporting Scores**: Compliance is based on both timeliness of the submission and completeness. If one, or both, of these scoring elements are not achieved, the hospital loses at-risk funds for reporting. Scores of “on time” and “complete” must be achieved for each reporting element to earn at-risk dollars for reporting for that quarter.
2. **Meeting Major Milestones Scores**: Distinct at-risk funds are earned for meeting major milestones. In addition to scoring milestone reports for reporting compliance, a determination is made on whether the report demonstrates that the milestones established in the hospital’s Implementation Plan were met. A score of “met” or “not met” is assigned, which translates to at-risk funding for milestone completion.
3. **Measure Performance Scores**: The Department will perform the applicable calculations to determine earned at-risk funds for measure performance, including benchmarks and achievement threshold attainment.

**More detailed training on milestone and measure performance scoring will be held at a later date.*



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Review and Scoring of Quarterly Reports

Scoring for the three categories of at-risk funds (reporting, meeting major milestones, and measure performance) are treated independently.

- If a hospital does not earn at-risk funds for one scoring category, at-risk funds may still be earned in other categories.
- For example, if a meeting major milestones score results in a “not met” score but the hospital provides complete and timely reporting, at-risk funds may be earned for reporting, and be unearned for meeting major milestones.



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Review and Scoring of Quarterly Reports

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

A - There is 0.5% at risk for timely reporting of every type of reportable activity. The total at-risk annually will be 2% (0.5% for each quarter). Unearned at-risk related to timely reporting will be redistributed to hospitals that met the reporting requirements.

B - There is 4% at risk for meeting major milestones in PY2 (Q2 and Q4) and 8% at risk for meeting major milestones in PY3 (Q2 and Q4). Unearned at-risk related to meeting major milestones will be redistributed to hospitals that met their milestones.

C - For performance measures, there is 5% at risk in PY3 (3% for CAHs), 18% at risk in PY4 (11% for CAHs), and 20% at risk in PY5 (12% for CAHs).

D - Hospitals will be able to retain a portion of at-risk dollars if the benchmark for a particular measure or measures is not met, but the hospital meets the achievement threshold.

E - Unearned at-risk for performance measures will be redistributed to high performing hospitals (upside risk).



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Scoring Review and Reconsideration Period (SRRP)



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Scoring Review and Reconsideration Period (SRRP)

Objective: To provide hospitals an opportunity to view their scores for reporting compliance, meeting major milestones, course corrections, milestone amendments, or meeting performance measure benchmarks and achievement thresholds after an initial review by the Department.

- As needed, hospitals may ask for a reconsideration of the score if they believe information has been scored in error.

Scoring Review and Reconsideration Period (SRRP)

- The SRRP begins when the Department notifies hospitals of initial scores available for viewing. Reporting and milestone completion scores are expected to be finalized within **45 business days** from the report due date.
- After the Department's initial review and scoring of quarterly reports, hospital contacts will receive email notification that scores are available for review on the CPAS portal.

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

- Please refer to the HTP Quarterly Reporting Guide on the [CO HTP website](#) for specific instructions on how to submit a scoring reconsideration request.



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Scoring Review and Reconsideration Period (SRRP)

All scoring and reconsideration decisions are based solely on the applicable activity reports and documentation submitted by the due date.

- Late report submissions and report revisions are **not accepted** as part of the SRRP.
- The only supporting documentation accepted during the SRRP are documents that illustrate why the hospital disagrees with the initial score. Whereas, documents due as part of the report (i.e. milestone documentation not previously submitted) are not accepted during the SRRP.



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Interim and CHNE Reporting



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Interim Reporting

Interim activity reports document the hospitals' progress toward achieving the milestones established in the approved HTP Implementation Plan.

- The hospital's complete interim activity report, along with the applicable quarter's CHNE activity report, is included in a Qualtrics survey.
- Hospitals will receive notification via email when the hospital's unique survey link is available to access on the CPAS portal.
- This notification will be sent to hospitals on the first business day of the new quarter. (For PY1Q3 this is July 1, 2022)



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Interim Reporting: Scoring and Achievement Review Criteria

Interim Activity is scored based on both **timeliness** and **completeness**.

- **Timeliness:** Hospitals receive a score of “on time” or “late” for the interim activity report based solely on the date the survey was submitted.
- **Completeness:** Interim activity and CHNE reports receive a score of “complete” or “incomplete”, based on the report’s contents.



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Interim Reporting: Scoring and Achievement Review Criteria

Interim Activity Completeness

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

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

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



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Interim Reporting: Scoring and Achievement Review Criteria

Hospitals must indicate whether they are **on target** to complete the upcoming milestone for each intervention. If the hospital indicates they are not on target for the upcoming milestone, responses are required regarding the challenges and risks. The below scoring criteria is applicable if the hospital indicates they are not on target for an upcoming milestone:

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



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CHNE Reporting

The [Ongoing CHNE Requirements](#) file posted on the [Hospital Transformation Program \(HTP\)](#) page under “Community and Health Neighborhood Engagement (CHNE) Process” has been updated.

- Starting with PY1Q3, hospitals will be required to report some type of ongoing CHNE activity every quarter as part of quarterly HTP reporting (whether key stakeholder engagements, community advisory meetings, and/or public engagements).
- As such, reporting for CHNE will be combined with interim activity reporting in Q1 and Q3 and milestone reporting in Q2 and Q4, annually. CHNE Qualtrics prompts for both survey reports will be identical for all quarters.



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CHNE Requirements

- In Program Year 1, CHNE includes the following activities, at a minimum:
 - Consultations with key stakeholders in quarters 3 and 4.
 - Public input meeting in quarter 3 or 4. Public input meetings that occurred in quarter 2 (January-March 2022) may count towards PY1Q3 CHNE.



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CHNE Requirements

- Beginning with Program Year 2, CHNE includes the following **activities every Program Year**, at a minimum:
 - Consultations with key stakeholders outside of community advisory meetings at least two quarters each year;
 - Participate in community advisory meetings at least two quarters each year;
 - Host a public engagement at least once annually; and
 - Attend the annual Learning Symposium.
- On an annual basis following Q4, an **expanded review of CHNE reports** will be conducted to determine if the hospital has minimally completed and documented the above engagements in the hospital's quarterly CHNE reports, with the exception of the annual Learning Symposium. Learning Symposium attendance will be collected by the Department.



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CHNE Reporting: Scoring and Achievement Review Criteria

CHNE reports are scored based on both timeliness and completeness:

- **Timeliness:** Hospitals receive a score of “on time” or “late” for the CHNE report based solely on the date the survey was submitted.
- **Completeness:** CHNE reports receive a score of “complete” or “incomplete”, based on the report’s contents. To receive a score of “complete” for CHNE activity, the report must meet the criteria below:
 - ✓ Is a response provided to each question in the survey?
 - ✓ Did the hospital perform CHNE activities during the quarter?



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Interim and CHNE Reporting

Report Revisions Prior to Due Date

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

Late Submissions Not Accepted

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

SRRP for Interim and CHNE Reporting

- If the hospital believes the report has been scored in error, they may ask for reconsideration of the Department's initial scores. See Scoring Review and Reconsideration Period slides for details. These processes are consistent for all types of quarterly reports.



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Interim and CHNE Reporting Qualtrics Survey Prompts



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Section II.1

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

- Planning and Implementation
- Continuous Improvement

If **Planning and Implementation Phase** is selected for Question II.1, the following survey questions (II.2.a-II.2.f) will follow:

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

- People
- Process
- Technology
- Patient Engagement / Target Population



Section II.2

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

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

Yes

No



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Section II.2 (cont.)

If **No** is selected for Question II.2.c, the following survey questions (II.2.d-II.2.f) will follow:

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

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

- People
- Process
- Technology
- Patient Engagement / Target Population

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



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Section II.3

If Continuous Learning and Improvement Phase is selected for Question II.1, the below survey questions (II.3.a-II.3.d) will follow:

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



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Section II.3 (cont.)

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

Yes

No

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

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



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Section III.1

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

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



Section III.2. Consultation with Key Stakeholders

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

Note: The next two prompts will be repeated for each organization name entered by the hospital in this section.

Question III.2.b. Organization Name *[prepopulated]* - Details of Consultation

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

Question III.2.c. Organization Name *[prepopulated]* - Overview of HTP Topics Discussed (Select all that apply.)

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

Section III.3. Community Advisory Meetings

Question III.3.a. Name of Community Advisory Meeting

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

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

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

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

- Organization, Individual Name, Individual Title



Section III.3. Community Advisory Meetings

Question III.3.e. Overview of HTP Topics Discussed (select all that apply)

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

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

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

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

- Yes
- No



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Section III.4. Public Engagements

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

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

Question III.4.c. Number of People that Participated (hospitals will select a range from the following: <25, 25-50, 51-100, >100)

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

Yes

No

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

Yes, with the Community Benefit meeting

No

Yes, combined with another topic:
[enter here]



Section III.4. Public Engagements (cont.)

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

Yes

No

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

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

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



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Quarterly Reporting Tool



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Quarterly Reporting Tool

What is it?

Excel template that includes Qualtrics survey questions for interim, CHNE, and milestone reports. The Quarterly Reporting Tool can be used as a guide and working/collaborative document to help hospitals track reporting requirements/ compliance, as well as progress towards meeting major milestones.

How do I get it?

A blank quarterly reporting tool has been uploaded to each hospital's CPAS document repository. A notice has been sent to hospitals confirming availability and location on CPAS.

Can I modify it to meet the needs to my hospital?

Yes, hospitals may add columns (with the exception of the implementation plan tab), separate reporting activities into new workbooks, or make other changes to suit their unique needs. A new copy of the tool should be used to capture information for each quarter so that the prior quarter's information is not overwritten.

Do I have to resubmit it to HCPF?

No, the tool itself does not need to be submitted to HCPF at any point. However, the hospitals will submit their responses to the template questions in Qualtrics.



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Quarterly Reporting Tool

Instructions Tab: The Quarterly Reporting Tool includes detailed instructions for how to use and update each tab.

Quarterly Reporting Schedule Tab : Schedule of when each type of quarterly reporting is due.

Implementation Plan-ACTION REQUIRED Tab : Hospitals will copy and paste their Implementation Plan from CPAS to this tab.

CHNE Tab : Modeled after Qualtrics Survey prompts. Intended to be completed each quarter.

Interim_INT#PYQ Tab : Modeled after Qualtrics Survey prompts. Hospitals will make a copy of this tab for each intervention and add the INT# and PY/Q to the tab name. Each tab will display the upcoming milestone for which the hospital is reporting interim activities for the applicable intervention. Intended to be completed in quarters 1 and 3 each program year.

Milestones Tab : Modeled after Qualtrics Survey prompts. Includes all milestones for all interventions on one tab. Intended to be completed in quarter 2 and 4 each program year.

Quarterly Reporting Tool - Demo



Quarterly
Reporting Tool

Please reach out to cohttp@mslc.com for technical assistance if needed.



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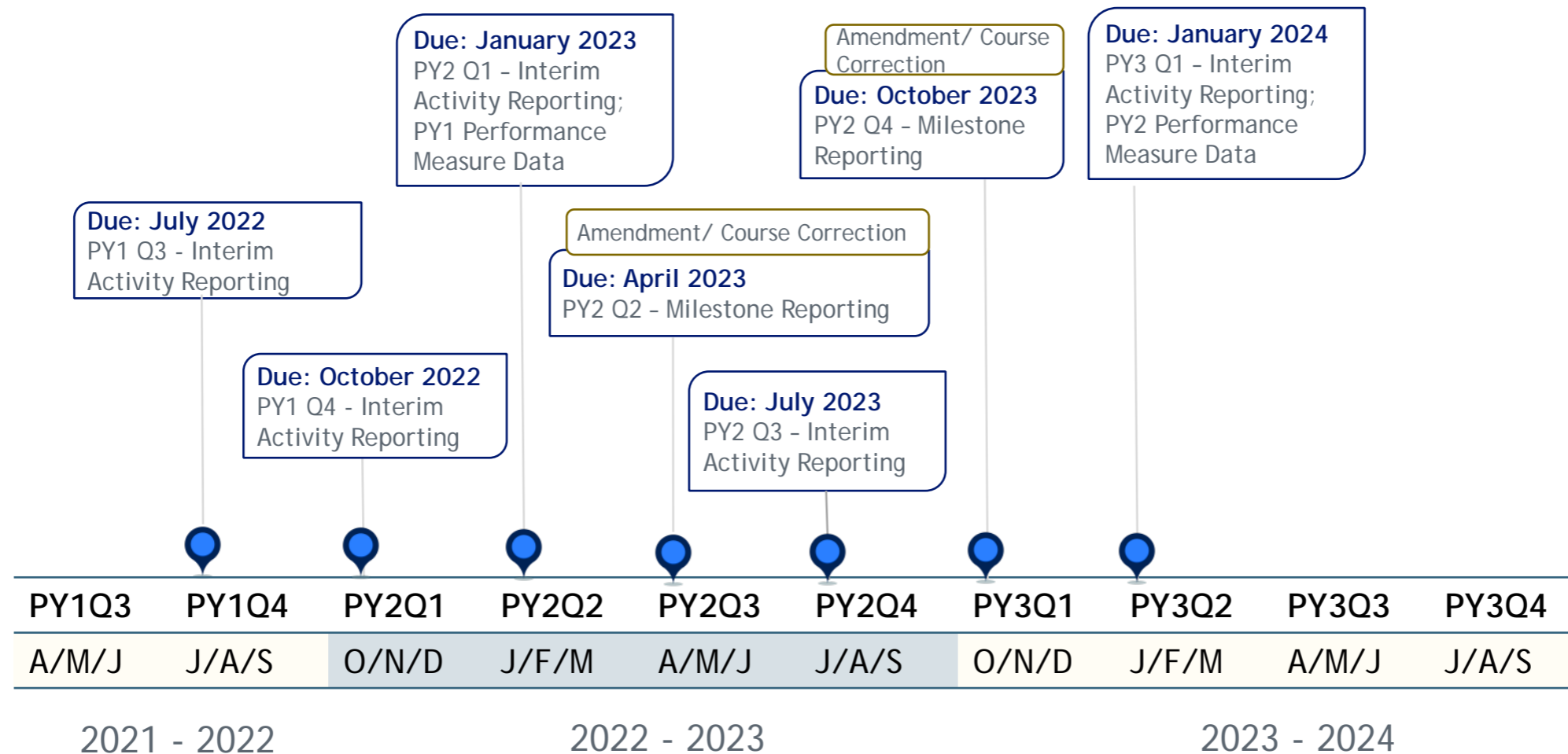
Upcoming Activities



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Upcoming Timeline



Note:

- CHNE is reported every quarter.
- Reports are due the last day of the month following quarter end.
- Hospitals will have an opportunity to review scores and request reconsiderations.
- Data population, training, and reconsideration periods will be subsequent conversations with the workgroup.

Qualtrics Survey Updates

- The Department is closely collaborating with the Qualtrics survey platform to develop enhanced functions for ease of use.
- The format and functionalities will closely mirror previous Implementation Plan reporting surveys. Additional training and a demo will be provided in a future hospital workgroup meeting.



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Next Steps



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Next Steps

- ✓ Review HTP Quarterly Reporting Guide.
- ✓ Review Ongoing CHNE Requirements.
- ✓ Download a copy of the Quarterly Reporting Tool from CPAS.
- ✓ Review Program Participants on CPAS. Notify Myers and Stauffer of any changes contacts.
- ✓ When available, download claims-based measure data files from the SFTP and share securely with necessary personnel.
- ✓ Attend office hours.
- ✓ Submit PY1 Q3 Interim Report by July 31st .
- ✓ Additional training on milestone reporting and performance measures will be held at a later date.



Questions



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Thank You

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