



**Quality Assessment and
Performance Improvement
Work Plan**

RAE Region 5

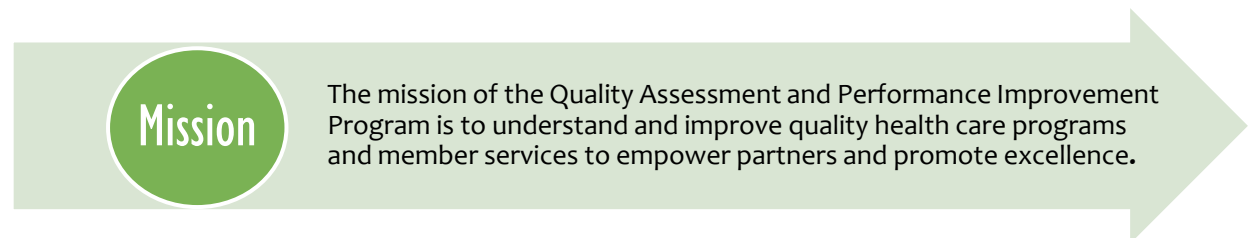
State Fiscal Year 2022-2023

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RAE Region: 5
Date: September 30, 2022

1. Purpose/Mission Statement

Please describe your organization's overall purpose/mission statement. Note: Only update this when applicable, when there are no updates, just copy and paste from a previous submission.

The Colorado Access mission is to partner with communities and empower people through access to quality, affordable care. The **philosophy** of the Colorado Access Quality Assessment and Performance Improvement (QAPI) program is to ensure that members receive access to high-quality care and services in an appropriate, comprehensive, and coordinated manner that meets or exceeds community standards. Emphasis is placed on community-based, individualized, culturally sensitive services designed to enhance self-management and shared decision-making among members, their families, and providers. The Colorado Access QAPI program promotes objective and systematic measurement, monitoring, and evaluation of services and work processes. Colorado Access is committed to the ongoing improvement of the quality of care members receive through monitoring data and outcomes. The QAPI program uses a continuous measurement and feedback paradigm with equal emphasis on internal and external services affecting the access, appropriateness, and outcomes of care.



The **objectives and purpose** of the QAPI program include:

- Maintain a system for monitoring the quality and effectiveness of care and services that result in appropriate action and systematic follow up when opportunities are identified.
- Prioritize measures and study topics utilizing current, evidence-based, scientifically proven practice guidelines, indicators, and benchmarks in combination with epidemiological characteristics of the membership, prior performance, and/or Colorado Access strategic direction.
- Systematically collect, review, and analyze valid data and select targeted actions and interventions designed for maximum impact using input from key providers and stakeholders.
- Measure the return on investment of interventions while demonstrating sustainable improvements in care and services.
- Comply with local, state, federal, and accrediting requirements for quality improvement, with special attention to measures and performance levels established by the Colorado Department of Health Care Policy and Financing (the Department) and the Centers for Medicare & Medicaid Services (CMS).



Service
Monitoring

Internally, the administrative systems, workflows and programs that enable Colorado Access to be a health care delivery system are monitored to ensure quality. For example, quantity and origin of grievances and appeals is reviewed, timeliness of claims processing is examined, and trends of quality of care concerns are monitored.

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2. Quality Program Leadership

Please list the individuals who are in your quality program. Please include their contact information. Note: Only update this when applicable, when there are no updates, just copy and paste from a previous submission.

The quality improvement department

Staff members contribute to the development and advancement of quality care and service delivery, and support quality initiatives by participating in quality management committees, work groups, governing councils, and projects. With oversight and support from the Colorado Access executive leadership team, including Regional Accountable Entity (RAE) program directors, and the health strategy steering committee, the core quality team consists of the following employees:

- **Director of quality improvement:**
 - Mika Gans, MS, LMFT [REDACTED]
- **Quality improvement program managers:**
 - Laura Coleman, MPH [REDACTED]
 - Lauren Ratliff, MPH [REDACTED]
 - Stacy Stapp, MPH [REDACTED]
 - Sarah Thomas, MPH [REDACTED]
- **Quality improvement analysts:**
 - Jake Coutts, MA [REDACTED]
 - Caleb Menke [REDACTED]

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3. Year Objectives/Top Priorities including a description of the techniques to improve performance, a description of the qualitative and quantitative impact the techniques had on quality, and opportunities for improvement identified as well as newly identified opportunities for improvement.

Reducing over- and under-utilization of services is a priority which ties numerous Colorado Access initiatives together to promote quality health care management to members ensuring members are getting the right care at the appropriate time.

On July 1, 2022, the postpartum coverage period for Health First Colorado (Colorado's Medicaid Program) was extended from 60 days postpartum to 12 months postpartum. Colorado Access made enhancements to the Healthy Mom, Healthy Baby (HMHB) program in preparation for expansion of the benefit to include more resources that focus on postpartum and early childhood development through baby's first 12 months of life. The HMHB digital engagement program is a short message service (SMS)-based wellness program for pregnant adults aged 18 and older. HMHB provides educational messages timed to gestational age or birth age, as well as interactive surveys and reminders to improve maternal and child health outcomes. Additional surveys and interactive modules help assess prenatal, postpartum, and well-baby visit attendance, as well as risk factors such as prenatal risk assessment or missed childhood vaccinations. Colorado Access will continue to operate and manage the updated HMHB digital engagement intervention to ensure that prenatal and postpartum members, as well as babies, are accessing appropriate health care services in alignment with the extended postpartum coverage period.

Colorado Access continuously monitors the provider network to ensure members can access care within their communities and avoid under-utilization of health services. The provider network recruitment and maintenance strategy group was established to not only recruit providers in identified areas of need, but to also analyze the current state of the provider network, identify active providers, and identify where gaps in the network exist. Part of the work also includes researching providers with zero claims in the last 18 months to determine if they are still in business, are seeing new members, if they are utilizing telehealth, and connecting with these contracted providers to encourage them to open or expand their member panels. In state fiscal year (SFY) 2023 (July 1, 2022 – June 30, 2023), two additional full-time equivalent (FTE) staff will be hired to further support network monitoring and provider recruitment efforts. Much of the SFY 2023 focus will be to continue to deepen and enrich the understanding of members and the neighborhoods they live in, enhance the provider network to foster increased engagement with the system, and improve access to care.

The value-based payment program at Colorado Access is in alignment with the CMS strategy in the practice that value-based programs reward providers with incentive payments for the quality of care they give to members. These programs are part of Colorado Access' larger quality strategy to reform how services are delivered and paid for by measuring clinical metrics that aim to promote better care and health outcomes for members while ultimately

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lowering and avoiding unnecessary costs. Colorado Access is working with inpatient behavioral health establishments to better solidify member connections to follow-up appointments after inpatient stays. By monitoring a 7-day follow-up after an inpatient stay metric, Colorado Access can increase continuity of care, ensure appropriate step down of services to support individuals in lower levels of care, and improve health outcomes by incentivizing both inpatient and outpatient providers.

Colorado Access is committed to making informed **data-driven decisions** that promote data-driven projects across the organization that ultimately help members thrive.

Data is one of the most valuable assets at Colorado Access as it creates a foundation for targeted and effective programs that deliver appropriate care and best serve Medicaid members. Data serves many organizational needs and provides valuable information and insight. With the recent focus of the Department to move to nationally recognized metrics and CMS Core Measures, Colorado Access will continue to support and collaborate with the Department around prioritization and implementation of new performance measures. In early SFY 2023, Colorado Access partnered with a new CMS Core Measure vendor which will enable Colorado Access to have more sophisticated reporting and data drill-down capabilities. This partnership will also allow for member stratification of race and ethnicity across measures and a more robust ability to provide data to providers and key stakeholders who can improve metric performance. Upon successful vendor implementation, Colorado Access will monitor CMS Core Measure rates and create targeted interventions based on findings and identified opportunities for rate improvement.

In SFY 2023, Colorado Access will continue to seek new opportunities to solicit provider and member feedback to inform data-driven programming and decision-making through diverse channels. To enhance communication and feedback with providers, Colorado Access plans to increase trust and collaboration with providers as many Secret Shopper-related deficiencies may have been impacted by staff shortages and other pandemic-related concerns. Soliciting provider feedback on the barriers practices face will provide Colorado Access with the opportunity to partner with practices on focused improvement interventions in SFY 2023. To solicit feedback from the Performance Improvement Advisory Committee (PIAC), a survey will be developed and administered to increase understanding of this group's interest in various meeting topics, preferences regarding in-person meetings and locations, and to better understand where opportunities for increased collaboration exist. Data gathered from this survey will be used to tailor meetings to the specific wants of this group and make meetings more relevant, informative, and meaningful. Lastly, Colorado Access will solicit member feedback by partnering with the Member Advisory Council (MAC) to discuss Member Satisfaction survey results, address survey gaps, and provide members with data around member experience. Colorado Access will utilize feedback from the MAC to make data-driven changes to the Member Satisfaction survey so that future iterations are more actionable and tailored to the members.

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Colorado Access closely monitors behavioral health service utilization by creating dynamic dashboards that convey utilization trends. These dashboards highlight large month-over-month changes, prompting quality, compliance, provider network services, utilization management (UM), and other clinical teams to examine the data to guard against inappropriate billing practices, as well as fraud, waste, and abuse. Additional analyses include budget to actual comparisons to evaluate new fee schedules and performance data to drive value-based payments.

Access to care is another top priority for Colorado Access because it is central to providing members with the right care at the appropriate time.

Monitoring access to care and appointment timeliness is key to ensuring members are able to access appropriate care and services in a timely manner. Colorado Access monitors various provider timeliness categories, including physical health and behavioral health services, to assure timely and appropriate routine and urgent services are available to members. Colorado Access conducts mock appointment request telephone calls or online inquiries, otherwise known as Secret Shopper calls, to providers that mirror common member behavior to test consistency of provider behavior and availability of services. This activity checks for timeliness of appointment availability to validate compliance with standards, as well as quality of calls. Colorado Access continues to make improvements to the Secret Shopper program to increase provider education and understanding of access to care timeliness standards. The Secret Shopper process has been enhanced to include a tailored access to care training created and implemented by Colorado Access for providers in order to train providers on access to care standards ahead of conducting Secret Shopper calls to test for compliance to these standards. This training is hosted on Colorado Access' learning management system (LMS). The LMS serves as a resource hub for providers and includes both required and optional learning modules. Once providers have successfully completed this training, they are eligible for Secret Shopper inquiries to test their compliance with access to care standards. Secret Shopper training and program enhancements will be monitored as this program is continued into SFY 2023.

Colorado Access identifies, investigates, and addresses potential quality of care concerns (QOCs) to ensure members are accessing high quality health care services. Categories of QOCs may include all potential problems, concerns, or complaints regarding access to urgent or emergent care, delay or denial of care or services, after-hours services, professional conduct or competence, coordination of care, medication issues, diagnosis issues, and service plan or delivery issues. QOC investigations are also triggered by care resulting in unexpected death, suicide attempts requiring medical attention, adverse medication effects or medication dispensing errors requiring medical attention, preventable complication requiring medical attention, assault or accident-related injuries requiring medical attention, or an at-risk client missing from a 24-hour facility. In SFY 2022 (July 1, 2021 – June 30, 2022) Colorado Access participated in a QOC audit conducted by the Health Services Advisory Group (HSAG). Based on noted audit findings, Colorado Access is developing a QOC training which will be distributed to the care management, customer service, UM, and other internal teams in SFY 2023 to ensure

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consistency and compliance with the internal QOC submission process. In SFY 2023 Colorado Access will continue collaboration with the Department and HSAG for an audit of QOCs, will implement recommendations based on noted audit findings, and will seek opportunities to engage with other RAEs to discuss QOC best-practices.

Colorado Access initiated a member satisfaction survey through internal customer service based on results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS^{®1}) Survey and striving to incorporate the member voice. Surveys are conducted through a voice survey administered after a member's call to customer service. When respondents indicated through survey responses that their needs were not met, customer service representatives are able to immediately provide referrals to members who expressed the desire for additional support. Continuing in SFY 2023, Colorado Access will analyze results of the fourth iteration of the member satisfaction surveys. Survey responses and member feedback will be used to drive targeted interventions to improve member experience of care. Additionally, survey results will be presented and discussed at the MAC meeting and shared internally with Colorado Access leadership and key strategy workgroups to identify additional areas of opportunity based on member feedback.

Colorado Access prioritizes **diversity, equity, and inclusion (DEI)** to foster a culture that minimizes bias and recognizes and addresses systemic inequities to create an environment that respects and values member differences along varying dimensions and addresses health disparities leading to better health for members.

Colorado Access launched a monthly DEI speaker series facilitated by the DEI department at Colorado Access. This series is open to all Colorado Access employees to attend, and series topics include, but are not limited to, themes related to civil rights, Black history, LGBTQIA, Asian heritage, Hispanic heritage, and women's history. The DEI speaker series provides Colorado Access staff with the opportunity to attend discussions and forums lead by a diverse group of community leaders, health care professionals, politicians, authors, and professors, among many others, whose work focuses on furthering equity and inclusion for marginalized and underserved populations. Additionally, this series allows Colorado Access staff to increase cultural competence and awareness by gaining a better understanding of some of the challenges members face relating to social determinants of health (SDoH), health equity, and accessing quality and culturally appropriate health care services.

Certain racial and/or ethnic groups may bear a disproportionate burden of disease compared with other groups which reflects individual and systemic disparities and inequities in health care. Standardizing race and ethnicity stratification data is an enhanced focus for Colorado Access as data stratification allows for a better understanding of where health disparities and gaps in care exist, and how these issues can be targeted and addressed. Colorado Access aims to provide comprehensive race and ethnicity data categories and subcategories, where applicable, which

¹ CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

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increases data accuracy and promotes inclusivity. Additionally, it is important that unintentional biases in reporting are reduced in order to promote a balanced, evidence-based discussion on the implications of findings based on data stratified by race and ethnicity.

Colorado Access recognizes the importance of examining the unique characteristics of the Medicaid population in order to tailor services appropriately. Race and ethnicity data has allowed Colorado Access to review and interpret data results, consider what organizational and institutional factors may contribute to member health disparities, identify how services can be modified and developed to address health disparities, assess the impact of culturally tailored and targeted services, and track changes in health disparities over time. Colorado Access data analysts have collected, organized, and categorized all available sources of race and ethnicity data to allow for more appropriate and improved data consumption. Work continues in stratifying programs, metrics, and population trends by race and ethnicity data to help Colorado Access better understand whether racial and ethnic health disparities exist, and if so, if those disparities are increasing or decreasing based on program intervention or population cohorts, allowing for a more targeted approach to meeting the population’s needs.

Please fill out the following template for all projects that are associated with the programs listed in the gray boxes.

Goal	State Fiscal Year 2023 Projects/Initiatives	Targeted Completion Date	Status
Performance Improvement Projects			
Performance Improvement Projects (PIPs)	Depression Screening in Well-Visits for Members Ages 12 and Older: Collaborate with provider partners and analyze results to ensure the completion of a successful PIP.	December 31, 2022	Provide ongoing support to PIP partners to strengthen provider relationships and ensure successful completion of the PIP.
	Collaborate with provider partners on a new PIP, as directed by HSAG.	Ongoing	Continue collaboration with the Department and HSAG to implement a new rapid-cycle PIP.
	Extrapolate success and lessons learned from PIP work to share with other providers across the network.	November 30, 2022	Analyze PIP successes and opportunities for improvement and disseminate findings to network providers.
	Follow-Up within 30-days after Positive Depression Screen for Members Ages 12 and Older: Collaborate with provider partners and analyze results to ensure the completion of a successful PIP.	December 31, 2022	Provide ongoing support to PIP partners to strengthen provider relationships and ensure successful completion of the PIP.

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	Collaborate with provider partners on a new PIP, as directed by HSAG.	Ongoing	Continue collaboration with the Department and HSAG to implement a new rapid-cycle PIP.
	Extrapolate success and lessons learned from PIP work to share with other providers across the network.	November 30, 2022	Analyze PIP successes and opportunities for improvement and disseminate findings to network providers.
Plan, Do, Study, Act (PDSA) Cycles	Identify two opportunities for process improvement and initiate two rapid-cycle PDSAs in SFY 2023.	June 30, 2023	Continually identify opportunities to implement PDSAs for ongoing process improvement.
Performance Measurement			
Key Performance Indicators (KPIs), Behavioral Health Incentive Measures (IMs), and Performance Pool Measures	Continue to collaborate with and support the Department's move toward more nationally recognized, standardized measures such as the CMS Core Measures.	Ongoing	Support the Department's transition to standardized, nationally recognized measures and identify opportunities to develop and align strategies with the Department's priorities.
	Continue to develop strategies and collaborations that align with the Department's priorities around performance metrics.	Ongoing	
	Continue to develop metrics internally in order to report, monitor, and intervene in areas of care aligned with state-defined performance metrics.	Ongoing	Calculate and track progress on measures outcomes over time using internal data methodology and dashboards for rate tracking and analysis.
	Maintain existing and develop new dashboards for performance metrics in order to have performance measure data accessible to the organization for tracking and trending.	Ongoing	
	Continue to expand and improve provider relationships by utilizing routine and ad hoc workgroups, learning collaboratives, and other venues to focus on sharing best practices and improving metric performance.	Ongoing	Internal work groups have been engaged to strengthen provider relationships, examine measures, and develop mutually reinforcing activities.
	Utilize new and existing sources of data to stratify and analyze race and ethnicity data in innovative and meaningful ways. This work will support equity-focused decisions aimed at addressing health disparities in marginalized communities.	Ongoing	Address health disparities by analyzing and stratifying race and ethnicity data to support equity-focused decisions and programming.

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Healthy Mom, Healthy Baby Digital Engagement Program	Continue to operate the HMHB digital engagement intervention and track associated process metrics.	Ongoing	Continue to operate the HMHB digital engagement program and continue to outreach high-risk pregnant women to assess needs, coordinate care, ensure proper prenatal care, and connect members to resources, as appropriate.
	Continue to educate staff, providers, and community partners about the HMHB digital engagement program.	Ongoing	
	Continue to provide care coordination or extended care coordination, depending on the identified needs of the member.	Ongoing	
Member Experience of Care Improvement-Driven Projects			
Consumer Assessment of Healthcare Providers and Systems Survey	Continue customer service-focused quality monitoring programs including the monitoring of Net Promoter System (NPS) scores and increasing interdepartmental collaboration and learning from the customer service department.	Ongoing	Continue customer service-focused quality monitoring programs to increase NPS score monitoring.
	Analyze and share upcoming CAHPS data to identify and correct deficiencies in member experience and the provider network.	January 31, 2023	Analyze CAHPS data to identify key drivers for customer satisfaction and opportunities to improve member experience.
	Expand CAHPS communication strategies to increase CAHPS response rates by working across departments, including marketing.	Ongoing	Identify to expand CAHPS communication strategies to increase education and response rates for more meaningful CAHPS data.
	Increase analysis of respondent-level responses to identify more meaningful intervention identification and implementation.	January 31, 2023	Utilize respondent-level CAHPS responses to identify meaningful interventions for implementation.
Grievances	Achieve 100% compliance for contractually required grievance timeframes.	June 30, 2023	Monitor grievance processing to ensure 100% compliance with timeliness.
	Maintain an average quality audit score of 95% or higher.	Ongoing	Continue the quality monitoring program to audit the timeliness of grievance resolutions and integrate auditing grievance phone calls to ensure adherence to grievance procedures.
	Integrate a workflow into the existing grievance quality monitoring program to include auditing grievance phone calls to ensure communication with members is in alignment with grievance procedures.	June 30, 2023	
	Implement a revised training program for current staff and new hires by reviewing and updating all policies and procedures for the grievance program to ensure business continuity.	June 30, 2023	Review and update grievance policies and procedures and implement a revised training program for current and new staff.

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Member Satisfaction Survey	Analyze results of the fourth iteration of the member satisfaction survey.	October 31, 2022	Analyze survey results of a new member satisfaction survey to identify key drivers for member satisfaction and opportunities for improvement.
	Present the results of the member satisfaction survey to the MAC to enhance understanding of survey responses, receive feedback around pressing issues that emerge from survey results and intervention ideas, as well as provide members with data around member experience of care.	April 30, 2023	
	Use survey results to drive interventions within the provider population and Colorado Access to improve care.	Ongoing	Utilize the MAC for valuable feedback regarding the member satisfaction survey and member experience of care.
Mechanisms to Detect Over- and Under-Utilization of Care			
Utilization Management	Maintain compliance with contractual UM turnaround times at 95% or higher.	Ongoing	Monitor compliance with UM decision-making timeframes.
	Maintain inter-rater reliability (IRR) scores of 90% or higher for all UM staff.	Ongoing	Monitor compliance with IRR scores.
	Monitor appeal rates for opportunities to improve UM decision-making.	Ongoing	Monitor appeal rates to improve UM decision-making.
	Assure high quality of clinical and administrative documentation of all utilization management activities, with chart review performance of 95% or higher.	Ongoing	Monitor the quality of UM decision-making and documentation of the decision-making process through chart reviews.
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Coordination	Improve care coordination workflows and scripts specific to EPSDT aimed at strengthening relationships with county child welfare agencies, case management agencies (CMAs), and other key community agencies.	Ongoing	Continue to evaluate workflows, implement quality improvement efforts, and strengthen relationships with key community agencies involved in EPSDT coordination.
	Implement quality improvement efforts through review and updates to workflows and scripts when EPSDT changes are implemented, or new requirements are communicated by the Department.	Ongoing	
	Continue to provide medically necessary services, referrals, and appropriate clinical and extended care coordination to children and adolescents accessing	Ongoing	Continue to coordinate the provision of EPSDT benefits for children and adolescents under the age of 21.

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	EPSDT services within the capitated behavioral health benefit.		
	Continue to assist members with accessing EPSDT benefits, including those covered by fee-for-service (FFS), such as residential services for members diagnosed with intellectual and developmental disabilities (IDD).	Ongoing	Assess member needs and connect members with primary care medical providers (PCMPs), specialists, EPSDT benefit information, and referrals to community resources.
	Continue to educate staff, members, providers, and community partners about EPSDT benefits.	Ongoing	Revise and improve EPSDT training materials and continue efforts in training staff and providers about EPSDT benefits.
Secret Shopper	Train 15 providers per quarter via the Access to Care training module. Ensure representation among physical health, behavioral health, and substance use disorder (SUD) providers.	Quarterly	Utilize access to care training modules to train providers on access to care standards to increase understanding and adherence to these standards. Continue to assess access to care through the Secret Shopper program.
	Enroll 15 providers per quarter in the Secret Shopper program to assess member experience and access to care compliance. Ensure representation among physical health, behavioral health, and substance use disorder providers.	Quarterly	
	Issue at least one reminder of access to care timeliness standards and provider requirements in a provider newsletter.	June 30, 2023	Remind providers of access to care standards through provider newsletter communications.
	Further develop the provider network adequacy workgroup and workflow to improve processes around updating provider information, panel notification, and other access to care barriers.	Ongoing	Utilize the network adequacy workgroup to address barriers in access to care and ensure provider information is up-to-date.
Behavioral Health Penetration Rates	Maintain the overall behavioral health penetration rate across Region 5.	June 30, 2023	Maintain behavioral health penetration rates by promoting behavioral health services, provider contracting, and identifying opportunities to expand network capacity.
	Look for opportunities to expand capacity for behavioral health services.	Ongoing	
Network Adequacy	The provider network recruitment and maintenance strategy group will continue	Ongoing	Utilize the provider network recruitment and

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	to monitor processes and systems for improvement and use new tools in the analysis of the network and implementation of new recruitment and maintenance strategies, with a particular focus on DEI.		maintenance strategy group to implement innovative network recruitment and maintenance strategies while focusing on DEI.
	Hire 2.0 FTE to support network adequacy and recruitment efforts.	June 30, 2023	Increase provider recruitment efforts by hiring additional staff to monitor and support network adequacy.
	Expand on existing provider demographic information data for Colorado Access to utilize, including but not limited to, language, gender, minority-owned, population served, and provider location. Incorporate this information into the provider directory and internal databases to inform programming decisions.	Ongoing	Enhance provider data to capture language, gender, minority-owned, population served, and provider location, among others, and incorporate this data into directories and databases to inform programming and further enhance the network.
Telehealth	Perform 40 eConsults in SFY 2023.	June 30, 2023	Refer eligible members to the Virtual Care Collaboration and Integration (VCCI) Direct Care (DC) program to receive behavioral health care directly in their homes over telehealth.
	Identify a partnership with an entity like The Delores Project and Catholic Charities that will increase access to behavioral health care for Region 5 members.	June 30, 2023	Increase access and expand services for behavioral health care by creating partnerships with community organizations.
	Produce a formal evaluation report of the VCCI program.	June 30, 2023	Perform a formal evaluation of the VCCI program to determine successes and opportunities for improvement.
Client Over-Utilization Program (COUP)	Care management will obtain access to Colorado’s Homeless Management Information System (HMIS) to better identify and improve collaborative care management and service coordination for COUP classified members.	June 30, 2023	Utilize HMIS data and improved care coordination workflows to address barriers such as SDoH and gaps in care that may be driving overutilization

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	Care management will create and implement care coordination workflows and HMIS staff training for the purpose of strengthening care management and service coordination for COUP classified members.	June 30, 2023	and/or inappropriate utilization patterns.
Quality and Appropriateness of Care Furnished to Members with Special Health Care Needs			
Medical Records Review	Provide oversight of behavioral health and SUD services by conducting chart audits and provide feedback based on the behavioral health and SUD chart audit tools to improve documentation of charts.	Ongoing	Conduct chart audits on providers billing for behavioral health and SUD services to ensure the quality and appropriateness of care for members with special health care needs is provided.
	Evaluate the current corrective action plan (CAP) process and audit passing threshold and implement a tiered audit scoring system with an enhanced focus on provider training and education.	June 30, 2023	Develop and utilize a tiered audit scoring system with an enhanced focus on provider training when audit passing thresholds are not met.
Denver Health Collaboration	Colorado Access and Denver Health Medical Plan will repurpose the existing quarterly meetings to identify opportunities to collaborate to improve behavioral health IM performance areas, including: engagement in outpatient SUD treatment, follow-up appointment within 7 days after an inpatient hospital discharge for a mental health condition, follow-up appointment within 7 days of an emergency department (ED) visit for SUD, follow-up after a positive depression screen, and behavioral health screening or assessment for children in foster care.	Ongoing	Colorado Access and Denver Health will continue to jointly review and identify opportunities to strengthen service delivery and collaboration of care management between the two organizations, with an enhanced focus on behavioral health IM performance metrics.
	Both organizations will continue to review program integrity, ensure collaboration between agencies, and monitor activities and status of members referred to Colorado Access for engagement in mental health services, including behavioral health, SUD, and Department of Corrections (DOC) populations. Topics for review include the following work on mental health programming and service delivery:	Quarterly	

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	current strengths, process improvement needs, risk management considerations, and inter-agency collaboration opportunities.		
	Continue tracking member referrals from Denver Health Medical Plan to Colorado Access within the electronic health record.	Ongoing	Continue to monitor referrals from Denver Health to ensure referrals are assigned and addressed timely and assess for improvement in communication practices.
Care Management for Members with Special Health Care Needs	Increase care management engagement/enrollment of members with special health care needs by expanding the care management/practice supports hybrid model.	Ongoing	Continue to enhance risk stratification models that identify members for outreach to ensure appropriate interventions are provided.
	Advance intentional relationship building with key external partners (counties, CMAs, other community organizations) to support collaborative care coordination for members with special health care needs.	Ongoing	Identify opportunities to build relationships and collaborate with external partners to increase care coordination, engagement, and support for complex members.
Quality of Care Concern Monitoring			
Quality of Care Concerns (QOCs)	Close 90% of QOCs within 90 days of submission to the quality improvement department.	Ongoing	Close QOCs in a timely manner by utilizing a detailed QOC log and working with medical leadership to conduct ad hoc QOC review meetings when needed, in addition to bi-weekly meetings.
	Maintain timely and efficient communication to the Department regarding QOCs.	Quarterly	Solidify QOC processes and communication channels with the Department to ensure timely communication of QOCs.
	Develop a QOC training and distribute to the care management team to ensure consistency and compliance with the internal QOC submission process.	June 30, 2023	Correctly identify internal QOCs by developing and distributing a QOC training to the care management team.
	Collaborate with the Department and HSAG for an audit of QOCs and implement recommendations based on	Annually	Participate in an audit of QOCs and implement noted

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	audit findings.		recommendations and best-practices.
External Quality Review Driven Projects			
External Quality Review Organization (EQRO) Audit	Use learnings from the EQRO activity to drive business practices to maintain quality improvement in identified areas of opportunity.	Annually	Implement additional checks and safeguards to ensure the organization is compliant with contract requirements through inter-departmental mock audit trials.
411 Encounter Data Validation Audit	Colorado Access will utilize the results of the 411 encounter validation audit to identify potential fraud, waste, and abuse issues that can be integrated into the audit plan for the next fiscal year.	Ongoing	Participate in a Quality Improvement Project (QuIP) with the guidance of HSAG to examine further opportunities for improvement.
Internal Advisory Committees and Learning Collaboratives			
Learning Collaboratives	Continue to attend learning collaborative meetings with appropriate Colorado Access representation, contribute where appropriate, and identify areas for collaboration.	Monthly	Participate in multi-disciplinary statewide learning collaboratives by actively contributing to agenda topics, helping facilitate meaningful discussion and collaborating with the Department and other participating partners to identify meaningful topics of discussion, including vaccine apathy, hesitancy, and resistance.
	Continue to work with the Department to identify topics for discussion and facilitate sessions of the learning collaborative on a rotating basis.	Monthly	
Provider Learning Collaboratives	Continue supporting providers by facilitating provider forums, virtual meetings, trainings, and education opportunities focused on clinical and administrative functions to increase provider resources, compliance, and satisfaction.	Ongoing	Facilitate multiple learning opportunities for providers including quarterly in-person provider forum meetings, virtual meetings, in-office trainings, and ad hoc support as needed and requested by the provider network.
Performance Improvement Advisory Committee	Offer a survey to PIAC members to solicit feedback on upcoming topics, preferences regarding in-person meetings and locations, and opportunities for increased collaboration.	June 30, 2023	Solicit feedback from PIAC members to understand group preferences, as well as increase engagement and collaboration with this group.

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	Develop onboarding materials for new PIAC members to streamline the orientation process and allow members to move into their roles with confidence.	June 30, 2023	Ensure new PIAC members receive appropriate information are set up for success by developing standardized onboarding materials.
Member Advisory Council	Recruit and retain a diverse group of MAC members by attending community events that Colorado Access supports in order to engage and recruit diverse and underrepresented members to serve on the MAC.	Ongoing	Leverage innovative and DEI-focused recruitment and retainment efforts to recruit a diverse group of MAC members to ensure member voice and lived experience are at the forefront of the MAC.
	Work directly with the DEI department at Colorado Access in order to recruit a diverse group of member representatives and leverage their current partnerships in order to complete this area of work.	Ongoing	
	Increase MAC visibility and awareness within the community by having current MAC members continue recruiting for new MAC members by attending community events which include, but are not limited to, gala's, award ceremonies, and partner events. Current MAC members will speak about what the MAC is, along with providing a member-driven MAC outreach card (small business type card that explains the purpose of the MAC and how to apply) outlining how they are able to get involved with Colorado Access.	Ongoing	Increase visibility and awareness of the MAC by attending community events and providing interested members information on the purpose and importance of the MAC.