COLORADO COMMUNITY HEALTH ALLIANCE

Region 6

CCHA Annual Quality Report

State Fiscal Year 2024-2025

(SFY24-25)

September 30, 2025

Contents

Section 1: Purpose

Colorado Community Health Alliance (CCHA) is committed to excellence in the quality of care and services provided to members, and to the provider networks' expertise. Our mission – Improving lives and communities. Simplifying healthcare. Expecting more. CCHA is dedicated to improving member satisfaction, health status, and quality of care for members and the community. CCHA improves member safety, ensures and maintains members' access to medical and behavioral health services, improves quality and health outcomes, and lowers costs by reducing the need for more expensive care.

Quality Improvement (QI) Program Purpose

The purpose of the QI Program is to:

- Objectively and systematically monitor and evaluate the quality, appropriateness, accessibility, and availability of safe and equitable medical and behavioral healthcare
- Identify, implement, and evaluate improvement strategies including a whole health management approach
- Facilitate organization-wide integration of QI principles

Section 2: Yearly Objectives and Top Priorities

During State Fiscal Year 2024-2025 (SFY24-25), CCHA successfully achieved numerous objectives outlined in our work plan. This annual report serves as a tool to assess the impact of quality improvement initiatives implemented during SFY24-25 on the overall quality of care and services provided to our members. It also enables CCHA to identify opportunities for enhancement in operational processes, health outcomes, and member satisfaction. CCHA remains committed to the continuous improvement of our members' services and is actively engaged in discovering effective strategies to realize this commitment.

This year's top priorities include the following:

Performance Improvement Projects

- Use data and collaborate with partners to design, implement, and refine performance improvement project (PIP) interventions as needed.

Accountable Care Collaborative (ACC) Performance Measures

- Scale up practice-level quality improvement pilots that are successful in sharing the best practices across the region.
- Engage behavioral health (BH) providers in value-based quality incentive scorecard programs to drive practice-level quality initiatives.

Member Experience of Care

- Survey member experience, perceptions, accessibility, and adequacy of services within the region for BH. Engage Comprehensive Safety Net Providers (CSNPs) in action plans to address experience of care feedback.
- Utilize Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey data to inform providers about perceived member experience of care.
- Collect, review, and refine data to inform member experience interventions and identified opportunities for improvement for members who interact with CCHA Member Support Services (MSS) or Care Coordination.

Over and Under Utilization of Services

- Complete High Intensity Outpatient grant program and report increased access for key specialized outpatient BH services.

Quality and Appropriateness of Care Furnished to Members

- Engage complex members in extended care coordination (ECC) to meet the Performance Pool goal and assess these members for social determinant of health (SDOH) needs.
- Reduce emergency department (ED) visits for complex high-need members engaged in a CCHA Care Coordination program.

Quality of Care Concerns

- Participate in Quality of Care Grievance (QOCG) external audit and implement improvement recommendations, and any new reporting processes as defined by the ACC contract.

External Quality Review

- Achieve a met score on all standards or complete any necessary corrective action plans (CAPs).

Advisory Committees and Learning Collaboratives

- Establish a Regional Health Equity Committee to discuss challenges and provide recommendations for addressing health disparities, inform our plan and provide feedback on CCHA's activities to reduce health disparities.

Quality and Compliance Monitoring Activities

- 411 Audit Quality Improvement Project (QUIP): Support improvement of providers' documentation to comply with State Behavioral Health Services Manual (SBHS) standards and requirements.

These priorities reflect CCHA's ongoing commitment to enhancing the quality of care and service provided to Health First Colorado members.

Section 3: Program Leadership

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Section 4: Action Plan

Performance Improvement Projects

Goal: Improve performance rates for Remeasurement 2 Period for the clinical and non-clinical PIPs.

Techniques Used to Improve Performance:

- Analyzed performance data to identify improvement opportunities and refine interventions for Remeasurement 2 Period.
- Timely submission of deliverables to the Health Services Advisory Group (HSAG) and the Department.

Clinical PIP: Follow-up After Hospitalization for Mental Illness Within Seven Days (FUH7)

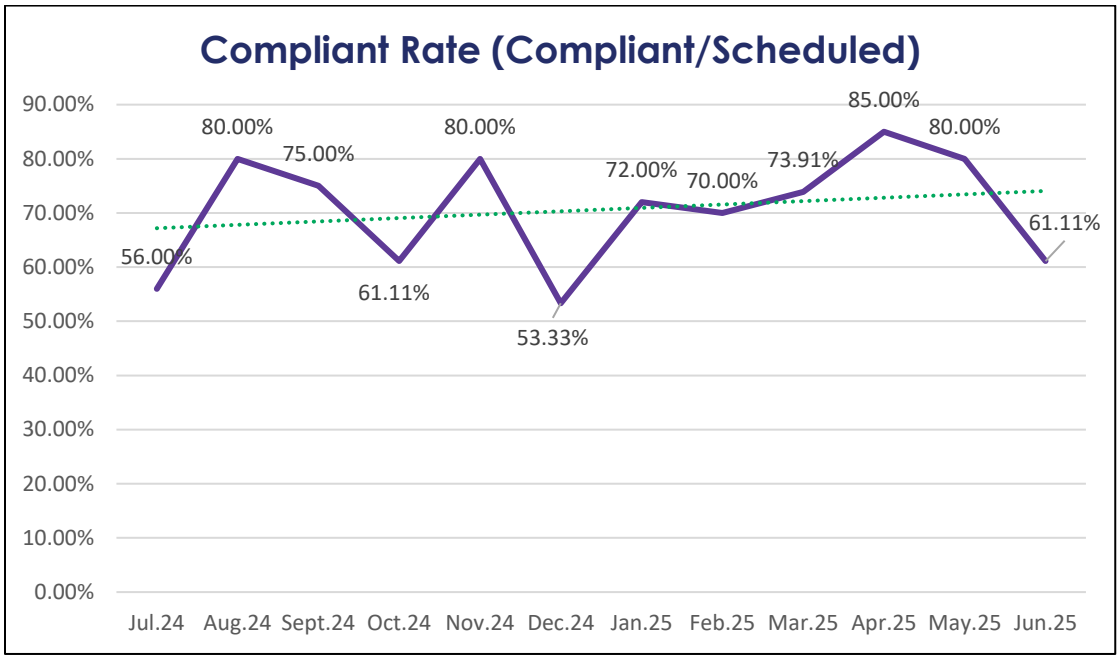
Outcomes:
CCHA successfully collaborated with a high-volume CSNP to leverage their capacity to impact rates of timely follow-up within seven days from hospitalization at a regional level. Process mapping was employed to delineate existing protocols for notification, coordination, and access to timely follow-up services, facilitating the identification of gaps contributing to failures.

The intervention focused on revising existing care coordination and aftercare engagement procedures to align with the specifications established by the Centers for Medicare and Medicaid Services (CMS) Core Measure for follow-up after hospitalization for mental illness (FUH). Since the pre-existing care coordination processes had already maximized opportunities for facilitating appointment scheduling, the new strategy aimed to promote the provision of services that align with eligible numerator options for the FUH measure. HSAG rated the proposal with a score of 100% for meeting evaluation and critical elements and assigned a high confidence level of adherence to acceptable methodology for all phases of the PIP.

During the measurement cycle, appointments were scheduled for 74.75% of eligible discharges. Cases where services were not scheduled typically involved an aftercare plan established with an external provider (55.70%), lack of coordination by the hospital or inability to reach the member (22.78%), or members declining a follow-up service (16.46%). These outcomes indicate that the coordination process effectively engages hospitals and members to establish post-discharge connections.

On average, 70.22% of the 225 discharges with scheduled services resulted in a qualifying behavioral health follow-up within seven days. In several months, over 80% of scheduled appointments translated into compliant services, illustrating that the process is effective once the initial scheduling step is completed successfully.

Figure 1. Conversion Rate



The primary reasons for non-compliance were no-shows and cancellations (72.62%) and the provision of ineligible services (19.05%). These outcomes demonstrate that the process is effective in scheduling discharge follow-up appointments, with a high conversion success rate given that most scheduled appointments led to compliant Healthcare Effectiveness Data and Information Set (HEDIS) FUH services.

Recommendations for Future Quality Improvement:
Currently, regional rates of follow-up after hospitalization for mental illness are unavailable, hindering the assessment of the intervention's effectiveness in driving statistically significant improvements over baseline rates. However, preliminary comparisons of the CSNP's rates reveal that 52.49% of the 301 active or referred members discharged from hospitalization received a compliant service within seven days. This result exceeds the 75th percentile FUH rate for MY2024. Once regional rates become available, they will be evaluated to determine the intervention's impact on overall PIP performance and compared to baseline and national benchmarks. This evaluation will inform whether the intervention should be adopted or adapted.

Non-Clinical PIP: Social Determinants of Health (SDOH) Screening

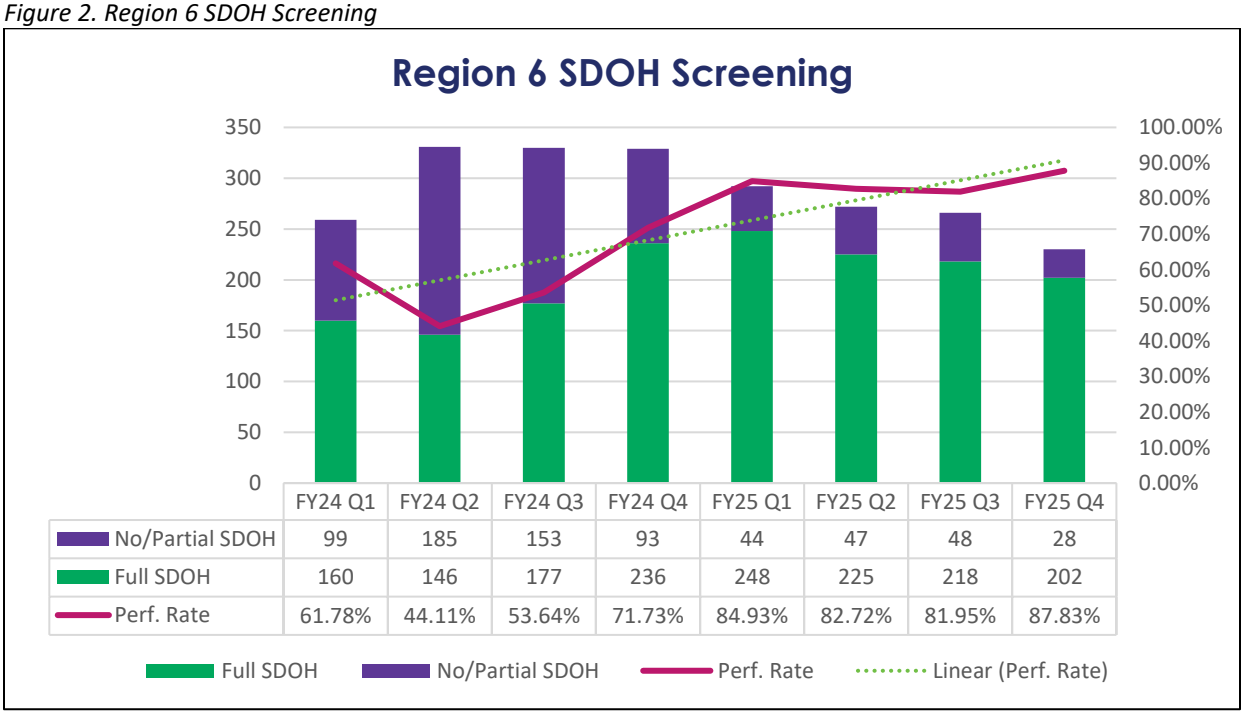
Outcomes:
CCHA successfully developed and implemented interventions to advance the non-clinical PIP objectives. To improve SDOH screening rates, CCHA refined its health needs assessments (HNAs) by integrating questions from the evidence-based Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences (PRAPARE) assessment. This approach provides a consistent method for collecting SDOH data. Expectations were standardized, and staff were trained to regularly screen for socially determined factors, incorporating it into routine HNAs for members transitioning from Psychiatric Inpatient and Acute Treatment Units (ATU) for behavioral health conditions or from high levels of care for substance use disorder (SUD) events.

The intervention was initially designed to align with the PIP's goal of increasing the percentage of members enrolled in CCHA's Behavioral Health Transitions of Care (BTOC) and Specialized Transitions of Care (STOC) programs who are screened for SDOH needs. However, difficulties in reaching 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 team's success in increasing the percentage of screenings each quarter, irrespective of the total number of members reached.

The first intervention testing cycle concluded with the highest screening rate since intervention's deployment, and quarterly intervention measurements indicated an upward trend in performance, alongside an increase in the number of screenings administered to members contacted. Despite this improvement, the performance rate for the first measurement period was 31.54%, falling short of the statistically significant target of 32.48%. The intervention was identified for continued testing with ongoing refinements to pursue further improvement. During the second measurement cycle, additional staff training, chart audits, and software upgrades to CCHA's electronic health record (EHR) were implemented to enhance intervention effectiveness and support staff's adherence to SDOH screening expectations.

A substantial increase in rates of SDOH screenings administered to members was observed during the second measurement period, as shown in the graph below.

Figure 2. Region 6 SDOH Screening



	FY24 Q1	FY24 Q2	FY24 Q3	FY24 Q4	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4
No/Partial SDOH	99	185	153	93	44	47	48	28
Full SDOH	160	146	177	236	248	225	218	202
Perf. Rate	61.78%	44.11%	53.64%	71.73%	84.93%	82.72%	81.95%	87.83%

The increase in intervention rates corresponded to higher performance of SDOH screening administered to all members newly enrolled in CCHA's BTOC and STOC programs. Final Remeasurement 2 rate shows 35.60% of members were screened for all targeted elements, exceeding the statistically significant target rate of 32.48%. The intervention effectively achieved the goal and will be adopted.

Recommendations for Future Quality Improvement:
Focusing quality improvement efforts on members with a recent history of high acuity needs, such as those discharged from inpatient psychiatric hospitals and residential/inpatient SUD treatment, aims to improve health outcomes by addressing unmet social needs that affect their ability to engage with preventative and lower-intensity services. With the inclusion of SDOH screening in the Behavioral Health Incentive Program (BHIP), CCHA will collaborate with providers to establish procedures that support access to health determinants.

Performance Measurement

Goal: Key Performance Indicators (KPIs): Achieve goals for three of the six KPIs.

Key Performance Indicator Definitions

- Depression screening documented follow-up plan – the percentage of beneficiaries age 12 and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool. If positive, a follow-up plan is documented on the date of the eligible encounter.
- Oral Evaluation (OE) – the percentage of enrolled children under age 21 who received a comprehensive or periodic oral evaluation within the measurement year
- Well Visits (WV)
    - Part one: children who had six or more well visits on or before their 15-month birthday or had two or more visits between their 15- and 30-month birthdays
    - Part two: children and adolescents with one or more well visits during the performance period
- Prenatal and Postpartum Care
    - Timeliness of Prenatal Care: the percentage of deliveries in which women had a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization
    - Postpartum Care: the percentage of deliveries of live births on or between April 8 of the year prior to the measurement year and April 7 of the measurement year that had a postpartum visit on or between 7 and 84 days after delivery
- ED Visits Per-Thousand-Per-Year (PKPY) (risk-adjusted) – the number of emergency department visits per-thousand-per-year, risk-adjusted
- Risk-Adjusted Per Member Per Month (PMPM) – the total spent on Medicaid claims and capitations during a 12-month period weighted by population average risk score

Techniques Used to Improve Performance:

- Scaled up practice-level quality improvement pilots that were successful in sharing the best practices across the region.
- Shared member-level data with providers to inform and support their quality improvement activities.
- Leveraged community partnerships to educate members about preventative care and help connect them to CCHA or primary care medical providers (PCMPs).
- Addressed gaps in care with members while they were connected to Member Support Services or engaged in Care Coordination.

Outcomes:
CCHA exceeded the goal of meeting at least three of the six KPIs, by meeting the goals for WV 0-30 months, child and adolescent WV, prenatal and postpartum care, and depression screening and follow-up, for both Q1 and Q2 of SFY24-25. The table below compares Region 6 healthcare KPI percentages across child well visits (0–15 months, 15–30 months, 3–20 years), prenatal/PV care, postpartum care, ED (risk-adjusted), depression screening, and PMPM. Green cells indicate KPIs met.

Table 1. KPI Performance

Region 6	WV P1		WV P2	OE	Prenatal Care	Postpartum Care	ED (Risk Adjusted)	Depression Screening FY24	Risk Adjusted PMPM	# Of KPIs Met
	0-15 months*	15-30 months*	3-20 years*							
FY23/24 Q3	59.36%	63.29%	47.20%	50.66%	62.30%	65.50%	510.76	16.55%	$547.24	2
FY23/24 Q4	60.56%	65.15%	48.10%	49.33%	70.86%	67.18%	534.226	18.40%	$554.05	3
FY24/25 Q1	58.21%	65.44%	44.18%	49.33%	73.70%	67.16%	556.515	19.51%	$583.01	4
FY24/25 Q2	63.91%	69.36%	48.64%	49.58%	76.81%	68.33%	572.60	20.23%	$598.39	4

Recommendations for Future Quality Improvement:
CCHA will develop additional education for providers on new KPIs for ACC Phase III and share best practices to close gaps. CCHA recommends further development of actionable patient lists using the timeliest data to support outreach for gap closure, and additional efforts to incorporate supplemental clinical data in measure calculations. CCHA has worked with a contractor to develop workflows and best practices to help providers leverage their EHRs to close gaps and also address all health needs at well visits, such as immunizations, recommended screenings, and chronic condition education.

Goal: BH Incentive Measures: Achieve benchmark improvements on three of the five BHIP quality metrics.

Behavioral Health Incentive Measures Definitions

- Engagement in Outpatient Substance Use Disorder Treatment (IET-e): Patients newly diagnosed with a SUD who engage in treatment within 34 days of initiation.
- Follow-up after Hospitalization for Mental Illness (FUH): Patients hospitalized for treatment of selected mental illness or intentional self-harm diagnoses should have an outpatient visit with a mental health provider within seven days.
- Follow-up after ED Visit for Substance Use (FUA): Patients who have been discharged from an ED episode for treatment of a covered SUD should be seen on an outpatient basis by a BH provider within seven days.
- Depression Screening – Part 1: Depression Screening: patients 12 years or older who receive an outpatient preventative well check service should be screened for depression.
- Follow-up after a Positive Depression Screen – Part 2: Patients should be engaged in mental health services within 30 days of screening positive for depression.
- Behavioral Health Screening or Assessment for Children in Foster Care System: Foster care recipients should receive a BH screening or assessment within 30 days of enrollment in the ACC.

Techniques Used to Improve Performance:

- Engaged key providers in Behavioral Health Quality Incentive Program (BHQIP) and Behavioral Health Facility Incentive Program (BHFIP), distributed performance status, and disbursed financial incentives to high-performing providers.
- Adjusted processes and performance tracking tools to align BHIP measures with Centers for Medicare and Medicaid Services (CMS) Core Measure specifications.
- Maintained the Specialized Transitions of Care (STOC) team to work with discharge follow-up plans for members stepping down from inpatient, residential, and withdrawal management care for SUD.
- Utilized notification protocols for timely referral process for children entering foster care.
- Offered member incentives through CCHA's Healthy Rewards platform for attending BH follow-up services.

Outcomes:

CCHA utilizes Cotiviti, a National Committee for Quality Assurance-certified vendor, to retrieve all claims data for identifying denominator and numerator events according to HEDIS measure specifications. This enables us to evaluate performance annually on a calendar year (CY) basis. The table below displays our final performance for calendar year 2024 (CY2024). While these calculations do not align with the fiscal year's incentive program schedule, they show that CCHA is on track to achieve benchmark improvements for three out of the five BHIP quality metrics.

Currently, we do not have performance data available for the custom measures, specifically Depression Screening and Follow-up After Positive Depression Screening, or Behavioral Health Screening for Children in Foster Care. The results for these measures are expected to be provided by the Department of Health Care Policy and Financing (HCPF) and validated by HSAG in the spring of 2026.

Table 2. Region 6 CY2024 Performance as of April 2025

Measure Name	DEN	NUM	RATE	Target Rate SFY24-25	Hits to Target
Engagement in Outpatient Substance Use Disorder Treatment (IET-e)	5,131	1,094	21.32%	15.06%	Met
Follow-up Appointment within 7 Days of Hospitalization for Mental Illness (FUH)	1,449	703	48.52%	36.78%	Met
Follow-up Appointment within 7 Days of ED Visit for Substance Use (FUA)	1,783	539	30.23%	24.35%	Met

Recommendations for Future Quality Improvement:

The processes and strategies will be reviewed and adjusted as necessary to align with the new BHIP beginning January 1, 2026. CCHA will consistently monitor and analyze performance using aggregate Region 3 data to identify opportunities for improvement on selected measures. CCHA demonstrates HEDIS rates above the 66th percentile on IET-E, FUH, and FUA. Further quality improvement on these measures can focus on identifying subpopulations by age, gender, race/ ethnicity, or county to provide more targeted efforts to close care gaps.

Goal: Meet the target for at least one of the three non-medication adherence Performance Pool metrics. Meet the target for at least one medication adherence Performance Pool measure.

Performance Pool Measures

- Extended Care Coordination (ECC)
- Premature Birth Rates
- Behavioral Health Engagement for Members Releasing from State Prisons (BH DOC)
- Asthma Medication Ratio
- Antidepressant Medication Management
- Contraceptive Care for Postpartum Women

Techniques Used to Improve Performance:

- Conducted monthly complex case reviews with entities including Case Management Agencies, PCMPs, Accountable Care Networks (ACNs), behavioral health facilities, and community partners when applicable to address barriers and find solutions to meet member needs.
- Ran monthly outreach in attempts to engage complex members in ECC, check for new needs, and follow-up after case closure.
- Worked with providers to outreach their complex members and ensure they are addressing all needs during visits, including education about medication management.

Outcomes:

CCHA exceeded the goal to meet the target for at least one non-medication adherence measure and at least one medication adherence measure. CCHA achieved two non-medication adherence measure benchmarks and two medication adherence benchmarks during the performance year.

Table 3. Region 6 Performance Pool Performance

Region 6	Goal	Current Performance
ECC	60.12%	69.66%
Premature Birth Rate	9.64%	9.21%
BH DOC	34.28%	33.00%
Rx Asthma	53.16%	45.90%
Rx Depression: Acute Continuous	 69.78% 48.61%	 72.90% 52.54%
Rx Contraceptive Care	37.94%	65.52%

Recommendations for Future Quality Improvement:

CCHA will work with HCPF to meet any measures related to a future Performance Pool program. CCHA will continue to address these measures through condition management, tiered care coordination, and pregnancy-specific initiatives that are addressed throughout this deliverable. Additionally, behavioral health visits remain a priority for members releasing from the Department of Corrections (DOC)

through in-reach initiatives and care coordination efforts to ensure these members stay engaged in their behavioral health services.

Member Experience of Care

Goal: BH Satisfaction: Monitor member experience, perceptions, accessibility, and adequacy of services within the region for behavioral health.

Techniques Used to Improve Performance:

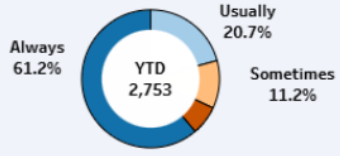
- Extended satisfaction surveys asking four questions from the CAHPS survey to members seeing BH providers monthly by text in Spanish and English and analyzed results.
- Established procedures and expectations with Outreach Care Specialists to respond to identified member needs in survey results.
- Distributed practice-specific performance scorecards quarterly with eligible CSNPs engaged in a custom Value-Based Purchasing (VBP) strategy and monitored action plans to improve satisfaction opportunities based on specific survey findings.

Outcomes:

CCHA received 2,753 surveys from members regarding their behavioral health providers. The responses were calculated into an overall satisfaction percentage and Star Rating according to the CAHPS survey weighting methodology. In 2024, CCHA received an overall rating of 60% and 3 Stars. This is six percent lower than the rating for all text surveys administered to Medicaid members in all Elevance markets (48,805 respondents). Of the four questions, the one rated lowest in comparison to other markets was “Using a number from 1-10, how would you rate your healthcare?” (Top box score for CCHA = 48.5%, All Medicaid Markets = 71.6%). One strength indicated by the survey was that the top box rate of response for “How often did you have an appointment as soon as you needed to the BH specialist?” was 61.2%, 2.7% higher than the All Medicaid Markets rate of 58.5%.

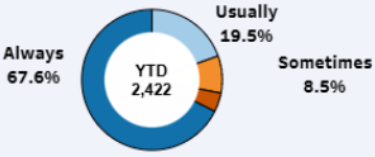
Figure 3. Member Satisfaction Survey Results

Question 1: How often did you have an appointment as soon as you needed to see the specialist?



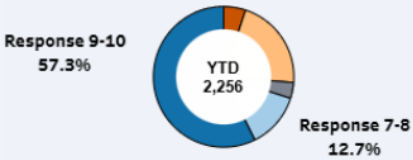
	Q2	Q3	Q4
Always	61%	61%	61%
Usually	20%	20%	23%
Sometimes	11%	11%	11%
Never	7%	7%	5%

Question 2: How often was it easy to receive care, tests, or treatment?



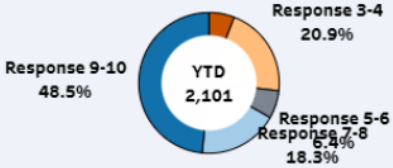
	Q2	Q3	Q4
Always	67%	68%	68%
Usually	20%	19%	19%
Sometimes	8%	9%	9%
Never	5%	4%	3%

Question 3: Using a number from 0 to 10,what would you rate your specialist?



	Q2	Q3	Q4
9-10	49%	72%	78%
7-8	11%	19%	13%
5-6	4%	5%	3%
3-4	29%	3%	3%
<=2	6%	1%	3%

Question 4: Using a number from 0 to 10,what would you rate your Healthcare?



	Q2	Q3	Q4
9-10	44%	56%	62%
7-8	15%	28%	25%
5-6	5%	12%	7%
3-4	29%	3%	2%
<=2	7%	1%	4%

Recommendations for Future Quality Improvement:
CCHA recommends additional analysis of survey responses by demographic subgroups to explore differences in service access, ease, or satisfaction. CSNP providers enrolled in the incentive program should demonstrate satisfaction scores above the CCHA average. This survey can be extended to members engaging primary care providers to drive further improvement in CAHPS satisfaction scores.

Goal: CAHPS Survey: Improve member experience of care.

Techniques Used to Improve Performance:

- Shared results with all practices and worked with quality improvement teams to address areas of opportunity.
- Used internal surveys to better understand member experience and identify opportunities for improvement.

Outcomes:
The table below shows the CCHA and Regional Accountable Entity (RAE) Aggregate scores for the past three years of CAHPS surveys. CCHA uses this data to identify areas where there has been improvement or dissatisfaction.

Figure 4. CAHPS Scores

Composite Measures	Year	CO RAE Aggregate		R6		R7	
	2024	★★	79.30%	★	76.25%*	★★	79.00%*
	2023	★	78.30%	★	78.7%*	★★	81.1%*
Getting Needed Care	2022	★	80.9%	★★★	85.2%	★	89.9%
	2024	★★	80.5%	★★	79.22%*	★	75.61%*
	2023	★★	93.2%	★★★	82.7%*	★★★	80.9%*
Getting Care Quickly	2022	★	78.9%	★	78.2%	★	77.3%
	2024	★★★	93.2%	★	91.25%*	★	90.43%*
	2023	★★	92.7%	★★	91.3%*	★★★	93.7%*
How Well Doctors Communicate	2022	★	91.3%	★★	91.2%	★★★	97.7%
	2024	★★	88.7%	★★★★★	93.49%*	★★★★★	93.90%*
	2023	★	85.9%	★	56.0%*	★	82.6%*
Customer Service	2022	★	86.7%	★★★★★	92.4%	★★★★★	93.1%
Individual Item Measure							
	2024	★★	83.3%	★★	83.67%*	★	81.48%*
	2023	★	51.1%	★★	81.3%*	★★★	86.0%*
Coordination of Care	2022	★	79.7%	★	72.3%	★	79.2%

Stars	Percentiles
★★★★★	Excellent: at or above the 90th percentile
★★★★	Very Good: at or between the 75th and 89th percentiles
★★★	Good: at or between the 50th and 74th percentiles
★★	Fair: at or between the 25th and 49th percentiles
★	Poor: below the 25th percentile
*	*Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*

- CCHA scores decreased for both getting needed care and getting care quickly.
    - CCHA has implemented coaching tools such as third next available appointment tracking and cycle times to help members feel like they are getting both the needed care and getting care quickly within their primary care provider's (PCP) office.
    - CCHA has been working with PCPs on adopting eConsult with the hope that this access will help improve satisfaction in these two areas as access to specialists improves.
- CCHA scores improved for customer service. While we cannot be sure that members are referring to CCHA's customer service team in particular, CCHA has implemented member experience surveys to ask about member experience with Member Support Services as well as Care Coordination. We have shared that data with our Member Advisory Committee (MAC) and made adjustments based on their feedback.
- CCHA is also connecting with marginalized populations to gain further insight into the member experience.

Recommendations for Future Quality Improvement:
Increased participation in the CAHPS survey will yield more reliable results. The Department will over-sample in the next survey to address this concern. CCHA shares the CAHPS timeline information with providers via the CCHA newsletter, practice transformation coaches (PTCs), care coordinators, and

community health strategists. CCHA communicates results of the CAHPS survey to providers and shares best practices related to access to care, patient-centered communication, and focused interventions. CCHA PTCs support practices and work with their quality improvement teams to implement and build on existing interventions. Improvement efforts will be focused on categories with the lowest scores, such as information on provider-patient/patient-centered communications, and PTCs identify successful interventions, and share best practices across the network as appropriate.

Goal: Increase participation in Care Coordination and Member Support Services Member Experience Survey.

Techniques Used to Improve Performance:

- Prompted opportunity to participate in post-call survey at each call made to the Call Center.
- Analyzed data regularly to guide interventions for satisfaction improvement.
- Explored ways to improve survey engagement.
- Implemented phone number to call or be transferred to complete the Care Coordination Survey, offering three different modalities for members to complete the survey (phone, text, and email).

Outcomes:

Member Support Services Post-Call Survey:

- 7,793 surveys initiated. Decrease of 14.7% from the previous fiscal year.
- 627 surveys completed = 14.38% completion rate. Increase of 1.67% from the previous fiscal year.
- Did we help you today: 88.75% positive response. Increase of 8.58% from the previous fiscal year.
- Was the person you talked to friendly: 92.0% positive response. Increase of 4.5% from the previous year.
- If you need help in the future, how likely are you to reach out to CCHA: 90.17% positive response. Increase of 4.34% from previous fiscal year.

Care Coordination Survey:

- 696 surveys initiated by email and text. Decrease 30% from previous fiscal year.
- 61 surveys completed = 8.76% completion rate. Increase 1.43% from previous fiscal year.
- My situation is better because of CCHA: 3.75 out of 5. Decrease of 0.55 from previous fiscal year.
- I am better able to manage my health and health care after working with CCHA: 3.58 out of 5. Decrease of 0.69 from previous fiscal year.
- Overall, how satisfied are you with the CCHA services you received: 3.62 out of 5. Decrease of 0.71 from previous fiscal year.

Recommendations for Future Quality Improvement:

CCHA will continue to monitor and adapt Care Coordination programming throughout the year to better serve members. Recent changes are expected to positively impact member experience, including:

- Establishing clear expectations for successful discharge criteria and case closure at the time of initial assessment.
- Strengthening goal setting with detailed delineation and enhanced loop-closure expectations.
- Providing ongoing staff education to expand resource knowledge and improve support for members.

We would like to see an improvement in overall engagement rate so we will continue to explore additional survey modalities and scripting to improve survey engagement. CCHA will explore expanding the survey and offering it to all individuals with a closed case, not just those who have opted-in to take the Care Coordination Survey. Further, we will explore adding the ability for a care coordinator to directly connect a member to the Care Coordination Survey following a call.

Goal: Member Grievances: 90% of member grievances will be completed within 15 business days. 100% of member grievances will be completed within the extended 14 calendar days.

Techniques Used to Improve Performance:

- Executed process and workflows in place, reporting to HCPF and CCHA's Quality Management Committee (QMC) quarterly.

Outcomes:

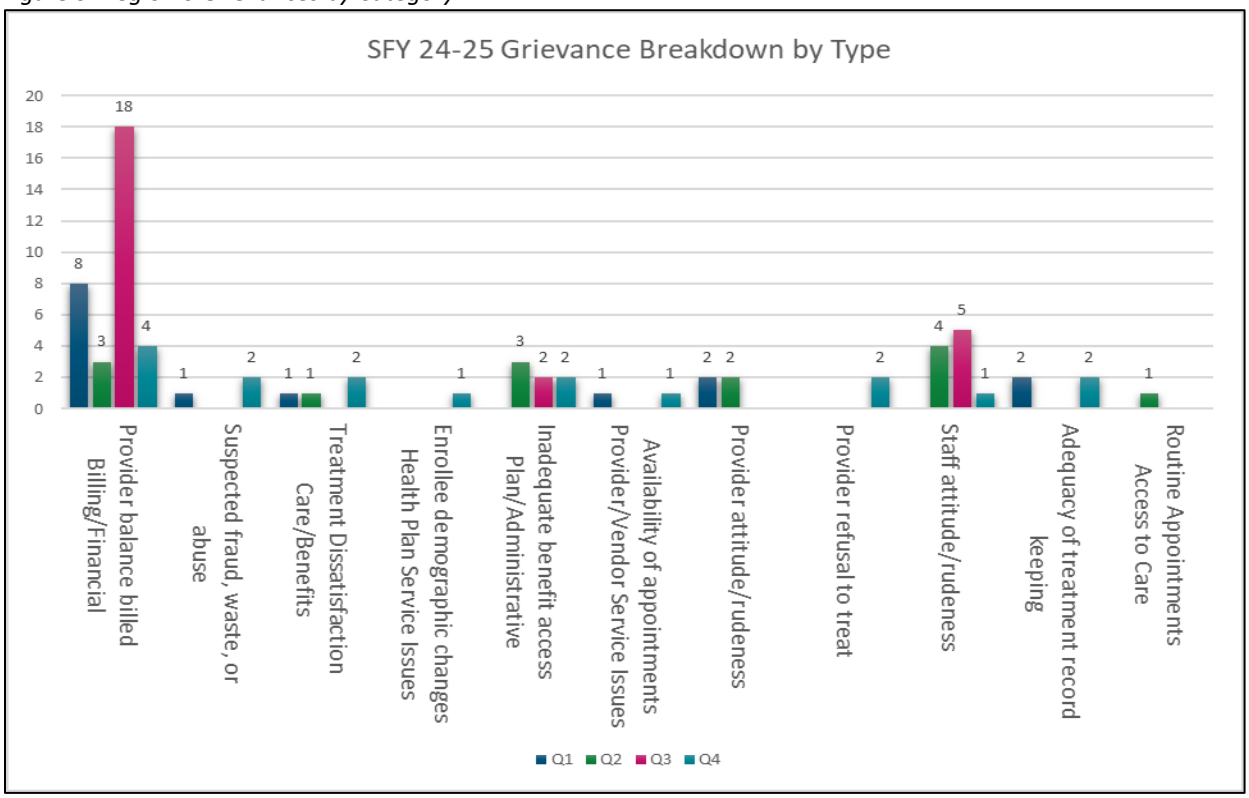
Of the 90 total grievances for SFY24-25, 88 were closed following investigation, and no cases were withdrawn per member's request. Of the 90, two grievances remain open awaiting determination. 88 grievances were investigated and completed in the four quarters, 82 were completed within the state requirement of 15 business days; six of the total grievances required use of the state-allowed extension of 14 additional calendar days, all of which were closed within 14 days.

Category Breakdown:

Reviewing the grievances on a year-to-date basis, the grievance category with the highest volume for the four quarters concerned Billing/Financial (33 grievances). Within this category, the issues involved:

- Provider balance billed (33)
- Suspected fraud, waste, or abuse (3)

Figure 5. Region 6 Grievances by Category



Recommendations for Future Quality Improvement:
The processes and turnaround times have been successfully maintained, with no new process recommendations at this time.

Under and Over-Utilization of Services

Goal: High Intensity Outpatient Services Program (HIOP): Complete High Intensity Outpatient grant program and measure service expansion to CCHA members.

Techniques Used to Improve Performance:

- Completed final deliverable submission to the Department for HIOP grantees. Reported on the number of members served by the newly created High Intensity Outpatient programs.

Outcomes:
CCHA expanded services for youth and families, eating disorder treatment, serious mental illness, rural populations, SUD, and diverse populations. Key treatment expansion modalities included behavioral health respite, multi-systemic therapy, wraparound services, psychosocial rehabilitation, medication assisted therapy, comprehensive community support services, and intensive evidenced-based models in clinical specialties - i.e., neurofeedback, Trauma Systems Therapy (TST), Functional Family Therapy (FFT).

CCHA successfully launched the grant program and executed expansion projects with 16 providers that are providing High Intensity Outpatient Services in the following areas:

Table 4. HIOP Grantees and Members Served

Goal Population	Number Of CCHA Members Served
Youth and Family: 6 grantees	435
Eating Disorder Treatment: 1 grantee	34
Serious Mental Illness: 4 grantees	304
Rural Populations: 1 grantee	134
Substance Use Disorder: 2 grantees	556
Diverse Populations: 2 grantees	42

Recommendations for Future Quality Improvement:
CCHA will monitor under-utilized services and take action to promote utilization to meet population needs.

Goal: Client Overutilization Program (COUP): Identify members who may benefit from lock-in and engage the assigned PCMP and member to initiate lock-in, as appropriate.

The COUP program is a statewide utilization program that strives to prevent unnecessary or inappropriate use of services. Through this program, the utilization profile of members is analyzed, allowing for the identification of members who are over-utilizing the allowable medical benefits offered by Health First Colorado. When there is documented evidence of over-utilization of allowable medical benefits, the program aims to assist members in receiving appropriate care coordination services and selecting an appropriate PCMP.

Techniques Used to Improve Performance:

- Provided annual training for care coordinators on the lock-in process and identified anyone engaged with Care Coordination.
- Worked with PCMPs to identify members that may be appropriate for lock-in.
- Collaborated with other RAEs when locked-in members transition between RAEs.
- Ongoing efforts focused on ensuring that all flagged members are outreached, monitored, and supported in ways that promote appropriate utilization and whole-person care.

Outcomes:
During SFY24-25, CCHA outreached 1,143 COUP members in Region 6 through automated outbound calls. 598 of these members were successfully contacted, which is a 52.32% success rate.

CCHA identifies, reviews, and engages members flagged by HCPF for COUP criteria. While provider and member barriers limit the use of formal lock-in, CCHA has operationalized a holistic approach to engagement, leveraging care coordination, provider education, and care conferences to address utilization concerns. This approach reduces member barriers to care, avoids unintended increases in ED use, and aligns with broader population health goals under the RAE contract.

Recommendations for Future Quality Improvement:
CCHA will continue to train Care Coordination staff and lock-in members when appropriate.

Quality and Appropriateness of Care Furnished to Members

Goal: CCHA will work to engage complex high-need members in extended care coordination, surpassing the goal specified by the Department, as defined in the Performance Pool specification document.

CCHA has used the complex definition approved by HCPF. CCHA identifies the following members as complex high-need:

- Members with diabetes with a comorbid BH diagnosis and high physical health (PH) needs
- Members with asthma with a comorbid BH diagnosis and high PH needs
- Members who are pregnant
- Members under the age of two who were born prematurely
- Members who were incarcerated within the last year
- Members involved in foster care
- Pediatric members with greater than $25k spend in a year
- Adults with greater than $25k spend in a year and have one or more of the following conditions:
    - Neurological disorders (stroke, traumatic brain injury, spinal cord injury, dementia/Alzheimer's disease)
    - Congestive heart failure (CHF)
    - Homelessness history
    - Intellectual or developmental disability (IDD) or serious mental illness (SMI)
- High-need member referrals from PCMPs, community partners, and HCPF requiring extensive care coordination time and resources.
- Referrals from PCMPs or community organizations, or self-referrals.

Techniques Used to Improve Performance:

- Analyzed HNA data and improved dashboards to track care coordination impact.
- Audited cases with ACNs to identify opportunities for improvement.
- Engaged CCHA's MAC to identify barriers for member engagement and opportunities for improvement.

Outcomes:

- To support member engagement in ECC in SFY24-25, CCHA outreached 96.16% of newly identified complex high-need members within 90 days and 68.61% of all complex high-need members. We used multiple modalities to complete 29,991 outreach attempts to complex members, averaging 2,499 outreach attempts each month.
- According to data as of late-September, 13,720 unique complex members were identified per the denominator definition and 9,557 members satisfied the ECC Performance Pool measure numerator definition. Specifically, 3,884 members were unreachable, 4,268 members opted out of care coordination, and 1,405 members were enrolled in ECC. CCHA achieved 69.66%, meeting the 60.12% target. Final reporting in November will reflect outreach and engagement of complex high-need members identified through June 30, 2025 and the 90-day follow-up period ending September 30, 2025.
- CCHA provided high-quality care coordination support to complex members enrolled in ECC to improve their health and meet their unique needs.
    - CCHA assessed 84% of complex members engaged in ECC for SDOH needs and connected them to appropriate resources.
    - 94.85% of complex members engaged in ECC were connected to healthcare services and had a PCMP or specialist visit within 12 months.
    - At case closure:
        - 97.9% of members were connected to a PCP.
        - 91.3% of members were connected to a BH or SUD provider.
        - 81.6% of members reported improved self-management.

Recommendations for Future Quality Improvement:
In ACC Phase III, CCHA will utilize experience gained in identifying, outreaching, and engaging complex members to inform our approaches with Tier 3 members. CCHA will utilize our ACC Phase II complex definition and engagement success rate as a baseline for Phase III Tier 2 and 3 Care Coordination Engagement tracking. In Phase II, CCHA included categorical disease or condition state populations in the complex definition, such as maternity, regardless of the presence of any other risk factors. CCHA used this experience of adding full population categories to our Tier definition in its design, opting for a method that accounts for a plurality of health, stress, and social factors to determine overall risk stratification. CCHA intends to monitor and compare Phase II engagement rates with Phase III Tier 2 and 3 rates to inform the refinement of our risk stratification methodology.

Goal: CCHA will achieve an overall reduction in ED visits for complex high-need members engaged in a CCHA Care Coordination program.

Techniques Used to Improve Performance:

- Outreached members identified through admission, discharge, transfer (ADT)/ED lists who had a triggering event, such as an ED visit or inpatient (IP) hospitalization, to offer support.
- Engaged ED outliers in care coordination outlier program.

Outcomes:
CCHA saw a reduction in ED visits for complex high-need members engaged in a CCHA Care Coordination program. From July 2024-December 2024, the percentage of members with an ED visit in the last six months was 10.4%, and the rate decreased to 9.49% from January 2025-June 2025. This demonstrates a reduction of 67 ED visits.

Recommendations for Future Quality Improvement:
CCHA will expand interventions by texting all members who have used the ED within two business days to ensure they are getting proper follow-up care and educate members about where to go for care when their PCMP is not available. CCHA will provide more intensive Care Coordination outreach for the Tier 2 and 3 members after ED use.

Goal: Implement interventions described in the Health Equity Plan and identify areas of opportunity.

Techniques Used to Improve Performance:

- Integrated health equity into all program strategies and decision-making processes by using an equity lens to guide planning, implementation, and evaluation of all CCHA activities.
- Used data analysis to identify disparities in care and outcomes by race, ethnicity, language, geography, gender, and disability status.
- Identified areas of opportunity to partner with providers and community entities to address health disparities.
- Established a Regional Health Equity Committee to discuss challenges and provide recommendations for addressing health disparities, inform our plan, and provide feedback on CCHA's activities to reduce health disparities.
- Collaborated with the Department and regional stakeholders to align goals, share best practices, and coordinate initiatives in the region.

Outcomes:

Table 5. Region 6 Performance

Measures for Subpopulations with Target Improvements Achieved	Measures for Subpopulations with Performance Increase Below Target	Measures for Subpopulations with Decreased Performance
10	1	4

CCHA met the target improvement for the following metrics:

- Timeliness for prenatal care
- Postpartum care
- Immunizations for adolescents (Combo 2)
- Well visits (0 – 15 months)
- Well visits (0 – 30 months)
- Child and adolescent well-care visits (3 – 18 years)
- Follow-up after emergency department visit for substance use (7 and 30 days)
- Follow-up after hospitalization for mental illness (7 and 30 days)

It is essential to highlight that the data reported is based on data received from the Department. The last data set, obtained in May 2025, shows performance for January 2024-December 2024. In addition, the CCHA methodology to identify priority populations was based on the data made available by the Department, and a notable limitation is the accuracy and completeness of data around race, ethnicity, and language. This is particularly true for gender identification that could help identify and drive interventions for our lesbian, gay, bisexual, transgender, queer, intersex, asexual (LGBTQIA+) members.

Furthermore, timely access to data is crucial for improving population identification, developing interventions, and tracking performance. Therefore, enhancing the timeliness of available data would be beneficial.

Recommendations for Future Quality Improvement:
CCHA recommends expanding community-based partnerships to increase reach into identified populations and co-design solutions with trusted local organizations. CCHA will expand training for CCHA staff and contracted providers on cultural competency and awareness to improve communication and member trust. Incorporating member voice into CCHA program design and evaluation through advisory committees and satisfaction surveys will improve cultural responsiveness of programming. CCHA supports the Department's efforts to improve data quality and calculation of measures of clinical quality to better identify health disparities and trends.

Quality of Care Grievances (QOCG)

CCHA reviewed 63 QOCG referrals during SFY24-25.

Table 6. Region 6 QOCG

	SFY25 Q1 (Jul-Sept)	SFY25 Q2 (Oct-Dec)	SFY25 Q3 (Jan-Mar)	SFY25 Q4 (Apr-Jun)
QOCG Count	15	13	16	19
Trend		Decrease	Increase	Increase

Quality of Care (QOC) issues were trended by type and severity level according to the following criteria:

- Level 0 = Not a QOC Issue
- Level 1 = No Quality Issue Substantiated
- Level 2 = Quality Issue - Does Not Impact the Care Outcome
- Level 3 = Clear and Significant Quality Issue – Does Impact the Care Outcome
- Level 4 = Complex and Significant Quality Issue
- Level 5 = Emergency Quality Issue – Issue Raised is Egregious

Table 7. QOCG Topics by Severity Level

REGION 6 SFY24-25	Sum	Severity Level					
		L-0	L-1	L-2	L-3	L-4	L-5
Abuse/Neglect/Exploitation of Member	8	1	3	4	0	0	0
Breach of Confidentiality	1	1	0	0	0	0	0
Elopement Not Resulting In Harm	2	1	1	0	0	0	0
Medication Dispensing Error	9	0	4	5	0	0	0

Poor Follow-up/Discharge Planning For High-risk Member	1	0	1	0	0	0	0
Suicide Attempt Requiring Medical Attention	8	3	2	3	0	0	0
Patient Safety, Quality of Service	7	0	2	5	0	0	0
Quality of Service Not Otherwise Defined - Grievance	3	0	3	0	0	0	0
Egregious Provider Conduct	1	0	1	0	0	0	0
Overdose	3	2	0	0	1	0	0
Patient Safety - Sexual Abuse/Assault	1	0	1	0	0	0	0
Preventable Injury	1	1	0	0	0	0	0
Patient Safety - Peer-to-Peer Assault	3	1	2	0	0	0	0
Self-Harm	7	2	4	1	0	0	0
Delayed Diagnosis/Treatment/Test Results Grievance	1	0	0	0	1	0	0
Death By Suicide Or Unknown Cause	7	1	5	1	0	0	0
Grand Total	**63**	**13**	**29**	**19**	**2**	**0**	**0**

Goal: QOCG: Participate in QOCG external audit and implement improvement recommendations.

Techniques Used to Improve Performance:

- Reviewed and updated current policies and procedures related to audit standards to ensure compliance and identify areas for improvement.
- Migrated to PEGA software system for tracking QOCG resolution process and trending analysis.

Outcomes:
HSAG auditors pulled and reviewed ten files each for Region 6 and 7.

Strengths Identified by HSAG:

- CCHA reported transitioning oversight of the QOCG process from a local Quality Management team to the national Grievance and Appeals team, allowing broader coverage through a larger team, providing automated reporting for more robust tracking and trending.
- CCHA's Quality of Care policy stated that an analysis of QOCGs will be performed regularly. CCHA staff members detailed the process in which all QOCGs are reviewed individually for trends, and a larger review of trends occurs through monthly reporting processes.

Opportunities Identified by HSAG:

- CCHA's QOC Operating Procedure stated that the medical director only reviews cases rated Level 2 or above. The QOC registered nurse (RN) can close the QOC case independently if the QOC RN rates the QOC case a Level 0 or Level 1. While each severity level is defined within CCHA's Quality of Care policy, there is no specific guidance on how to identify the severity level.

Recommendations for Future Quality Improvement:
CCHA will review current policies and procedures related to audit standards to ensure compliance and identify areas for improvement. The format of QOC severity leveling will be updated into grid to highlight leveling examples used by the RN and medical directors as part of audit recommendations.

Goal: QOCG: Implement new reporting processes/standards for QOCs as defined by the Medicaid contract.

Techniques Used to Improve Performance:

- Ensured compliance with reporting requirements and periods for QOC submission.
- Developed and tested monthly data reporting submission for notification of QOCG receipt and resolution.
- Revised policies and procedures to align with contract changes.
- Completed training with team to educate on contract changes.

Outcomes:

The contract amendments to the QOC process were not executed in SFY24-25. CCHA assisted the Department with the development of contract standards for ACC Phase III and implementation of the new data reporting templates for this contract. In early 2025, the Grievances and Appeals team initiated system enhancements to accommodate contractual changes, including updated turnaround times and new contract reporting requirements. The team also engaged our reporting analysts to create the new regulatory reports.

Recommendations for Future Quality Improvement:

CCHA recommends ongoing training for all CCHA partners on contract changes, yearly review of policy and procedures to ensure accuracy of all processes and quality auditing to ensure contract requirements are being met.

Goal: QOCG: Enhance provider and staff education regarding QOCG identification and submission.

Techniques Used to Improve Performance:

- Completed annual training of internal CCHA staff to identify QOC concerns: 100% of member-facing staff received QOC training.
- Submitted information for provider bulletin semi-annually and updated provider manual with QOCG guidance.

Outcomes:

The Quality department conducted the annual QOC-Grievance Training in January 2025 for CCHA staff to increase understanding of QOC issues and processes and to increase competency in identifying/reporting occurrences. Overall staff attendance included 84 care coordinators, peer support specialists, utilization management, and MSS staff that serve in both Region 6 and Region 7. This represents 100% of CCHA member- facing staff. Attendance surpassed the target of 90% of member-facing staff to receive QOC training.

Recommendations for Future Quality Improvement:

CCHA has surpassed this training goal and maintained performance. There are no additional recommendations for process improvement in staff and provider training currently.

External Quality Review

Goal: Site Audits: Achieve a met score on all standards or complete any necessary CAPs.

CCHA had its periodic evaluation to determine compliance with federal Medicaid managed care regulations and managed care contract requirements via an external quality review site visit in SFY24-25, conducted by HSAG. HSAG reviewed activities on four standards: Coordination and Continuity of Care, Member Rights, Protections, and Confidentiality, Credentialing and Recredentialing, and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services.

Techniques Used to Improve Performance:

- Reviewed contract and federal managed care requirements with applicable teams.
- Reviewed operational policies and procedures related to the audit standards to ensure compliance and identify areas of improvement.
- Completed any required or recommended actions from SFY24-25 review.

Outcomes:

Table 8. Compliance Audit Performance

Standard	# of Elements	# of Applicable Elements	# Met	# Partially Met	# Not Met	# Not Applicable	Score* (% of Met Elements)
III. Coordination and Continuity of Care	10	10	9	1	0	0	100%
IV. Member Rights, Protections, and Confidentiality	6	6	6	0	0	0	100%
VIII. Credentialing and Recredentialing	33	32	31	1	0	1	97%
XI. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services	7	7	7	0	0	0	100%
Totals	**56**	**55**	**53**	**2**	**0**	**1**	**98%**

Recommendations for Future Quality Improvement:

While there were no specific recommendations for improvement, CCHA did have one required action for Standard VIII - Credentialing and Recredentialing. HSAG found that CCHA's policy for the recruitment and retention of behavioral health providers did not address the retention side of this contractual requirement. CCHA reviewed our BH Provider Recruitment strategy and found that, while CCHA was performing activities designed to retain our BH providers to maintain a robust network, those actions were not reflected in our policy. CCHA updated the policy to be named "BH Provider Recruitment and Retention Strategy," and updated it to reflect our efforts in retaining BH providers. HSAG found these actions sufficient to correct this deficiency. There were no other specific recommendations for improvement or corrective action requirements for the other standards.

Advisory Committees and Learning Collaboratives

Goal: QMC: Objectively and systematically monitor and evaluate the quality, appropriateness, accessibility, and availability of safe and equitable health care and services for members.

Techniques Used to Improve Performance:

- Evaluated the overall effectiveness of the Quality Management program and resource adequacy.
- Oversaw clinical and operational metrics for quality, safety, accessibility, and availability of care and services.
- Recommended quality initiatives for implementation in collaboration with Program Improvement Advisory Committee (PIAC), Member Advisory Committee (MAC), and Regional Health Equity Committee (RHEC) subcommittees.

Outcomes:
CCHA convened the QMC each quarter. This cross-functional team of health plan leaders and CCHA providers reviewed the activities of the annual Quality Plan and provided feedback, oversight, and direction for all quality monitoring and quality improvement activities.

All projects outlined in the Quality annual plan were completed and reviewed by the committee. The committee developed plans for implementing recommendations from external auditors to further improve the healthcare quality activities of the RAE and its network providers.

Recommendations for Future Quality Improvement:
As Region 3, CCHA will review the participation of the voting members of the Quality Improvement Committee to ensure cross departmental coordination and leadership involvement in quality monitoring and quality improvement.

Goal: PIAC: Utilize PIAC as a steering group to reinvest funding to support community programs, meet CCHA's focus areas and support CCHA's health equity initiatives.

Techniques Used to Improve Performance:

- Aligned community incentive funding to complement CCHA and HCPF priorities.
- Helped guide and inform the development of CCHA's health equity initiatives.

Outcomes:
CCHA distributed final Community Incentive Program (CIP) funds in SFY23-24 Q2, and the awardees implemented their programming throughout CY2024. Our PIAC reviewed final outcomes and the collective impact CIP had throughout its five years in supporting CCHA and ACC goals and advancing health equity.

Recommendations for Future Quality Improvement:
CCHA will host PIAC meetings to engage stakeholders to guide our programs and operations. We will expand upon the stakeholders who participate to ensure we have diverse representation across our Health Neighborhood and Community. Together, we will improve coordination of care for our members, network providers, and larger Health Neighborhood by leveraging strategic partnerships. CCHA will prioritize transitions of care, especially for our unattributed members.

Goal: RHEC: Recruit members from diverse backgrounds to help inform CCHA's health equity initiatives.

Techniques Used to Improve Performance:

- Formed CCHA's RHEC to help guide and inform the implementation of initiatives and gather feedback on CCHA's health equity strategies.
- Tracked member demographics of those participating in equity-focused engagement to monitor inclusion and adjust recruitment strategies as needed.
- Partnered with community-based organizations (CBOs) trusted by diverse populations to promote opportunities for member involvement.
- Ensured advisory roles are meaningful and accessible, providing training, context, and follow-up so members feel their input is valued and impactful.

Outcomes:

CCHA established an RHEC and met three times during the fiscal year. We prioritized creating a safe space where community members could share their input and ideas regarding our health equity initiatives. We intentionally held separate meetings for members to minimize intimidation and encourage open expressions of their opinions, experiences, and questions. To foster a deeper connection and enhance trust, our meetings were conducted in Spanish and English, we offered childcare, and we shared meals with participants.

During the first meeting, we provided an overview of CCHA, detailing the services we offer and how we can support our members. We also explained the committee's role and the concept of health equity, aiming to align participants' understanding of the committee's purpose and their potential contributions to our health equity initiatives.

In subsequent meetings, we discussed topics such as preventive care, EPSDT outreach, and our Healthy Rewards program. Participants shared their experiences regarding the lack of reminders for scheduling preventive care visits, inconsistent communication methods among providers, difficulties accessing specialists, and feelings of discrimination during their visits.

To address these concerns, CCHA implemented EPSDT texting outreach in Spanish to reduce language barriers, reviewed the wording used in our text messages to members, and contracted with CultureVision, an online learning tool that provides education and support to providers. CultureVision enhances understanding of health equity and fosters cultural competence among healthcare professionals.

Recommendations for Future Quality Improvement:

CCHA will provide training and orientation for committee members on health equity principles, data interpretation, and Medicaid programming context, including changes in the RAE contract with the Department. CCHA will incorporate cross-sector partners**,** such as behavioral health providers, CBOs, public health agencies, and local government representatives.

Goal: MAC: Recruit committee members that come from diverse backgrounds. Utilize feedback from the MAC to enhance the services provided.

Techniques Used to Improve Performance:

- Conducted MAC bi-monthly with diverse group of CCHA members.
- Engaged members to identify short- and long-term opportunity areas for the member engagement plan.
- Solicited the lived experience of members to identify ways to engage members most effectively in their health at the micro and macro levels while improving member experience.

Outcomes:

CCHA averaged 13 members attending each bi-monthly meeting this year, with the highest attendance of 17 CCHA members. CCHA gathered member feedback on several topics:

- Members reviewed our Call Center Post-Call Survey questions and participation data. They shared valuable perspective around the words and phrases used to solicit clear feedback with the survey in which CCHA made improvements.
- CCHA presented our Call Center phone tree to members who provided feedback on the order of menu options and phrasing that were not easily understood by members seeking guidance. This led CCHA to complete a phone tree redesign.
- An external social health platform presented their tool to members, and this allowed the company to create a member-ambassador program that further engages members to benefit from the platform.
- HCPF's partner, Medicaid Innovation Collaborative (MIC), presented their efforts in addressing SDOH needs across Colorado by finding select contractors to combat food and housing insecurity, as well as transportation. Our members reported real-life experiences to help guide criteria HCPF and MIC may consider when reviewing applicants.
- We highlighted CCHA's Healthy Rewards member incentive program and made changes on how the incentive is explained and where it is located on our website.
- CCHA provided an ACC Phase III overview and invited HCPF to speak to their ACC Program Evaluation. Members had a productive conversation when reporting their experiences and understanding of RAE care coordination. For SFY25-26 Q1, CCHA will bring Clinical Operations team members to begin clarifying the care coordinator and member support roles, what to expect when engaging, and more.

CCHA provides a combined virtual online seminar session for both regions to allow for more diverse discussion and insights. We also check in at each meeting to determine what is working well and what needs to be updated.

Recommendations for Future Quality Improvement:

CCHA will survey members at the end of their participation year for interest in continuing committee service and future committee recruitment needs.

Quality and Compliance Monitoring Activities

Goal: 411 Audit QUIP: Support improvement of providers' documentation to comply with SBHS standards and requirements.

The RAE BH Encounter Data Quality Review, also known as the 411 Audit, is conducted each year to verify network BH providers' compliance with documentation standards outlined in the SBHS Billing Manual. 411 encounters in three categories of service are randomly selected for review. In 2024, those service categories were inpatient (INP), psychotherapy (PSYC) and residential (RESID) services. The compliance threshold for improvement interventions in each element was 90%.

A review of service records for the 2024 411 Audit identified the following data elements below 90% accuracy.

Table 9. 411 Encounter Data Elements Below 90%

Region 6	
Psychotherapy (PSYC)	
Element	**Percent**
Diagnosis Code	89%
Place of Service (POS)	77%

Techniques Used to Improve Performance:

- Worked with HSAG to determine quality improvement targets.
- Partnered with providers to develop and implement improvement processes.

Outcomes:

Upon execution of QUIP interventions, additional service encounters were randomly selected for review for three months following the intervention to ensure corrections were successful in resolving deficits. Interventions were successively implemented, as audits conducted for this QUIP facilitated the identification of previously unknown deficits. Although the interventions improved data accuracy, the 90% score target was not achieved prior to conclusion. The rapid project timeline has impeded comprehensive error resolution prior to audits. Further testing was deemed necessary to allow sufficient time for continuous error identification and correction. While the interventions implemented by the QUIP partner provider are beneficial to enhance documentation compliance, they do not impede mistakes from occurring and do not guarantee that errors are consistently identified and corrected. Due to its limited reliability, CCHA will continue testing this intervention by auditing ten records in three months to evaluate the effectiveness of the corrections, with quarterly spot checks proceeding until the resolution is consistently achieved and sustained for at least two consecutive quarters.

The large quantity of individual providers included in the psychotherapy service category limited audit sample sizes, leading to diffused causes of failure and no substantial contributors to regional scores among providers. Consequently, improvements made by individual providers are insufficient to impact regional outcomes, and a meaningful correlation cannot be inferred between QUIP efforts and audit results. CCHA's strategy to broadly advance improvements is described below.

Recommendations for Future Quality Improvement:
Upon completion of the encounter data validation phase of the 2025 audit, practice-level scorecards with the providers' results on each audited element were furnished to all audited providers to notify participants of their performance and to guide necessary corrections. Routinely updated guidelines were enclosed with scorecards to provide additional clarity on audit requirements, common mistakes, and a self-audit checklist to facilitate providers' review of their submissions. CCHA hosts the Behavioral Health Education Series focused on the 411 Audit annually to present findings, scores, mock audit exercises, and general education were reviewed to further advance providers' familiarity, comprehension, and proficiency with standards and requirements.

Audit findings indicative of substantial risk of improper billing are also referred to the Special Investigations Unit for further review, monitoring, and determining required action. Service claims are regularly reviewed to identify practices that may benefit from additional support. Providers are informed of investigation findings to foster education to enhance compliance with billing requirements and reduce the number of denied claims. CAPs have been utilized as needed to provide the structure, clarify expectations, and ensure accountability for established improvement efforts.

Mental Health Parity External Quality Review Audit

HSAG reviewed ten inpatient and ten outpatient adverse benefit determination (ABD) records for each region to determine whether each RAE demonstrated compliance with specified federal and state managed care regulations and our policies and procedures.

Techniques Used to Improve Performance
Overall, the statewide average score for the Mental Health Parity audit decreased from 95% in the CY2023 record reviews to 92% in the CY2024 record reviews. The following strengths were identified:

- When clinically indicated, Utilization Management (UM) reviewers proactively noted the potential need for care coordination services and submitted timely referrals for care coordination.
- CCHA occasionally issued extensions when in the best interest of the member, ensuring the provider and member have sufficient time to submit appropriate clinical information.
- CCHA collaborated with the Department to update policies ensuring that members admitted to inpatient levels of care in crisis but are later determined to have a non-covered diagnosis will continue to have their stay covered until they are stabilized and safe to discharge to a lower level of care.

Outcomes:
Table 10. Mental Health Parity External Quality Review Audit Results

RAE	2023 Total Score	Category of Service	Compliance Score	2024 Total Score
Region 6 CCHA	96%	Inpatient Outpatient	94% 99%	96%

Recommendations for Future Quality Improvement:
CCHA will improve performance by following established policies and procedures, enhancing monitoring procedures to ensure that requesting providers are offered a peer-to-peer review prior to the issuance of the member notice of adverse benefit determination (NABD) and providing ongoing training and regular auditing to ensure efforts regarding peer-to-peer reviews are clearly and consistently documented.

Inpatient and Residential Substance Use Disorder Service Denial Determination Analysis

HSAG was contracted to review SUD denials, which excluded denials of claims for technical issues, to determine SUD inpatient and residential levels of care using the following American Society of Addiction Medicine (ASAM) level of care criteria. HSAG sampled 33% of the denials submitted and reviewed medical records for the sampled cases, which resulted in the review of 53 denial files for Region 6.

Outcomes

HSAG identified the following strengths in Region 6:

- 100% adherence to ASAM criteria for denial determinations.
- HSAG agreed with 100% of CCHA denial decisions.

Recommendations for Future Quality Improvement:

CCHA will improve performance by providing additional training for all UM staff related to the selection, implementation, and documentation of the appropriate ASAM criteria for the specific population, level of care, and type of review; specifically, improve documentation in the UM system notes to demonstrate the review of ASAM's level-specific criteria, EPSDT criteria, and *Dimensional Considerations for Parents or Prospective Parents Receiving Addiction Treatment Concurrently with Their Children* for eligible members. CCHA will require and use treatment plans as part of the ongoing service reviews to improve compliance with ASAM criteria.

Goal: Administer the Primary Care, Health Neighborhood & Community customer satisfaction survey.

Techniques Used to Improve Performance:

- CCHA was unable to complete implementation of this survey during this year.

Recommendations for Future Quality Improvement:

CCHA will assess further opportunities to evaluate the satisfaction of our Primary Care and Health Neighborhood providers in the coordination and quality of services that CCHA provides.