



# CHASE

Colorado Healthcare Affordability and  
Sustainability Enterprise

1570 Grant Street  
Denver, CO 80203

## Colorado Hospital Transformation Program

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### *HTP Hospital Application and Intervention Proposal: Question-Specific Review Criteria*

#### **I. Scoring Framework**

Each response will be scored either as pass / fail or on a numerical basis.

Pass / Fail scores will be based on the following:

- Fail: The answer is incomplete because it does not address one or more part(s) of the question asked. More information must be provided for the answer to be considered complete.
- Pass: A complete response was provided to all applicable aspects of the question.

Numerical scores will be based on a one to three (1-3) scoring rubric.

- Scores of one (1) will be given for responses that need to be revisited in-depth because they are either incomplete (they do not address one or more part(s) of the question asked) or they do not demonstrate a satisfactory approach in regard to the topic addressed, as outlined in the question-specific criteria below.
- Scores of two (2) represent a generally complete and satisfactory response to the question (criteria for scores of one outlined above do not apply) but limited additional information or clarification is needed to ensure responses are detailed enough to provide the Department with a complete and accurate understanding of the response. The additional information or clarification needed will be specifically cited by the Department.
- Scores of three (3) represent a complete, sufficiently detailed and acceptable response and approach to the topic addressed (criteria for scores of one and two outlined above do not apply).

Applications must earn passing scores for every pass / fail response and a score of three (3) for every numerical score response to qualify for participation in the program. Any question not receiving those required scores during the initial application review period will be returned to the applicant with specific instructions for revisions prior to resubmission. The Department will provide assistance aimed at ensuring the revisions result in the required score.

#### **II. Question-Specific Review Criteria: Hospital Application**

##### **Eligibility Criteria**

- Pass / Fail score
- Reviewers will confirm:
  - ✓ The hospital is located in Colorado.
  - ✓ The hospital is an acute care hospital.
  - ✓ The hospital participates in Health First Colorado.
  - ✓ The hospital has completed the CHNE process, including that the hospital has:

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[www.colorado.gov/hcpf](http://www.colorado.gov/hcpf)



- Submitted a CHNE Action Plan.
- Submitted a CHNE Midpoint Report.
- Submitted a CHNE Final Report.

**Question 1.**

- Pass / Fail score
- Responses will be reviewed for completeness.
  - ✓ Does the response identify the hospital's goals and objectives to be achieved through participation in the HTP?
  - ✓ Does the response include the hospital's initial thinking regarding how its HTP efforts generally can be sustained beyond the term of the program?

**Question 2.**

- Pass / Fail score
- Responses will be reviewed for completeness.
  - ✓ Does the response include all requested contact information for the hospital, the hospital executive and a primary and a secondary point of contact for the application?

**Question 3.**

- Pass / Fail score
- Responses will be reviewed for completeness.
  - ✓ Does the response include a description of the hospital's HTP governance structure?
  - ✓ Does the response address how the HTP governance structure:
    - Reflects the needs and experiences of the hospital?
    - Will ensure successful oversight of the hospital's HTP engagement?
    - Will ensure management and transparency?
    - Will engage members of impacted populations and community partners?
  - ✓ Does the response include a description of the hospital's overall project management structure, including:
    - How it is organized into operational, clinical, financial and other functions; and
    - How it will be leveraged to support the hospital's HTP efforts and governance of those efforts?
  - ✓ Does the response address how the hospital's project management structure is aligned with the hospital's leadership structure?
  - ✓ Does the response include a description of the current state of centralized reporting capabilities for the hospital?

**Question 4.**

- Pass / Fail score
- Responses will be reviewed for completeness.



- ✓ Does the response include the hospital's high-level approach to continuing Community and Health Neighborhood Engagement throughout the hospital's HTP participation?

**Question 5.**

- Pass / Fail score
- Responses will be reviewed for completeness.
  - ✓ Does the response list which stakeholders received a draft of your application with and indicate which submitted feedback?
  - ✓ Does the response explain the draft application was shared and feedback solicited?
  - ✓ Does the response list the shared stakeholder feedback and explain if any changes were made to the application based on the feedback? If no changes were made, does the response explain why?

**Question 6.**

- Pass / Fail score
- Responses will be reviewed for completeness.
  - ✓ Does the response meet the required number of total measures and statewide and local measures based on the specific characteristics of the hospital?
  - ✓ Does the response identify statewide priorities, as applicable?
  - ✓ Does the response include all measures that the hospital included in the submitted Intervention Proposals (Question 2)?
  - ✓ Are each of the measures listed in this response also included in the response to Question 2 in at least one of the Intervention Proposals submitted by the hospital?

**Question 7.**

- Pass / Fail score
- Responses will be reviewed for completeness.
  - ✓ Are all interventions for which the hospital submitted an Intervention Proposal included?
  - ✓ Was an Intervention Proposal submitted for each intervention on this list?
  - ✓ Does the response note which measures will be impacted by each of the listed proposed interventions?

### **III. Question-Specific Review Criteria: Intervention Proposals**

**Question 1.**

- Pass / Fail score
- Responses will be reviewed for completeness.
  - ✓ Was an intervention name provided?

**Question 2.**

- Pass / Fail score
- Responses will be reviewed for completeness.
  - ✓ Are measures and statewide priorities (as applicable) listed?



### Question 3.

- Numerical score
- Responses will be reviewed for completeness and approach.
  - ✓ Does the response include a description of the intervention?
  - ✓ Does the response demonstrate that the intervention will advance at least one goal of the HTP?

#### HTP Goals:

- Improve patient outcomes through care redesign and integration of care across settings;
- Improve the patient experience in the delivery system by ensuring appropriate care in appropriate settings;
- Lower Health First Colorado (Colorado's Medicaid Program) costs through reductions in avoidable hospital utilization and increased effectiveness and efficiency in care delivery;
- Accelerate hospitals' organizational, operational, and systems readiness for value-based payment; and
- Increase collaboration between hospitals and other providers, particularly Accountable Care Collaborative (ACC) participants, in data sharing and analytics, evidence-based care coordination and care transitions, integrated physical and behavioral care delivery, chronic care management, and community-based population health and disparities reduction efforts.

### Question 4.

- Numerical score
- Responses will be reviewed for completeness and approach.
  - ✓ Does the response demonstrate that the intervention was selected based on identified community needs?
  - ✓ If the intervention addresses one or more local quality measure(s), does the response demonstrate that the local quality measure(s) to be addressed by the proposed intervention were selected based on identified community needs?
  - ✓ Does the response demonstrate that the population of focus aligns with identified community needs?
  - ✓ Does the response demonstrate that the proposed intervention will leverage any available medical and / or social resources and partners?

### Question 5.

- Numerical score
- Responses will be reviewed for completeness and approach.
  - ✓ (a) Does the response identify the type of evidence base for the intervention's use among the target population?
  - ✓ (b) If response option 1, 2 or 3 is selected for subpart (a):
    - Does the response demonstrate that the cited evidence base supports the use of the intervention among the target population?



- Does the response demonstrate that the intervention will impact the selected local and statewide quality measures identified for the proposed intervention?
- Does the response include links to reference documentation?

OR

- ✓ (b) If response option 4 is selected for subpart (a), does the response provide an explanation for selecting the proposed intervention despite the lack of an evidence base?

#### Question 6.

- Pass / Fail score
- Responses will be reviewed for completeness.
  - ✓ (a) Does the response identify whether the proposed intervention intersects with ongoing interventions statewide?
  - ✓ (b) If the response to subpart (a) is yes:
    - Does the response identify the applicable statewide initiative(s)?
    - Does the response address how the hospital will ensure that the initiative aligns with the applicable ongoing initiative(s)?

#### Question 7.

- Pass / Fail score
- Responses will be reviewed for completeness.
  - ✓ Does the response address any prior experience the hospital or any affiliated community partners have had with the type of intervention or target population being proposed?
  - ✓ If the response indicated that the hospital or an affiliated community partner has relevant prior experience, does the response address how that experience will support the success of the initiative?

#### Question 8.

- Numerical score
- Responses to be reviewed for completeness and approach.
  - ✓ (a) Does the response indicate whether the intervention is an “existing intervention”?
  - ✓ (b) If the response to subpart (a) is yes:
    - Does the response demonstrate that the use of intervention is the best approach for meeting the identified needs of the community?
    - Does the response demonstrate that the project will be enhanced to meet HTP goals?

#### Question 9.

- Pass / Fail score
- Responses will be reviewed for completeness.



- ✓ (a) Does the response indicate whether the intervention will be a joint effort with another organization?
- ✓ (If the response to subpart (a) is no, no further information is required.)
- ✓ (b) If the response to subpart (a) is yes, does the response provide the following information for each partner organization:
  - Organization name;
  - Type of organization;
  - Whether the hospital has any previous experience partnering with the organization; and
  - Organization's role in intervention leadership and implementation?
- ✓ (c) If the response to subpart (a) is yes, is documentation of each partnership included? This may include: a contract; a memorandum of understanding; a business association agreement; a Letter of Partnership from the listed organization(s); or similar documentation.
  - If a Letter of Partnership is included:
    - Does the partner organization acknowledge that it intends to partner?
    - Does the letter provide a brief description of the organization?
    - Does the partner organization express agreement with the planned intervention?
    - Does the partner organization express agreement with the planned role it will have in leadership and implementation of the intervention?
    - Is the letter signed by a member of the organization's management?

