Annual QAPI Evaluation

Access Behavioral Care – Denver

Fiscal year 2016

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Executive Summary

The Colorado Access (COA) and Access Behavioral Care (ABC) Quality Assessment and Performance Improvement (QAPI) Program has a primary directive to develop quality initiatives and programs based on analysis of performance data to improve health outcomes for members. Quality assessment and performance improvement is integral to all aspects of ABC's operations and processes. Targeted interventions and work plans are selected for their potential to improve member health outcomes and satisfaction and to guide ABC's quality improvement program and compliance monitoring activities. Activities are designed to achieve continuous quality improvement, clinical and service excellence.

This report presents a summary of program activities and accomplishments during the contract fiscal year July 1, 2015 through June 30, 2016 (FY16). Some of ABC's performance was negatively impacted by continued increases in membership, particularly in the Adults without Dependent Children (AwDC) aid category. A significant proportion of members in this expansion population may have had untreated or under-treated behavioral health (mental health and substance use disorder) issues and now are provided services at no cost, causing what's being called a "warehouse" effect. This has resulted in continued increased utilization of intensive services like the emergency department and inpatient services.

Despite a continuous increase in membership, ABC's provider network has continued to meet and exceed the needs of our members – ABC's penetration rates have significantly increased, showing that an increased proportion of members have not just been seeking services, but receiving them - and receiving them as expeditiously as their condition required, as evidenced by the continued high performance on Access to Care metrics.

ABC is committed to continuing to provide a cohesive system of managed behavioral health care that ensures access to community-based, clinically relevant, member- and family-centered services to Denver Medicaid Members. ABC emphasizes member recovery and empowerment in the delivery of comprehensive, coordinated, and culturally sensitive behavioral health services that meet or exceed State and community standards. ABC's diverse network of providers and community stakeholders shares this philosophy and commitment.

Key Metrics

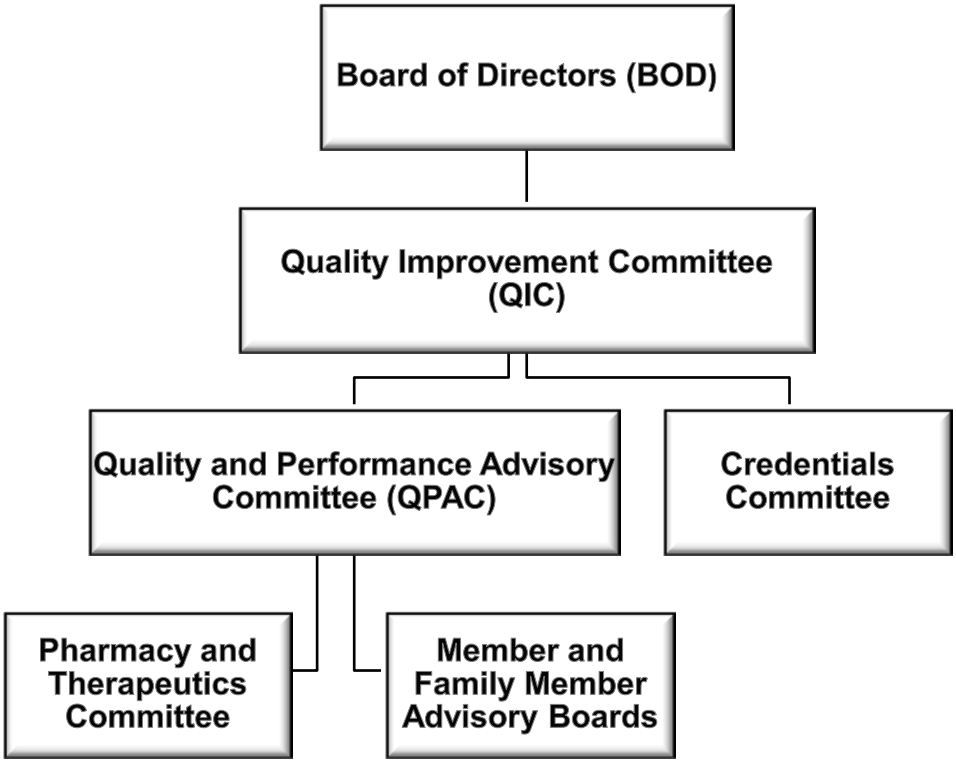
Measure		Goal	FY12	FY13	FY14	FY15	FY16
Penetration Rate (overall)		> 14.0%	11.5%	11.8%	14.3%	16.46%	*
Utilization Monitoring	Inpatient Admits per 1000 members	< 6.0	5.6	4.2	4.8	6.44	*
	Emergency Visits per 1000 members	< 12.0	11.2	12.6	14.6	16.33	*
Follow-up after Hospitalization	7 days	60%	42.6%	39.7%	46.2%	48.65%	*
	30 days	75%	62.1%	59.4%	70.4%	65.15%	*
Inpatient Readmission	7 days	< 5.0%	4.3%	1.9%	2.9%	5.22%	*
	30 days	< 13.0%	11.5%	7.3%	11.7%	13.92%	*
	90 days	< 20.0%	18.4%	13.3%	18.5%	21.52%	*
Access to Services	Routine Care within 7 calendar days	100%	100%	100%	100%	100%	99.5%
	Urgent Care within 24 hours	100%	100%	100%	100%	100%	100%
	Emergent Care within 1 hour	100%	92%	94%	94%	96%	100*
	% of members within 30 miles of provider	100%	100%	100%	100%	100%	100%
Appeals	Resolution Timeliness	100%	100%	100%	100%	100%	100%
	Appeal Rates	< 2.0	0.12	0.14	0.08	0.07	.04%
	% of Denials Overturned	NA	0.8%	0.7%	0.2%	1.6%	.13%
UM Decision Timeliness		97%	*	*	*	92.9%	97.90%
Grievances Resolution Timeliness		100%	100%	99%	100%	100%	64.29%
Quality of Care Concern Rate		< 2.0	*	0.017	0.014	0.016	0.03

*Data unavailable

Colorado Access QAPI Program Organization and Structure

The structure of the QAPI Program (illustrated below) is comprised of core committees with interface and support from a number of additional collaborative committees and key staff. Some committees include participating ABC network providers (non-employee) and ABC members.

A detailed description of the functions and membership of each committee can be found in the Colorado Access 2015 QAPI Program Description.



The structure enables the program to:

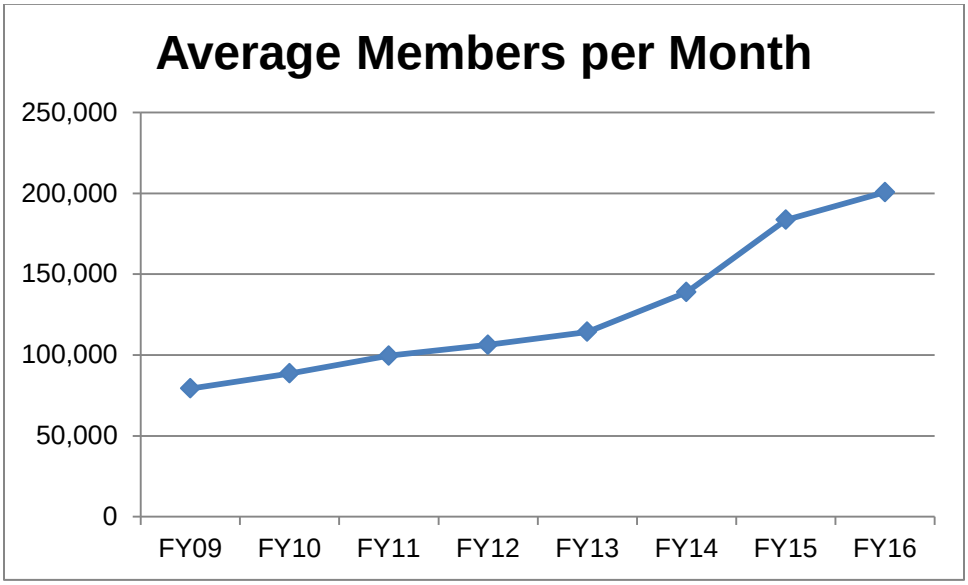
- Identify the most important quality assessment and performance improvement issues
- Obtain comprehensive feedback on the methods and results of its initiatives
- Use the results of quality assessment, performance improvement, and program evaluation activities to conceptualize and carry out efforts to enhance administrative services and the quality of clinical care.

Membership

Enrollment

ABC Membership continues to increase from previous years, with FY16 membership increasing from an average of 183,542 in FY415 to 200,705 for FY16. This spike in membership is attributed primarily to the continued Medicaid expansion, particularly in the AWDC (Adults without Dependent Children) aid category which went from 28% of ABC's membership in FY15 to 37% of membership in FY16.

	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16
Average Members/Month	79,321	88,610	99,595	106,335	114,309	138,850	183,542	200,705



The effects of this increase in membership are demonstrated throughout this evaluation and are likely related to other increases experienced by COA, such as increases in inpatient and emergency department utilization. COA is working diligently to better understand the expansion population and their unique health needs, as many were previously uninsured.

The ABC membership is further broken down by aid category in the tables below.

Membership by Aid Category)	FY15	FY16
Categorically Eligible Low-Income Adults (AFDC-A)	15%	10%
Categorically Eligible Low-Income Children (AFDC-C)	40%	37%
Disabled Individuals to 59 (AND-AB)	6%	6%
Baby Care Adults (BCKC-A)	1%	1%
Baby Care Children (BCKC-C)	2%	2%
Foster Care (FC)	1%	1%
Adults 65 and Older (OAP-A)	4%	4%
Disabled Adults 60-64, (OAP-B)	1%	1%
Adults without Dependent Children (AWDC)	28%	37%

Penetration

Penetration rates are calculated annually in order to measure the percentage of members who have received one or more behavioral health service. Please note that the penetration rates are presented through FY15. FY16 penetration rates are not calculated until fall 2016. FY16 penetration rates will be presented in the FY17 annual quality report.

Goals from FY15/FY16

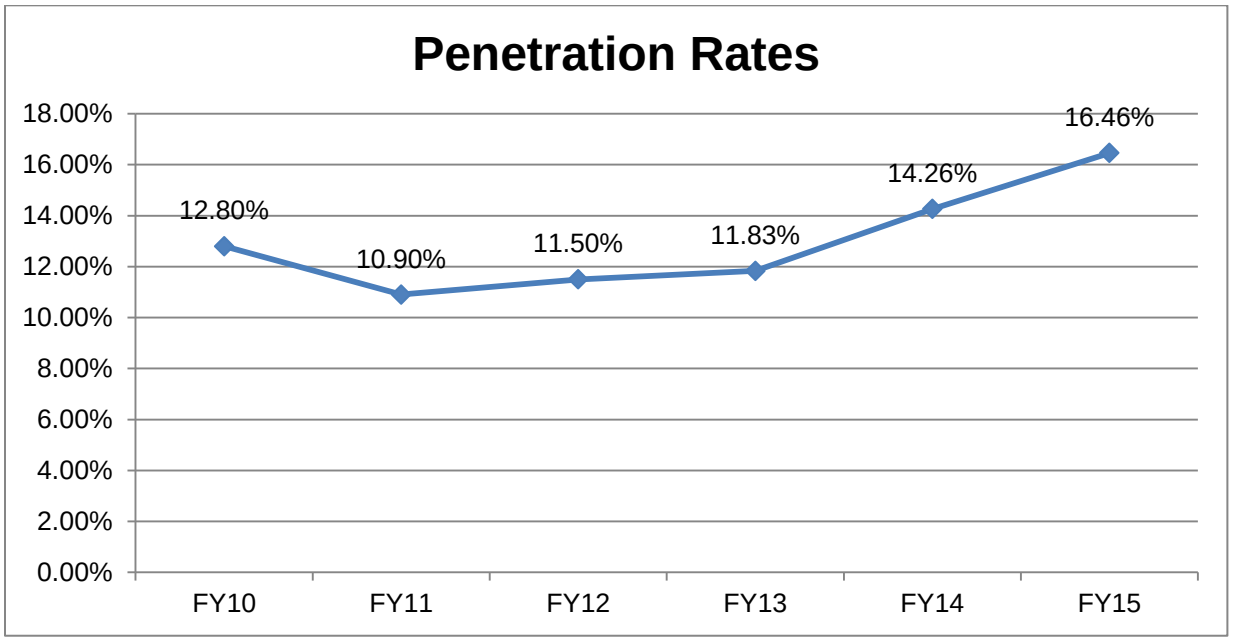
- Maintain or increase overall penetration rate from previous fiscal year.
- Continue focusing efforts on improving the foster care penetration rates by coordinating efforts with the Denver Department of Human Services and the Eastside Foster Care Clinic (DIBS).

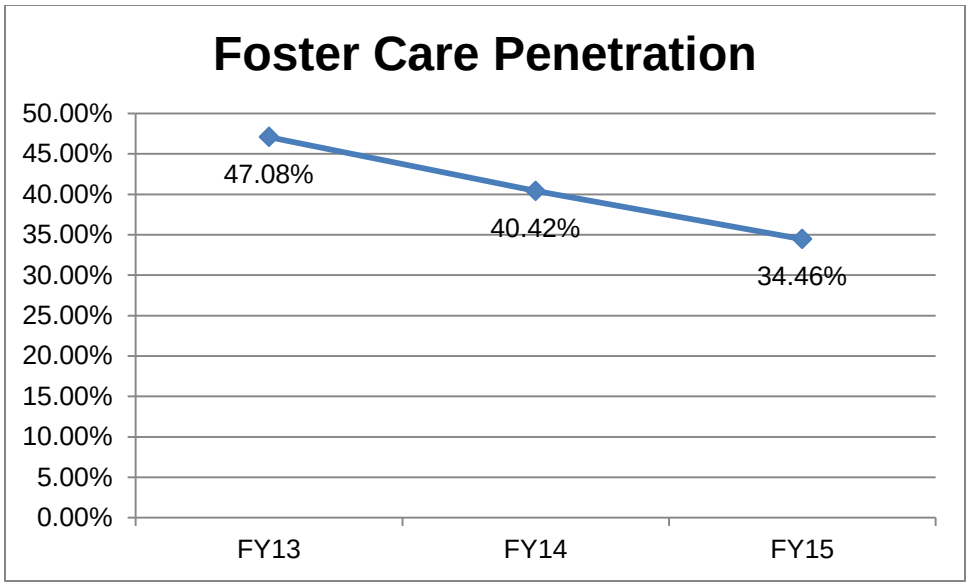
Interventions Implemented during FY16

ABC established monthly clinical operations meetings as well as monthly Management Operations meetings with Denver DHS. The purpose of these meetings is to identify ways to increase overall access to Medicaid covered services, including maintaining and possibly increasing our foster care penetration rates.

Results and Analysis

FY15 penetration rates showed a moderate increase from 14.26% in FY14 to 16.46%. This demonstrates that not only has the ABC membership increased, but the newly eligible expansion population has been seeking services at a higher rate than previously existing populations.





Planned Interventions for FY17

- Continue to build partnership with DHS through established meetings with the goal of increasing Foster Care Penetration rates.
- Implement any recommendations made through operations or clinical meetings that will further higher foster care penetration rates as well as overall penetration rates.
- Discuss and address barriers identified through operational and clinical meetings for foster care penetration as well as penetration rates overall.

Goals for FY16/FY17

- Maintain or increase overall penetration rate from previous year.
- Increase penetration rates for the foster care population specifically bringing foster care penetration rates up to FY14 level of 40.42%.

Access to Care

Service Accessibility

ABC and its extensive provider network strive to provide timely access to routine, urgent, and emergent behavioral health services for members. ABC continued to work closely with the Mental Health Center of Denver (MHCD) and other high-volume providers to increase performance on access to care metrics.

ABC continues to re-educate providers on access to care standards via communication methods such as provider bulletins, posting of standards on the Colorado Access website, and direct communication with specific providers regarding access issues as they occur.

Access to Care Standards includes the following:

- Routine Care available within seven business days of request.
- Urgent Care available within 24 hours of request.
- Emergency face-to-face services available within one hour of request in urban/suburban areas and within two hours of request in rural/frontier areas.
- Emergency phone services available within 15 minutes.

Goals from FY16

- 100% compliance with Routine Care standards.
- 100% compliance with Urgent Care standards.
- 100% compliance with Emergency face-to-face standards.
- 100% compliance with Emergency phone services standards.

Interventions Implemented during FY16

The quality department increased efforts on providing education related to the standards on provider bulletins, newsletters, and face-to-face meetings. The reporting process was also significantly streamlined, making it easier for providers to submit their data through an online tool.

Results and Analysis

ABC consistently met the performance goals for three of the four access to care standards. Results are displayed below.

Access to Care Standard	FY13	FY14	FY15	FY16
Routine	100%	100%	100%	99.5%
Urgent	100%	100%	100%	100%
Emergency Face-to-face	94%	93.7%	95.7%	100%
Emergency Phone	100%	100%	100%	100%

While ABC did not meet the goal for routine access to care, this is mainly due to a small number of members at the beginning of the fiscal year not being offered care within the standards. ABC quickly rectified the issues with the providers who were not complying with the correct standard of access to care for our members, but this did bring the total FY16 number down slightly. ABC improved our emergency fact to fact access to care number, and we continue to work with all of our urgent care and emergency department providers to ensure this continues.

Planned Interventions for FY17

- Continue educating providers on access to care standards.
- Continue to monitor access to care data on a quarterly basis per contractual requirements.
- Collaborate with the Community Crisis Connections to obtain addition data around urgent and emergency face-to-face services (mobile and walk-in).

Goals for FY17:

- 100% compliance with Routine Care standards.
- 100% compliance with Urgent Care standards.
- 100% compliance with Emergency face-to-face standards.
- 100% compliance with Emergency phone services standards.

Telephone Accessibility

Monitoring reports are generated from COA's telephone system to provide information on calls from both providers and members, such as: the percentage of calls answered, number of calls abandoned, types of calls received, and the percentage of calls reverting to voice mail or overflow. Telephone statistics are reviewed every quarter by the Quality Improvement Committee and are used to evaluate adherence to performance goals.

Goals from FY16

- ≥ 80% of calls answered within 30 seconds.
- ≤ 5% call abandonment rate.
- ≤ 5% overflow to voicemail (overflow percentage).

Results and Analysis

As demonstrated below, COA surpassed all identified telephone accessibility goals for FY16.

Telephone Standard	FY13	FY14	FY15	FY16
30 Seconds	89.1%	88.5%	89.93%	82.94%
Abandonment Rate	1.8%	2.3%	1.24%	4.22%
Overflow Rate	1.1%	2.4%	1.70%	1.77%

Top Reasons for Call	Number of Calls FY15	Number of Calls FY16
Eligibility verification	6368	6727
Claim status inquiry	3112	3990
Provider search requests	735	853

Planned Interventions for FY17

- Continue tracking call results on a quarterly and annual basis.
- Monitor call reasons and identify areas needing service improvement.

Goals for FY17

- ≥ 80% of calls answered within 30 seconds.
- ≤ 5% call abandonment rate.
- ≤ 5% overflow to voicemail (overflow percentage).

Network Adequacy: Network Composition

ABC has built and maintained an extensive provider network to maximize the range of availability and member choice. This network offers a comprehensive continuum of services and coverage that extends beyond ABC's state contracted service region. ABC is committed to sustaining a superior network of providers through a spectrum of community mental health centers, clinics, hospital-based facilities, other essential community-based resources, and contracts with individual community practitioners to provide accessibility to all covered behavioral health services for members.

ABC has continued to shape its extended provider network as the population of enrollees has grown, to ensure an appropriate mix and number of providers. New individual practitioners and organizational providers are added to the network as necessary to fill gaps, meet special needs, and ensure convenience and choice.

Goals from FY16

- Meet the geographical needs of members by assuring provider availability.
- 100% of members have access to a provider within 30 miles.

Interventions implemented during FY16

Our provider network contracting team is recruiting and filling any provider gaps based on the distribution and demographics of Medicaid members. ABC also works collaboratively with the Directors of Member and Family Affairs and Utilization Management to identify any trends or patterns found through member phone calls and grievances. If a member calls because they are having problems locating a provider in their area, ABC gives hands-on assistance to finding an appropriately qualified provider within a reasonable traveling distance and/or helps the member with transportation arrangements, as well as provides Single Case Agreements when appropriate.

Results and Analysis

The External Provider Network for last fiscal year had 2,937 providers serving our Medicaid eligible members for the Denver and Northeast BHOs. This fiscal year ABC's network has grown 17.9% to approximately 3,464 providers serving an average monthly membership of 200,207 Medicaid eligible members.

Due to the significant overlap in provider networks for both ABC-Denver and ABC-NE, the results below represent performance for the combined provider networks for both regions.

Practitioners by Type	Total providers
Prescribers	**461**
Licensed Mental Health Practitioners	**2376**
Unlicensed Mental Health Practitioners	**228**
Case Manager/Mental Health Workers	**405**
Total	**3470**

ABC has established a comprehensive network to ensure reasonable proximity of providers to the residence of Medicaid members in order to limit barriers to care. As of the third quarter of fiscal year 2016 (FY16 Q3) ABC's analysis of Medicaid member outliers and provider locations shows that, still less than 1% of the total Medicaid eligible members continue to reside outside of the service area. These members are within an average of 37.0 miles of a contracted provider, which includes the locations of all community mental health center treatment centers across the state. On a quarterly basis, ABC examines the provider network adequacy and how it relates to our changing Medicaid population.

Because ABC maintains an extensive network, the need for single case agreements or out-of-network activity is minimal. Single case agreements are only initiated when the existing network is not able to meet the specific needs of an individual member. The reason for single case agreements includes continuity of care when treatment was rendered by a prior treating provider who is not contracted with ABC or does not wish to be a contracted provider. During FY16, there were 44 single case agreements to serve ABC members.

ABC is confident the existing provider network is adequate for the population served, as there were no grievances related to care access or availability. Network adequacy will continually be monitored using member and provider feedback to determine whether additional specific recruitment efforts are needed.

Planned Interventions for FY17

- Continue to monitor network composition and needs. Ongoing efforts will be made to recruit providers with expertise in meeting special needs or special population issues, substance use disorders, fluency in Spanish, and prescribing capabilities.
- Identify any gaps in specialty services available in the existing provider network.

Goals for FY17

- Meet the geographical needs of members by assuring provider availability (100% of members have access to a provider within 30 miles).

Network Adequacy: Cultural and Linguistic Needs

A culturally diverse network provides services to members that account for cultural norms, language differences, other special needs, and diverse lifestyles. ABC strives to determine and ensure that its' provider network is inclusive enough to serve specific populations and meet special treatment needs.

Goals from FY16

- To continue to meet the cultural, ethnic, and linguistic needs of members by assuring a diverse provider network.

Interventions Implemented during FY16

ABC recruited and maintained contracts with practitioners and agencies with a variety of specialized cultural expertise and linguistic competency. Colorado Access also directly employs many multi-linguistic staff to assist members and facilitate service delivery.

Results and Analysis

ABC ensures that members and family members are informed of their right to have information and services provided in a language or format they are able to understand. ABC also informs providers of the availability of interpretive services and other resources. When services cannot be delivered in a member's primary language with existing resources, ABC and its core providers maintain contractual arrangements with agencies providing interpretation services.

Languages offered within ABC provider network			
Russian	Afrikaans	Arabic	Burmese
Chinese	German	Hindi	Portuguese
Italian	Japanese	Polish	American Sign Language
Romanian	Spanish	Tagalong	

The Mental Health Center of Denver has a number of programs specifically designed to be responsive to members' cultural, linguistic, and special needs:

- **El Centro de las Familias**: Comprehensive mental health services provided to Denver's Latino community. All clinical, psychiatry, and support staff are bilingual.
- **Voz y Corazon**: A suicide prevention project that has been designed by teens, involves teens, and supports teens. The organizations that joined in collaboration launched the project to value the healing power of culture, connectedness, and caring.
- **Deaf/Hard of Hearing Counseling Services**: A full range of outpatient services is available to individuals and families statewide. Staff is fully fluent in American Sign Language (ASL) and Signed English.
- **Living and Learning with HIV**: Services for members and their families, children, and significant others who are living with HIV or AIDS.

Other ABC provider agencies also have specialized expertise in cultural and linguistic competency, including:

- **Servicios de la Raza**: The mission of Servicios de La Raza is to provide and advocate comprehensive, culturally relevant human services primarily, but not limited to, the Spanish speaking population.
- **Asian Pacific Development Center (APDC)**: The Asian Pacific Development Center is a community-based organization serving the needs of a growing population of Asian American and Pacific Islander residents throughout Colorado. APDC operates a licensed Community Mental Health Clinic designated by the Colorado Department of Public Health and Environment. APDC provides culturally competent services that include assessment, individual and group counseling, case management services, victim

assistance services, mentorship, youth leadership programs, health promotion, interpretation/translation services, and cultural competency training and consultation.

- **Jewish Family Services (JFS)**: The mission of Jewish Family Services is to restore well-being to the vulnerable throughout the greater Denver community by delivering services based on Jewish values. JFS licensed therapists provide counseling and psychiatric care management for those with serious and persistent mental illness. JFS also provides services to ABC members under the Federal Refugee Program from Middle Eastern and African nations.
- **Rocky Mountain Survivors Center**: The Rocky Mountain Survivors' Center provides mental health services to survivors of torture and war trauma (and their families) to heal and rebuild their lives. Mental health services address emotional, cognitive, psychosocial, and somatic consequences of torture and/or war trauma; and support strengths and empower participants to build new futures in the community. Mental Health services include assessment, treatment, psychiatric evaluation, and medication management.
- **University of Colorado-Denver Refugee Mental Health Program**: Through the Refugee Health Program of Colorado and the University of Colorado Denver AF Williams Family Medicine Clinic, mental health treatment is available to refugees.
- **Developmental Disabilities Consultants**: Developmental Disabilities Consultants is a private mental health agency specializing in working with clients with developmental disabilities. They provide routine mental health outpatient services for children and adults, as well as home based mental health services for children. A specially trained behavioral specialist works with parents and children in their homes. They have a staff member trained specifically to work with members with closed head injuries.
- **Rocky Mountain Human Services (RMHS)**: provides services to children and adults with intellectual and developmental disabilities, including team based mental health care comprised of psychiatrists, psychologists, and behavior specialists.

ABC's commitment to diversity is exemplified by the company's cultural competency training requirement for all staff with an expanded module for managers on Generational Diversity. ABC has various modules of the cultural competency training that is offered to contracted health care professionals in the community, to help ensure that individuals have the knowledge and skills to deliver effective services to members of diverse backgrounds. During FY15, Colorado Access continued to offer and provide training to individuals, employees, contracted providers, practitioners, and community health centers on such topics as Basic Cultural Competency, Effective Communication When Using an Interpreter and Health Disparities.

Planned Interventions for FY17

- ABC will continue to evaluate network needs for providers with cultural/linguistic and other special needs expertise relative to the characteristics of the BHO membership.
- Provider contracting will continue efforts toward the recruitment and retention of providers and practitioners with cultural, linguistic, or special needs expertise.
- Cultural competency training will continue to be provided to staff and offered to network providers as requested.

Goals for FY17

- To continue to meet the cultural, ethnic, and linguistic needs of members by assuring a diverse provider network.

Innovative Service Models: Telemedicine

Colorado Access, through its subsidiary, AccessCare, has developed new programs and services to increase access to behavioral health care for ABC members through telemedicine technology. AccessCare is a leader in Colorado in the telehealth field. These innovative solutions provide enhanced capabilities for both members and providers.

AccessCare: Develop and implement innovative clinical delivery models and services that leverage technology to facilitate real-time access to care, and care coordination between members, providers, and systems.

Using virtual care technology and flexible care models, AccessCare enhances care access opportunities for members who traditionally experience care access challenges, and enables smoother transitions of care across providers. Telehealth is a critical component of integrated care and AccessCare programs and services support the greater Colorado Access goal of advancing integrated care and practice transformation.

Goal from FY16

- Launch telepsychiatry curbside consults in a minimum of 5 provider sites.

Interventions Implemented during FY16

In 2015-2016, Access Care Services launched integrated telepsychiatry into the following sites:

- The Children's Health Place: Started seeing curbside consults in March 2015 and started seeing patients in April 2015.
- Rocky Mountain Youth Clinic Thornton: First curbside September 2015; began seeing patients in October 2015.
- Sheridan Health Services: First curbside dry run September 28, 2015; started seeing patients October 2015.
- Denver Indian Health and Family Services: First curbside conducted March 2016; started seeing patients April 2016. Adding adult psychiatric services, scheduled to start in fall 2016.
- Horizon Pediatrics: First curbside scheduled for November 2015 and first patients in December 2015.

COA estimated 10 curbside consults per month per site and 5 patients per site per month in FY16. In FY17 COA estimates 15 curbside consults per month per site and 10 patients per site per month, and adding adult psychiatric services at Denver Indian Health and Family Services.

Planned Interventions for FY17

In July 2016, Colorado Access received a grant from The Rose Foundation to conduct a two year virtual integrated care initiative program for perinatal patients at Bruner Family Medicine. Using telehealth technology, a virtual psychiatrist and virtual care manager will be integrating with the Bruner Family Medicine team to conduct depression screenings and provide brief behavioral health assessments, interventions, and care to perinatal women.

Goal for FY17

- Continue to expand telepsychiatry services throughout the provider network.

Member and Family Experience

Member Satisfaction: ECHO survey

Member evaluation of the services offered by ABC is critical to the identification of opportunities to improve all aspects of care to our members. During FY15, the Department of Health Care Policy and Financing (HCPF) adopted a new survey instrument for the assessment of member satisfaction. This continued for FY16. In FY16 ABC completed one round of this survey for members who received one behavioral health care service from November 1, 2014 to September 30, 2015. All claim encounters were considered, and the survey was conducted from February to April of 2016.

Goals from FY16

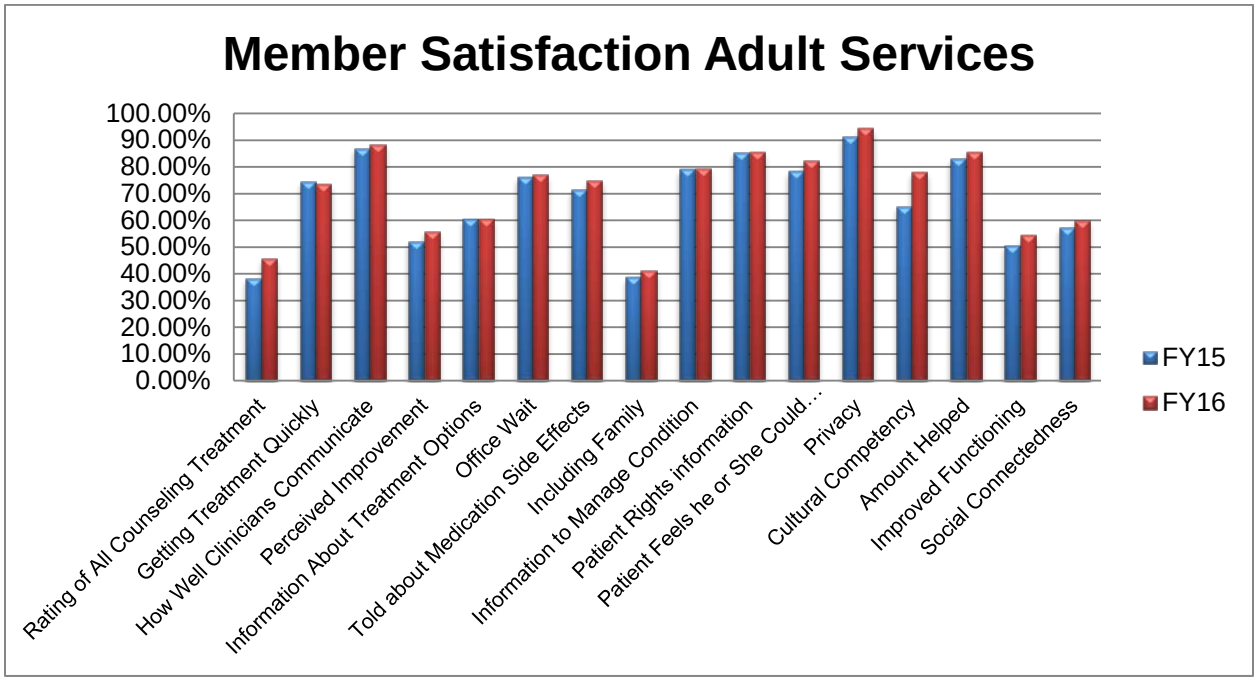
- To monitor member satisfaction with services offered by Colorado Access.
- To exceed last year's satisfaction measures.

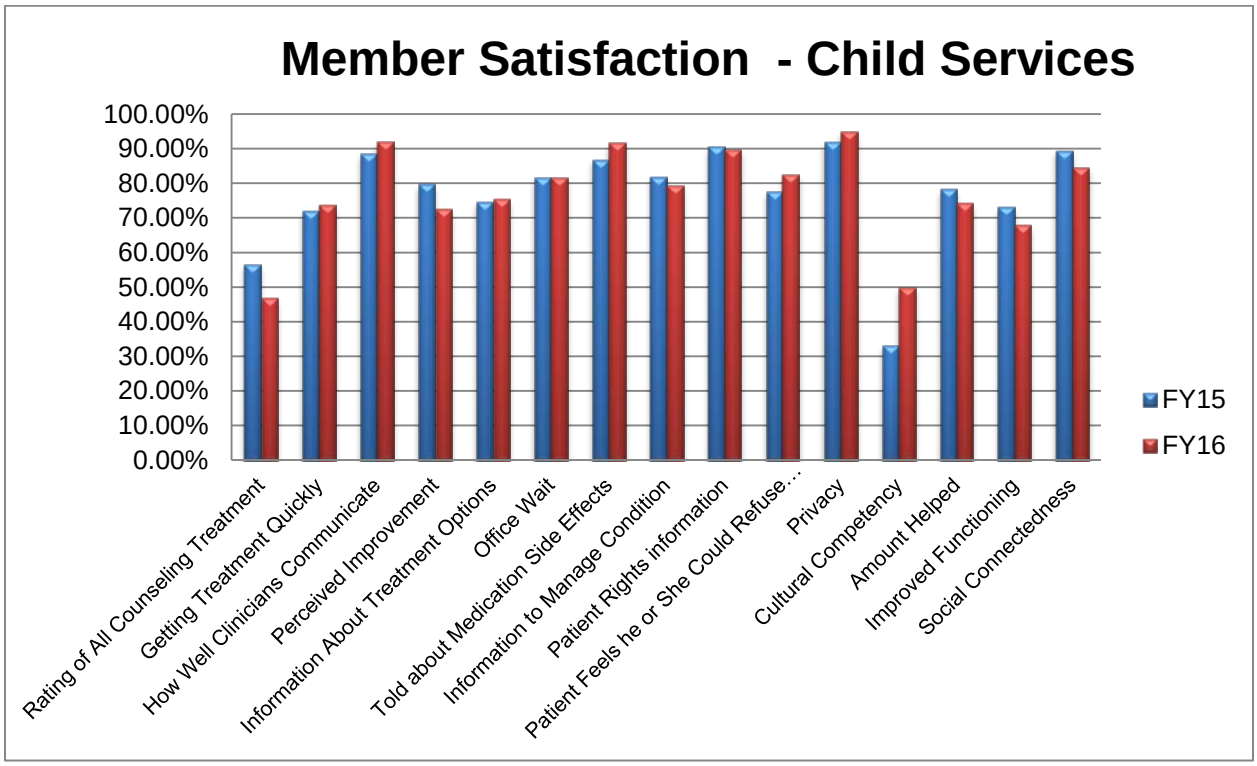
Interventions Implemented during FY16

To help increase response rates, ABC collaborated with the Office of Community Outreach and participated in member partnership meetings to raise awareness about satisfaction surveys and the importance of member feedback.

Results and Analysis

The charts below reflect ABC's performance on the ECHO survey for both children and adult for the past two survey cycles.





Survey results showed very little variation from previous years and allow ABC to establish patterns of results that enable ABC to drive improvements and interventions.

The following table presents information about the response rates for both rounds of survey administration. It is noteworthy that the response rate for the CY14 survey was significantly lower for both children and adults. ABC was able to improve response rates for CY15, although response rates are still not as high as they were for the initial survey in CY13. ABC will continue to work with HCPF, HSAG and other parties to improve our response rates.

Survey Population	CY13	CY14	CY15
Adult Services	359	228	247
Child Services	192	156	199

Goals for FY17

- Meet or exceed ECHO satisfaction results from FY16.
- Develop and implement interventions to improve survey response rates.

Member Grievances

Grievance data assists in the identification of potential sources of dissatisfaction with care or service delivery. Member grievance data is aggregated quarterly with review by the Quality Improvement Committee and submission to HCPF.

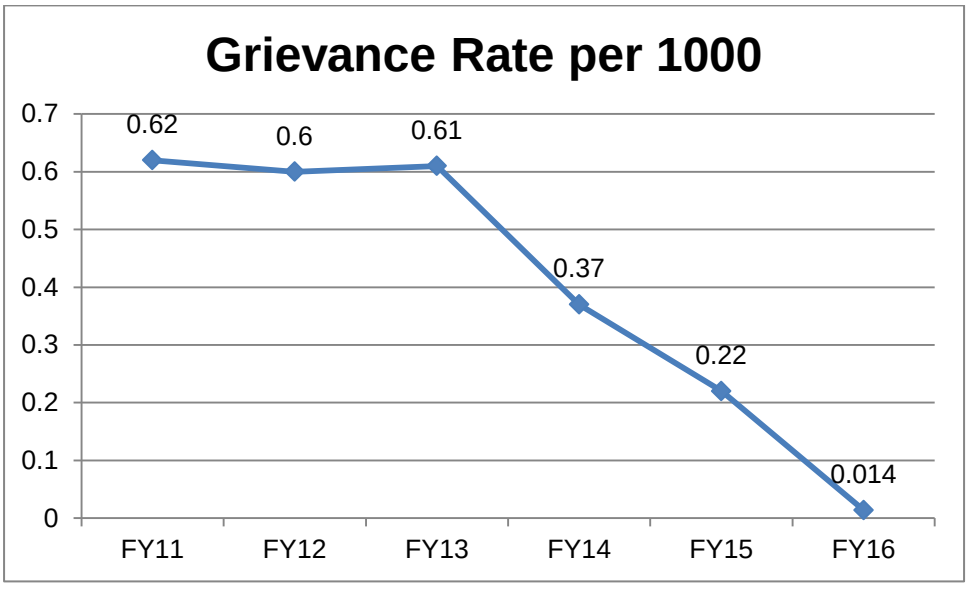
Goals from FY16

- 100% resolution within contractual timeframes.
- < 2 grievances per 1000 members.

Results and Analysis:

During FY16, a total of 28 grievances were filed. A breakdown of the grievances by category can be found in the table and chart below. The grievance rate per thousand for the total number of grievances was 0.14 grievances, which met the goal of less than 2.0 grievances per 1000 members. This continues the downward trend in total number of grievances filed, which has been trending down since FY14.

Grievances by Category Type						
	FY11	FY12	FY13	FY14	FY15	FY16
Access & Availability	7	8	14	12	6	4
Clinical Care	0	1	0	20	20	7
Customer Service	38	48	42	13	9	10
Financial	10	7	12	5	2	3
Rights/Legal	0	3	1	0	3	2
Other	0	0	0	0	0	2
Total	**55**	**67**	**69**	**50**	**40**	**28**



Out of 28 grievances, 18 (64.29%) were resolved within 15 business days; the remaining 10 grievances were not resolved within the 15 business days. For these 10 grievances, there were no extensions filed, there was an issue with receiving timely information from one of our delegated mental health centers. The grievances were resolved with the member by the mental health center in a timely manner, but the Resolution Letters were not sent timely by Colorado Access due to a delay in receiving the resolution information from the mental health center. As of 01/01/16, that mental health center is no longer delegated to handle the processing of grievances. These are now processed directly by Colorado Access. Colorado Access continues to work with the mental health center to resolve the grievances within the timely response guidelines. There were no Resolution Letters sent out of timely response guidelines since 01/01/16.

Planned Interventions for FY17

- Continue to refine and improve documentation for grievance processing and reporting.
- Continue close monitoring of grievance processing to ensure 100% compliance with timeliness.
- Assess any significant trends or patterns, with continued attention to timeliness of resolution, satisfactory resolution, and adherence to state and federal regulations.
- Continue education and outreach to members, families, and providers to ensure that they are informed of member rights and procedures for filing grievances.
- Continue collaborative working relationships with Colorado Medicaid Managed Care Ombudsman Program staff.

Goals for FY17

- 100% resolution within contractual timeframes.
- < 2.0 grievances per 1000 members.

Quality of Care Concerns

Colorado Access's Quality of Care (QOC) process identifies, investigates, and addresses potential quality of care concerns, including those involving physician providers. QOCs can be raised by members, providers, or COA staff and include all potential problems, concerns, or complaints concerning 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, service plan or delivery issues, or concerns with legal or member rights. QOCs are also triggered by care resulting in unexpected death, suicide attempts requiring medical attention, medication errors, or adverse medication effects 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.

Potential QOCs are forwarded to the Quality Improvement Department for initial investigation and are then submitted to the ABC Medical Director for review and a determination. Findings are confidential under peer review statutes.

Goal from FY16

- < 2.0 QOCs per 1000 members.

Results and Analysis:

There were 7 QOCs reported for ABC during FY16. This represents a rate of 0.03 per 1000 member months, well below the identified goal. This performance is consistent with previous years, as demonstrated in the table below. The increase in the number of QOC's in total is due to the increase in membership, and the rate per 1000 members, while a slight increase, is not a significant enough increase to warrant increased interventions.

QOC Rate	FY13	FY14	FY15	FY16
Number of QOCs Received	2	2	3	7
Average Membership	114,309	138,850	183,542	200,705
Rate per 1000 members	**.017**	**.014**	**.016**	**.03**

Planned Interventions for FY17

- Continue to investigate and resolve quality of care concerns. Outcomes are monitored and incorporated into the provider re-credentialing process as applicable.
- ABC Quality Improvement staff will continue to work with Customer Service and Care Management staff to ensure that all Quality of Care concerns are correctly identified and forwarded to Quality for investigation.

Goals for FY17

- < 2.0 QOCs per 1000 members.

Utilization Management

Utilization Management Decisions

Timeliness of utilization management (UM) decision making is monitored regularly in order to assure that decisions are made according to contractual requirements and to support members' accessibility to services according to need. Patterns in decision making are analyzed in order to identify opportunities for improved efficiency and consistency among decision makers.

Goals from FY16

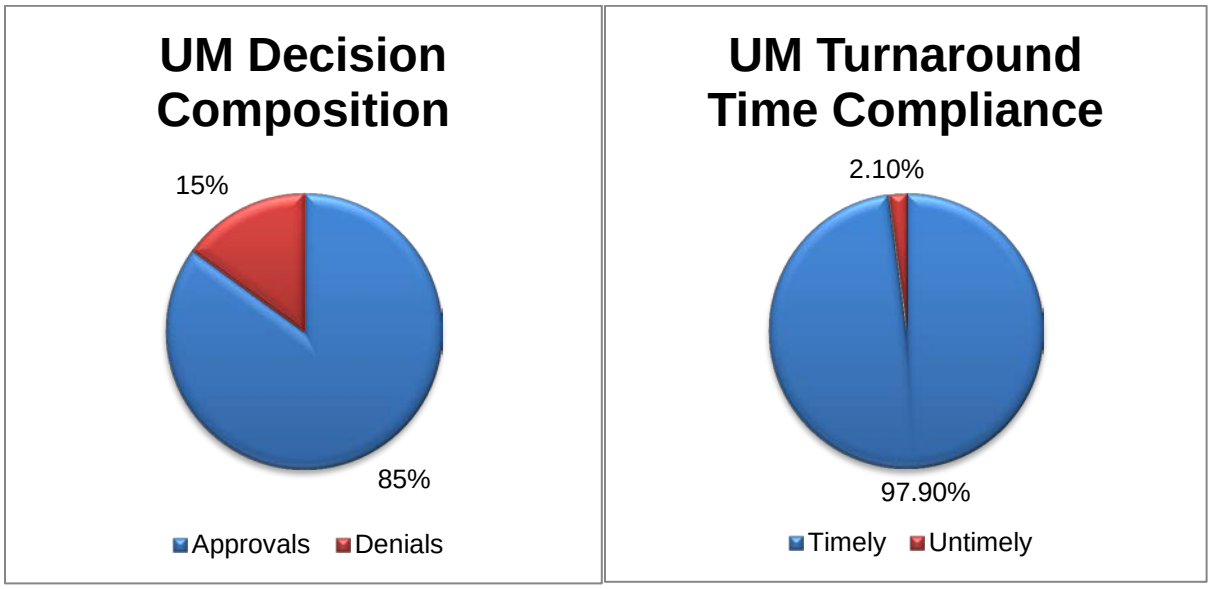
- Reduce UM decision error rate to at least 1%.
- Improve TAT compliance to 97% or higher.

Interventions Implemented during FY16

Previously identified issues with errors in data entry have been addressed by modifying the data entry system, including making certain fields mandatory and implementing reminder pop-up windows. Additional training was implemented for UM staff to reduce common errors such as errors in authorizations involving single case agreements.

Results and Analysis

In FY16, Colorado Access continued to monitor the turnaround time (TAT) of all UM decisions, both approvals and denials (historically, only timeliness of denials was monitored). Both the proportion of approvals to denials and the percentage of compliance with turn-around times (TAT) for all decisions are shown in the figures below. TAT includes both ABC Denver and ABC Northeast BHO's.



During FY16, the decision was made to no longer track the error rate within the UM Decision Composition data. This was done because the error rate was negligible after the interventions with training and modification to the data entry system as described above.

Planned Interventions for FY17

- Continued training with UM staff regarding data entry mistakes, with emphasis on required fields.
- Continued monitoring of decision composition and TAT compliance via automated reports to ensure the data is available and can be easily tracked and trended.

Goal for FY17

- Improve TAT compliance to 99% or higher.

Clinical Appeals

Members have the right to appeal any action that denies services or pharmaceuticals. Colorado Access tracks the number and types of appeals received in order to monitor for any decision patterns or possible issues related to the accessibility of services.

Goal from FY16

- 100% of appeals resolved within contractually required timeliness standards
- Monitor appeal rates for any patterns.

Results and Analysis

Metrics for appeal volume for ABC for FY16 are listed in the table below. All appeals (100%) were resolved within contractually required timeframes. One (1) appeal was overturned and other appeals were upheld. The overturned appeal was an inpatient acute care admit that the facility provided additional information which substantiated that the admit was for a psychiatric condition and not related to substance use disorder.

	FY13	FY14	FY15	FY16
Total number of appeals	16	15	13	8
% of denials appealed	5.3%	3.1%	5.3%	1.0%
Appeal rate (per 1000 members)	0.14	0.08	0.07	0.04
% of UM denials overturned	0.7%	0.2%	1.6%	0.13%

Planned Interventions for FY17

ABC will continue to monitor appeal metrics on a quarterly basis.

Goals for FY17

- Continue resolving 100% of appeals within contractually required timeliness standards.
- Continue to monitor appeal rates for any patterns.

Inter-rater Reliability

The utilization management inter-rater reliability analysis (IRR) was conducted to objectively assess level of consistency among UM decision makers and adherence to COA approved medical management criteria/guidelines. Testing is same for both ABC Denver and ABC Northeast.

The goal of the annual inter-rater reliability analysis is to minimize variation in the application of approved criteria and to:

- Evaluate staff's ability to identify potentially avoidable utilization.
- Target any previously identified specific areas most in need of improvement.
- Identify those staff needing additional training.
- Avoid potential litigation due to inconsistently applied approved criteria/guidelines.
- Meet specific contractual, regulatory agency, or accrediting agency requirements.

The Coordinated Clinical Services (CCS) Department is divided into physical health, behavioral health, and pharmacy specialty areas. The CCS Clinical/UM Staff who review physical health requests are licensed registered nurses and licensed practical nurses who apply clinical criteria and utilize clinical judgment within their scope of practice. The behavioral health review staff are licensed mental health professionals who apply clinical criteria and utilize clinical judgment within their scope of practice. The Intake Specialists have received specialized training in following scripted protocols to enter pre-authorizations for routine levels of care or specialty referrals that do not require the review of a licensed professional.

Coordinated Clinical Services/UM staff members were evaluated using the McKesson InterQual® (IQ) Behavioral Health Criteria (Adult) Interrater Reliability Tools. The Intake Specialists were given a set of case studies and questions that involve approved scripted criteria/guideline application to determine if the request could be approved or required referral to the CCS Clinical Staff for further review. Each clinical area is then scored and reported separately.

Goal from FY16

- At least 90% inter-rater reliability between both intake and clinical staff in each area of area of pediatric and adult services.

Results and Analysis

The overall score for the CCS Intake Staff was 92% which meets the 90% benchmark. The CCS Clinical/UM staff scored 97% overall on the Behavioral Health Criteria for Children and Adolescents, which meets the 90% goal.

All UM staff met the 90% or greater benchmark for Inter-rater Reliability. IQ criteria were specifically reviewed in UM meetings during 2015. UM staff reviewed any questions that were missed in order to better understand the process. No corrective action plan needed at this time.

Goal for FY17

- At least 90% inter-rater reliability between both intake and clinical staff in behavioral health services.

Performance Measures

Reducing Over- and Under-Utilization of Services

Please note that all performance measures are from FY15. FY16 measures are not calculated until fall 2016 and not validated until winter 2016-2017. FY16 performance measures will be presented in the FY17 annual quality report.

Goals from FY15/FY16

- Hospital Readmissions (7 day < 5%; 30 day < 13%; 90 day < 20%)
- Inpatient Utilization per 1000 (< 6.0)
- Average Length of Stay (< 9.0)
- ED Utilization (< 12.0)

Hospital Readmissions
All results listed below are for non-state hositals and encompass all ages.

	FY12	FY13	FY14	FY15	FY15 BHO Ave	ABC goal
7-day readmissions	4.26%	2.77%	2.88%	4.16%	2.94%	< 5.0%
30-day readmissions	11.41%	9.43%	11.66%	12.83%	9%	< 13.0%
90-day readmissions	18.90%	15.90%	18.52%	20.14	15.38%	< 20.0%

All readmission rates increased for FY16. ABC attributes these increases to the overall increase in membership, mainly in the adults without dependent children category. Dedicated ABC Care Managers continue to work diligently to assist members in getting outpatient appointments post-hospital discharge with the goal of preventing or reducing readmission rates.

Interventions: ABC increased the care mangagement staff working with hospitalized patients. ABC now has two care managers, one in the Psychiatric ED, and one located on the inpatient unit. ABC also placed a care manager at Fort Logan to assist in discharge planning and after care coordination for that facility specifically. ABC also started weekly structured meetings for adults and children where 7 and 30 day readmissions are specifically addressed as well as more complex cases. This meeting is used as a springboard for possible interventions and strategies to reduce the overall readmission rates by identifying patterns and best practices.

Inpatient Utilization
All results are for non-state hositals and encompass all ages.

	FY12	FY13	FY14	FY15	FY15 BHO Ave	ABC goal
Inpatient Utilization per 1000 members	5.58	4.78	4.78	6.44	5.13	< 6.0

The ABC UM and Care Management (CM) teams work with both providers and members to provide medically necessary treatment in the least restrictive settings. The relationships between these teams and the provider network allow for the identification of appropriate outpatient and subacute programs in order to reduce the need for inpatient treatment.

Interventions: ABC Denver instituted UM/CM meetings which take place weekly. These meetings are used to discuss re-admissions as well as complex patient situations with the goal of minimizing re-admissions and reducing inpatient utilization when indicated. ABC has also placed a care manager at Denver Health on the inpatient units we well as in the psychiatric ED at Denver Health. These care managers are utilized in coordinating care with the goal of reducing re-admissions as well as reducing inpatient utilization when indicated.

Emergency Department Utilization
Results below encompass all age categories.

	FY12	FY13	FY14	FY15	FY15 BHO Ave	ABC goal
ED utilization per 1000 members	11.24	12.58	14.55	16.33	13.34	< 12.0

ABC Customer Service and Care Management teams continue to work to help members find behavioral health providers as an alternative to the emergency department. Throughout FY14 and FY15, ABC has been collaborating with the state-wide crisis services and promoting the use of the walk-in clinics as an alternative to the ED. However, ABC continues to experience an increase in ED usage over the past four years. Thus far, ABC has yet to see the crisis services system provide a decrease in ED utilization numbers. While ABC is uncertain of exact causes of this, we have anecdotal evidence that many people go from the walk in center to the ED, so rather than diverting people from the ED, they are sending patients to the ED. In FY15 ABD also continued to see growth in the Medicaid population in general, and this can lead to additional utilization of these services.

Interventions: As part of the ABC overall care management program, ABC continues to work with our provider network on reducing emergency department utilization. As noted in other areas, ABC has located a care manager in the psychiatric emergency department to assist in coordinating outpatient referrals and reduce admissions to the hospital from the ED.

Goals for FY16/FY17

- Hospital Readmissions (7 day < 5%; 30 day < 13%; 90 day < 20%).
- Inpatient Utilization per 1000 (< 6.0).
- ED Utilization (< 12.0).
- Improve notification systems so that ABC gets notified more consistently when members present at the ED.
- Continue to work with the care management transformation project to identify issues in this metric and work towards solutions within the care management model.

Improving Member Health and Safety

Please note that all performance measures are from FY15. FY16 measures are not calculated until fall 2016 and not validated until winter 2016-2017. FY16 performance measures will be presented in the FY17 annual quality report.

Goals from FY15/FY16

- Continue to perform at or above BHO average for the following measures:
  - Percentage of members on duplicate antipsychotics.
  - Antidepressant medication management.
  - Adherence to antipsychotics for individuals with schizophrenia.
- Collaborate with HCPF and HSAG on the calculation and validation of the following new performance measures (beginning in FY15 calculations):
  - Psychotropic utilization in children.
  - Diabetes screening for individuals with schizophrenia or bipolar disorder using antipsychotics.
  - Cardiovascular monitoring for people with diabetes and schizophrenia.
  - Diabetes monitoring for people with diabetes and schizophrenia.

Percentage of Members on Duplicate Antipsychotic

Certain clinical circumstances allow members occasionally to be prescribed two or more atypical antipsychotic medications at the same time. This indicator measures those members prescribed multiple atypical antipsychotic medications (for 120 days or more) in proportion to members who are prescribed only one atypical antipsychotic.

	FY12	FY13	FY14	FY15	FY15 BHO Ave
Redundant Atypical Antipsychotics	12.14%	11.77%	9.14%	3.16%	3.66%

ABC has seen significant improvement in this number for FY15, largely due to a change in the specifications for calculating this measure, as fewer medications are included in the list of applicable atypical antipsychotics.

Depression and Medication Management/Monitoring

These indicators measure (1) the percent of members diagnosed with a new episode of major depression, treated with antidepressant medication, and who had at least three follow up contacts with a practitioner during the acute treatment phase (84 days or 12 weeks); and (2) percent of members who have been diagnosed with a new episode of major depression, treated with antidepressant medication, and maintained on antidepressants for at least 84 days (12 weeks).

	FY12	FY13	FY14	FY15	FY14 BHO Ave
Medication Monitoring	26.67%*	67.27%*	65.61%	53.03	55.56%

*Please note that FY12-FY13 data is not comparable to recent years due to a change in calculation methodology

ABC continues to perform well above the BHO average for this measure, and will continue to monitor performance in this area.

Adherence to Antipsychotics for Individuals with Schizophrenia

This indicator measures the percentage of members 19-64 years of age during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period. This measure is not broken out by BHO, only measured state-wide for all Medicaid providers.

	FY13	FY14	FY15
Antipsychotic adherence	75.85%	70.37%	65.65%

Diabetes Screening for Individuals with Schizophrenia Or Bipolar Disorder
This indicator measures the percentage of adult members with Schizophrenia or Bipolar Disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the year. This measure is not broken out by BHO, only measured state-wide for all Medicaid providers. FY15 is the first year this date is being collected and the goal is to establish baseline data.

	FY15
Diabetes Screening	88.20%

Cardiovascular and Diabetes Monitoring for People with Diabetes and Schizophrenia
This indicator measures (1) the percentage of adult members with both schizophrenia and diabetes who had an LDL-C test during the year and (2) the percentage of adult members with both schizophrenia and diabetes that completed both an LDL-C and an HbA1c test during the year. This measure is not broken out by BHO, only measured state-wide for all Medicaid providers. FY15 is the first year this date is being collected and the goal is to establish baseline data.

	FY15
LDL-C Test Completed	39.53%
LDL-C and HbA1C Tests Completed	30.05%

Goals for FY16/FY17

- Continue to perform at or above BHO average for the following measures:
    - Percentage of members on duplicate antipsychotics.
    - Adherence to antipsychotics for individuals with schizophrenia.
    - Diabetes screening for individuals with schizophrenia or bipolar disorder using antipsychotics.
- Collaborate with HCPF, OBH, and Mental Health Centers to develop the new performance measures.

Access to and Coordination of Care

Please note that all performance measures are from FY15. FY16 measures are not calculated until fall 2016 and not validated until winter 2016-2017. FY16 performance measures will be presented in the FY16 annual quality report.

Goals from FY15/FY16

- Improve follow-up after hospital discharge rates (7-day: > 60%; 30-day > 75%).
- Continue to perform at or above BHO average for Mental Health Engagement measure.
- Collaborate with HCPF and HSAG on the calculation and validation for each of the following new performance measures (beginning in FY15 calculations).
    - Initiation and Engagement of SUD Treatment.
    - Members with physical health well-care visits.

Follow-up After Hospital Discharge

An outpatient visit with a mental health practitioner after discharge is recommended to make sure that the member's transition to the home or work environment is supported and that gains made during hospitalization are not lost. It also helps health care providers detect early post-hospitalization reactions or medication problems and provide continuing care.

Research has found that member access to follow-up care within 7 days of hospital discharge from hospitalization for mental illness is a strong predictor of a reduction in hospital readmission. Facility treatment may stabilize individuals with acute behavioral conditions, but timely and appropriate continued care is needed to maintain and extend improvement outside of the hospital. The period immediately following discharge from inpatient care is recognized as a time of increased vulnerability. Ensuring continuity of care by increasing compliance to outpatient follow up care helps detect early post-hospitalization medication problems and provides continuing support that improves treatment outcomes and reduces health care costs.

Due to the increased care management efforts in FY14, ABC results for FY15 continue to show a significant improvement over the prior year. Care management teams continue to meet with hospital discharge planners to arrange timely follow up appointments and identify barriers to follow-up care, and reaching out to providers to confirm attendance at follow-up appointments. ABC also co-located a care manager at Denver Health to be permanently on-site to assist with coordinating care for members discharging from Denver Health.

All results are for non-state hositals and encompass all ages.

	FY12	FY13	FY14	FY15	FY15 BHO Ave
7-day follow-up	42.46%	39.89%	46.15%	49.08%	47.87%%
30-day follow-up	62.15%	58.99%	70.36%	65.57%	66.08%

Interventions: ABC created weekly UM/CM meetings to discuss particular barriers with access to care for members. In December 2015, ABC started a clinical operations meeting with MHCD, to focus on any systemic barriers to care that are effecting access, improvements in follow up after discharge and any operational concerns in these areas.

Behavioral Health Engagement
This indicator measures the percent of members who receive four or more services within 45 days of their initial visit. ABC has shown steady year over year increases, including a large increase in this measure for FY15.

	FY13	FY14	FY15	FY15 BHO Ave
Mental health treatment engagement	34.23%	34.55%	48.06%	49.80%

Interventions: In FY15, ABC began having the mental health centers report on this data, which has increased their focus on it. ABC has also continued to work with our care management team to focus on this measure.

Initiation and Engagement with Alcohol and Other Drug Dependence Treatment
This indicator describes the percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received a) received initiation of treatment through an outpatient visit or intensive outpatient encounter within 14 days of the diagnosis and b) had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit. This is a new performance measure and results for FY15 are baseline. Results are for all ages.

	FY15	FY15 BHO Ave
Treatment Initiation Within 14 Days	44.41%	47.10%
Two or more svcs within 30 days of Initiation	31.88%	37.63%

Improving Physical Healthcare Access
Physical healthcare access is defined by the total number of Members who received outpatient mental health treatment during the measurement period and had a qualifying physical healthcare visit during the measurement period. ABC continues to perform consistent with BHO averages. ABC will continue to assist members in getting connected to medical homes. Numbers are for all ages.

	FY12	FY13	FY14	FY15	FY15 BHO Ave
% of members with BH and PH visit	59.07%	86.36%	88.60%	88.83	88.75%

Goals for FY16/FY17

- Improve follow-up after hospital discharge rates (7-day: > 60%; 30-day > 75%).
- Improve performance on Mental Health and SUD Engagement measures to maximize financial incentives
- Work with Care Management program to continue to identify the functional needs of our members to create an integrated care experience.

Performance Measure Validation

Each of the performance measures that are calculated by ABC is subject to validation by HSAG. Some of these measures were calculated by HCPF using data submitted by the BHOs; other measures were calculated by the BHOs, sometimes using data from HCPF. The measures came from a number of sources, including claims/encounter and enrollment/eligibility data.

The CMS Performance Measure Validation Protocol identifies key types of data that should be reviewed as part of the validation process. Below is a list of the types of data collected and how HSAG conducted an analysis of this data:

- Information Systems Capabilities Assessment Tools (ISCATs) were requested and received from each BHO and the Department. Upon receipt by HSAG, the ISCATs were reviewed to ensure that all sections were completed. The ISCATs were then forwarded to the validation team for review. The review identified issues or items that needed further follow-up.
- Source code (programming language) for performance measures was requested and was submitted by the Department and the BHOs. The validation team completed query review and observation of program logic flow to ensure compliance with performance measure definitions during the site visit. Areas of deviation were identified and shared with the lead auditor to evaluate the impact of the deviation on the measure and assess the degree of bias (if any).
- Performance measure reports for FY 2014-2015 were reviewed by the validation team. The team also reviewed previous reports for trends and rate reasonability.
- Supportive documentation included any documentation that provided reviewers with additional information to complete the validation process, including policies and procedures, file layouts, system flow diagrams, system log files, and data collection process descriptions. All supportive documentation was reviewed by the validation team, with issues or clarifications flagged for further follow-up.

FY15 Performance measures that were selected for validation were:

- Hospital Readmissions Within 7, 30, and 90 Days Post-discharge (non-state and all facilities).
- Hospital Readmissions Within 180 Days (all facilities).
- Mental Health Engagement.
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- Overall Penetration Rates.
- Penetration Rates by Age Group.
- Penetration Rates by Medicaid Eligibility Category.
- Follow-up Appointments Within 7 and 30 Days After Hospital Discharge for a Mental Health Condition.
- Members with Physical Health Well-care Visits.
- Inpatient Utilization (per 1,000 members).
- Emergency Department Utilization for Mental Health Condition.
- Antidepressant Medication Management—Acute and Continuation Phases.

Goal from FY15/FY16

- 100% compliance score for performance measure validation.

Results and Analysis

ABC achieved “met” status for all applicable elements in the performance measure validation process. The strengths and areas of improvement from the final HSAG report are listed below.

Strengths:

- Although performance calculation and reporting were performed by different staff members, due to organizational changes within the company, all staff involved had extensive knowledge and experience regarding the data validation process.
- ABC's file rejection rate was less than ten percent, a significant improvement from last year, when this issue was listed under suggested areas for improvement.
- ABC continued to maintain its performance level throughout the year, providing quality care to its members.

Suggested areas of improvement:

- During the primary source verification process, a discrepancy was discovered in the numerator positive case selections for Indicator #16 (*Antidepressant Medication Management—Acute and Continuation Phases*). BHO staff members were very responsive, investigated the issue, and resubmitted corrected data to the Department.
- ABC should continue to work with the Department and the other BHOs to clarify the definition of "New Members" in the scope document for Indicator #4.

Planned Interventions for FY16/FY17

- Continue to collaborate with HCPF, HSAG, and the other BHOs to improve the performance measure validation process.
- Continue to collaborate with HCPF on performance measure indicator definitions, scope and data calculation methods.

Goal for FY16/FY17

- 100% compliance score for performance measure validation.

Best Practices

Clinical Practice Guidelines

Colorado Access adopts current, evidence-based, nationally recognized standards of care based on the needs of the membership. Each guideline is reviewed annually and approved by the Colorado Access Quality and Performance Advisory Committee (QPAC), comprised of physicians and providers from the Colorado Access provider network. Approved practice guidelines are available to members and providers on the Colorado Access website or by request.

Goals from FY16

- Continue to implement and disseminate evidenced-based nationally recognized guidelines that promote prevention and/or recommended treatment.
- Promote access to and increase usage of recommended guidelines through provider and member education/outreach.

Results and Analysis

Colorado Access completed significant process improvement regarding the tracking and review of clinical practice guidelines in FY16. COA has adopted a new tracking mechanism, a specific timeline for review, a new format for guideline review by medical directors, and a new format for guideline review and approval by QPAC. This has resulted in increased efficiency and improved communication between quality staff, medical directors, and committee members. The ABC Quality Department continues to review and update clinical practice guidelines at quarterly QPAC meetings, where issues surrounding practice guidelines are discussed and disseminated within the provider community. Colorado Access has adopted the following behavioral health guidelines:

Behavioral Health Practice Guidelines	
Adolescent alcohol and substance use screening, brief intervention and referral to treatment (the CRAFFT tool)	Adult alcohol and substance use screening, brief intervention and referral to treatment (SBIRT)
Attention Deficit Hyperactivity Disorder	Bipolar Disorder (Adult)
Metabolic Monitoring of Adults Prescribed Antipsychotics	Bipolar Disorder (Child)
Substance Use Disorders	Major Depressive Disorder

Planned Interventions for FY17

Colorado Access experienced significant success in the process improvement efforts that were implemented in FY16. COA has continued expanding these efforts into the guideline dissemination aspects of the clinical guideline process to create a streamlined process of updating the guidelines on the website and distributing guidelines to providers through the provider newsletter. Quarterly QPAC meetings are also used to discuss and disseminate these guidelines.

Goals for FY17

- Continue to implement and disseminate evidence-based nationally recognized guidelines that promote prevention and/or recommended treatment.
- Promote access to and increase usage of recommended guidelines through provider and member education/outreach.

Evidence-Based Practices: Adult

ABC and network providers are dedicated to providing members with quality services, including evidenced-based and promising practices (EBPs). During FY16, ABC worked with network providers to monitor the EBPs offered to adult members.

Interventions implemented during FY16

During FY16, ABC developed a simplified online reporting process for providers to submit information and results of their evidence-based practices. This new process will also allow ABC to maintain contact with various point-persons with each provider group.

Results and Analysis

The table below lists the providers and programs currently participating in EBP monitoring.

Provider	Program	Metric	Goal	FY16 Results
Colorado Coalition for the Homeless	Integrating BH and Primary Care: WRAP	# of members served	Establish baseline	11
		WRAP Fidelity Checklist	Establish baseline	88.80%
		Adult Hope Scale	Establish baseline	21.3% improvement
	Integrating BH and Primary Care: Therapeutic Presence	# of members served	Establish baseline	11
		Therapeutic Presence Inventory	Establish baseline	83%
		Member Engagement in services	Establish baseline	45.50%
Mental Health Center of Denver	ACT	# of members served	Establish baseline	803
		Dartmouth Fidelity Scale	> 75%	73%
	Co-Occurring Disorders: IDDT	# of members served	Establish baseline	1595
		IDDT Fidelity Scale	$\geq$ 52 points	55.5/70 points
	Supported Employment: 2Succeed Program	# of members served	Establish baseline	379
		Dartmouth Supported Employment Fidelity Measure	$\geq$ 100 points	105/125 points
Bruner Family Medicine	Adult Behavioral Health Promotion: Tobacco Cessation	% of members age 13+ screened for tobacco use	75%	92.21%
		% of members given medical message about tobacco use	50%	52.36%

Planned Interventions for FY17

- Continue to support the ABC high-volume providers utilizing evidence-based and promising practices and improving the various metrics selected for monitoring (fidelity, volume, effectiveness, etc.).

Goal for FY17

- To measure and report performance in evidence-based and promising practices for the adult population.

Evidence-Based Practices: Child and Adolescent

ABC and network providers are dedicated to providing members with quality services, including evidenced-based and promising practices (EBPs). During FY16 ABC worked with network providers to monitor the EBPs offered to child and adolescent members.

Interventions implemented during FY16

- During FY16, ABC developed a simplified online reporting process for providers to submit information and results of their evidence-based practices. This new process will also allow ABC to maintain contact with various point-persons with each provider group.

Results and Analysis

The table below lists the providers and programs currently participating in EBP monitoring.

Provider	Program	Metric	Goal	FY16 Results
Mental Health Center of Denver	Psychotherapy: Trauma-Focused CBT	Therapeutic Evaluation Survey (average)	Establish baseline	76.48
		Youth Evaluation Survey (average)	Establish baseline	66.55
	School-Based Services	Therapeutic Evaluation Survey (average)	Establish baseline	69.87
		Youth Evaluation Survey (average)	Establish baseline	61.27
	Intensive Case Management	% of members with legal involvement	TBD	Will report in FY17
		% of members with out-of-home placement	< 10%	Will report in FY17
Savio House	Functional Family Therapy	# of members served	Establish baseline	24
		Fidelity to model	TBD	4.41
	Home-Based Services: Multi-Systemic Therapy	# of members served	Establish baseline	48
		Therapist Adherence Measure	TBD	78%
Devereux Cleo Wallace	Crisis Services: Crisis Stabilization Team	# of members served	Establish baseline	6
		% compliance with 2-hour standard	100%	100%

Planned Interventions for FY17

Continue to support the ABC high-volume providers utilizing evidence-based and promising practices and improving the various metrics selected for monitoring (fidelity, volume, effectiveness, etc.).

Goal for FY17

- To measure and report performance in evidence-based and promising practices for the child and adolescent population.

Integrated Care Projects and Activities

Adolescent Depression Screening and the Transition of Care to Behavioral Health

During FY15, Colorado Access developed a Performance Improvement Project (PIP) in collaboration with the three COA RCCO regions (2, 3, and 5) and the other overlapping BHOs (ABC-NE and Behavioral Healthcare, Inc.) aimed at improving adolescent depression screening and the transition of care to a behavioral health provider. Member who screen positive for depression (V40.9 with a 99420 CPT code) will be followed to determine if they attended a follow up visit with a behavioral health provider. A core workgroup from each of these entities has been working diligently to identify barriers in this transition and meet with community and provider stakeholders to improve the transition from primary care to behavioral health, if clinically appropriate.

Results and Analysis

FY16 saw some success for this project. The adolescent screenings have continued to improve according to collection of supplemental data from high volume providers. Region 3/BHI has gone live with their electronic referral system. Results on how this intervention will affect project outcomes should become more clear in FY17, as the system was rolled out live early in FY16, and continued to be piloted throughout FY16. Colorado Access has made progress in securing additional pilot sites, and hopes to work with Planned Parenthood for RCCO 2 on this project.

However, the billing and coding for depression screenings continues to be a barrier to capturing valid data for this project. ABC continues to address this barrier through provider awareness and interventions designed to encourage billing this service. In RCCO 2 experienced an exceptional barrier in that there were zero screenings billed during the baseline year. COA is therefore using calendar year 2015 as the baseline year for RCCO 2. Preliminary data does show that RCCO 2 has billed some screenings, so baseline data should be able to be collected with a valid denominator.

Planned Interventions for FY17

- Begin education and intervention with Planned Parenthood as a partner for RCCO 2.
- Obtain a pilot site for RCCO 5 to improve outcomes on this project.
- Continue to work with practice managers within the provider network to increase billing and proper coding for adolescent depression screenings to improve data collection on this project.

Goals for FY17

- Improve rates of adolescent depression screening.
- Improve rates of transition from primary care to behavioral healthcare when clinically appropriate.
- Continue to address billing and coding barriers in capturing data by working with RCCO providers.

Other Integrated Care Activities

Colorado Access endorses and embraces HCPF's goal that by 2019, 80 percent of Coloradans will have access to coordinated systems of care that provide integrated primary and behavioral health care. Important to the success of integration is the recognition that individuals living with complex health conditions are often involved with multiple systems of care and that addressing the social determinants of health is critically important to improving health outcomes. Colorado Access continues to develop and leverage diverse solutions, offering a unique menu of behavioral health innovations, and employing multiple approaches to meet the individualized needs of primary care practices and patient populations.

This section includes several highlights of the integrated care activities taking place within ABC and Colorado Access. For more information, please reference the Quarterly Integrated Care Reports submitted by ABC.

Strategy: Support Integration Based Learning Opportunities
Colorado Access, in partnership with BHI, has established an Integrated Care Learning Committee in order to assist in enhancing PCMP's integration skills. The committee meets every other month and is currently engaged in conducting a thorough inventory of all community integrated care efforts in order to create a road map as a resource for providers who wish to improve this aspect of their practice.

Strategy: Implement Child and Adolescent Telepsychiatry into RCCO practices
This strategy began implementation in FY15. All five practices that initially committed to implementing this service have active programs up and running with one practice expanding to include adult telepsychiatry as well. Provider feedback on this program has been extremely positive, particularly regarding the curbside consultation component and the ability to directly speak with and ask questions of a psychiatrist on staff.

Strategy: Increase Co-Located Behavioral and Primary Care Services for All Members
Colorado Access has again seen multiple successes in this area for FY16.

- Partnership between Heart Centered Counseling and UC Health Internal Medicine. Heart Centered Counseling co-located 25 therapists into UC Health, Associates of Family Medicine, and Family Physicians of Greeley primary care practices. These providers plan to expand to four additional integrated locations within six months and create ten integrated locations within two years.
- Partnership between ABC and Kaiser. BHO's have contracted to reimburse Kaiser for BH providers integrated in their primary care clinics. Kaiser has integrated behavioral health and primary care for quite some time. This partnership reduces fragmentation due to different payment streams and ensures all Kaiser members receive the same integrated care, regardless of payer source.
- Partnership with Salud including integrating behavioral health professionals into their primary care clinics, integrating the Clinical Pharmacy Program and Saul Family Health Centers and Colorado Health Equity program (integrating legal support in primary care).

Strategy: Leverage Novel Payment and External Funding Opportunities
In partnership with Bruner Family Medicine and Rose Foundation, a proposal was awarded to Rose Community Foundation to implement integrated care into a primary setting using telehealth with a specific emphasis on the perinatal population.

Other Compliance Monitoring Activities

External Quality Review Organization (EQRO) Audit

HCPF and HSAG conducted the FY16 site review on four sets of focused standards:

- Coordination and Continuity of Care.
- Member Rights and Protections.
- Credentialing and Recredentialing.
- Quality Assessment and Performance Improvement.

Goal from FY16

- Achieve a compliance score of 95% or above on both the desktop review and chart review portions of the EQRO audit.

Results and Analysis

ABC's results from the FY15 site review are displayed in the table below.

Desktop Review Standard	# applicable elements	# Met	# Partially Met	# Not Met	Score
Coordination and Continuity of Care	10	7	3	0	70%
Member Rights and Protections	6	5	0	1	83%
Credentialing and Recredentialing	45	42	3	0	93%
Quality Assessment and Performance Improvement	14	14	0	0	100%
Totals	**75**	**68**	**6**	**1**	**91%**

Chart Review Standard	# applicable elements	# Met	# Not Met	Score
Credentialing	80	80	0	100%
Appeals	70	70	0	100%
Totals	**150**	**150**	**0**	**100%**

Numerous strengths were noted for ABC in each of the four areas reviewed. However, HSAG identified six required actions in the areas of Coordination and Continuity of Care, Member Rights and Protections, and Credentialing and Recredentialing including enhancements to the medical record review/audit process, enhancements to the EPSDT process, revisions to the Member Rights and Responsibilities policy, improvements to the recredentialing process and the credentialing process for unaccredited organizational providers. ABC is in the process of implementing each of the required corrective actions.

While ABC performed well on this year's site visit review, the goal of 95% compliance was only partially met – ABC scored 100% on the chart review portion, but only a 91% on the desktop review standard.

Goal for FY17

- Achieve a compliance score of 95% or above on both the desktop review and chart review portions of the EQRO audit.

Encounter Data Validation (411 Audit)

ABC is required to perform an annual Encounter Validation Audit to assess the validity of the claims and encounters submitted by network providers as compared to the documentation of services as required by the Uniform Services Coding Standards Manual. For the 2015 calendar year, HCPF selected 137 claims from three service categories on which to focus the review: Residential services, prevention/early intervention services, and clubhouse/drop-in center services.

Results and Analysis: 411 Audit
The table below shows the trended performance for overall compliance and percent compliant by service category.

Program Service Category Comparison				
	CY12	CY13	CY14	CY15
Overall - all categories	86%	91%	84%	88%
Prevention/Early Intervention Services	79%	94%	90%	91%
School-Based Services	89%	90%	NA	NA
Drop-In Center Services	91%	87%	80%	81%
Residential Services	NA	NA	83%	91%

ABC provider performance appears to be somewhat inconsistent; performance has fluctuated over the past four years. Compliance rates improved in every service category this year, with the biggest increase seen in Residential Services. ABC will continue to work with providers through corrective action plans and more thorough medical record reviews. Details of this year's provider performance are outlined below.

Requirement Name	Numerator	Denominator	% Compliance
Procedure Code	388	411	94.40%
Diagnosis Code	397	411	96.59%
Place of Service	374	411	91.00%
Service Program Category	385	411	93.67%
Units	309	411	75.18%
Start Date	410	411	99.76%
End Date	410	411	99.76%
Appropriate Population	410	411	99.76%
Duration	407	411	99.03%
Allowed Mode of Delivery	409	411	99.51%
Staff Requirement	173	411	42.09%

Each year, HSAG pulls a random sample of the 411 claims to perform an over-read audit in order to check the accuracy of audit methodology of the behavioral health organizations. This provides ABC with inter-rater reliability scores between the internal audit team and the state's external quality review organization. The below table reflects the combined scores for all BHOs on the over-read audit and the individual scores for ABC. ABC achieved perfect agreement with HSAG on nine (9) of eleven (11) audit elements, resulting in high agreement overall. It should be noted that where there was disagreement, COA was more conservative in scoring the record as non-compliant, whereas HSAG score the record as compliant.

Requirement Name	All BHOs	ABC Denver
Overall	**76.0%**	**99.39%**
Procedure Code	99.3%	100%
Service Category	100%	100%
Diagnosis	86.0%	96.7%
POS	98.0%	100%
Units	98.7%	100%
Start Date	100%	100%
End Date	100%	100%
Population	100%	100%
Duration	96.7%	100%
Mode of Delivery	100%	100%
Minimum Staff Requirements	94.0%	96.7%

Results and Analysis: Behavioral Health Record Review Audit (BHRR)
This year was the first year that HSAG requested the BHO's procure an additional 137 records on all service categories not included in the 411 encounter validation audit for HSAG to audit. HSAG then provided the BHOs with a response file on all same elements with the results of their findings. The following table has the overall and element specific rates.

Requirement Name	ABC Denver
Overall	**91.37%**
Procedure Code	87.59%
Service Category	91.97%
Diagnosis	93.43%
POS	78.83%
Units	91.24%
Start Date	96.35%
End Date	95.62%
Population	96.35%
Duration	86.86%
Mode of Delivery	96.35%
Minimum Staff Requirements	90.51%

Planned Interventions for FY17
ABC will continue to educate and train providers on proper medical record documentation. Follow up with providers to ensure that corrective actions have been implemented as required.

Goals for FY17
- Improve provider scores to 90% overall compliance.
- Maintain over-read score with HSAG of 90% or higher.

Provider Medical Record Reviews

ABC conducts medical record reviews to verify that records are current, organized, and sufficiently detailed to facilitate effective member care, quality review, and otherwise meet contractual and regulatory requirements. Medical record reviews are conducted in order to evaluate any one (or all) of the following functions: clinical appropriateness of care, encounter data validation, medical record completeness, and/or provider/program integrity. Participating network practitioners or provider groups will be selected for medical record review by a series of established criteria, including (but not limited to): volume of members paneled or accessing care, identified documentation issues, and/or targeted service categories.

Goal from FY16

- Ensure that medical record documentation standards are met.
- Provide network providers with feedback and implement corrective action as needed.

Interventions Implemented during FY16

During FY16, ABC collaborated with the Colorado Access Compliance Department to streamline and re-vamped the medical record review process to now evaluate medical records for both clinical documentation and encounter data validation, giving both ABC and providers a more comprehensive review of medical records, billing practices, and program models. This also allows for more robust opportunities for feedback and improvement.

Results and Analysis

ABC completed two medical record reviews during FY16 – one targeted provider review (Denver Health's school-based services), and one service-focused review (social detoxification services).

Results: Denver Health School-Based Services

The results from this review are listed below. ABC and Denver Health are currently collaborating on implementing interventions to address the deficiencies identified.

Denver Health School Based Services			
Field	# records reviewed	# records compliant	**% compliant**
Diagnosis	49	37	**76%**
Date of Service	49	49	**100%**
Procedure Code	49	47	**96%**
Place of Service	49	9	**18%**
Duration	49	47	**96%**
Units	49	49	**100%**
Staff Credentials	49	21	**43%**
Treatment Plan for DOS	49	48	**98%**
Current CCAR	49	28	**57%**
Minimum Documentation	49	49	**100%**
total compliance all fields	**490**	**384**	**78%**

Results: Social Detoxification Services

Ten providers were identified by reviewing a claims history of providers using the four unique social detoxification codes: S3005, T1007, T1019, T1023. It was determined that some of these providers were using the social detoxification codes in error (as they were not actually providing social detoxification services). ABC assisted these providers in identifying a more appropriate code for the services being provided. These providers are denoted with an (*) in the results. ABC is working with the remaining social detoxification service providers to make necessary system changes to become compliant with UCSC standards.

	Am. Charities*	Arapahoe House	AUMHC*	Denver Health	MHP	Mind Springs	NBHP	Walter S. Jackson*	Yun Yan Wei*
Field	**Score**	**Score**	**Score**	**Score**	**Score**	**Score**	**Score**	**Score**	**Score**
Diagnosis	100%	66%	100%	0%	63%	63%	96%	0%	100%
Date of Service	91%	94%	100%	100%	100%	100%	18%	0%	0%
Procedure Code	0%	100%	0%	46%	0%	88%	30%	0%	0%
Place of Service	0%	98%	0%	100%	100%	100%	100%	0%	0%
Duration	0%	100%	100%	22%	0%	88%	0%	0%	0%
Units	95%	92%	0%	68%	100%	100%	40%	100%	0%
Staff Credentials	100%	96%	100%	46%	100%	88%	100%	100%	100%
Treatment Plan	41%	58%	100%	98%	63%	50%	0%	50%	0%
Min. Doc.	0%	0%	0%	0%	0%	88%	0%	0%	0%
total compliance	**53%**	**88%**	**56%**	**53%**	**66%**	**95%**	**48%**	**31%**	**25%**

Planned Interventions for FY17

ABC has implemented a new audit/medical record review process for FY17 that will encompass several different types of audits:

- Clinical Assessment/Treatment Planning Review: Once per year (at minimum, more frequently is resources allow), ABC will evaluate the total number of assessments (90791, 90792, H0031, H0001) billed over an identified period of time (e.g., previous fiscal year, previous calendar year, etc.) and the resulting treatment plans. A stratified sample of 50 members from high-volume providers will be selected for review. ABC will require corrective action for any providers demonstrating non-compliance with the identified standards. Should any issues require further investigation, a targeted provider review will be conducted accordingly.
- Service-focused Review: Once per year (at minimum, more frequently is resources allow), ABC will select one service type (e.g., social detoxification services, residential services, case management services, etc.) for a targeted review. ABC will evaluate the total number of services billed for the respective service type. A stratified sample (to ensure provider variety) of a minimum of 100 unique members will be selected for review. ABC will require corrective action for any provider demonstrating non-compliance with the identified standards. Should any issues require further investigation, a targeted provider review will be conducted accordingly.
- Targeted Provider Reviews: if any clinical or encounter data validation issues are identified (e.g., via another review, clinical concern, compliance concern, etc.), ABC will conduct a more thorough, provider-focused review of records.

Goals for FY17

- Conduct a minimum of one (1) clinical assessment/treatment planning review.
- Conduct a minimum of one (1) service-focused review, including one for intensive in-home services.
- Conduct targeted provider reviews as necessary.