Annual QAPI Evaluation

Access Behavioral Care – Northeast

Fiscal year 2016

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Executive Summary

The Colorado Access (COA) and Access Behavioral Care - Northeast (ABC-NE) 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-NE'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.

ABC-NE 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 Medicaid Members. ABC-NE 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-NE's diverse network of providers and community stakeholders shares this philosophy and commitment.

This report presents a summary of program activities accomplished during the contract fiscal year July 1, 2015 through June 30, 2016 (FY16).

Key Metrics

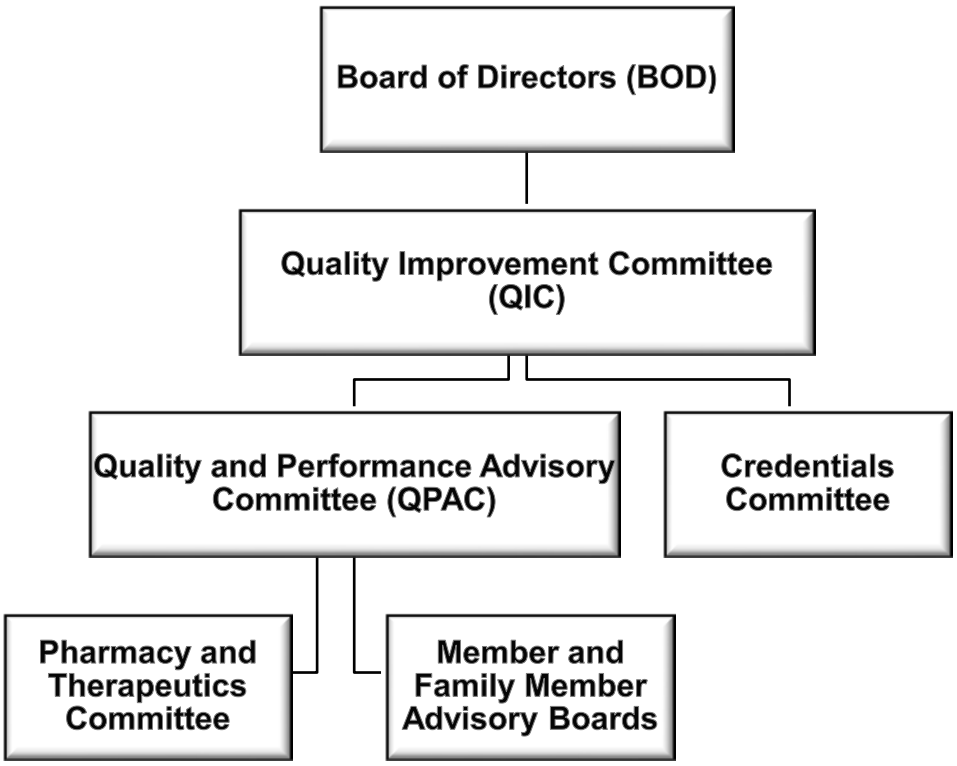
Measure		Goal	FY15	FY16
Penetration Rate (overall)		> 12.0%	13.77%	*
Utilization Monitoring	Inpatient Admits per 1000 members	> 6.0	5.82%	*
	Emergency Visits per 1000 members	> 12.0	16.73%	*
Follow-up after Hospitalization	7 days	60%	41.24%	*
	30 days	75%	60.00%	*
Inpatient Readmission	7 days	> 5.0%	1.93%	*
	30 days	> 13.0%	6.63%	*
	90 days	> 20.0%	11.46%	*
Access to Services	Routine Care within 7 calendar days	100%	99.9%	99.8
	Urgent Care within 24 hours	100%	100%	100%
	Emergent Care within 1 hour	100%	100%	100%
	% of members within 30 miles of provider	100%	100%	100%
Appeals	Resolution Timeliness	100%	100%	100%
	Appeal Rates	> 2.0	0.10	.09
	% of Denials Overturned	NA	0.85%	0.00
UM Decision Timeliness		97%	89.63%	97.90
Grievances Resolution Timeliness		100%	100%	90.2
Quality of Care Concern Rate		< 2.0	0.014	.018

*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-NE averaged 160,668 members per month for FY16 an increase from a monthly average of 143,084 in FY15. This increase is mainly attributed to the continued Medicaid expansion, particularly in the AWDC (Adults without Dependent Children) aid category.

	FY15	FY16
Average Members/Month	143,084	160,668

As ABC-NE membership continues to grow, efforts are being made in multiple areas to meet the needs of this growing population. The necessity of these efforts can be seen in the increase in the population of adults without dependent children. The needs of this population as well as our efforts to increase our penetration rates with our members eligible due to Foster Care necessitate a flexible and expanded provider network. In addition, ABC-NE continues to work to expand the efforts of our community mental health centers in this region, which have been, and continue to be, a bulwark of stability and quality care for our members.

The ABC-NE 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)	18%	12%
Categorically Eligible Low-Income Children (AFDC-C)	43%	40%
Disabled Individuals to 59 (AND-AB)	5%	5%
Baby Care Adults (BCKC-A)	3%	1%
Baby Care Children (BCKC-C)	1%	3%
Foster Care (FC)	2%	2%
Adults 65 and Older (OAP-A)	6%	3%
Disabled Adults 60-64, (OAP-B)	1%	1%
Adults without Dependent Children (AWDC)	24%	32%

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.

Goal from FY15/FY16

- Establish baseline for penetration rates.

Interventions Implemented during FY15/16

Throughout FY15/16 ABC-NE carefully monitored penetration data so that the baseline numbers for FY15/16 would be thorough and accurate.

Results and Analysis

This data will be used as a baseline for analysis for FY16 data, allowing ABC-NE to analyze population penetration rates and make targeted improvements where necessary.

	FY15
Overall Penetration rate	13.77%
Foster Care Penetration rate	29.51%

Planned Interventions for FY17

ABC-NE is attempting to increase the penetration rate for the foster care population. Preliminary discussions with Northeast Colorado Health Department (Morgan & Logan Counties) and Weld County DHS have begun in order to implement programming aimed at increasing services for at-risk youth. This may take the form of programs and outreach aimed at children with asthma, for example, in living situations that exacerbate their conditions. ABC-NE staff is actively engaged in seven Northeast Colorado IOG Boards that deal, specifically, with coordinating services for at-risk youth and youth involved in the justice system. IOG boards are made up of community members from local school districts, DHS, law enforcement, justice department, child welfare, mental health centers, and BHOs—as well as other social service agencies. ABC NE is currently embedding its presence on these boards and underscoring who and what ABC NE is and what supports we can offer as the BHO & RCCO for most of these counties.

Potential partnership opportunities that have been discussed at these board meetings include linking truancy programs to health indicators (such as well-child and dental visits), connecting IOGs to programming aimed at preventing bullying and adolescent health education, possible projects that focus on marijuana & drug dependency. ABC-NE has begun discussions with Signal Behavioral Health to explore potential partnerships with Signal and one or more IOGs to focus resources and supports toward youth with dependency issues.

In addition to exploring partnerships, ABC-NE staff are working closely with Heart Centered Counseling to enhance access to BH services and in-home counseling in the Northeast area, as well as two pediatric practices in Weld County have added behavioral health providers to their teams. Additionally, Wray Community Hospital has begun working with ABC-NE to lay the groundwork for Behavioral Health telehealth services. In addition to increasing access and penetration rates, these interventions increase integrated care efforts, allowing our members' treatment teams to work together seamlessly for the whole person health of our members.

ABC-NE has also begun formal work on expanding our provider network. ABC-NE staff has convened meetings with providers in Larimer and Weld Counties to outreach and inform them on the benefits of becoming COA/Medicaid providers, and offering support in the Medicaid credentialing process. This should allow more services to be paid by Medicaid, freeing up other sources of funding to pay for services not covered by Medicaid for this population.

Goals for FY16/FY17

- Continue to monitor membership and penetration rates across populations and eligibility categories.
- Continue to increase partnerships with providers and community organizations to increase foster care penetration rates to improve outcomes for this population.

Access to Care

Service Accessibility

ABC-NE and its extensive provider network strive to provide timely access to routine, urgent, and emergent behavioral health services for members. ABC-NE continues to 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 7 business days of request.
- Urgent Care available within 24 hours of request.
- Emergency face-to-face services available within 1 hour of request in urban/suburban areas and within 2 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

- Educated providers on access to care standards utilizing quarterly provider bulletins which outline standards and contract requirements in these areas.
- ABC-NE collaborated with Rocky Mountain Crisis line, who provided us with data on crisis phone calls.

Results and Analysis

ABC-NE met performance goals in three out of four access to care standards for the year.

Access to Care Standard	FY15	FY16
Routine	100%	99.9%
Urgent	100%	100%
Emergency Face-to-face	98.63%	100%
Emergency Phone	100%	100%

Planned Interventions for FY17

- Continue to educate providers on access to care standards.
- Continue to monitor access to care data on a quarterly basis.
- Expand Access to Care Data collection to additional high-volume providers in the Northeast region.

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

COA surpassed identified telephone accessibility goals for FY16 for ≥ 80% of calls answered within 30 seconds and ≤ 5% overflow to voicemail (overflow percentage). Colorado Access did not meet the goal of ≤ 5% call abandonment rate; this is due to the extremely low number of calls received for ABC NE. Abandoned call rate is magnified when a caller abandons due to the low call volume.

Telephone Standard	FY15	FY16
30 Seconds	89.56%	85.91%
Abandonment Rate	2.57%	7.43%
Overflow Rate	0.84%	.01%

Top Reasons for Call	Number of Calls FY16
Eligibility Verification	1059
Provider Search Request	160
Claim Status Inquiry	109

Planned Interventions for FY17

- Continue tracking call results on a quarterly and annual basis.
- Monitor call reasons and identify areas needing service improvement.
- Prioritize ABC-NE calls to achieve a lower abandonment rate.

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-NE 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-NE's state contracted service region. ABC-NE 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-NE 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 membership and 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-NE 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-NE'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-NE 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 and ABC-NE members.

ABC-NE 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-NE 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-NE recruits and maintains 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-NE 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-NE 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-NE 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	

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 at 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

- Launch telehealth program with Health Centered Counseling in the Northeast region.

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

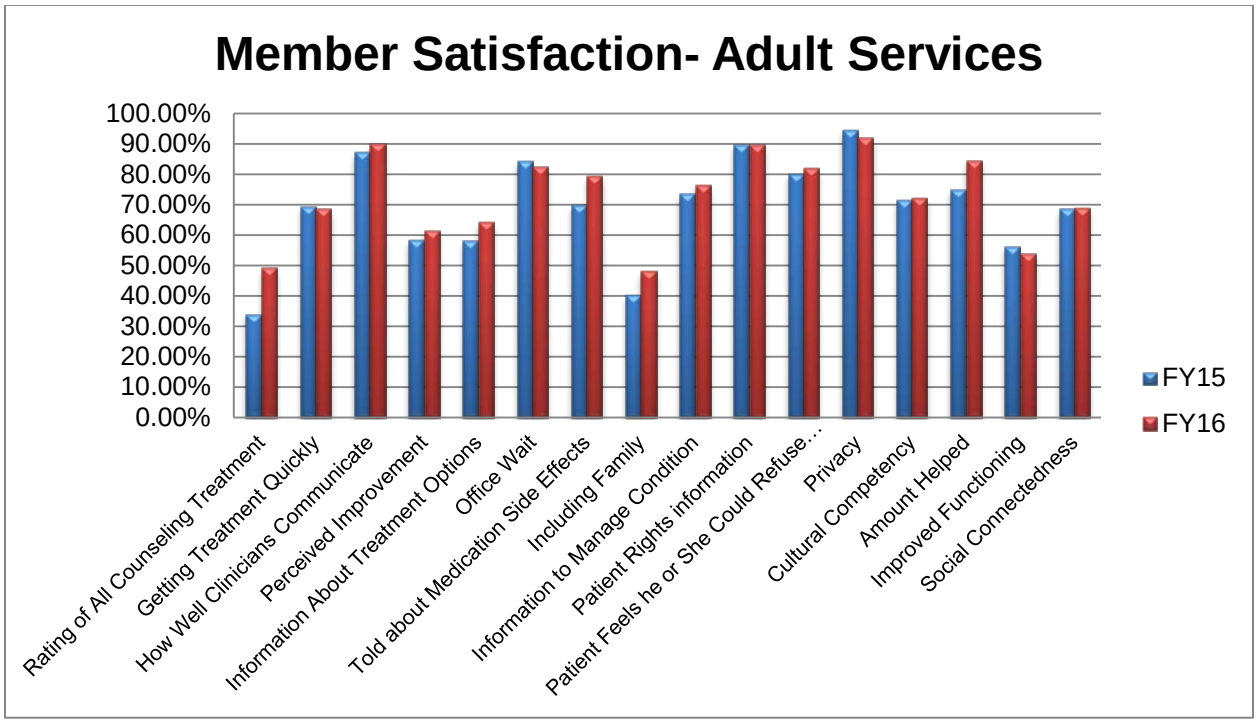
- Meet or exceed ECHO satisfaction results from FY15.

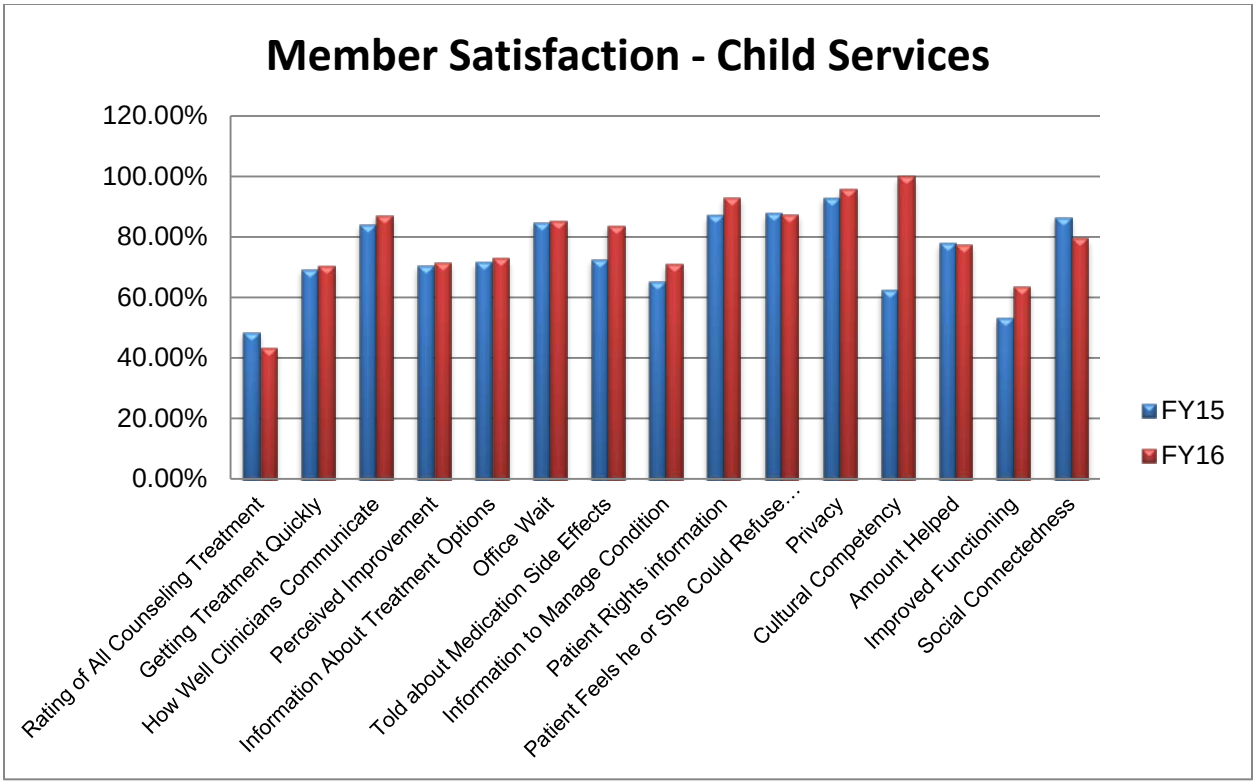
Interventions Implemented during FY16

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 NE's performance on the ECHO survey for both children and adult for the past two survey cycles.





The following table presents information about the response rates for survey administration. ABC-NE will continue to work with the Department and HSAG in order to return the most optimal response rates possible. CY15 will be baseline data for future surveys for ABC-NE.

Survey Population	FY15
Adult Services	219
Child Services	199

Goals for FY17

- Meet or exceed 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 15 business days or within 29 total days which includes a 14 calendar day extension.
- < 2 grievances per 1000 members.

Results and Analysis:

During FY16, a total of 43 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 0.27 grievances, which met the goal of less than 2.0 grievances per 1,000 members.

Grievances by Category Type		
	FY15	FY16
Access & Availability	6	5
Clinical Care	33	18
Customer Service	10	17
Financial	2	3
Total	**51**	**43**

Out of 43 grievances, 41 grievances (95.3% total) were resolved within 15 business days; the remaining 2 grievances were not resolved within the 15 business days. For these 2 grievances, there were no extensions filed. The 2 grievances were both resolved with the member in a timely manner but the Resolution Letters were sent out one day late.

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 15 business days, or within 29 total days which includes a 14 calendar day extension.
- < 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-NE Medical Director for review and a determination. Findings are confidential under peer review statutes.

Goal from FY16

- < 2.0 QOCs per 1000 members.

Interventions Implemented during FY16

ABC-NE continued to investigate and resolve QOC concerns per our contractual obligations and in accordance with HCPF policies and procedures.

Results and Analysis:

There were 3 QOCs reported for ABC-NE during FY16. This represents a rate of 0.02 per 1,000 member months, well below the identified goal. This performance is consistent with previous years, as demonstrated in the table below.

Although ten total members were affected, ABC-NE is counting this as one QOC, since the issue was the same with all members and the QOC surrounded provider policies and procedures.

QOC Rate	FY15	FY16
Number of QOCs Received	2	3
Average Membership	143,084	160,688
Rate per 1000 members	**.014**	**.018**

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-NE Quality Improvement staff will work with Customer Service staff to ensure that all Quality of Care concerns are correctly identified and forwarded to Quality for investigation.
- ABC-NE Quality Improvement staff will work with Care Managers to educate them on identifying QOC's and the reporting process of QOC's so that they can be appropriately resolved.

Goals for FY17

- < 2.0 QOCs per 1000 members.

ABC-NE Partnership Program

Throughout FY16, ABC-NE continued to engage in a variety of partnership activities in the Northeastern Colorado counties.

ABC-NE held quarterly Partnership Meetings throughout the majority of FY16. These meetings covered member rights and responsibilities, the grievance procedure, ABC-NE's crisis services and also included an educational presentation on a wide variety of topics of concern to the community with regards to Behavioral Health issues and services. The meeting was also an opportunity to address any customer service complaints or concerns from community members as well as the provider community. ABC-NE will continue holding these Partnership Meetings throughout FY17, with the same basic format. Future meetings will also include feedback on the agenda from our Member Advisory Committee (described below).

ABC-NE continued with integration of a Care Manager in the Northeast community. The Care Manager has begun making weekly "drop-in" visits to the Global Refugee Center with the purpose of meeting with members and assisting to address any barriers to care they are having or concerns they have regarding their integration into the community and services they may need.

ABC-NE continued to send a member newsletter containing articles, links, and resources to members with the goal of increasing member knowledge and engagement in their Behavioral Health services. The newsletter also reminds members of crisis services and customer service and grievance procedures and information.

Planned Partnership Activities for FY17

ABC-NE will continue with the Member Advisory Committee with the goal of gathering feedback on services and member experiences, identifying network needs and/or gaps and customer service complaints or barriers to care. This committee strives to empower members to be involved in their behavioral healthcare and increase the level of member perspective and feedback ABC-NE receives from the community. This committee will also begin advising on the agenda for the larger Partnership Meetings to ensure member concerns are heard throughout the community.

ABC-NE has begun engaging with NCAP (Northern Colorado AIDS Project) in a partnership to connect their members with Behavioral Health Services. ABC-NE Care Management was able to link NCAP to one of the larger providers in the area, Heart Centered Counseling, to begin to provide needed mental health treatment to those affected by HIV/AIDS.

ABC-NE will soon begin running member focus groups. The goal of these focus groups will be to get information on member experiences with the Community Mental Health Centers as well as with other ABC-NE network providers. This will allow ABC-NE to identify gaps in network services, gain feedback on the different types of services being offered within the community and what member's preferences are for their behavioral healthcare needs so that ABC-NE can continue to provide quality person-centered care throughout the Northeast Colorado community.

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

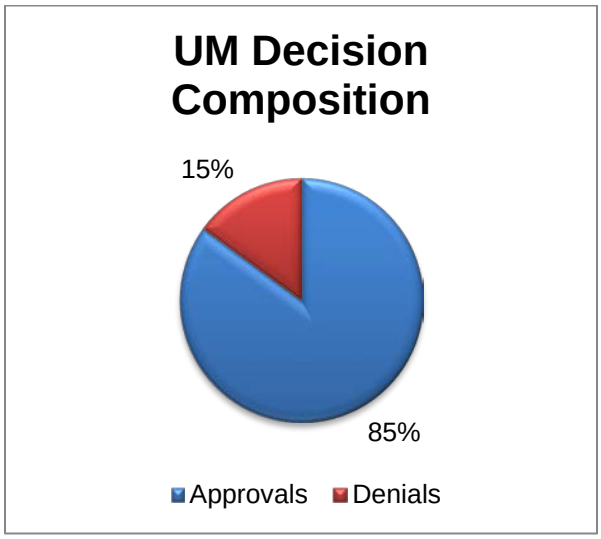
- Reduce UM decision error rate to at least 1%.
- Improve TAT compliance to 97% or higher.

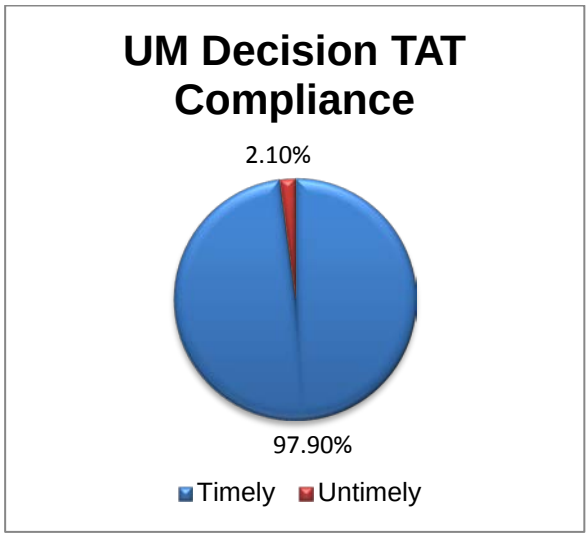
Interventions from FY16

- Previously identified issues with errors in data entry have been addressed by modifying the data entry system to make certain fields mandatory and by 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 turn-around 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-NE BHO's.





During FY16, the interventions implemented to address the error rate were so successful that the error rate became negligible in early FY17. Therefore, Colorado Access has discontinued the calculation of this measure.

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. 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-NE for FY16 are listed in the table below. ABC-NE had a lower percentage of denials being appealed in FY16. All appeals (100%) were resolved within contractually required timeframes without extensions. The appeal rate per 1000 members continues to be consistent with performance achieved by ABC-Denver.

	FY15	FY16
Total number of appeals	15	15
% of denials appealed	4.3%	2.2%
Appeal rate (per 1000 members)	0.10	0.09
% of UM denials overturned	0.85%	0.00

Planned Interventions for FY17

COA will continue to monitor appeal metrics on a quarterly basis to identify patterns and intervene if the data deems it necessary.

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-NE.

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 was 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.

Goals 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.

Goals 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 by Health Services Advisory Group (HSAG) until winter 2016-2017. FY16 performance measures will be presented in the FY17 annual quality report.

Goals for FY15/FY16

- Collaborate with HCPF and HSAG in the calculation and validation of performance measures.
- Establish baseline performance.

Hospital Readmissions

FY15 was baseline data for this measure. The results listed below are for non-state hospitals and encompass all age groups.

	FY15	FY15 BHO Ave	ABC NE goal
7-day readmissions	4.16%	2.94%	< 5.0%
30-day readmissions	12.83%	9.21%	< 13.0%
90-day readmissions	20.14	15.38%	< 20.0%

Interventions for FY17: The ABC-NE UM and Care Management teams work with both providers and members in order to provide members with 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. The UM and Care Management teams continue to work diligently with inpatient providers on discharge planning and transitioning members to lower levels of care when medically appropriate following an inpatient stay. Three dedicated ABC-NE Care Managers also work to assist members in getting outpatient appointments post hospital discharge with the goal of preventing or reducing readmission rates. ABC-NE also has an intensive care coordinators located in the CMHC's who assist in discharge planning to improve readmission rates.

Inpatient Utilization

FY15 was baseline data for this measure. The results listed below are for non-state hositals and encompass all age groups.

	FY15	FY15 BHO Ave	ABC NE goal
Inpatient Utilization per 1000 members	5.82%	5.13%	< 6.0%

Interventions for FY17: The ABC UM and Care Management teams work with both providers and members in order to provide members with 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.

Emergency Department Utilization

FY15 was baseline data for this measure. The results listed below encompass all age groups.

	FY15	FY15 BHO Ave	ABC goal
ED utilization per 1000 members	16.73	13.34	< 12.0

Interventions for FY17: ABC-NE Customer Service and Care Management teams continue to work to help members find behavioral health providers as an alternative to the emergency department. ABC-NE has also been collaborating with the new state-wide crisis services and promoting the use of the walk-in clinics as an alternative to 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).
- 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 for FY15/FY16

- Collaborate with HCPF and HSAG in the calculation and validation of performance measures.
- Establish baseline performance.

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. FY15 is baseline data for this measure.

	FY15	FY15 BHO Ave
Redundant Atypical Antipsychotics	3.75%	3.66%

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). FY15 is baseline data for this measurement.

	FY15	FY14 BHO Ave
Medication Monitoring	69.88	55.56%

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. FY15 is baseline data for this measure.

	FY15
Antipsychotic adherence	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. FY16 was the first year to measure this, and the goal is to establish baseline data. 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 for FY15/FY16

- Collaborate with HCPF and HSAG in the calculation and validation of performance measures.
- Establish baseline performance.

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.

ABC-NE established baseline data for this meansure for FY15. All results are for non-state hositals and encompass all ages.

	FY15	FY15 BHO Ave
7-day follow-up	41.24%	47.87%%
30-day follow-up	60.00%	66.08%

Behavioral Health Engagement

This indicator measures the percent of members who receive four or more services within 45 days of their initial visit. ABC-NE established baseline data for this measure for FY15. Numbers are for all ages.

	FY15	FY15 BHO Ave
Mental health treatment engagement	48.66%	49.80%

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. Results are for all ages.

	FY15	FY15 BHO Ave
Treatment Initiation Within 14 Days	46.86%	47.10%
Two or more services within 30 days of Initiation	31.69%	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-NE established baseline data for this measure during FY15. Numbers are for all ages.

	FY15	FY15 BHO Ave
% of members with BH and PH visit	90.70%	88.75%

Interventions for FY17
ABC-NE is collaborating with the CMHCs to calculate the data for these measures quarterly and complete a more thorough analysis to identify opportunities for performance improvement.

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-NE is subject to validation by HSAG. Some of these measures are calculated by HCPF using data submitted by the BHOs; other measures are calculated by the BHOs. The measures come 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 conducts an analysis of this data:

- Information Systems Capabilities Assessment Tools (ISCAT) will be requested and received from each BHO and HCPF. Upon receipt by HSAG, the ISCAT will be reviewed to ensure that all sections are completed. The ISCAT will then be forwarded to the validation team for review. The review identifies issues or items that need further follow-up.
- Source code (programming language) for performance measures will be requested and was submitted by HCPF and the BHOs. The validation team completes query review and observation of program logic flow to ensure compliance with performance measure definitions during the site visit. Areas of deviation will be 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 FY15 will be reviewed by the validation team.
- Supportive documentation includes any documentation that provides 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 will be 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 FY16

- 100% compliance score for performance measure validation.

Results and Analysis
ABC-NE 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:

- COA's staff members had extensive experience and prior knowledge of processes related to behavioral health measures and reporting requirements.
- ABC-NE participated in the monthly meetings with the Department, addressing any issues and working collaboratively on solutions.
- For this first year, the BHO's file rejection rate was under 10 percent.

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 NE 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 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 document, and data calculation methods.

Goal for 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

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

Goal from FY16

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

Interventions from 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
Centennial Mental Health Center	IMR: Action Planning for Prevention and Recovery	# of members served	Establish baseline	55
		% of members with APPR in medical record	80%	63%
	Peer Services	# of members receiving services	Establish baseline	66
		# of peer-led groups	Establish baseline	12
	Co-Occurring Disorders: Jail-based treatment	% of members with dual dx receiving treatment	50%	100%
		% of members receiving follow up care after release	Establish baseline	22%
	Crisis Services	Compliance with face-to-face ATC standard	100%	94%
		Crisis/safety plan in record	50%	42%
	BH Counseling: CBT for Depression	Admission CCAR scores on depression domain	Establish baseline	3.8
		Discharge CCAR scores on depression domain	Establish baseline	5.1
SummitStone Health Partners	Peer Services	# of members receiving services	Establish baseline	223
		# of peer-led groups	Establish baseline	41
	Co-Occurring Disorders: Jail-based treatment	% of members with dual dx receiving tx	50%	100%
		% of members receiving follow up care after release	50%	19%
	Crisis Services	Compliance with face-to-face ATC standard	100%	99%
		Crisis/safety plan in record	50%	13%
North Range Behavioral Health	Peer Services	# of members receiving services	Establish baseline	126
		# of peer-led groups	Establish baseline	
	Crisis Services	Compliance with face-to-face ATC standard	100%	100%
		Crisis/safety plan in record	50%	58%

Planned Interventions for FY17
ABC-NE will continue to support the ABC-NE 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-NE and network providers are dedicated to providing members with quality services, including evidenced-based and promising practices (EBPs). During FY16, ABC-NE worked with network providers to monitor the EBPs offered to child and adolescent members.

Goal from FY16

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

Interventions from 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

Provider	Program	Metric	Goal	FY16 Results
Centennial Mental Health Center	Psychotherapy for Adolescents: CBT for Depression	Admission CCAR scores on depression domain	Establish baseline	4.8
		Discharge CCAR scores on depression domain	Establish baseline	3.3
	Family Tx: Parenting with Love and Limits	# of members served	Establish baseline	12 members
		FACES 4 satisfaction survey	Increase from pre to post test	Improvement on 6/8 scales
	Case Management	# of members served	Meet or exceed baseline	83
		# of hours of mentoring services provided	Meet or exceed baseline	1544
SummitStone Health Partners	Functional Family Therapy	Adherence to FFT	TBD	120
		Member Satisfaction Survey	TBD	65%
	School Based Services	# of children served	Meet or exceed baseline	98
		# of schools with BH services	One additional school per year	6
	Case Management	# of members served	Meet or exceed baseline	24
		# of hours of mentoring services provided	Meet or exceed baseline	360
North Range Behavioral Health	Home-based Services: MST	# of members served	Establish baseline	65
		% Fidelity to the model	TBD	66%
	Functional Family Therapy	Adherence to FFT	TBD	4.03
		Member Satisfaction Survey	TBD	3.7 out of 5.0
	School Based Services	# of children served	Meet or exceed baseline	572
		# of schools with BH services	One additional school per year	19

Planned Interventions for FY17

ABC-NE will continue to support the ABC-NE 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 Screenings and 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 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 FY16, as the system was rolled out live early in FY17, 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. RCCO 2 experienced an exceptional barrier in that there were zero screenings billed. 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 FY15 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-NE 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.

Goal from FY16:

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

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		
	CY14	CY15
Overall - all categories	67%	73%
Prevention/Early Intervention Services	64%	75%
Drop-In Center Services	NA	82%
Residential Services	70%	63%

ABC-NE provider performance has slightly increased in all service categories except Residential Services (mostly due to incomplete documentation submitted). ABC-NE 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	247	411	69.59%
Diagnosis Code	349	411	85.16%
Place of Service	239	411	67.64%
Service Program Category	248	411	69.83%
Units	220	411	54.50%
Start Date	364	411	90.02%
End Date	363	411	89.78%
Appropriate Population	364	411	90.02%
Duration	353	411	87.59%
Allowed Mode of Delivery	364	411	90.02%
Staff Requirement	226	411	56.20%

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-NE 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-NE. ABC-NE achieved perfect agreement with HSAG on nine of eleven audit elements, resulting in near-perfect agreement overall.

Requirement Name	All BHOs	ABC-NE
Overall	**76.0%**	**98.79%**
Procedure Code	99.3%	100%
Service Category	100%	100%
Diagnosis	86.0%	90%
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 NE
Overall	**90.44%**
Procedure Code	84.67%
Service Category	85.40%
Diagnosis	94.16%
POS	89.78%
Units	86.86%
Start Date	98.54%
End Date	97.81%
Population	91.24%
Duration	86.86%
Mode of Delivery	91.24%
Minimum Staff Requirements	88.32%

Planned Interventions for FY17
ABC-NE 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-NE 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.

Interventions from FY16

During FY16, ABC-NE 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-NE 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-NE completed one service-focused review (social detoxification services).Ten providers were identified by reviewing a claims history of providers using the four unique social detoxification codes: S3005, T1007, T1019, and 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-NE assisted these providers in identifying a more appropriate code for the services being provided. These providers are denoted with an (*) in the results. ABC-NE 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-NE 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-NE 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-NE 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-NE will select one service type (e.g., social detoxification services, residential services, case management services, etc.) for a targeted review. ABC-NE 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-NE 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-NE will conduct a more thorough, provider-focused review of records.

Goal 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.