



Annual QAPI Evaluation

Access Behavioral Care – Northeast

Fiscal year 2015

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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, 2014 through June 30, 2015 (FY15).

Key Metrics

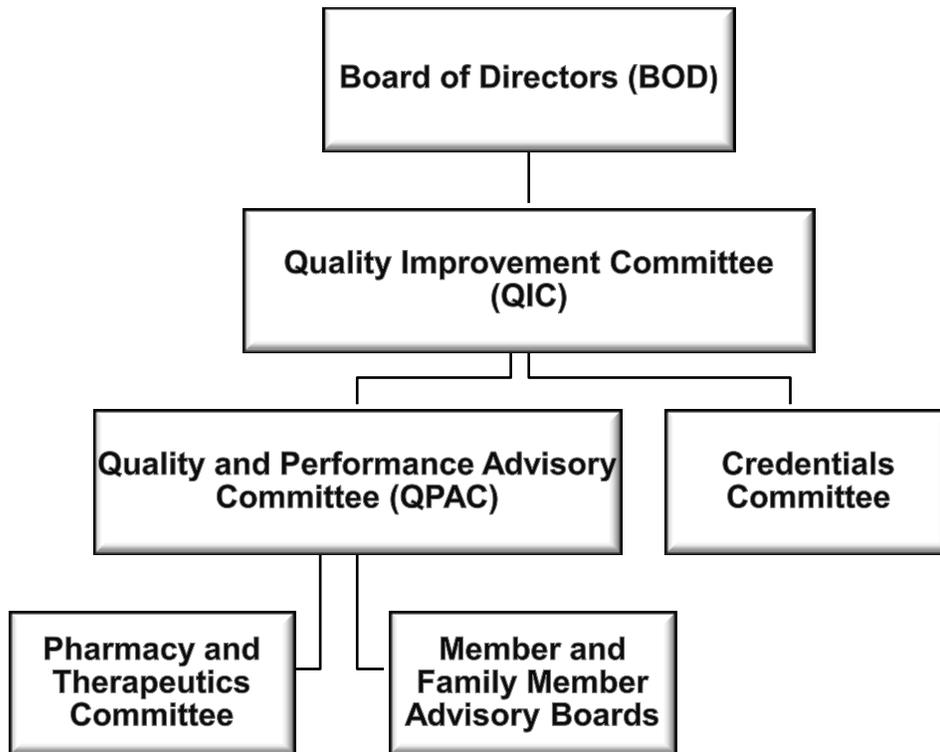
Measure		Goal	FY15
Penetration Rate (overall)		> 12.0%	*
Utilization Monitoring	Inpatient Admits per 1000 members	> 6.0	*
	Inpatient Average Length of Stay	> 9.0	*
	Emergency Visits per 1000 members	> 12.0	*
Follow-up after Hospitalization	7 days	60%	*
	30 days	75%	*
Inpatient Readmission	7 days	> 5.0%	*
	30 days	> 13.0%	*
	90 days	> 20.0%	*
Access to Services	Routine Care within 7 calendar days	100%	100%
	Urgent Care within 24 hours	100%	100%
	Emergent Care within 1 hour	100%	98.63%
	% of members within 30 miles of provider	100%	100%
Appeals	Resolution Timeliness	100%	100%
	Appeal Rates	> 2.0	0.10
	% of Denials Overturned	NA	0.85%
UM Decision Timeliness		97%	89.63%
Grievances Resolution Timeliness		100%	100%
Quality of Care Concern Rate		< 2.0	0.014

*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 and Penetration

ABC-NE averaged 143,084 members per month. Previous data is unavailable, as this was the first year of the ABC-NE contract. Penetration rates are not yet available for FY15. Therefore, FY15 penetration rates will be presented in the FY16 annual quality report.

	FY15
Average Members/Month	143,084

The ABC-NE membership is further broken down by age and aid category in the tables below.

Membership by Age	FY15
Children (0-12)	35.7%
Adolescent (13-17)	10.7%
Adult (18-64)	50.4%
Older Adult (65+)	3.6%

Membership by Aid Category)	FY15
Categorically Eligible Low-Income Adults (AFDC-A)	18%
Categorically Eligible Low-Income Children (AFDC-C)	43%
Disabled Individuals to 59 (AND-AB)	5%
Baby Care Adults (BCKC-A)	3%
Baby Care Children (BCKC-C)	1%
Foster Care (FC)	2%
Adults 65 and Older (OAP-A)	6%
Disabled Adults 60-64, (OAP-B)	1%
Adults without Dependent Children (AWDC)	24%

Goal for FY16

- Establish baseline for penetration rates

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 include 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 for FY15

- 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

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
Routine	100%
Urgent	100%
Emergency Face-to-face	98.63%
Emergency Phone	100%

While ABC-NE did not meet the goal for emergency face-to-face services, all members who presented in the Emergency Department were medically triaged and stabilized upon arrival. ABC-NE continues to receive feedback from local emergency departments that there is an upsurge in the overall volume of emergency mental health evaluation requests.

Planned Interventions

- 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 crisis stabilization providers to obtain addition data around emergency face-to-face services (mobile and walk-in)

Goals for 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

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 FY15

- $\geq 80\%$ of calls answered within 30 seconds
- $\leq 5\%$ call abandonment rate
- $\leq 5\%$ overflow to voicemail (overflow percentage)

Results and Analysis

As demonstrated below, COA surpassed all identified telephone accessibility goals for FY15.

Telephone Standard	FY15
30 Seconds	89.56%
Abandonment Rate	2.57%
Overflow Rate	0.84%

Planned Interventions

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

Goals for FY16

- $\geq 80\%$ of calls answered within 30 seconds
- $\leq 5\%$ call abandonment rate
- $\leq 5\%$ overflow to voicemail (overflow percentage)

Network Adequacy: Network Composition

ABC-NE has built and maintained an extensive network to maximize the range of provider 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. 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 FY15

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

Results and Analysis

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	2389
Licensed Mental Health Practitioners	646
Unlicensed Mental Health Practitioners	215
Case Manager/Mental Health Workers	387
Total	3637

Organizational Provider by Type	Total
Hospital	50
Mental Health Center	18
Federally Qualified Health Center	82
Residential Treatment Center	16
Total	166

ABC-NE also monitors the geographic spread of members and providers in order to assure that our network meets the standard that all members have at least one provider within 30 miles of their home. At the close of FY15, 99.3% of ABC-Denver and ABC-NE members were within 30 miles of a contracted provider. The remaining 0.7% of members (2,397 members) were located in rural areas of the ABC-NE region. ABC-NE continues to recruit in these rural areas for increased access and availability.

ABC Network Availability	FY13	FY14	FY15
Percentage of members with access to a provider within 30 miles	100%	100%	99.3%

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-NE or does not wish to be a contracted provider. During FY15, there were 20 single case agreements to serve ABC-NE members.

Colorado Access 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

- 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.
- Recruitment of providers who serve foster care children
- Recruitment of providers who specialize in trauma-informed care
- Identify any gaps in specialty services available in the existing provider network

Goals for FY16

- 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 FY15

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

Results and Analysis

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.

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. The table below demonstrates the number of providers fluent in languages other than English:

Language	Number of providers
Spanish	41
French	5
German	4
American Sign Language	4
Other	7

COA'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

- ABC will continue to evaluate network needs for providers with cultural/linguistic and other special needs expertise relative to the characteristics of 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 FY16

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

Innovative Service Models: Telemedicine

Colorado Access has developed new technologies to increase access to behavioral health care for ABC-NE members through telemedicine technology. Access Care Services and Access Care Technology are leaders in the telemedicine field. These innovative solutions provide capabilities for both members and providers.

Access Care Services: Provide clinical delivery models and services that facilitate real-time access to care, as well as coordination of care between members, providers, and systems.

Access Care Technology: Provides a telemedicine platform that enables real-time, video-based treatment in a high definition environment called Aveo™. The platform was specifically built for behavioral health but is highly scalable to multiple disciplines. At present, this technology is being utilized at the University of Colorado Depression Center.

This technology will provide increased access for members who may have difficulty getting care in traditional office settings or who may prefer virtual care. It will enable warm hand offs between providers and will facilitate smoother transitions of care.

In 2016 Access Care Services will continue to provide 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: First curbside dry run September 22, 2015. First patients scheduled for October 2015
- Sheridan Health Services: First curbside dry run September 28, 2015. First patients scheduled for October 2015
- Yuma Hospital District: First curbside scheduled for October 2015 and first patients scheduled for November 2015.
- Horizon Pediatrics: First curbside scheduled for November 2015 and first patients scheduled for December 2015

COA estimated 10 curbside consults per month per site and 5 patients per site per month in 2015. In 2016 we estimate 15 curbside consults per month per site and 10 patients per site per month, and adding one additional site at Denver Indian Health and Family Services

Goal for FY16

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

Member and Family Experience

Member Satisfaction: ECHO survey

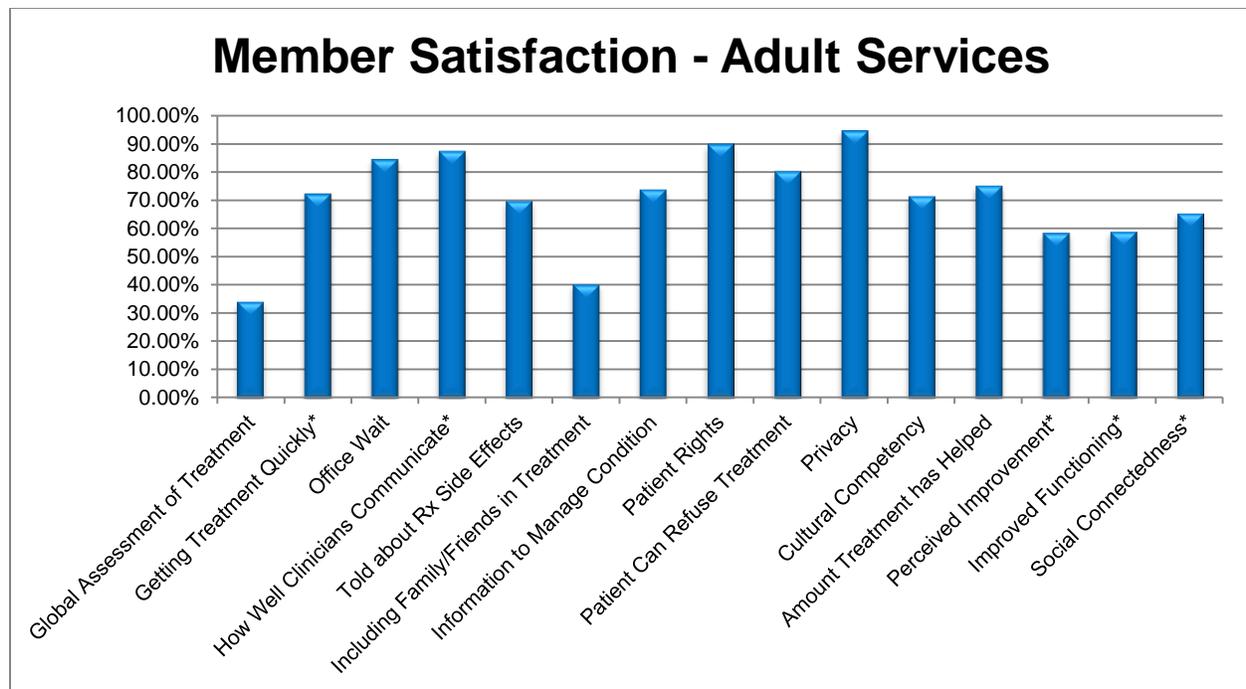
Member evaluation of the services offered by ABC is critical to the identification of opportunities to improve all aspects of care to our members. During FY15, the Department of Health Care Policy and Financing (HCPF) adopted a new survey instrument for the assessment of member satisfaction. The Experience of Care and Health Outcomes survey for Managed Behavioral Healthcare Organizations, Version 3.0 (ECHO) was modified to also include several items from the previous tool utilized.

Goal from FY15

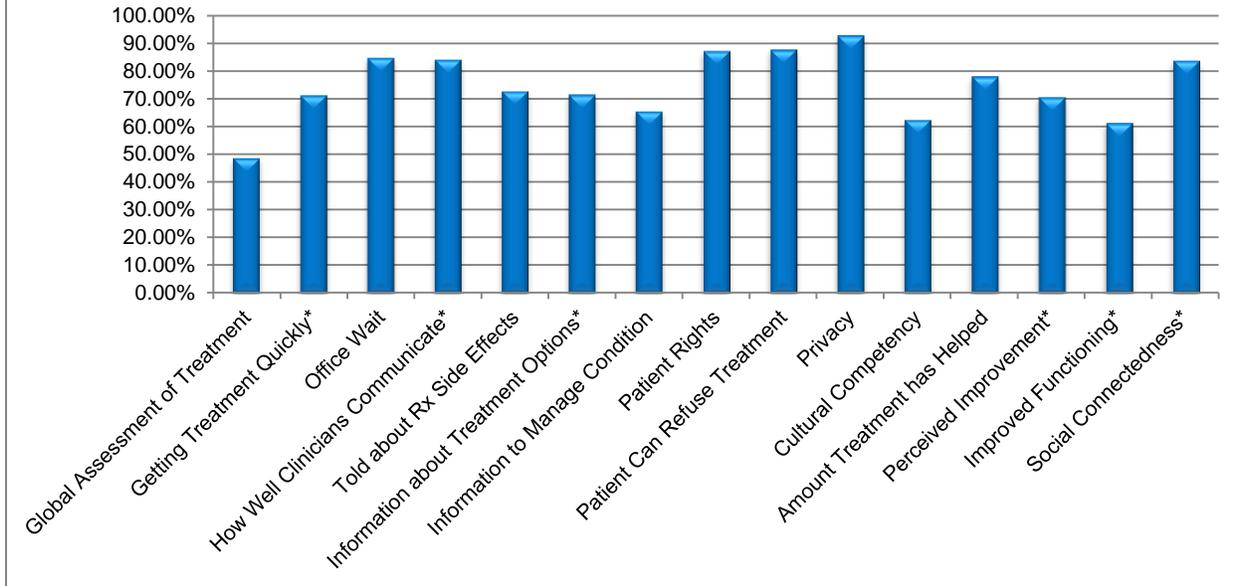
- To monitor member satisfaction with services offered by Colorado Access
- To establish a baseline assessment of satisfaction using the ECHO survey tool

Results and Analysis

Two rounds of the ECHO were administered during FY15 – the first was administered from July 2014-October 2014 to a sample of members who had received services during calendar year 2013. The survey was administered again in the spring of 2015 to a sample of members who received services during calendar year 2014. Because ABC-NE was not managing services for members during calendar year 2013, only the second survey cycle (calendar year 2014) results are presented below. The charts below reflect ABC-NE performance on the ECHO survey for both children and adult for calendar year 2014.



Member Satisfaction - Child Services



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.

Survey Population	CY14
Adult Services	214
Child Services	196

Goals for FY16

- Meet or exceed ECHO satisfaction results from FY15

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 FY15

- 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 FY15, a total of 51 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 0.36 grievances, which met the goal of less than 2.0 grievances per 1,000 members.

Grievances by Category Type	
	FY15
Access & Availability	6
Clinical Care	33
Customer Service	10
Financial	2
Total	51

Out of 51 grievances, 46 of grievances (90.2% total) were resolved within 15 business days; the remaining five required an extension. For each of these five grievances, the appropriate grievance extension procedures were followed. Therefore, 100% of grievances were resolved according to contractual requirements.

Planned Interventions

- 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 FY16

- 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 FY15

- < 2.0 QOCs per 1000 members

Results and Analysis:

There were 2 QOCs reported for ABC-NE during FY15. 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.

QOC Rate	FY15
Number of QOCs Received	2
Average Membership	143,084
Rate per 1000 members	.014

Planned Interventions

- 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 continue to work with Customer Service staff to ensure that all Quality of Care concerns are correctly identified and forwarded to Quality for investigation.

Goals for FY16

- < 2.0 QOCs per 1000 members

ABC-NE Partnership Program

In FY15, ABC-NE launched a partnership program with ABC-NE members, families, providers, community organizations, and stakeholders. Meetings were held in Larimer County, Weld County, and Kit Carson including Yuma and Cheyenne counties, in locations accessible to public transportation whenever possible. Meetings were promoted through member newsletters. ABC-NE solicited feedback from members about the meeting format, topics, and date/time in order to be responsive to member needs.

Thus far, member meetings have included topics such as: member rights and responsibilities, the grievance procedure, the role of a behavioral health organization, Colorado crisis services, and quality initiatives and projects.

The ABC-NE Community Outreach Manager assumed multiple responsibilities including:

- Strengthening relationships with current and potential providers
- Touring provider sites and encouraging providers to join the COA network
- Serving as the member and family Ombudsman
- Facilitating Peer Specialist Training and did Train the Trainer (Georgia model) for 10 new trainers between 3 CMHCs
- Navigating operational support
- Advocacy and brokering work on behalf of members
- Attending systems of care review meetings are held quarterly: Department of Human Services (DHS), HCPF, Veterans, behavioral health organizations (BHO), and other interested parties
- Collaborating with clubhouse programs including Spirit Crossing (Ft. Collins) and Frontier House (Greeley).
- Collaborating with ABC-NE Care Managers in linking members to services
- Improving external branding, branding recognition, and brand confidence in support of the COA strategic plan to optimize member experience.

Despite the sizable geographic distance within the 12 NE counties, the Community Outreach Coordinator was able to effectively increase external branding, company comprehension and create a “local” feel amongst members. This was accomplished through a variety of means including a diverse and more frequent partnership meeting schedule, selecting local or small town events that had substantial meaning to members and sponsoring partner and community fundraising events. Additionally, the Community Outreach Coordinator sought out and pursued activities that were philanthropic in nature, furthering the partnership of COA and the communities it serves. So far in 2015, the involvement in these activities resulted in COA directly leveraging over \$400,000 in fundraising dollars, dollars that were directly distributed back into the communities served by COA. Monies were distributed to services to non-profit agencies benefiting homeless and vulnerable children living below the poverty line.

Goals for FY16

- Host member meetings in each of the 12 NE counties
- Expand collaboration to other community-based organizations, including the National Alliance on Mental Illness (NAMI)

Utilization Management

Utilization Management Decisions

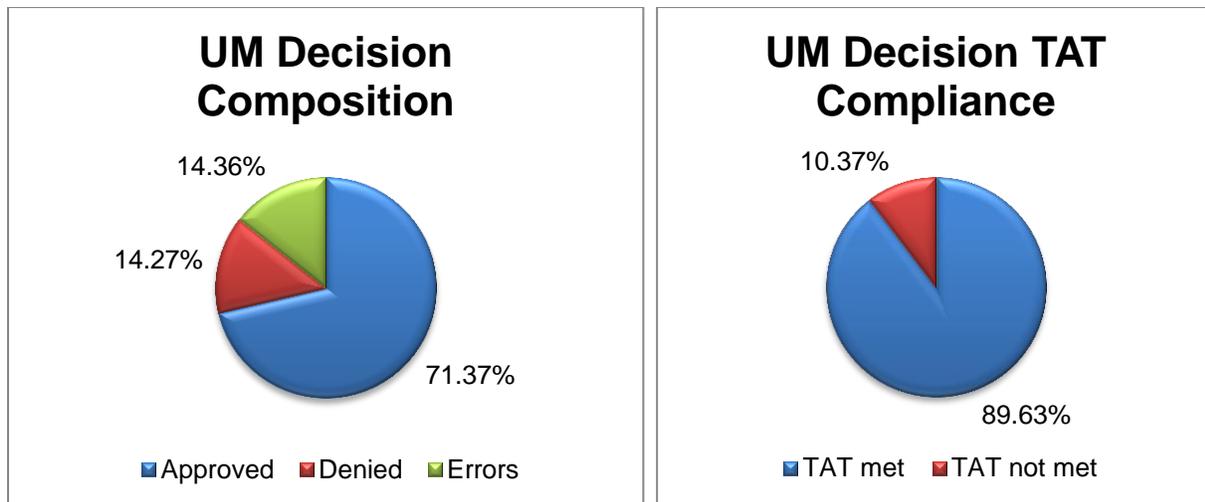
Timeliness of utilization management (UM) decision making is monitored regularly in order to assure that decisions are made according to contractual requirements and to support members' accessibility to services according to need. Patterns in decision making are analyzed in order to identify opportunities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

Goal from FY15

- 100% of UM decisions made according to timeliness standards

Results and Analysis

In FY15, Colorado Access began monitoring the timeliness 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.



During the fourth quarter of FY15, Colorado Access identified significant issues with data entry in the utilization management system used (Altruista). These data entry errors (such as missing request dates, errors in data entry, etc.) resulted in missing data for nearly 15% of all UM decisions for ABC-NE. In addition, several miscommunications and workflow issues were identified that were causing non-compliance with decision timeframes, including decisions involving a single-case agreements. The quality team has worked in collaboration with the UM team in order to resolve these issues.

Strategies and planned interventions

- Significant training with UM staff regarding data entry mistakes, with emphasis on required fields. The monthly monitoring reports now also include detail on the errors made by staff member. In addition, Colorado Access has requested several updates to the Altruista system, including making various fields required entry before saving.
- The monthly monitoring report was also revised to include detail of missed TAT by staff member in order to provide more focused staff training around missed timeframes.

Goals for FY16

- Reduce UM decision error rate to at least 1%
- Improve TAT compliance to 97% 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 FY15

- 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 FY15 are listed in the table below. FY15 will serve as a baseline for monitoring appeal and decision overturn rates. All appeals (100%) were resolved within contractually required timeframes without extensions. The appeal rate per 1000 members was consistent with performance achieved by ABC-Denver.

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

Planned Interventions

- COA will continue to monitor appeal metrics on a quarterly basis to determine if this increase is stable or an outlier circumstance.

Goals for FY16

- 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.

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 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 FY15

- 90% agreement between raters, both intake and clinical

Results and Analysis

The overall score for the CCS Intake Staff was 93.3% which meets the 90% benchmark. The CCS Clinical/UM staff scored 69% overall on the Behavioral Health Criteria for Adults, which did not meet the 90% goal.

CCS Management Staff conducted individual focused coaching of staff regarding scripted guidelines and InterQual® criteria interpretation and use. All staff who did not pass with 90% or greater was required to attend an annual policy and procedure training, refresher course on how to apply InterQual® criteria, and review of tools/resources loaded on the 'Resource Page' in the clinical documentation system. It was determined that several of the IRR test questions were answered incorrectly by all staff members. The training focused most heavily on the concepts related to those questions. These individuals were re-tested after focused training completed in March 2015. The overall score for CCS Clinical Staff was 94.2% overall and 95.6% for the Behavioral Health Criteria for Adults, both of which meet the identified goal.

Planned Interventions

- Continue to conduct focused training with CCS Clinical Staff to improve the consistency of decision making.
- Continue collaboration between the CCS and quality departments in order to streamline IRR testing

Goals for FY16

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

Performance Measures

FY15 Performance Measure Activity

FY15 measures are not calculated until fall 2015 and not validated by Health Services Advisory Group (HSAG) until winter 2015-2016. Therefore, ABC-NE does not have any current performance to report in this section. The information below outlines current and planned activities to improve performance in these areas. FY15 performance measures will be presented in the FY16 annual quality report.

Reducing Over- and Under-Utilization of Services

Listed below are the various ABC-NE activities implemented to improve performance in the following measures:

- Hospital Readmissions
- Inpatient Utilization
- Average Length of Stay
- Emergency Department Utilization

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.

COA 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 emergency department.

Improving Member Health and Safety

ABC-NE is currently collaborating with HCPF and HSAG in the calculation of baseline data for the following measures:

- Percentages of members on duplicate antipsychotics
- Antidepressant medication management
- Adherence to antipsychotics for individuals with schizophrenia
- 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

Access to and Coordination of Care

ABC-NE is currently collaborating with HCPF and HSAG in the calculation of baseline data for the following measures:

- Follow up after hospital discharge (7 and 30 day)
- Mental health engagement
- Initiation and engagement of substance use disorder (SUD) treatment
- Members with physical health well-care visits

ABC-NE currently has the following interventions in place to improve performance on these metrics:

- 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-NE care managers are actively working with members who need to engage in SUD treatment. ABC has a new SUD Coordinator (CAC III) who will help triage and engage members in treatment.
- ABC-NE care managers assist members in getting connected to medical homes.

Goal for FY16

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

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 performances measures will be validated in January 2016. Results of validation will be presented in the FY16 report.

Goals for FY16

- 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 FY15

- Adopt 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 FY15. 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.

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 FY15. COA hopes to continue expanding these efforts into the guideline dissemination aspects of the clinical guideline process to create a streamline process of updating the guidelines on the website and distributing guidelines to providers through the provider newsletter.

Goal for FY16

- Adopt 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 FY15, ABC-NE worked with network providers to monitor the EBPs offered to adult members. The details of the EBP monitoring activity is listed below.

Practice/ Program	Provider	Provider Performance and Goals
Action Planning for Prevention and Recovery (APPR)	Centennial Mental Health Center	Number of members in program Result: 101 members
		Percentage of CSP clients with APPR in clinical record Goal: 80% Result: 53%
CBT for Depression	Centennial Mental Health Center	Admission CCAR score on Depression Domain Centennial Mental Health Center Result: 5.21 North Range Behavioral Health: 6.1
		Closing CCAR score on Depression Domain Centennial Mental Health Center Result: 4.32 North Range Behavioral Health Result: 4.5
Integrated Dual Diagnosis Treatment	Centennial Mental Health Center	Number of members receiving services within 30 days Result: 180 clients
		% that sustain stable housing Result: 81%
Community Dual Diagnosis Treatment	North Range Behavioral Health	Number of members receiving services within 30 days Result: 97 clients
		% that sustain stable housing Result: 82.5%
Crisis Services		% of Members who received crisis contact within 2 hours Goal: 100% Centennial Mental Health Center Results: 97% SummitStone Health Partners Results: 100% North Range Behavioral Health: 100%
		% of Members with Crisis Plan documented in health record: Goal: 50% Centennial Mental Health Result: 30% SummitStone Health Partners Result: 20% North Range Behavioral Health Result: 100%
Member/Peer-Run Services		Number of members receiving services Centennial Mental Health Center Result: 70 members SummitStone Health Partners Result: 181 members North Range Behavioral Health Result: 266 members
		Number of peer-led groups and activities Centennial Mental Health Center Result: 15 groups/activities SummitStone Health Partners Result: 39 groups/activities North Range Behavioral Health Result: 246 groups/activities

Planned Interventions

- 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.)
- Streamline the process by which providers can submit the metrics associated with their evidence-based practices

Goal for FY16

- 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 FY15, ABC-NE worked with network providers to monitor the EBPs offered to child and adolescent members. The details of the EBP monitoring activity is listed below.

Practice/ Program	Provider	Performance Measures and Benchmarks/Goals
Family Therapy (Parenting with Love and Limits)	Centennial Mental Health Center	% of participants who are Medicaid Members Result: 60%
		Behavioral Health Improvement on Child Behavior Checklist Result: 13/14 scales showed significant decrease
		Family Adaptability and Cohesion Evaluation Scale Result: 7/8 scales showed improvement, 5/8 statistically significant
Multi-Systemic Therapy (MST)	North Range Behavioral Health	Number of members served Result: 58 members
		% Fidelity to MST model Goal: TBD Result: 0.72
Functional Family Therapy	North Range Behavioral Health	Adherence to FFT model Goal: TBD Result: 4.04 on 6.00 scale
		Consumer Satisfaction Survey Goal: TBD Result: 3.66 on 5.00 scale (adolescent) 3.82 on 5.00 scale (parent)
Crisis Services		% of members who received crisis contact within 2 hours Goal: 100% Centennial Mental Health Center Result: 97% SummitStone Health Partners Result: 100% North Range Behavioral Health Result: 100%
		% of members with Crisis Plan documented in health record: Goal: 75% Centennial Mental Health Center Result: 20% SummitStone Health Partners Result: 40% North Range Behavioral Health Result: 100%
School Based Services		# Medicaid children served through school-based program Centennial Mental Health Center Result: 44 SummitStone Health Partners Result: 30 North Range Behavioral Health Result: 804
		Number of schools with school-based BH services Centennial Mental Health Result: 14 SummitStone Health Partners Result: 1 North Range Behavioral Health Result: 18
Case Management (Mentoring)		Number of Medicaid youth receiving services Centennial Mental Health Center Result: 83 SummitStone Health Partners Result: 32
		Number of mentoring services (units) provided Centennial Mental Health Result: 2299 SummitStone Health Partners Result: 825
CBT for Depression		Admission CCAR score on Depression Domain Centennial Mental Health Center Result: 4.86 North Range Behavioral Health Results: 6.6
		Closing CCAR score on Depression Domain Centennial Mental Health Center Result: 3.81 North Range Behavioral Health Results: 4.5

Planned Interventions

- 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.)
- Streamline the process by which providers can submit the metrics associated with their evidence-based practices

Goal for FY16

- 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 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

The project has seen several early successes in supplemental, self-reported data, including an increase in the number of providers completing depression screenings with member. The workgroup is in the process of securing pilot sites in each region to test out interventions such as electronic referrals. One test site (Region 3/BHI) has begun the pilot and is currently troubleshooting issues with the electronic referral system. Colorado Access hopes to secure a pilot site in each of the other two regions during FY16.

However, the billing and coding for depression screenings continues to be a barrier to capturing valid data for this project. Due to the continued issues with billing, coding, and capturing valid data, COA hopes to obtain supplemental data regarding the number of depression screenings being administered at high-volume FQHC providers such as Clinica, Salud, and Colorado Coalition for the Homeless during FY16.

Planned Interventions

- Secure pilot sites in the ABC and ABC-NE BHO regions
- Obtain supplemental data from high volume providers about the administration of depression screenings
- Submit baseline data to HCPF and HSAG as contractually required

Goals for FY16

- Improve rates of adolescent depression screening
- Improve rates of transition from primary care to behavioral healthcare when clinically appropriate

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. In addition, Colorado Access is developing and leveraging 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-NE.

Strategy: Leverage care management to support care integration

Colorado Access has engaged a consultant to develop a comprehensive re-design work plan that focuses on outcomes, efficiencies, and seamlessly interfacing with members and the community.

Strategy: Implement tele-behavioral health services for youth

Six primary care practices have committed to using telepsychiatry services – two clinics are regularly using the virtual platform for direct care and consultation; two clinics are completing training and practice sessions with anticipated use for patients in October/November 2015; and two clinics are currently completing staff technical training.

Strategy: Co-located behavioral health and primary care services

Colorado Access has successfully facilitated both the co-location of behavioral health services in primary care settings and the co-location of primary care services in behavioral health settings.

- Co-located behavioral health services in primary care setting:
 - Partnership with the Mental Health Center of Denver, South Federal Family Practice, and Creative Treatment Options
 - Partnership with Arapahoe Douglas Mental Health Network, Doctor's Care, and Behavioral Healthcare Inc.
 - Partnership with Children's Medical Center and Mental Health Center of Denver
 - Partnership with Mental Health Center of Denver and Horizon Pediatrics
 - Partnership with Mental Health Center of Denver and Rocky Mountain Youth Clinic
- Co-located primary care services in behavioral healthcare setting:
 - Partnership with Mental Health Center of Denver and Denver Health
 - Partnership with Sunrise Clinic and Summit Stone Health Partners
 - Partnership with Sunrise Clinic and North Range Behavioral Health
- Fully integrated practices (BHO reimbursement for behavioral health services in primary care settings): Partnerships with Kaiser, Denver Health, Colorado Coalition for the Homeless, Inner City Health, and Banner Health

Other Compliance Monitoring Activities

External Quality Review Organization (EQRO) Audit

HCPF and HSAG conducted the FY15 site review on four sets of focused standards:

- Member Information
- Grievance System
- Provider Participation and Program Integrity
- Subcontracts and Delegation

Goal from FY15

- Achieve a compliance score of 95% or above on the EQRO site visit

Results and Analysis

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

Standard	# applicable elements	# Met	# Partially Met	# Not Met	Score
Member Information	20	18	1	1	90%
Grievance System	26	23	2	1	88%
Provider Participation and Program Integrity	14	14	0	0	100%
Subcontracts and Delegation	6	6	0	0	100%
Totals	66	61	3	2	92%

Standard	# applicable elements	# Met	# Not Met	Score
Grievances	12	12	0	100%
Appeals	34	32	2	94%
Totals	46	44	2	96%

Numerous strengths were noted for ABC-NE in each of the four areas reviewed. However, HSAG identified five required actions in the areas of Member Information and Grievance System, including some addition information or revised information in the member handbook, and requirements for providers and subcontractors. ABC-NE is in the process of implementing each of the required corrective actions. While ABC-NE fell just short of the identified objective for the desktop review, performance on the record review exceeded the identified goal.

Goal for FY16

- Achieve a compliance score of 95% or above on the EQRO site visit

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 2014 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. ABC-NE utilized an outside contractor to complete the audit.

Results and Analysis

Overall audit results for ABC-NE are listed below. ABC-NE will continue to work with providers through corrective action plans and more thorough medical record reviews. There were no drop-in center/clubhouse services submitted during the audit timeframe; therefore the denominator includes only residential and prevention/early-intervention services.

Requirement Name	Numerator	Denominator	% Compliance
Procedure Code	135	274	49.27%
Diagnosis Code	222	274	81.02%
Place of Service	129	274	47.08%
Service Program Category	113	274	41.24%
Units	186	274	67.88%
Start Date	253	274	92.34%
End Date	253	274	92.34%
Appropriate Population	252	274	91.97%
Duration	251	274	91.61%
Allowed Mode of Delivery	251	274	91.61%
Staff Requirement	130	274	47.45%

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 ten of eleven audit elements, resulting in near-perfect agreement overall.

Requirement Name	All BHOs	ABC-NE
Overall	97.1%	99.09%
Procedure Code	97.9%	100%
Service Category	99.3%	95.0%
Diagnosis	100%	100%
POS	100%	100%
Units	99.3%	100%
Start Date	100%	100%
End Date	100%	100%
Population	100%	100%
Duration	100%	100%
Mode of Delivery	100%	100%
Minimum Staff Requirements	96.4%	95.0%

Planned Interventions

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 FY16

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