



**Quality Assessment and Performance
Improvement Program Evaluation**

**Access Behavioral Care
FY 2013**

Access Behavioral Care QAPI Program Evaluation

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I. EXECUTIVE SUMMARY

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

ABC's Quality Assessment and Performance Improvement (QAPI) Program supports this mission with a primary directive of developing quality initiatives and programs based on analysis of performance data to promote continuous service system enhancements and to improve health outcomes for members and families. Quality assessment and performance improvement is integral to all aspects of ABC's operations and processes at the Behavioral Health Organization (BHO), member, and provider levels. Targeted clinical quality, service delivery, and operational issues are selected for their potential to improve member health outcomes and satisfaction, and are built into an annual work plan to guide ABC's quality improvement program and compliance monitoring activities. Measurement and intervention activities are designed to achieve continuous quality improvement and service excellence.

The Medical/Behavioral Quality and Performance Improvement Advisory Committee (MBQIC/PIAC) met regularly throughout the year and provided expertise from mental health and medical providers that worked collaboratively on improving the quality of care delivered to ABC members. This committee reflects the company's strong ongoing commitment to a high standard of integrated and coordinated care. The committee reviewed and contributed to QAPI Program activities, including review of the CY 2013 Combined QAPI Program description and ABC Work Plan, analysis of quality initiatives, review of Performance Improvement Project results, and development of interventions and action plans. Member and family representatives were active during the year on both the MBQIC/PIAC and Consumer and Family Member Advisory Board.

This report presents a summary of program activities accomplished during the contract fiscal year July 1, 2012 through June 30, 2013.

The FY 2014 ABC Quality Assessment and Performance Improvement Program Work Plan outlines activities and initiatives targeted for the next fiscal year based on results from FY13. Clinical and service system priorities have been identified in partnership with providers, members, and other key system stakeholders. Ongoing efforts will enable further improvements in the delivery of a clinically effective Medicaid mental health managed care program that is cost-effective, efficient and improves health outcomes.

Below is a summary of key metrics trended for the past 3 fiscal years. A majority of metrics either improved or remained stable in FY 2013.

KEY METRIC TRENDING

Measure	Goal	FY 2011	FY 2012	FY 2013
Penetration Rates				
• Total rate	>12%	10.9%	11.5%	12.3%*
Utilization Monitoring				
• Inpatient: Admits per 1000 members	≤ 7	6.5	5.6**	4.9
• Inpatient: Average Length of Stay	≤ 9	8.2	9.4	9.7*
• Inpatient: Total Days per 1000 Members	≤72	53.7	54.9**	48
• Emergency Visits per 1000 Members (Ambulatory Treat and Release)	≤10	7.9	11.2	TBD
Follow-up After Hospitalization (Non-state)				
• 7 Days	100%	39.7%	42.6%	TBD
• 30 Days	100%	58.7%	62.1%	TBD
Inpatient Readmissions (Non-state)				
• 7 Days	≤5%	3.8%	4.3%	2.3%*
• 30 Days	≤13%	11.1%	11.5%	6.9%*
• 90 Days	≤20%	21.9%	18.4%	14.2%*
Access				
• Routine Care Within 7 Calendar Days	100%	100%	100%	100%
• Urgent Care Within 24 Hours	100%	100%	100%	100%
• Emergent Care Within 1 hour	100%	97%	92%	94%
• % Members w/in 30 miles of a Provider	100%	100%	100%	100%
Member Grievances				
• Resolution Timeliness (15 business days)	100%	100%	100%	99%

*Internal preliminary data (not the final BHO PM data) from Colorado Access Decision Support

**Internal COA Decision Support data updated from FY12

Key Accomplishments

Select accomplishments in FY 2013 included:

Improving Access to Services

- Access to routine and urgent care remained at 100%
- All telephone service measures exceeded performance goals
- ABC conducted two successful member focus groups regarding access to care: one focus group targeted Spanish speaking and bilingual (English and Spanish) members
- ABC was the highest performing BHO on the state performance measure for establishing a focal point of behavioral health care

Enhancing Member and Family Experience

- 100% of routine clinical appeals were resolved timely
- The ECHO® Child survey was administered for the first time, and respondents reported a high level of satisfaction with ABC network providers
- Member grievance rates remained low

Improving health and progression towards recovery

- Preliminary data show a substantial decrease in 7, 30 and 90 day readmission rates

Utilization

- Inpatient admissions and total inpatient days continued a promising downward trend

Expanding Integrated Care Programs

- There was significant expansion of integrated care programs and partnerships between behavioral health and primary medical care
- ABC initiated two collaborative projects with RCCO Region 5. One project focused on attribution of members to a medical home. The second project is a pilot to support members in accessing the necessary level of medical care and to link with case management services
- Active participation in the C-PACK grant program to provide primary care with psychiatric consultation for children and teens

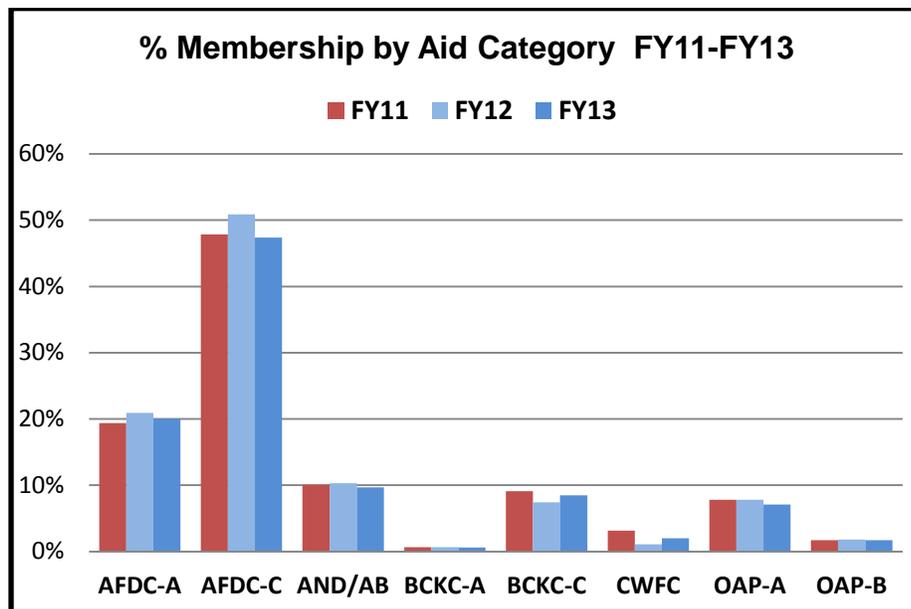
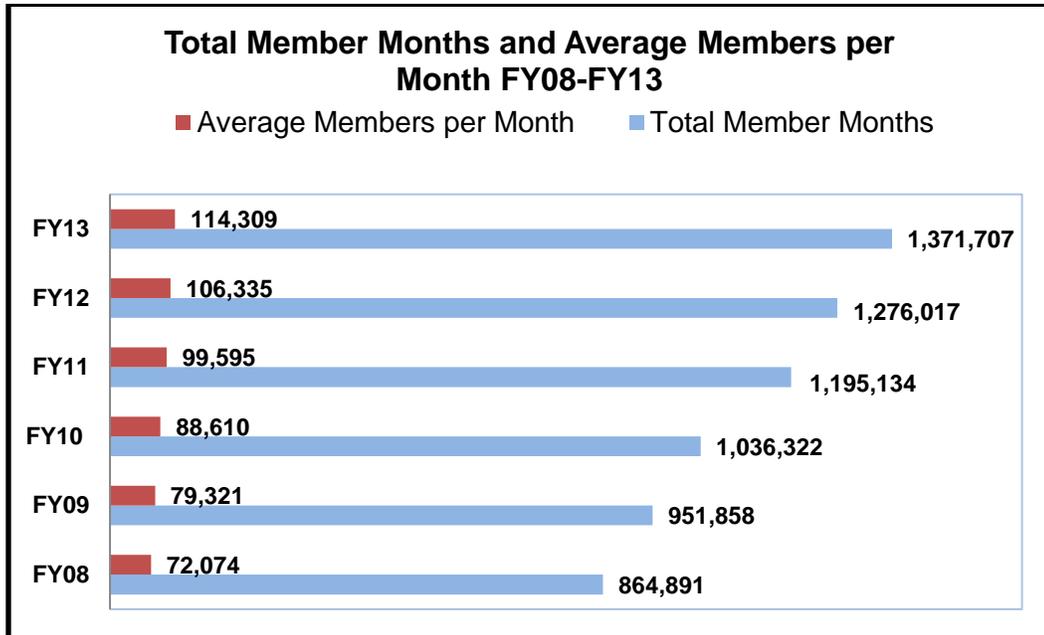
ABC engaged in a variety of robust projects during FY 2013 with an increased emphasis on integrated care activities. ABC will continue efforts to sustain gains while seeking opportunities for innovative programs and partnerships.

II. ACCESS TO SERVICES

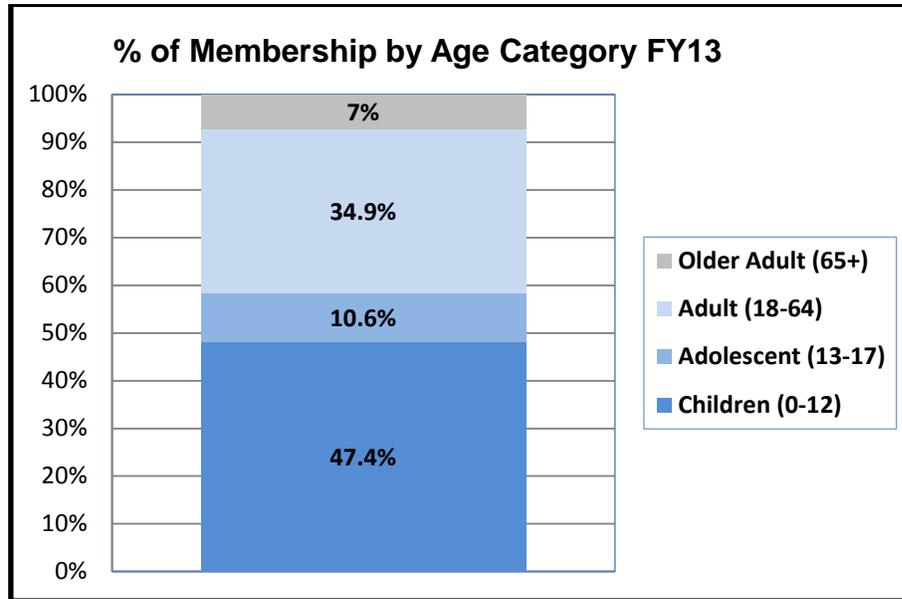
A. Population Characteristics

1. Membership

ABC Medicaid enrollees increased from 106,335 average members per month in FY 2012 to 114,309 average members per month in FY 2013. Data is from COA Decision Support monthly statistics. Information on characteristics and trends in the BHO's Medicaid population can provide a basis for evaluating the adequacy of ABC network resources and capacity.



Similar to FY 2012, enrollment in FY 2013 remained highest in the two aid categories of AFDC (Aid to Families with Dependent Children). ABC will track enrollment for members in AWDC (Aid without Dependent Children) and will report on this data in FY 2014.



Membership data stratified by age category shows that children account for almost half of the ABC population at 47% followed by adults who comprise 35%. This is comparable to FY12.

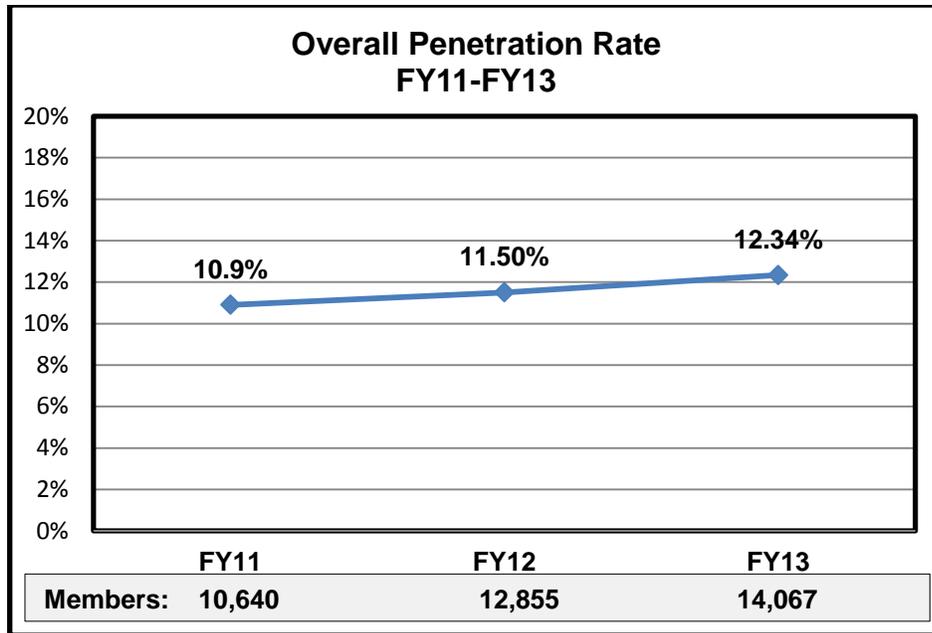
2. Penetration Rates

The overall penetration rate is calculated annually to track and trend the percentage of Medicaid enrollees who have utilized behavioral health services.

Goal: >12%

- Maintain or increase overall penetration rate from previous fiscal year

Results and Analysis: HCPF validated data for FY 2012 showed an increase in penetration rate from the prior year, and ABC preliminary data for FY 2013 demonstrates an ongoing increase from 11.5% to 12.3%. The FY 2013 penetration rate in the graph below is preliminary data compiled by the COA Decision Support Department. The final FY 2013 rate will be validated by the Colorado Department of Health Care Policy and Financing (HCPF) in early 2014.



Strategies for FY 2014:

- ABC will continue to analyze and monitor penetration rates as an indicator of access and patterns of care

B. Service Accessibility

1. Access to Care measures

ABC and its' extensive provider network strive to provide timely access to routine, urgent, and emergent behavioral health services for members.

ABC continued to work closely with the Mental Health Center of Denver (MHCD) to improve routine access, and this collaboration has resulted in the offer of same day appointments for members.

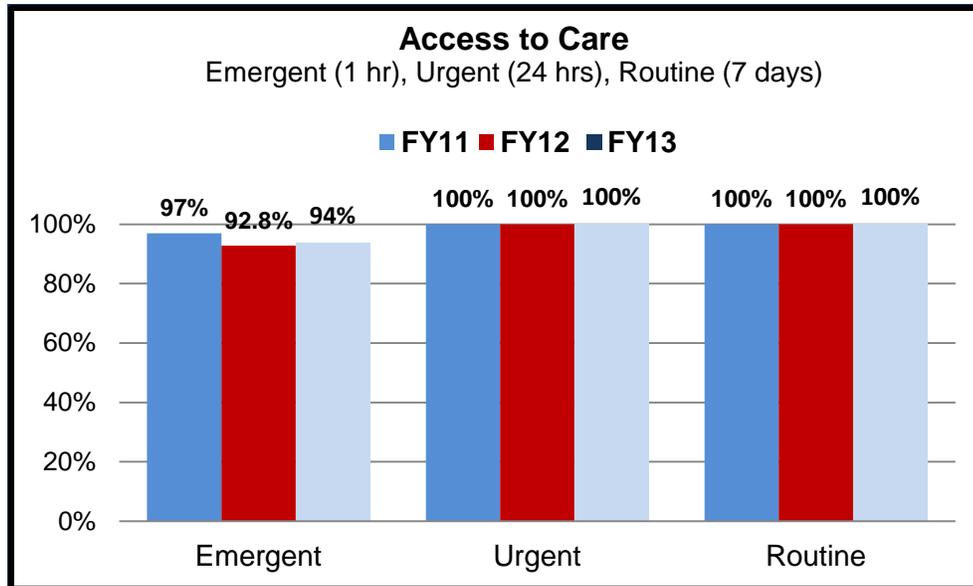
ABC continues to re-educate providers on Access to Care standards via communication methods such as provider bulletins, posting of standards on the Colorado Access website, and direct communication with specific providers regarding access issues as they occur.

The graphs on the following pages provide information on the accessibility of routine, urgent, and emergent services delivered to ABC members. They include all usable data from access to care spreadsheets and Initial Contact and Triage forms submitted by providers.

Rates for routine services reflect days from initial contact by the member or guardian to first offered appointment for a new treatment episode. Urgent and emergent service requests may be for existing or new members who require a crisis evaluation and/or higher level of care. Data for emergent services reflect time from initial request to face-to-face evaluation by a qualified mental health clinician.

Goals:

- 100% of members needing routine care receive services within 7 business days of the request
- 100% of members needing urgent care receive services within 24 hours of the request
- 100% of members needing emergent face-to-face evaluation receive services within 1 hour of request in urban/suburban areas;
- 100% of members needing emergent face-to-face evaluation receive services within 2 hours of request in rural/frontier areas
- 100% of emergent phone calls answered within 15 minutes



Results and Analysis:

ABC consistently met the performance goals for three of the four access standards.

Routine: 100% of routine requests met the performance goal.

Urgent: 100% of urgent care requests met the performance goal.

Emergent: 94% of requests for urban/suburban emergency evaluation met the time standard of 1 hour. Of note, all members who presented in the Emergency Department were medically triaged and stabilized upon arrival. There were no emergent requests to ABC from rural/frontier area psychiatric emergency services.

Emergent phone calls: ABC remained 100% compliant with the access to care standards for emergency phone calls.

Barriers and actions taken:

- ABC continues to receive feedback from local Emergency Departments that there is an upsurge in the overall volume of emergency mental health evaluation requests. It appears that increased demand has made it difficult to complete comprehensive evaluations within the one-hour timeframe.
- ABC has confirmed that all members are getting medical triage with monitoring by nursing staff to ensure safety at point of entry. The BH Quality Program Manager has contacted hospitals with outlier cases to determine specific reasons for delay.

- The primary psychiatric evaluation team servicing hospitals where ABC members are seen has reported an increase in the number of requests for mental health evaluations over the past fiscal year. The ABC Executive Director has engaged in discussions with the new Director of this team, and plans are underway for tele-health evaluations at high volume hospitals, which will decrease, wait time and help with demand.

Strategies for FY 2014:

- Continue communication with providers on access to care standards and expectations
- Continue access to services monitoring and quarterly reporting using HCPF specifications
- ABC will keep the department informed about efforts to improve emergency department response

2. Access to care Performance Improvement Project (PIP)

PIP topic: Increasing access to mental health services for youth

Background:

Performance improvement projects (PIPs) are required by state contract for the five Behavioral Health Organizations (BHOs) in Colorado. There are eight required activities for each project including: *Selection of the study topic, Defining the study question, Selecting the study indicators, Defining the study population, Using valid and reliable data collection procedures, Conducting data analysis and interpretation of results, and Implementation of intervention & improvement strategies.* PIPs are long-term projects that include a one-year baseline period and two annual re-measurement periods. Statistically significant change must be achieved during one of the re-measurement periods.

The National Center for Children in Poverty (NCCP), based out of the Columbia University Mailman School of Public Health, noted in 2010 that the current mental health system does not sufficiently meet the needs of youth, and that many youth are not able to access mental health services. The NCCP identified risk factors that increase the likelihood of mental health problems including low family income, unemployed or teen parents, child welfare or juvenile justice system involvement, or foster care placement. The center cites that 21% of youth, (ages 6-17) have identified mental health problems, and 57% of these children come from households living at or below the poverty level¹.

The HCPF *Healthy Living Initiatives* Fact Sheet (September 2012) outlines trends in Adolescent Depression².

- 9% of youth ages 12-17 in the Colorado Medicaid program had a diagnosis of depression (FY 2010-2011).
- 8% of youth ages 12-17 nationally reported a depressive episode in the past year.

This PIP supports the Healthy Living Initiative goals of *improved screening, diagnosis, referral and treatment for depression among adolescents.*

Colorado ranks 8th nationally in suicide rates for all age groups. According to data from the *Colorado Behavioral Risk Factor Surveillance System*, suicide is the second leading cause of death among Colorado Youth (ages 10-24). In 2009, 7.6% of Colorado students in grades 9-12 attempted suicide in the prior 12 months.³ Data suggests that a sizable subset of the youth population is at-risk for depression and suicide and in need of mental health services. This represents a high-risk population.

¹Stagman, S., Cooper, J. L. 2010. Children's Mental Health. National Center for children in Poverty: Mailman School of Public Health, Columbia University. (http://www.nccp.org/publications/pub_929.html)

²Healthy Living Initiatives Fact Sheet, Updated 9/26/2012 (<http://Colorado.gov/hcpf>)

³Source: Youth Risk Behavior Survey. Colorado Department of Public Health and Environment

The study topic was chosen after a literature review and analysis of plan-specific utilization data for the youth population. As of December 2012, youth (ages 5-17) comprised 38% of the ABC membership, and as such represents a high volume population. The literature suggests that this age group may be underserved and at higher risk due to untreated depression or other mental health issues. As such, the study has the potential to positively affect member health and outcomes.

Plan-specific data:

ABC continuously tracks and analyzes mental health services utilization data. As outlined in the HCPF validated performance data below, the penetration rates for children and adolescents have decreased over the past three fiscal years and are well below the statewide BHO averages. *(There was a slight increase for the 0-12 age group from FY11 to FY12)* This data suggests under-utilization of mental health services for the ABC youth population.

ABC Trending Penetration Rates

Age	FY10	FY10 BHO Mean	FY11	FY11 BHO Mean	FY12	FY12 BHO Mean
0-12	6.06%	7.56%	4.97%	7.12%	6.15%	7.34%
13-17	18.57%	20.83%	14.87%	19.26%	14.82%	18.39%

The Colorado Access (COA) Quality Improvement Committee (QIC) evaluated utilization and penetration data in September 2012, and the committee recommended that ABC focus efforts on increasing overall access to mental health services for the youth population. Baseline results will be used to assist in developing a benchmark by which re-measurement will be gauged. The overall penetration rate during Calendar Year 2012 (baseline) for youth ages 5-17 was 10.19%.

Goals of this PIP are to improve processes related to service access and to increase treatment utilization, as demonstrated by an increase in overall penetration rates. This study topic addresses access to a broad range of mental health services including screening, referral, assessment and treatment.

ABC conducted a series of community stakeholder and member meetings in late 2012 and early 2013 to identify barriers to mental health access. Based on this root cause analysis, interventions were selected for the first year of this project. Data for the first re-measurement period (CY13) will be compiled and analyzed in early 2014 to determine the impact of focused interventions. Improvement strategies may be revised, discontinued, or standardized based on outcomes.

The Health Services Advisory Group (HSAG) reviewed this PIP submission and determined that ABC met all applicable evaluation elements. The ABC overall score for the 14 elements was 100%.

3. Access to Care Member Focus Groups

Focus group for parents of youth

ABC in collaboration with the Office of Member and Family Affairs (OMFA) conducted a focus group in April 2013. This was the first ABC focus group to give members an opportunity to provide direct, face-to-face feedback about access to care issues.

The focus group was designed as part of a barrier analysis process for the ABC Performance Improvement Project, *Increasing access to mental health services for youth*.

Criteria for member participation: Flyers were sent to the parents of children (ages 5-14) who had received any type of mental health services through ABC in 2012. All members were eligible for Denver Medicaid at the time of the mailing. Mailings: 1330 flyers were mailed out, and members were instructed to contact COA if they were interested in participating in the event. Thirty-nine parents and family members attended the focus group meetings.

There were three focus groups running simultaneously for one hour. Each group had a facilitator and a note taker. Focus group questions were in plain language and at a 6th grade literacy level.

Qualitative Analysis:

Responses were taken from verbal comments and member comment cards. Feedback was grouped by common issues. The majority of comments were about the difficulty in getting timely medication/psychiatry appointments and delays in getting outpatient appointments.

Parents had a number of suggestions resulting in the following actionable items:

- Develop resource guide including mental health benefits & covered services
- Highlight mental health issues affecting kids (ABC Partnership newsletter, COA website)
- Pamphlet in new member packet about mental health benefits and how to access services
- Updated list of providers, including specialties

Focus group for Spanish speaking and bilingual members

ABC in collaboration with the Office of Member and Family Affairs (OMFA) conducted a focus group in May 2013. This was the first ABC focus group to give Spanish speaking or bilingual (English and Spanish speaking) members an opportunity to provide direct, face-to-face feedback about access to care issues.

Criteria for member participation: ABC targeted Spanish speaking and bilingual members (adults and parents of minors) who had received any type of mental health services through the ABC Provider Network in 2012. All members were eligible for Denver Medicaid as of the date they contacted COA to sign up for the event.

Member recruitment: Recruitment of Spanish speaking and bilingual members for this event proved challenging. The focus group team decided to identify Spanish speaking/bilingual ABC providers to enlist their help in recruiting members for the focus groups. A flyer in Spanish was created and distributed to ABC providers for dissemination to ABC members. Additional recruitment efforts included gathering call data from MHCD to directly outreach members who had requested a Spanish speaking/bilingual therapist.

There were two focus groups running simultaneously for one hour. Each group had an external Native Spanish speaking facilitator and a COA bilingual note taker.

The Behavioral Health Quality Program Manager created a script and focus group questions with input from the ABC Leadership Team and the two external Spanish-speaking facilitators. OMFA staff reviewed the script and questions for plain language and 6th grade literacy level. The script and questions were sent to an external translation service for translation into Spanish.

Eighteen members and family members attended the focus group meetings. Of note, all participants except one were parents or relatives of *children* receiving mental health services.

Qualitative Analysis:

Questions were grouped into several areas including Getting information about mental health services, Barriers to care (COA and provider issues), and Language & cultural barriers. Some common themes emerged from the two groups: Members in one group talked extensively about the need for more support group options; members were confused about the difference between COA and State Medicaid; members in one group noted a difference in the level of respect, courtesy or patience when they called COA and spoke in Spanish rather than in English; and appointment scheduling posed challenges for parents of children who needed late day or early evening sessions.

Facilitator feedback:

The Behavioral Health Quality Program Manager met with both facilitators during the week after the event to get additional feedback.

- Stigma of mental health in the Latino community – may account for difficulty recruiting for these focus groups
- Networking in the community : “word of mouth” and grassroots efforts are important
- Partner with community groups to get the word out about services available through COA
- Keep messaging clear and simple: Families get too much written information (usually in English), and they may not understand if it’s from COA or State Medicaid
- Families think they get better service if they speak English
- Take time to engage Spanish speaking/bilingual members (cultural differences in protocol for conversation) and to explain information – “navigator role”

Actionable Items

- Identify Spanish speaking/bilingual providers in ABC Provider Directory
- Highlight distinction between COA and State Medicaid Program in written materials and on website
- Create Spanish version of ABC Partnership Newsletter and other written materials
- Create pamphlet in new member packet about mental health benefits and how to access services
- Increase ABC and COA participation and visibility in Latino community events

4. Telephone Accessibility

Monitoring reports are generated from the telephone tracking system to provide information on the total number of calls entering the system, the percentage of calls answered, and number of calls abandoned, as well as the percentage of calls reverting to voice mail or overflow. Reports are gathered for Customer Service (CS) and Coordinated Clinical Services (CCS) calls. Phone statistics are reviewed every quarter by the Quality Improvement Committee (QIC) and are used to evaluate adherence to performance goals. COA began tracking call reasons at the beginning of Quarter 3, FY 2012.

For ABC, the top three reasons for calls were Eligibility Verification (2332 calls), Claim status inquiry (1298 calls), followed by Provider search requests (367 calls).

Goals:

- ≥ 80% of calls answered within 30 seconds
- ≤ 5% abandonment rate
- ≤ 5% overflow to voice mail (overflow percentage)

Trending by year	% Answered in 30 seconds Goal: ≥ 80%	Abandonment Rate Goal ≤ 5%	Overflow Rate Goal ≤ 5%
FY 2011	94.5%	2.4%	.5%
FY 2012	92%	2%	1%
FY2013*	89.1%	1.8%	1%

*Combined Clinical and Customer Service

FY13 Clinical and Customer Service Calls				
	Clinical Calls	% Answered in 30 seconds	Abandonment Rate	Overflow Rate
Average	333	91.2	1.1	1.4
	Customer Service calls	% Answered in 30 seconds	Abandonment Rate	Overflow Rate
Average	1331	87	2.4	0.8

Results and Analysis:

- For FY 2013, 89.1% of Clinical and Customer Service calls were answered within 30 seconds which surpassed the goal of 80%
- The combined abandonment rate was 1.8% which exceeded the goal of <5%
- The overflow rate was 1% which also met the performance goal of <5%
- All goals were met or surpassed for every quarter of the fiscal year

Strategies for FY 2014:

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

5. Performance Measure 14: Focal point of care

ABC closely monitors the BHO-HCPF Annual Performance Measures data to identify opportunities for improvement. One measure is establishing a behavioral health home for adult members with SMI (Diagnosis of Schizophrenia, Bipolar Disorder, or Schizoaffective Disorder) who have a focal point of behavioral health care identified. For FY 2012, 96% of members meeting inclusion criteria met the goal. This was the highest percentage for all Colorado BHOs where the average was 90%.

6. Access to Care Plan

COA annually updates the company-wide Access to Care plan that outlines access standards, processes and procedures for all company lines of business. This plan was reviewed in the QIC meeting during FY13.

C. Service Availability

1. Network Composition

ABC 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's state contracted service region. ABC is committed to sustaining a superior network of providers through a spectrum of community mental health centers, clinics, hospital-based facilities, other essential community-based resources, and contracts with individual community practitioners to provide accessibility to all covered behavioral health services for members.

Network adequacy data is drawn from Colorado Access's credentialing databases, transaction system, member eligibility files, Provider Contracting records, and from the Mental Health Center of Denver report.

Results and Analysis:

ABC's statewide network of 1599 qualified mental health professionals ensures that members have optimal access to behavioral health care. This was an increase from 1510 individual practitioners in FY 2012. The tables below identify the numbers of community mental health centers (CMHC), Federally Qualified Health Clinics (FQHC), and individual practitioners that are available to serve BHO members as of June 2013. The first table contains figures for individual practitioners. The second table contains figures for organizational providers by facility type. The number of practitioners in each of these organizations, while not reported separately, increases the overall service delivery capacity of the network.

Individual Practitioners by Type – FY 2013				
Type	CMHC	FQHC*	Individual Practitioners	Totals
Prescribers	32	41	133	206
Licensed Mental Health Practitioners	88	100	949	1137
Unlicensed Mental Health Practitioners	71	N/A	N/A	71
Case Manager/Mental Health Workers	185 **	N/A	N/A	185
Total	376	141	1082	1599

*Denver Health and Colorado Coalition

**CMHC data

Organizational Providers by Type – FY 2013			
Type	Within BHO Service Area	Outside BHO Service Area	Total
Hospital	4	28	32
Mental Health Center	1	16	17
Federally Qualified Health Center	2	0	2
Multi-specialty Clinic/Group	4	0	4
Residential Treatment Center	10	12	22
Day Treatment Provider	5	6	11
Total	26	62	88

ABC has continued to shape its extended provider network as the population of enrollees has grown, to ensure an appropriate mix and number of providers. Network need is evaluated using the criteria of clinical specialty, cultural/linguistic and other special needs expertise, location and member choice. New Individual Practitioners and Organizational Providers are added to the network as necessary to fill gaps, meet special needs, and ensure convenience and choice.

Strategies for FY 2014:

- 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 capability.
- Network adequacy reports will be submitted quarterly, per HCPF requirements.
- Recruitment of providers who serve children in foster care in Denver County

2. Credentialing and Re-credentialing

Credentialing and re-credentialing of individual practitioners and organizational providers is an ongoing activity conducted by the Credentialing Department to determine potential inclusion in ABC’s network or for continued network participation. Evaluation is based on criteria established by NCQA, URAC and Colorado Access. The Credentials Committee conducts a systematic review of each practitioner and provider eligibility under the scope of Colorado Access policies and procedures.

FY 2013 Behavioral Health Providers		
	Initial Credentialing	Re-credentialing
Individual Practitioners	174	167
Organizational Providers	4	14

Goals:

- Initial credentialing turn-around time ≤ 60 calendar days
- 100% of re-credentialing is completed within 3 years (36 months)
- ≥ 95% of files have complete and accurate information

Performance Results – Individual Practitioners	FY11	FY12	FY13
Initial credentialing TAT ≤ 60 calendar days (Individual Practitioners)	42 Days	38 Days	54 Days
100% re-credentialing is completed within 3 years (Individual)	99%	92%	98%
100% re-credentialing is completed within 3 years (Organizational)			94%
≥ 95% Credentialing file accuracy	100%	100%	100%
≥ 95% Re-credentialing file accuracy	99%	99.6%	100%

Results and Analysis:

- Initial credentialing TAT: The average turn-around time was 54 days, which meets the goal of 60 days or less. The Credentialing Department will continue to utilize Council for Affordable Quality Healthcare (CAQH) database to minimize the turnaround time from receiving a completed credentialing application

- Re-credentialing: Timeliness of practitioner and organizational provider re-credentialing is audited quarterly. During FY 2013, there were 167 behavioral health practitioners re-credentialed and 14 organizational providers re-credentialed. Of this combined total, 96% were re-credentialed within the 36 month timeframe, which shows and improvement over FY12 results of 92%. The main barrier in meeting the performance goal was the significant increase in the volume of new providers and providers who were due for re-credentialing across the entire network. Other barriers included failure of providers to return the application in a timely manner and failure to send required documentation after submission of an incomplete application.

Actions: Credentialing Department staff initiated the re-credentialing process 3 months prior to the due date of the provider’s re-credentialing (Both individual and organizational). Multiple outreach attempts and reminders were made via phone and fax. If the provider did not respond within 45 days of the re-credentialing due date, then the Provider Relations Representative conducted an outreach to the provider via phone call. All providers were mailed a letter regarding potential termination for failure to complete the required re-credentialing paperwork.

- File accuracy: 100% of credentialing and re-credentialing files are reviewed for accuracy, completeness, and timeliness of processing prior to approval by Sr. Medical Director or Credentials Committee. Files were well organized and contained all of the verification elements within the standard timeframes.

Strategies and recommendations for FY 2014:

- Credentialing Staff will continue to collaborate with Provider Contracting to sustain improvement in turn-around times and to improve re-credentialing cycle time through tracking and aggressive follow-up in application retrieval
- Credentialing, Provider Contracting and Provider Representatives will work to educate organizational providers regarding the need for re-credentialing and will develop a process to identify facility contacts for completion of the re-credentialing application
- Re-evaluate the need for additional staff based on increasing credentialing requirements

3. Out-of-Network Providers

HCPF’s format for network adequacy reporting includes *quarterly* identification of the number of practitioners not accepting new referrals, as well as single case agreement/out-of-network activity.

ABC maintains an extensive network that usually eliminates the need for single case agreements or out-of-network activity. 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.

4. Network Availability

Geo Access mapping of ABC member and provider locations is used to determine the extent to which ABC has a sufficient number of providers with geographic distribution adequate to provide convenience and choice to meet the mental health needs of Denver County Medicaid members.

Goals:

- 100% of members have access within 30 miles

Results and Analysis:

All members within ABC’s metro service area have access to a provider within 30 miles of their residence, so this goal has been exceeded.

ABC Network Availability	FY 2010	FY 2011	FY 2012	FY 2013
Percentage of members with access to a provider within 30 miles	100%	100%	100%	100%

Strategies for FY 2014:

- Continuing monitoring through quarterly network adequacy reports submitted to HCPF.

Provider Accessibility

In addition to geographic proximity, provider accessibility is supported by an extensive public transportation system in the metro-Denver area that supplies ready access to each of ABC’s core provider sites. Where needed, ABC worked with families and the state operated transportation broker to facilitate access to needed transportation.

5. Cultural/Linguistic and Special Needs Availability

Effective services for members with a mental health illness and their family members take into account cultural norms, and language differences, as well as other special needs and diverse lifestyles. A culturally diverse provider network to provide access and culturally appropriate services to members is essential. ABC strives to determine and ensure that its' provider network is inclusive enough to serve specific populations and meet special treatment needs.

Each of ABC's core providers has a staff with multicultural backgrounds and expertise, and offer a cultural diversity or cultural competency training series. ABC also recruits and maintains contracts with practitioners and agencies having specialized cultural expertise and linguistic competency. Colorado Access directly employs many multi-linguistic staff to assist members and facilitate service delivery.

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

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

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

Other ABC provider agencies having specialized expertise in cultural and linguistic competency or serving other special needs populations include:

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

mentorship, after school, and youth leadership programs; health promotion; interpretation/translation services; as well as cultural competency training and consultation. Services provided are linguistically and culturally appropriate.

- **Jewish Family Services** – The mission of Jewish Family Services is to restore well-being to the vulnerable throughout the greater Denver community by delivering services based on Jewish values. JFS licensed therapists provide counseling and psychiatric care management for those with serious and persistent mental illness. JFS also provides services to ABC members under the Federal Refugee Program from Middle Eastern and African nations.
- **Rocky Mountain Survivors Center** – The Rocky Mountain Survivors’ Center provides mental health services to survivors of torture and war trauma, and their families, to heal and rebuild their lives. Mental health services address emotional, cognitive, psychosocial, and somatic consequences of torture and/or war trauma; and support strengths and empower participants to build new futures in the community. Mental Health services include assessment, treatment, psychiatric evaluation, and medication management.
- **UCD Refugee Mental Health Program** – Through the refugee health program of Colorado and the University of Colorado Denver AF Williams Family Medicine Clinic, mental health screenings and treatment are available to refugees.
- **Developmental Disabilities Consultants** – Developmental Disabilities Consultants is a private mental health agency specializing in working with clients with developmental disabilities. They provide routine mental health outpatient services for children and adults, as well as home based mental health services for children. A specially trained behavioral specialist works with parents and children in their homes. They have a staff person trained specifically to work with client's closed head injuries. They do not provide psychiatry. They work with schools, hospitals and other agencies that do not necessarily have expertise with DDMI clients.
- **Rocky Mountain Human Services** – RMHS provides services to children and adults with intellectual and developmental disabilities, including team based mental health care comprised of psychiatrists, psychologists and behavior specialists.

The Colorado Access Diversity Commitment states:

“Colorado Access is committed to maintaining an environment that respects the perspectives, beliefs and differences of our customers and staff. To this end, we will promote cultural diversity and competency to increase access to care and quality of service.”

This commitment to diversity is exemplified by the company’s requirement for all staff to be trained on the topic of cultural competency. 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 FY 2013, Colorado Access continued to provide training to individuals, employees, contracted providers, practitioners, and community health centers on such topics as Basic Cultural Competency, Effective Interpretation Skills and Health Disparities. ABC supports and promotes this training.

Strategies for FY 2014:

- 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.
- Cross-disability training for ABC staff is planned for FY 2014 to increase awareness and promote effective communication with members.

III. MEMBER AND FAMILY EXPERIENCE

A. Member Satisfaction

ABC has utilized a number of methods to measure and monitor member satisfaction including the ECHO® Survey, the OBH state administered surveys (MHSIP, YSS-F, and YSS), feedback from members at the quarterly Member and Family advisory Board meetings, Access to Care member outreach phone calls, and grievance data.

1. Experience of Care and Health Outcomes (ECHO®) Child Survey

Background

The ECHO™ 3.0 Child Survey is part of the CAHPS® family of products focusing on mental health and chemical dependency services. It is a proven approach for data collection. Colorado Access contracted with DSS Research for the 2013 member satisfaction survey based on services rendered in 2012. The ECHO™ survey is no longer being used by the CAHPS® Consortium; however, DSS Research has been administering the survey since its inception.

ABC implemented survey recommendations from last year including:

- ✓ Conducting a child survey. Prior surveys focused on the ABC adult membership
- ✓ Providing members with the option of completing the survey in English or Spanish
- ✓ Administering a shorter survey with more focused questions that could produce actionable results

Questionnaire

This was the first time that Access Behavioral Care (ABC) utilized a child-focused survey. The survey was designed to complement the current ABC performance improvement project, *Increasing Access to Mental Health Services for Youth*. Since this was a new child survey, there is no comparable data from prior years.

➤ ABC substantially modified the Child ECHO™ survey. The original survey included 58 items, and it was narrowed down to 48 items including demographic information. Survey items were reviewed by the ABC Leadership Team and the Director of Community Behavioral Health Integration. ABC retained key questions, added items, and revised questions to elicit more specific feedback. *New items related to accessing routine and emergency care with identification of barriers to both.*

- The survey was modified for a 6th grade reading level by Colorado Access Office of Member and Family Advisory staff. It was also translated into Spanish to encourage survey participation of ABC Spanish speaking and bilingual members.
- The majority of items addressed domains of member experience such as *Getting Treatment, How Well Clinicians Communicate, Information about Treatment Options, Patient Rights and Privacy, Diversity, Perceived Improvement, and Experience with Colorado Access.*

Objectives

The survey objective was to assess the quality of behavioral health services by focusing on the experience of members with care and services delivered by ABC Network Providers, as well as the experience of the parent/guardian with COA.

Data collection

DSS was provided with a list of members who received behavioral health services during Calendar Year 2012. The data collection protocol included a combination mail and telephone outreach. The main data collection technique was a two-wave mailing to sampled members (Initial letter with survey and reminder postcard). The survey was completed by parents or guardians of children/teens.

A simple random sample of 950 enrollees was drawn from the 2010 enrollees who had utilized services during CY 2012. Age was determined as of last DOS, and members were between 5-14 years old. To be eligible, members had to be enrolled in the plan when the sample was drawn, had to be continuously enrolled in the Medicaid product at Colorado Access for at least 12 months with no more than one enrollment gap of 45 days or less, and had to have received mental health or chemical dependency services during CY 2012. CPT and ICD-9-M Principal Diagnosis Codes were used to identify individuals who received these services.

DSS staffed a toll-free help line with bilingual interviewers to respond to members calling with any questions about the survey. For respondents requiring a Spanish language version of the survey, a toll-free number was provided, and members were linked to a bilingual interviewer who administered the survey by phone. Follow-up telephone calls were administered by DSS to all members who did not respond after the mailings. Data collection was conducted between 4/25-6/11/13.

A sample of 124 members was obtained. The adjusted response rate was 14.5%. Of the 950 surveys mailed out, 94 were undeliverable. Sixteen respondents completed the survey in Spanish with the assistance of a bilingual interviewer.

- A slight majority of the members were male (55.4%) as opposed to female (44.6%)
- A majority of members (55.4%) were between 11-15 years old at the time of survey completion, followed by 6-10 year olds (39.7%)

The table below summarizes key survey items for Access Behavioral Care	
Rating of Health Plan (Percent 8, 9 or 10) (Q36)	69.0%
Rating of Counseling and Treatment Overall (Percent 8, 9 or 10) (Q27)	79.7%
Getting Treatment	
Q2. Aware of right to first time routine appointment for mental health treatment (Percent Yes)	30.7%
Q3. Aware of ability to contact Colorado Access if unable to get first time appointment (Percent Yes)	27.3%
Q4. Child got first time routine appointment within 7 days (Percent Yes)	49.3%
Q12. Seen within 15 minutes of appointment (Percent Always or Usually)	72.6%
Q6. Seen within an hour after arriving to emergency room (Percent Yes)	70.6%
How Well Clinicians Communicate (Percent Always or Usually)	
Q13. Clinicians listen carefully	86.4%
Q14. Clinicians explain things	90.9%
Q15. Clinicians show respect	89.2%
Q16. Clinicians spend enough time	84.9%
Informed About Treatment Options (Percent Yes)	
Q19. Discussed goals for child's mental treatment	89.4%
Q20. Given information about different kinds of mental health treatment available for your child	62.1%
Q21. Given as much information as wanted to manage child's condition	81.8%
Patient Rights and Privacy (Percent Yes)	
Q22. Given information about child's rights as patient	86.4%
Q23. Feel you could refuse specific type of treatment for child	78.8%
Q24. Child's information was shared when it should have been kept private	7.7%
Patient Diversity Competence (Percent Yes)	
Q25. Difference in treatment required due to language/race/religion/ethnic background/culture	10.6%
Q26. Were asked about how special needs (due to language/race/religion/ethnic background/culture) could be met	100%
Perceived Improvement	
Q28. Helped by the amount of counseling or treatment child got (Percent A lot or Somewhat)	83.1%
Q29. Rate child's mental health problems and symptoms now (Percent Much better or A little better)	79.0%
Q30. Ability to deal with daily problems and symptoms (Percent Much better or A little better)	80.5%
Q31. Ability to deal with social situations (Percent Much better or A little better)	75.0%
Experience with Plan	
Q32. Needed approval for child's mental health treatment (Percent Yes)	36.2%
Q33. Delays in treatment while waiting for approval from plan (Percent Not a problem)	52.0%
Q34. Called Colorado Access to get information or help about treatment for child (Percent Yes)	23.4%
Q35. Problem getting help/information needed when calling Colorado Access (Percent Not a problem)	66.7%
Additional measures	
Q17. Took prescription medicine as part of treatment (Percent Yes)	58.5%
Q18. Told about side effects of medications (Percent Yes)	86.8%

Select Accomplishments

ABC Network Providers were given high marks on the following items:

➤ **How well Clinicians Communicate**

- *Clinicians listen carefully
- *Clinicians explain things
- *Clinicians show respect
- *Clinicians spend enough time

➤ **Informed about treatment options**

About 90% of parents/guardians discussed treatment goals with the ABC Network Provider. A majority of parents/guardians were given as much information as they wanted to manage the child's condition.

➤ **Diversity**

100% of respondents with language, religious and ethnic/cultural needs were asked about how these needs could be met.

➤ **Perceived Improvement**

A majority of respondents thought the child was helped *a lot or somewhat* by the amount of treatment received;

Most rated the child's mental health problems and symptoms as *much better or a little better as compared to a year ago*;

A high percentage thought the child's ability to deal with daily problems and symptoms was *much better or a little better as compared to a year ago*.

- A majority of parents/guardians of children receiving medications as part of treatment were told about side effects.

Opportunities for Improvement

A majority of respondents indicated they were not aware of the 7 day timeframe for getting an initial routine appointment and were not aware that they could contact COA to get assistance. Less than 50% reported that they were able to get a first time appointment within seven business days.

Recommendation: Provide additional information (via mailings, member handbook and/or COA web page) about appointment standards and the availability of COA Customer Service and ABC Care Managers who can provide assistance. ABC will continue to educate the provider network about appointment standards and will continue to monitor 7 day appointment access via quarterly reports and member feedback.

Sixty-two percent of respondents indicated that they were given information about different kinds of mental health treatment available for the child/teen.

Recommendation: Alert ABC Provider Network of this finding via Provider Bulletin and encourage all providers to discuss available treatment options with every member seeking services.

2. MHSIP, YSS-F, and YSS Surveys

The Colorado Office of Behavioral Health (OBH) administers annual satisfaction surveys to the 17 Community Mental Health Centers throughout the state and the 2 Specialty Clinics in Denver (Asian Pacific and Servicios de la Raza). Surveys are sent to the centers in September of each year, and clinic staff distributes surveys to consumers. Consumers have the option of completing the survey in the office or returning via mail. Surveys are available in English or Spanish.

The Adult Survey is the *Mental Health Statistics Improvement Program (MHSIP)* and consists of 36 items in five domains. It is scored using a Likert Scale (1=Strongly Agree to 5=Strongly Disagree). ABC respondents scored highest in overall satisfaction at 90% which is comparable to last year.

There are two youth surveys: the *Youth Services Survey for Families (YSS-F)* which is completed by caregivers of children ages 14 and under, and the Youth Services Survey (YSS), which is completed by youth, ages 15-18. This was the first year that the YSS was administered which may account for the small number of surveys returned.

Results from the FY 2012 surveys are outlined below. It is not possible to directly compare results with the ECHO® Child survey due to major differences in survey items, methodology and design, and survey administration.

MHSIP Domains	Percent satisfied
Access	81% (113/140)
Appropriateness and Quality	85% (116/137)
Outcomes	63% (84/134)
Participation in Treatment	72% (96/133)
Overall Satisfaction	90% (96/107)
YSS-F Domains	Percent satisfied
Access	89% (16/18)
Appropriateness and Quality	89% (16/18)
Outcomes	67% (12/18)
Participation in Treatment	88% (15/17)
Cultural Sensitivity	100% (17/17)
YSS Domains	Percent satisfied
Access	100% (3/3)
Appropriateness and Quality	100% (3/3)
Outcomes	100% (3/3)
Participation in Treatment	100% (3/3)
Cultural Sensitivity	100% (3/3)

3. Member Grievances

Grievance data assists in the identification of potential sources of dissatisfaction with care or service delivery and underlines improvement opportunities for provider practices and plan processes. Member grievance data is aggregated quarterly with review by the QIC and submission to the State.

Goals:

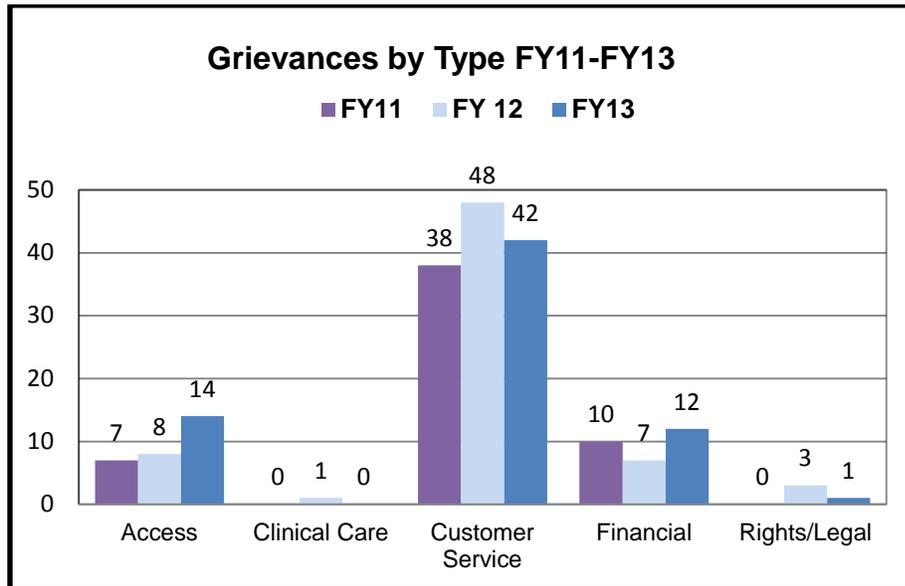
- 100% resolution within 15 business days, or within 29 total days which includes a 14 calendar day extension
- < 2 grievances per 1000 members

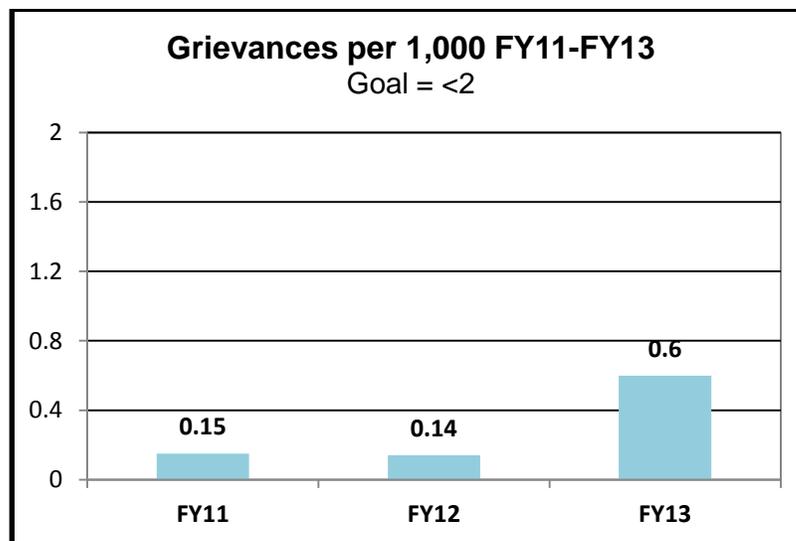
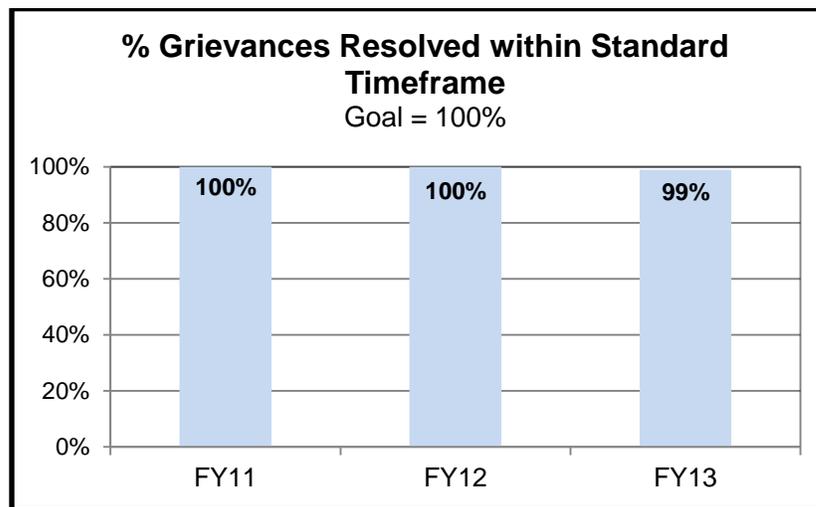
Results and Analysis:

During FY 2013, 69 grievances were filed compared to 67 in FY 2012. The grievance rate per thousand for the total number of grievances was 0.6 grievances which met the goal of <2 grievances per 1,000 members. The breakdown of grievances by type in the graph below shows a slight increase in complaints about access and financial issues and a decrease in complaints about Customer Service.

The quarterly grievance review workgroup composed of COA and MHCD met throughout FY 2013. The workgroup reviews all MHCD grievances for compliance and corrective action follow up.

Ninety-nine percent (99%) of grievances were resolved within the timeframe of 15 business days.





Strategies for FY 2014:

- Continue to refine and improve documentation for grievance processing
- Continue close monitoring of grievance processing to ensure 100% compliance with timeliness
- Continue quarterly review of all grievances received from MHCD
- 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

4. Quality of Care Concerns

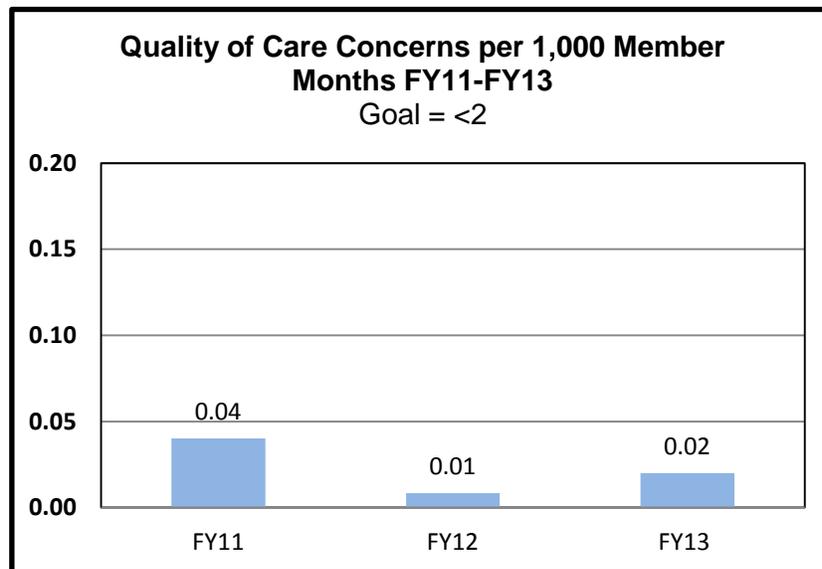
Quality of care concerns are cases that have resulted, or may result, in adverse outcomes for a member. A variety of sentinel events may serve as triggers. Grievances and referrals are forwarded to the Quality Improvement Department for initial investigation and are then submitted to the medical director for review and a determination. Findings are confidential under peer review statutes.

Goal:

- < 2 per 1000 member months

Results and Analysis:

There were two potential quality of care concerns investigated by ABC during FY 2013. This represents a rate of 0.02 per 1,000 member months. Medical records were requested and reviewed by the Behavioral Health Quality Program Manager and ABC Medical Director. Neither case required corrective action.



Strategies for FY 2014:

- Continue to investigate and resolve quality of care concerns. Outcomes are trended and incorporated into the provider re-credentialing process as applicable.
- ABC Quality Improvement staff will continue to work with clinical and customer service staff to ensure that all Quality of Care concerns are identified and reviewed with appropriate follow up.

B. UM Authorizations, Denials and Appeals

Goal for Denials:

- 100% of denials meet turn-around timeliness and notification standards

Provider requests for authorization of services are carefully evaluated using information on member needs and utilization management criteria for medical necessity. The denial rates are a percentage of total service authorization requests processed.

The overall denial rate was 13% (301 denials) in FY 2013, an increase from 11% in FY 2012. Clinical denials accounted for 100% of the total number. Denial timeliness in FY was 99.3% (299/301).

Care Managers actively manage cases at higher levels of care in collaboration with providers to ensure that the most appropriate services are provided for an effective and efficient course of treatment. Clinical case reviews continue to serve as a vehicle for Coordinated Clinical Services teams to assess the ongoing suitability of the particular services that have been authorized under utilization management criteria.

UM: Authorizations and Denials

	Number of Authorizations Requested	Total Number of Denials	Denial Rate	Clinical Denials (# and % of total)	Admin Denials (# and % of total)	Timeliness
FY 2011	1,487	225	15.1%	222 (98%)	4 (1.7%)	
FY 2012	2,149	246	11%	236 (96%)	8 (4%)	100% (246/246)
FY 2013	2302	301	13%	301 (100%)	0	99.3% (299/301)

Goal for Appeals:

- 100% of clinical appeals meet timeliness standards (10 business days for Level I and 3 business days for expedited appeals)

UM: Clinical Appeals

	Number of appeals	Determination Upheld	Determination Overturned	Overturn Rate	Timeliness percent
FY11	12	10	2	17%	100%
FY12	13	11	2	15%	100%
FY13	16	14	2	12.5%	100%

Results and Analysis:

Clinical appeals are monitored and reported quarterly for trends and timeliness of determinations. The total number of clinical appeals remains quite small compared to the total membership. There were 16 clinical appeals filed during FY 2014, and 14 were upheld. The goal for turnaround time was met in all cases.

Strategies for FY 2014:

- The ABC criteria for Mental Health Utilization Management will be reviewed and revised, as needed.

- ABC will continue to utilize the website and provider bulletins as vehicles for the dissemination of clinical services information and materials.

C. Claims Processing

Claims processing oversight and activities were transitioned to Delegation during FY12. Quarterly results are now being reported and reviewed in the Delegation Oversight Committee.

IV. HEALTH AND PROGRESSION TOWARDS RECOVERY

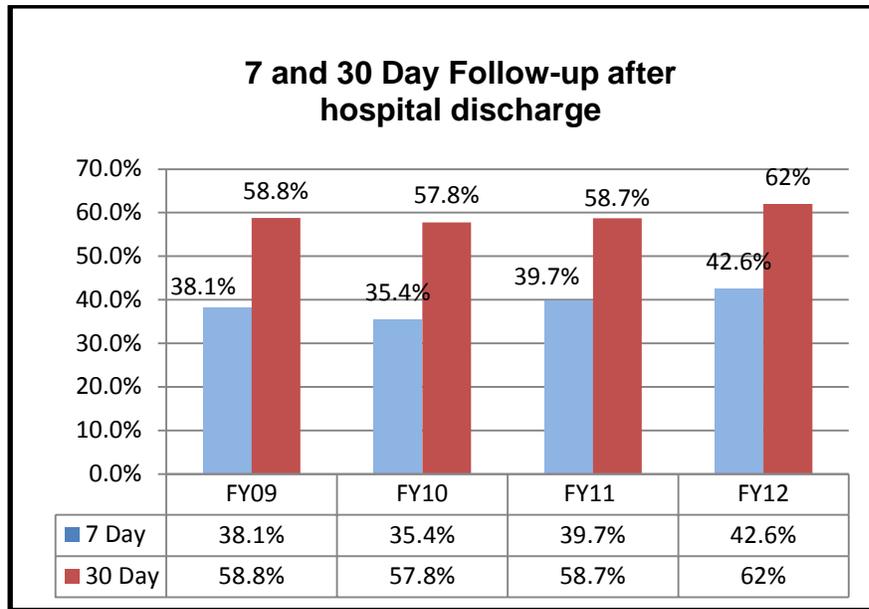
A. Transitions of Care

1. Follow-up after Hospitalization

ABC outreaches members and/or their providers during and after an inpatient stay to coordinate the transition from the hospital setting to less restrictive community-based alternatives. During FY 2013, the Coordinated Clinical Services (CCS) staff contacted 140 ABC members after discharge from the hospital. The goals are to facilitate timely outpatient care and to address any barriers to follow-up care.

Results and Analysis:

FY 2012 results showed an improvement over FY2011 results for 7 and 30 day follow-up rates at 42.6% and 62% respectively.



Strategies for FY 2014:

- ABC Care Managers will continue to actively outreach and engage with members and providers to facilitate continuity and coordination of care prior to, and after hospital inpatient stays. There are varying levels of support including outreach calls and Peer Specialist referrals.
- ABC Care Managers have regularly scheduled meetings with Ft. Logan, MHCD and Denver Health staff to review discharge care plans.

2. Inpatient Readmissions

Analysis of readmission rates is conducted annually. ABC Care Managers strive to ensure that members receive the services and supports needed to prevent a readmission.

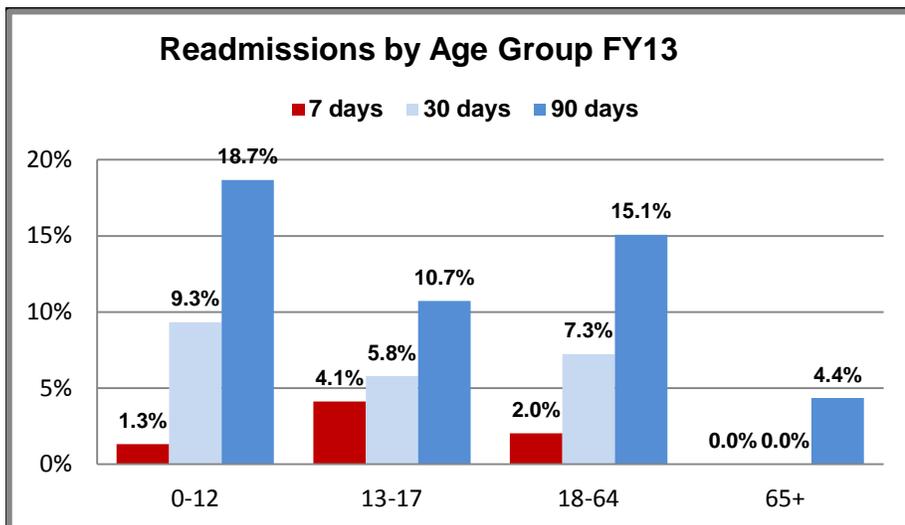
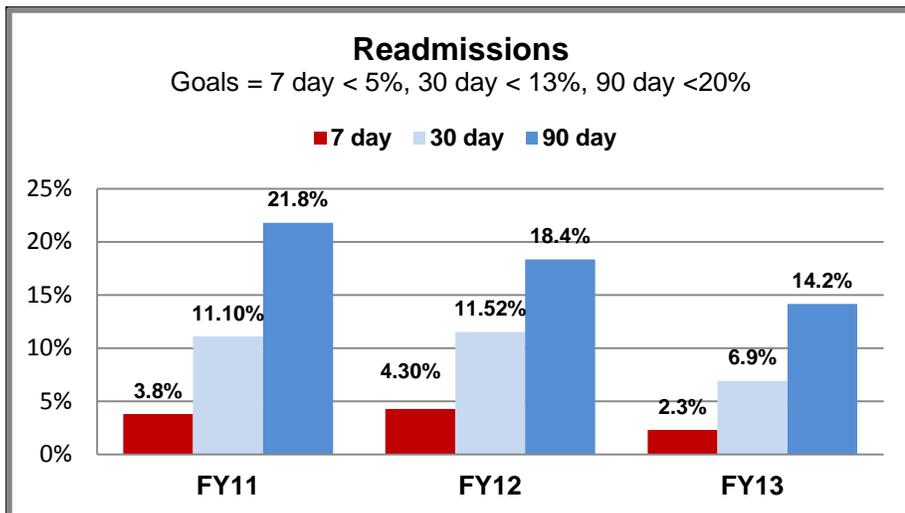
Goals:

- 7-day readmission rates \leq 5%
- 30-day readmission rates \leq 13%
- 90 day readmission rates \leq 20%

Results and Analysis:

FY 2011 and FY 2012 data were gathered from validated Performance Measure results, and preliminary FY 2013 data is internally produced by COA Decision Support Department.

As illustrated in the chart below, hospital readmission rates in FY 2013 show an improving downward trend from FY 2012. ABC will review validated FY 2013 results in early 2014.



An analysis by age band provides additional information for analysis. The 13-17 age grouping had the highest readmission rate at 7 days (4.1%). The 0-12 age grouping had the highest readmission rate at 30 days (9.3%), and 90 days (18.7%).

Strategies for FY 2014:

- Reduce readmission rates through ongoing transition of care activities including post hospital follow-up outreach to members and care coordination with members, providers, and community agencies

B. Promotion of Evidence Based Clinical Practice Guidelines

ABC supports the use of evidence-based best practices in behavioral health care and began reviewing and adopting clinical practice guidelines and associated tools in 2006 including resource and educational materials for providers, members, and family members. The aim is to provide information from recognized sources to improve clinical outcomes, promote informed decision-making and service planning, and facilitate self-care. The guidelines are not intended to replace a provider's clinical judgment or establish a protocol for all members.

During this fiscal year, the Medical/Behavioral Quality and Performance Improvement Advisory Committee completed the annual review of the Attention Deficit and Hyperactivity Disorder Guideline, Bipolar Disorder Guideline, the Depression Guideline, Alcohol and Substance Abuse Guideline, and the Appropriate Metabolic Monitoring of Patients Prescribed Atypical Antipsychotics Guideline.

Information about the guidelines and resources are disseminated to provider and member/families through the ABC website and upon request.

C. Evidence-Based Practice Fidelity and Outcome Measures

ABC and network providers are dedicated to providing members with quality services, including evidenced-based and promising practices (EBP's). During FY 2013, ABC worked with partner providers in monitoring the effectiveness of EBP's offered to members.

The following six EBP's were a focus for the Adult membership.

1. Assertive Community Treatment (ACT) provided by the Mental Health Center of Denver (MHCD): ACT services address needs related to managing symptoms, housing, finances, legal issues, employment, medical care, substance abuse, family life and other basic life needs.

Key findings:

- 434 ABC members were served. This exceeds the goal of 200.
- 83% fidelity score met using the Dartmouth ACT scale (Goal = 75% or above). This is an improvement from 81% last fiscal year.
- Score of 74% on the MHCD Recovery Markers Scale (Goal = 70% of members progressing toward their recovery goals within the first 12 months of treatment). This is an improvement from 66% last fiscal year.

2. Illness Management and Recovery (IMR) provided by MHCD. IMR services utilize WRAP planning to address recovery with members. This self-help tool can make a difference in outcomes and symptoms during recovery.

Key findings:

- 184 ABC members served which is an increase from 176 last fiscal year (Goal=100)
- Fidelity score of 49 (75%) Goal = 45 or above
- Score of 71 % on the MHCD Recovery Markers Scale (Goal = 70%)

3. Integrated Dual Diagnosis Treatment (IDDT) Model provided by MHCD: SURGE services is a nationally recognized model developed by MHCD to provide comprehensive treatment to members with major mental illness and substance abuse.

Key findings:

- 491 ABC members served which is a substantial increase from 409 members served last fiscal year
- Fidelity score of 60 (86%) Goal = 52 or above
- Score of 72% on the MHCD Recovery Markers Scale (Goal = 70%)

4. Psycho-education for Families provided by ABC staff: Psycho-education for families consists of individual and group psycho-education programs provided to ABC members from the ABC Peer Specialist Team and NAMI. Results: 27 members received services during FY 2013 through the NHOPE program, which is psycho-educational in nature

5. Supported Employment/ 2SUCCEED in Employment provided by MHCD: 2SUCCEED in Employment is a program that assists people to find employment and provides area businesses with productive and motivated employees.

Key findings:

- 192 ABC members served which is a significant increase over the 75 members served last fiscal year
- Fidelity score of 102 (85%) (Goal = 100 on 125 point scale)
- Score of 77% on MHCD Recovery Markers Scale (Goal = 70%): This is an increase from 66% last fiscal year
- 40% of members were placed in competitive employment (Goal = 25%)

6. Perinatal Mental Health Initiative: This initiative is a collaborative effort with community providers/partners to coordinate screening and referral for members at-risk for post-partum depression. The goal is to support post-partum screening of ABC members in PCP or Pediatric offices. An ongoing Learning Collaborative meets monthly to share resources and develop strategies for screening and treating post-partum depression.

The following six EBP's were chosen as a focus for ABC Youth membership.

1. Intensive Case Management provided by MHCD: High Fidelity Wraparound is a process to improve the lives of youth through a family centered team. The individualized treatment is driven by the member's needs rather than services. This program was implemented in September 2011. Results for FY 2013 are as follows:

- 195 members served (Goal = 250)
- ICM outcomes: 9% out-of-home placement; 76% attending school regularly; 84% involved in pro-social activities; 54% legal involvement. (Goal TBD)

2. Trauma-focused Cognitive Behavioral Therapy (TF-CBT) provided by MHCD: This program was implemented in September 2011. Results for FY13 are as follows:

- 41 members served (Goal = 30)
- Fidelity Score = 64% for consumers who completed treatment; 86% for those still in treatment (Goal = 80%)

3. Child Behavioral Health Promotion/ Columbia Teen Screen: The Columbia Teen Screen Program was discontinued during FY13. The DIBS Foster Care Clinic has continued to screen children/teens for depression, suicide, and other mental health/behavioral issues with referral to mental health follow up as needed.

4. Cognitive Behavioral Intervention for Trauma in Schools (CBITS Program) provided by Denver Health: School-based health centers provide primary care, health education and mental health care for students at 12 Denver Public Schools. This program started in August 2011. Results for FY 2013 are as follows:

- 83 members served (Goal = 30)
- Fidelity Score = 96% (Goal = 80%)

5. Family-based Cognitive Behavioral Therapy/ Functional Family Therapy (FFT) provided by Savio House: FFT is an integrated system for clinical assessment and successful family-based treatment of at-risk adolescents. Results for FY 2013 are as follows:

- Five members served (Goal = 6). This was an increase of two members over the previous year. Three were successfully closed, one was closed partially successfully and one was closed unsuccessfully.
- 4.81 (Goal of 4) with adherence to the FFT model, which included notes, assessments, attendance.
- 3.86 (Goal of 3) with their Model Fidelity which reflects clinical competence and adherence.

6. Multi-systemic Therapy (MST)

MST is a goal-oriented, comprehensive treatment program designed to serve multi-problem youth in their community. Programs are offered through Savio House and University of Colorado.

Savio House results for FY 2013 are as follows:

- Savio served 15 members. This is a substantial increase from the two members served last fiscal year
- Savio had an 82% capture rate on the Therapist Adherence Measure (Goal = 75%) which is completed by the family.
- Savio is measuring success (home & school retention, juvenile justice recidivism and family functioning) at 1-year post discharge from the program. (Goal = 70%) Of the eight members served in FY 2012-13, 100% were Successful or Partially Successful at 1-year post discharge from the program.

UCH results for FY 2013 are as follows:

- Multi-systemic therapy (MST): UCH is measuring success based on youth remaining in the home, attending school, and no arrests. (Goal = 70%) 10 ABC members were served in FY 2013. Of the 7 completing the program, 5 were successful and 1 were partially successful (86%)

UCH offers three additional community-based Psychiatric services.

- **Intensive Family Therapy (IFT):** 52 ABC members were served in FY 2013 with 98% having Successful or Partially Successful outcomes.
- **Early Childhood Intensive Family Therapy (ECIFT):** Nine ABC members served in FY 2013 with 88% having Successful or Partially Successful outcomes.
- **Rapid Response:** 12 ABC members served in FY 2013.

D. Health Promotion

The health promotions goal for FY 2013 was to provide educational information to members and families that focused on prevention and early treatment for mental health as well as physical health needs. Reminders related to physical health are included in most issues of the Partnership Newsletter that is mailed to members four times per year. There are also Partnership Updates distributed at the Member and Family Advisory Board meetings. Many topics in the newsletters are based on suggestions from members and have included:

1. Psychiatric Medications and Nutrition
2. Portion Plates/Food Pyramid
3. Weight loss support
4. Ombudsman
5. Heart Health
6. Physical Fitness
7. Clinical practice guidelines
8. Member Crisis Line

The Annual November Resource Fair offers participants information about an array of community resources including education and support groups.

The EPSDT/Healthy Communities flyer is included in new member packets.

E. Peer Specialists

The ABC Peer Services Program provides evidence-based Peer Specialist services to ABC members. Peer Specialists support and mentor others, using their experience to help members empower themselves in their journey of recovery.

Over the course of Fiscal Year 2013, a total of 135 members received peer support. The Peer Specialists are trained in core competencies and recovery principles. They use their own experience to give hope and encourage resiliency, with a focus on assisting others in creating meaningful, independent lives in the community.

In addition to individual and group peer services, the Peer Specialists participate in community programs and committees and present peer service concepts to professional organizations.

Current Programs:

NHOPE – The Nursing Home Outreach Program consists of regular outreach and support at St. Paul Health Center and Uptown Care Center, as well as groups at Community Connections Drop-In Center. Nursing home residents are transported to the drop-in center for social groups and other organized activities. They have access to a library, a gift shop, a food bank, and they are served a nutritious hot lunch. The total number of members served in the NHOPE was 27 for the fiscal year.

Transitions program – Peer Specialists receive referrals from ABC Care Managers to provide support and resources to recently hospitalized members in an effort to reduce readmission rates by providing comprehensive after-care resources. The program served a total of 33 ABC members during the fiscal year.

Fort Logan – Peer Specialists work at Fort Logan to provide support and mentoring to ABC members. A total of 46 members received services during the fiscal year.

WRAP – The Wellness Recovery Action Plan is a self-help tool for members who may experience crisis. All of the ABC peer specialists are trained in WRAP. WRAP classes have been presented to members and to staff at Fort Logan.

Wellness – Peer Specialists collaborate with Wellness instructors to provide nutrition education, smoking cessation, exercise, and other wellness classes to ABC members at CHARG Resource Center and at the Colorado Mental Health Institute at Fort Logan. Several members of the team are certified to facilitate Laughter Yoga, and this has been an ongoing program at Fort Logan with high attendance.

RISE Academy – RISE is an educational program aimed at Recovery-based, Individualized, Strengths-based Education for ABC members. The program provides classes on many recovery topics. Members receive referrals from peer specialists for classes. RISE is advertised in the ABC member newsletter, on the Colorado Access website, as well as at the ABC Partnership meetings and resource fairs.

MHCD Support Group – The team facilitates a weekly support group at The Recovery Place for ABC members and clients receiving services at MHCD. Each person on the team has different skills and interests to bring to the group; therefore, there is a wide variety of group topics, including art groups, journal writing, guided imagery, stress management, concepts of recovery, tools for anxiety, and many others. Seven ABC members, along with others, have attended the group on a weekly basis.

F. Performance Measures – Medication Management

ABC closely monitors BHO-HCPF Annual Performance Measures data to identify opportunities for improvement. There are several measures related to medication management.

Performance Measure 2: The percent of Adult members prescribed redundant or duplicated antipsychotic medication. For FY 2012, there were 12 % of adult members with two or more concurrent pharmacy claims for atypical antipsychotic medications. Data for FY 2013 is not yet available for review.

Performance Measure 3: The percent of Adult members diagnosed with a new episode of major depression that were treated with an antidepressant medication and maintained on antidepressants for at least 84 days or 12 weeks. For FY 2012, 27% of members meeting the inclusion criteria met the goal. Data for FY 2013 is not yet available for review.

Performance Measure 20: The percent of Adult 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). For FY 2012, 47% of members meeting inclusion criteria met the goal. Even though this represents a decrease from 52% last year, this was the highest percentage for all Colorado Behavioral Health Organizations (BHOs) where the average was 29%. Data for FY 2013 is not yet available for review.

V. UTILIZATION

A. Utilization Measures

1. Utilization by Type of Service

Access Behavioral Care has a Care Management Team and a Utilization Management Team that work collaboratively to assist members and families with access and linkage to medically necessary services. These two teams meet monthly and as needed for case consultation and care coordination. ABC Care Managers also collaborate with RCCO Care Managers for common members.

The Utilization Management Team

The UM Team is responsible for all components of Utilization Review including prospective, concurrent and retrospective reviews. Licensed clinicians use Interqual criteria to make authorization decisions for specific services requested.

The UM Team works closely with the Care Management Team to ensure that ABC members are receiving the necessary level of care to meet their clinical needs.

The ABC Care Management Team

ABC Care Managers take an active role to link members with needed services and to address barriers to effective care, while supporting the members' ability to function in the least restrictive, community-based setting. Care Managers optimize clinical services for the member and family to facilitate access to social supports and community resources.

Care coordination activities are prioritized according to service complexity and need. Members transitioning from a high level of care, those at risk for re-hospitalization, frequent emergency room utilizers and members with complicated needs over multiple systems of care are targeted for supportive intervention.

Care managers coordinate services across the continuum of care and between systems. This includes coordination with RCCO's, community center boards, schools, department of human services, specialty and behavioral health providers. Increasing communication between systems and providers leads to better care for Medicaid members.

Utilization goals reflect type of care and level of care. The ABC Leadership Team and QIC review these results at least annually. Trends are identified and serve as a guide for setting fiscal year targets.

Psychiatric inpatient

Goals:

- Admits/1000 ≤ 7
- Days/1000 < 72
- ALOS ≤ 9

Results and Analysis:

- Total psychiatric inpatient admits per 1000 members: 4.9/1000 members in FY13 compared to 5.6/1000 members in FY 2012 and 6.5/1000 in FY2011. This demonstrates a decreasing utilization trend over the past three fiscal years and exceeds the performance goal.
- Inpatient days per 1000 members: 48 in FY13 compared to 54.9 in FY12, which surpasses the performance goal.
- The average length of stay was 9.7 (preliminary data) and shows a slight increase over FY12.

Hospital Diversion Strategies: As clinically appropriate, ABC utilizes Acute Treatment Unit (Youth and Adults) and In-home treatment for youth as alternatives to inpatient treatment.

ATU Utilization

- **Goals: Days/1000 <36**

The use of ATU services for Youth and Adults increased during the fiscal year but remained below the goal.

In-home Treatment – Youth

- **Goals: Days/1000 <390**

In-home utilization showed an increase but remained below the goal.

Utilization Measures FY 2011 – FY 2013 Trends				
	Goal	FY 2011	FY 2012*	FY 2013
Psychiatric Inpatient				
Admits/1000	≤7	6.5	5.6	4.9
Days/1000	<72	53.7	54.9	48
ALOS	≤9	8.2	9.4	9.7**
Acute Treatment Unit – Youth				
Admits/1000	N/A	1.2	1.7	2.8
Days/1000	<36		14.7	28.9
Acute Treatment Unit – Adult				
Admits/1000	N/A	2.0	2.5	3.2
Days/1000	<36		15.4	16.1
In-home Treatment – Youth				
Admits/1000	N/A	10.2	1.5	2.2
Days/1000	<390	193.1	103.7	202.8

* FY 2012 metrics updated

**Preliminary data from COA Decision Support

Strategies for FY 2014:

- Continue to support use of less restrictive alternatives to hospitalization within the care continuum, when clinically appropriate.
- Design and implement new community based intensive services for young children designed to avoid the need for psychiatric hospitalizations

- ABC Care Managers are available for real time consultation with members, families and community providers to assist in linking members with the level of care that is medically necessary and least restrictive.
- ABC will continue to monitor individual and aggregate service utilization

B. Inter-rater reliability

The utilization management inter-rater reliability study was conducted to objectively assess the degree to which different raters answer the same questions in the same way (reliability) and to measure the level of consistency and adherence to Colorado Access approved medical management criteria/guidelines.

The behavioral health concurrent review staff is licensed mental health professionals who apply clinical criteria and utilize clinical judgment within their scope of practice.

For the Coordinated Clinical Services UM Staff the McKesson InterQual® (IQ) Interrater Reliability Tool is utilized. Two different measurement instruments were used based on the work expectations and the scope of clinical knowledge necessary to make clinical determinations: The Level of Care Acute Criteria (Adult) and the Behavioral Health Criteria (Adolescent & Child Psychiatry) 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.

Results/Analysis:

- The overall aggregate score for the CCS Clinical Staff was 90%, which meets the 90% benchmark.
- A 93% response was obtained for IQ Acute Criteria Adult.
- An 87.5% response was obtained for IQ Behavioral Health Criteria Adolescent & Child Psychiatry.

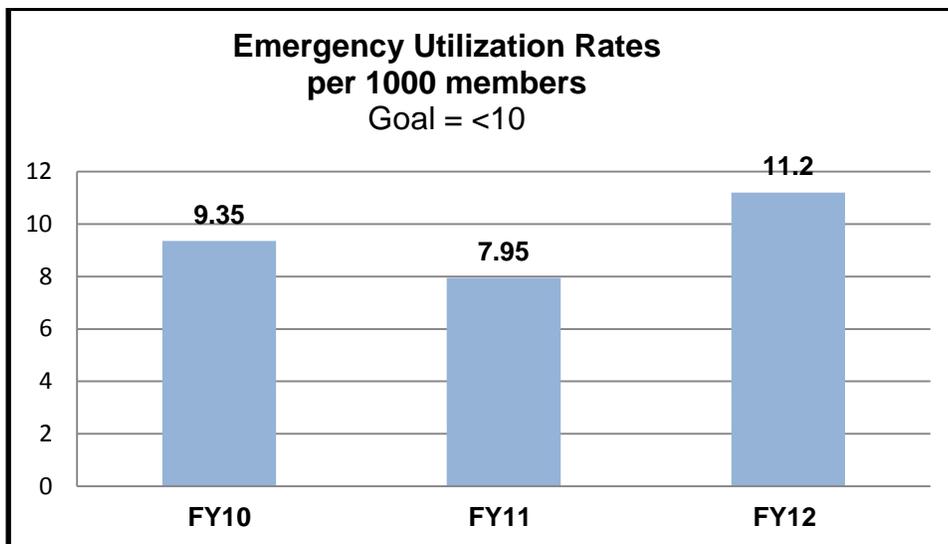
C. Emergency Department Utilization

ABC has been actively engaged in a variety of activities to manage ED utilization while ensuring that members are receiving the appropriate level of clinical care.

- Ongoing outreach and communication with Denver Metro Emergency Departments to introduce new ABC Care Managers and to offer Emergency Department staff support and resources for assisting members with post ED follow up care coordination, “real time” information over the phone, and case consultation for difficult dispositions.
- ABC will continue to hold a weekly staffing with MHCD for adults and child members.
- ABC will continue to receive ED alerts from Metro Crisis Service, ED staff, and Denver Health. ABC Care Managers reach out to members immediately upon receiving notification that they had a visit to the ED and were released. During FY 2013, ABC received 71 calls from Metro Crisis Service and 376 calls from ED personnel. This enabled ABC Care Managers to follow up promptly with members to coordinate care. ABC Manager of the Care Management Team reported that 82% (154/188) of unduplicated members seen in the ED received a 7-day follow-up visit and 100% received a follow-up visit in 30 days.
- MHCD has a point clinician on the Child and Family Team to assist with coordination of care from ED to outpatient services for existing and new ABC clients.

Goal: <10 per 1000

Results: ED utilization rates increased during FY 2012. Data for FY 2013 is not yet available for review.



Strategies for FY 2014:

- Resume monthly staffing with Denver Health, MHCD and ABC to discuss care coordination for members with complex needs
- Continue to develop the Emergency Department Care Coordination Program

VII. INTEGRATED CARE PROGRAMS

A. Performance Measure: Coordination of Care

ABC closely monitors BHO-HCPF Annual Performance Measures data to identify trends and opportunities for improvement. Performance Measure 15 reflects coordination of care efforts between behavioral health and primary medical care.

Performance Measure 15: Percent of members who received outpatient mental health treatment during the measurement period who also had a qualifying health care visit. Of note, the methodology was revised this year to include children.

- For FY 2012, 59% of ABC members met inclusion criteria. Data for FY 2013 is not yet available for review

B. Integrated Care Activities

ABC has been targeting Integrated Care between behavioral health care and primary care as a high priority area, and focused efforts will continue in FY 2014. Programs and projects are at various stages of implementation and development.

Integrated care initiatives include the following:

- Rocky Mountain Youth Clinic: Integrated care in pediatric clinic – collaboration between MHCD, ABC, and RCCO 5. MHCD behavioral health staff is co-located in clinic

- South Federal Family Practice: Integrated care in adult clinic – collaboration between MHCD, ABC, and RCCO 5. MHCD behavioral health staff is co-located in clinic
- Inner City Health, Sheridan Health Center and Denver Indian Health & Family Services offer integrated care to adult and pediatric ABC/RCCO 5 members
- Children’s Medical Center offers integrated care to ABC/RCCO 5 members
- Kaiser Clinics: A Behavioral Medicine Specialist (BMS) provides screening, consultation, referral and coordination of care to Kaiser primary care teams serving ABC/RCCO 5 members at Denver Pediatric, OB/GYN, Family Medicine and Internal Medicine Clinics
- Denver Health FQHCs: Denver Health has 4 clinics that provide integrated care to ABC members
- Mental Health Center of Denver: Integrated Care meetings occur monthly between ABC, RCCO 5 and MHCD to discuss coordination of care issues for shared members
- Metro Crisis Services (MCS): Collaboration between ABC, RCCO 5, and Metro Crisis Services to provide high volume medical practices with a mechanism to refer and link members with behavioral health services. Practices utilizing MCS include UPI AF Williams Clinic, Swedish Family Medicine, Inner City Health Center and Colorado Coalition for the Homeless.

C. Select Integrated Care Programs and Outcomes

1. Development of Behavioral Health Integrated Services (DIBS Clinic)

Eastside Health Center established the DIBS Clinic that provides medical and behavioral health services for children in foster care. The purpose of this program is to provide coordinated care for this at-risk population. One mental health clinician is co-located at this clinic to provide mental health screening, treatment and referral for these children. There is a monthly partnership meeting between key stakeholders including Denver Health, MHCD, ABC, RCCO 5, the Department of Human Services, and the Kempe Center. Agenda topics include clinic operations, outcomes data, attribution of RCCO child members, and possible plans to replicate this clinic model in other parts of the state. There were 631 children who received a mental health screening during FY 2013, which is comparable to FY 2012. Of the 631 children who were screened in the clinic, the following number/percent received follow up mental health visits:

- 7 Day: 78.6% (496/631)
- 30 Day: 80.8% (510/631)
- 90 Day: 83.5% (527/631)

2. PRICARe Program

The PRICARe (Promoting Resources for Integrated Care and Recovery) program is an innovative model for coordination of physical and mental health services. This grant-funded project began in 2008 as a collaborative effort between Colorado Access, MHCD and UCD Department of Family Medicine. Medical providers are co-located at MHCD to serve adult members including lab and pharmacy services. The clinic serves as the member medical home.

MHCD was awarded a two-year grant through the Colorado Health Foundation to continue this program. The program changed its’ PCP partner to Bruner Family Medicine during FY 2013 to be able to more fully utilize specialty medical care. The Bruner Family Medicine Nurse Practitioner has assumed project leadership and been able to develop an effective operational workflow including more appointment efficiencies. Health information exchange will be enhanced between MHCD and Bruner Family Medicine through a shared electronic medical record. Two Nurse Practitioners work under the supervision of a PCP. One splits her clinical hours between Bruner Family Medicine and the

MHCD Recovery Center. They both conduct health assessments and make referrals to the PCP or specialty providers as needed.

ABC members served

- 125 ABC members were enrolled in the PRICARE Program between July 2012-June 2013
- Of the 125 members, 91 were offered follow-up appointments
- Of the 91 members offered follow-up appointments, 25 members showed up for their scheduled appointments and 66 did not show up.

Members often have multiple physical health diagnoses. The top five medical diagnoses for ABC members served during the fiscal year included Hypertension, Hypothyroidism, Hyperlipidemia, Diabetes, and Asthma.

3. Colorado Psychiatric Consultation Service (CPCS): ABC collaborated with Value Options on this initiative during FY12. CPCS was based on the Massachusetts Child Psychiatric Access Project that was designed to establish mental health consultation teams to help PCPs meet the resource needs of children with psychiatric issues.

The goal was to provide rapid telephonic psychiatric consultation to Pediatricians and primary health care providers who had questions regarding behavioral health issues in the youth population under age 21. ABC established a toll-free number where providers could consult with a psychiatrist and/or receive assistance with a referral for further mental health assessment or ongoing specialty mental health services. Colorado Access enrolled three pilot Pediatric Providers.

Results: The consultation line received 48 calls over a two-year period. ABC received five calls from Pediatric Practices for consultations. Three of these were regarding medication issues, and two of the three were referred for comprehensive mental health assessments. The third child remained with the Pediatric practice for ongoing care.

4. Colorado Psychiatric Access and Consultation for Kids (C-PACK)

This project is an outgrowth of the CPCS Project. It is a two-year grant from the Colorado Health Foundation. (The grantee is CBHS, an arm of CBHC) Grant collaborators include Colorado Behavioral Healthcare Council, the REACH Institute, Value Options and Colorado Access. A C-PACK Advisory Board includes members from HCPF, Colorado Psychiatric Society, CCHAP (CO Children's Healthcare Access Program), FQs and other community stakeholders.

The grant will incorporate elements of the Value Options CPCS Project that provided telephone consultation for pediatric healthcare practices. It is designed to provide training and consultation to targeted primary care offices and providers. C-PACK will create a statewide system of child psychiatry consultation teams that will support primary care providers in meeting the needs of all children with psychiatric illnesses.

C-PACK's initial focus will be on two regions covering the Denver Metro Area and a mix of urban and rural providers across southern Colorado, with the goal of expanding statewide. The C-PACK project includes a rigorous research study to evaluate its process and impact on access to care, clinical outcomes, and healthcare costs.

Participating practices will be given intensive education and training. Training resources from the REACH Institute will be utilized. C-PACK plans to train 85 prescribers (MDs and Nurse Prescribers) in pediatric pharmacology and 38 behavioral health providers in evidence-based practices. Participating

practices will be given a consultation line number to access Board Certified Child Psychiatrists. Two BH consultation teams will be established initially (case managers and MDs,) as providers are recruited.

5. Perinatal Mental Health Initiative: The purpose of this activity is to provide Pediatricians, PCP practices and OB/GYN practices with perinatal depression screening tools and resources to detect and treat perinatal depression. ABC has been leading this monthly learning collaborative that includes community mental health centers, providers, and public health educators.

Thirty-four providers received webinar training on two topics including: *Safe and Effective Use of Psychiatric Medications in Pregnancy and Strategies for Treating Depression and Anxiety during the Perinatal Period.*

D. Regional Care Collaborative Organization (RCCO)

ABC is working closely with RCCO Region 5 on a number of activities in addition to the integrated care activities described previously. Two projects are described below.

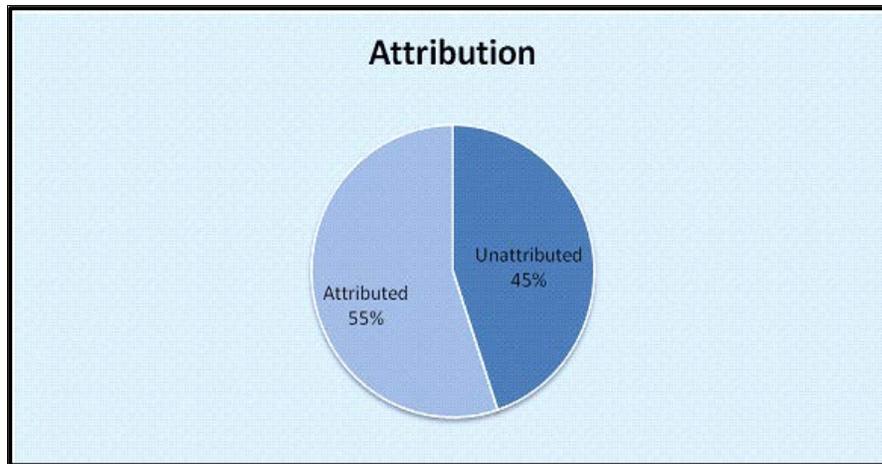
RCCO FY 2013 Focused Study

Connecting Unattributed Behavioral Health Consumers to Primary Care Medical Providers

This study topic was selected after review of the 2011 RCCO 5 attribution data that highlighted the need for securing a medical home for unattributed behavioral health consumers shared by ABC and RCCO Region 5 (Denver). Attribution refers to assignment of a Primary Care Medical Provider (PCMP). This topic reflects a potentially high-risk issue for members who have co-morbid medical and behavioral health conditions who may not be receiving timely, coordinated medical care. This is a high-risk population due to medical conditions that may not be diagnosed or treated, or due to complications from medication contraindications. The goal of this pilot project was to determine if targeted interventions resulted in an increase in the number of active ABC behavioral health members connected to a RCCO PCMP.

The study focused on Medicaid Behavioral Health Consumers who received mental health/behavioral services through ABC's partner, the Mental Health Center of Denver (MHCD) as of 7/01/12 who did not have an assigned PCMP.

Summary and Findings: There were 226 Adult Medicaid enrollees in the study. Data was collected over a six-month period to track and calculate attribution. Of the original study population, 41 members became dis-enrolled during the study period. Of the 185 members still eligible and active in the program, 55% (102) became attributed to a PCMP, and 45% (83) had not selected a PCMP by the end of the study period. Members may need varying levels of assistance in getting attributed to a PCMP. This graph depicts attribution of RCCO 5 members during the study period between 7/1/12-12/31/12.



- ABC/RCCO 5 members can receive services via attribution to PCMPs that offer integrated care outside of Denver County
 - RCCO Region 5 continues to send a monthly file to MHCD of RCCO enrolled members with information about attribution status. If a member is unattributed, the MHCD clinician or case manager supports efforts to get the member attributed. If the member is attributed, efforts to coordinate care are supported.
- This project demonstrated promising results despite the complexity of enrollment and eligibility tracking.

ABC/RCCO Region 5/MHCD Pilot Project

This pilot project was selected after reviewing physical health utilization data for shared ABC, RCCO 5 and MHCD members over a one-year period. Medical costs include Emergency Department visits, Inpatient, Pharmacy and total cost of care.

The purpose of the project is to demonstrate the ability to integrate and coordinate care, decrease Emergency Department medical visits, decrease overall cost of care, and result in greater member and provider satisfaction.

Project design: MHCD members selected for the pilot were given a short pre-intervention survey in July 2013 to identify reasons for ED use and usual sources of care. A post-intervention survey will be administered in October 2013. Of the original cohort, some members were attributed to a PCMP and some were not attributed.

Interventions at MHCD will include Case Management Services, and specific activities will be tailored to the needs of the unique member. Interventions may include providing member with help to find a PCMP. If results are promising, this may lead to an ongoing initiative.

VIII. OTHER QUALITY PROGRAM ACTIVITIES

A. QAPI Program

Description and Work Plan

The CY 2013 combined Quality Assessment and Performance Improvement Program Description was approved by the Quality Improvement Committee and Board of Directors in January 2013. The Quality Improvement Committee reviewed and approved the FY 2013 ABC QAPI Work Plan in September 2012.

B. Chart Review Audits

1. Claims Validation Audit

ABC is required to perform an annual Claims Validation Audit to ensure that providers maintain complete and accurate chart records for ABC members. For the 2012 calendar year, HCPF defined the scope of the review to include 411 chart records split evenly between prevention/early intervention, club house/drop-in center, and school based services, against the coding requirements of the USCS Manual.

ABC randomly selected 137 chart records for review in each service category, with a random over-sampling of 10 chart records in each service category to be validated by the Health Services Advisory Group (HSAG) on behalf of HCPF. ABC utilized an outside consultant to complete the audit for CY 2012.

For the 30 over-read cases audited by HSAG, seven of the 11 audit elements scored 100% agreement with HSAG. The other four elements had an average score of 96% agreement with HSAG.

Fifteen ABC providers had records audited with an overall average weighted score of 86% for the three service categories. The ABC Compliance Department sent result letters to all providers with findings and follow-up actions required for those who did not score 100%.

2. ABC Medical Record Audit

Access Behavioral Care (ABC) implemented a new process in FY 2013 for provider medical record self-audits. This activity was designed to engage providers in review of their medical record documentation practices. Providers were sent an audit tool and detailed instructions about how to complete the audit.

Providers were randomly selected based on volume of unique members seen during CY 2012.

High volume: Over 30 unique ABC members within a 12-month period.

Medium volume: 10-30 unique ABC members within a 12-month period.

Low volume: Less than 10 unique ABC members within a 12-month period.

Five medium volume providers were audited. This audit focused on clinical documentation of key elements in the Assessment and Treatment Plan. Elements are based on contract requirements and general documentation standards. Providers were asked to submit portions of their medical records that demonstrated the presence of required elements.

This is a Pass/Fail audit, and providers who do not pass the audit are required to remedy any issues identified. Follow up actions may include provider education about medical record standards, submission of a corrective action plan, re-auditing, or initiation of claim take backs/reversals.

Audit results

Ten clinical records from five ABC Network Providers were reviewed. Each record had a possible score of 28 points including 20 elements for the Assessment and 8 elements for the Treatment Plan. There were a total of 278 audit elements that were applicable for the records reviewed. Of the elements scored, 94.9% of items were thoroughly documented in the records submitted.

The audit showed that certain key elements were missing or lacking detail including:

Assessment

- No PCP identified
- No legal history documented
- No abuse history documented
- No current medications noted

Treatment Plan

- No estimated timeframe for completion of treatment goals
- No frequency of services noted
- No treatment modalities listed

Strategies for FY 2014:

This provider self-audit will continue during FY 2014. ABC will publish audit results in the COA Provider Bulletin and will provide additional guidance on medical record documentation standards to those providers who participate in these focused audits.

C. External Quality Review Organization (EQRO) Activities

1. EQRO Performance Improvement Project Validation

ABC submitted a new performance improvement project (PIP), *Increasing access to mental health services for youth*, to HCPF in April 2013. This project is described in detail in the Service Accessibility section of this document. This project was reviewed by HSAG with an overall validation score of 100% for the required elements. HSAG noted that the project had a sound study design with a **Met** validation status.

2. EQRO Performance Measure Validation

An Information Systems Capabilities Assessment Tool (ISCAT) was used to collect the necessary background information on system capabilities such as processing of claims, encounter, member and provider information as well as processes used to collect and calculate performance measures, source codes (programming language) and source code logic, and performance indicator reports for trending patterns and rate reasonability. Based on all validation activities, HSAG determines results for each performance measure. As set forth in the CMS protocol, a validation finding of Fully Compliant, Substantially Compliant, Not Valid, or Not Applicable is given for each performance measure.

Of the elements eligible for assessment, 100% were fully compliant and the source code for all performance measures was validated.

Results of this audit were reviewed in the Quality Improvement Committee.

3. EQRO Contract Compliance Site Review

The FY 2012-2013 compliance monitoring site review conducted by the HSAG focused on compliance in four standards:

- Standard III – Coordination and Continuity of Care (Score of 100%)
- Standard IV – Member Rights and Protections (Score of 100%);
- Standard VIII – Credentialing and Re-credentialing (Score of 98%)
- Standard X – Quality Assessment and Performance Improvement (Score of 100%)

ABC received a 99% overall score for the four standards reviewed in this audit.

A recommendation was made by HSAG to develop a process for monitoring to ensure nondiscriminatory credentialing practices. Results of this audit were reviewed in the Quality Improvement Committee.

D. Delegation Oversight

Delegation oversight and activities were transitioned to Compliance effective January 2013.

The following delegation activities were accomplished during FY 2012:

- Six-month provisional delegation was awarded to Centura Health Physician Group for credentialing and recredentialing following a pre-delegation audit.
- Annual delegation audits were conducted for each existing delegated Contractor.
- Results were presented to the Delegation Oversight Committee.
- Each Contractor was awarded full delegation status for another year.
- Credentialing reports were received on a monthly or quarterly basis from each of the delegated credentialing entities and were reviewed by the Credentials Committee.

Delegation Agreements FY 2012					
Entity	Delegation Agreement Initiated	Delegated Activities	Annual Audit Dates		
			2010	2011	2012
Denver Health and Hospital Authority	1995	Credentialing / Recredentialing	2/24/10	2/8/11	2/15/12
University Physicians Inc. (UPI)	1995	Credentialing / Recredentialing	2/25/10	2/9/11	2/15/12
National Jewish Health	2008	Credentialing / Recredentialing	2/23/10	2/23/11	2/24/12
Centura Health Physician Group	2012	Credentialing / Recredentialing	N/A	2/7/11 (delegation not awarded)	7/17/12
Mental Health Center of Denver	2007	Member Grievances	8/3/10	8/8/11	8/28/12
DST	2008	Claims processing Provider Configuration	9/2010 and 11/2010	11/2011	12/2012
Metro Crisis Services	2011	After hour calls	N/A	6/2011	6/2012

The FY 2013 Access Behavioral Care Quality Assessment and Performance Improvement Program Evaluation has been reviewed and approved by:

Board of Directors:

_____	_____
Carl Clark, MD Chair, Colorado Access Board of Directors	Date

Quality Improvement Committee:

_____	_____
Gretchen McGinnis Sr. Vice President of Public Policy and Performance Improvement Chair, Quality Improvement Committee (QIC)	Date

Medical/Behavioral Quality and Program Improvement Advisory Committee:

_____	_____
Genie Pritchett, MD Sr. Vice President of Medical Services Chair, Medical/Behavioral Quality and Program Improvement Advisory Committee (MBQIC/PIAC)	Date

Access Behavioral Care

Robert W Bremer, MA, LPC, PhD
Executive Director, Access Behavioral Care