



Quality Assessment and Performance Improvement
Program Evaluation

**Access Behavioral Care
FY 2014**

Table of Contents

EXECUTIVE SUMMARY	4
ACCESS TO SERVICES	7
POPULATION CHARACTERISTICS	7
<i>Membership.....</i>	7
<i>Penetration Rates</i>	9
<i>Access to Care measures</i>	10
<i>Access to care Performance Improvement Project (PIP).....</i>	11
<i>Telephone Accessibility.....</i>	13
<i>Access to Care Plan.....</i>	15
SERVICE AVAILABILITY	15
<i>Network Composition</i>	15
<i>Credentialing and Re-credentialing</i>	16
<i>Out-of-Network Providers.....</i>	18
<i>Network Availability</i>	18
<i>Cultural/Linguistic and Special Needs.....</i>	18
<i>Innovative Service Models: Telemedicine</i>	20
<i>School based health centers</i>	21
MEMBER AND FAMILY EXPERIENCE	22
MEMBER SATISFACTION	22
<i>Experience of Care and Health Outcomes (ECHO®) Child Survey.....</i>	22
<i>MHSIP, YSS-F, and YSS Surveys</i>	25
<i>Member Grievances.....</i>	26
<i>Quality of Care Concerns</i>	28
UM AUTHORIZATIONS, DENIALS AND APPEALS.....	29
HEALTH AND PROGRESSION TOWARDS RECOVERY	31
PERFORMANCE MEASURES – MEDICATION MANAGEMENT.....	31
PERFORMANCE MEASURES – ENGAGEMENT IN CARE	31
FOLLOW-UP AFTER INPATIENT HOSPITALIZATION	32
INPATIENT READMISSIONS	33
TRANSITIONS OF CARE PERFORMANCE IMPROVEMENT PROJECT: ADOLESCENT DEPRESSION SCREENING AND TRANSITION TO A BEHAVIORAL HEALTH PROVIDER	34
CLINICAL PRACTICE GUIDELINES	34
EVIDENCE-BASED AND PROMISING PRACTICES.....	35
<i>EBP’s for the Adult membership.</i>	35
<i>EBP’s for ABC Youth membership.</i>	39
HEALTH PROMOTION.....	42
UTILIZATION.....	43
UTILIZATION MEASURES.....	43
ATU YOUTH	44
EMERGENCY DEPARTMENT UTILIZATION PER 1000 MEMBERS	45
INTER-RATER RELIABILITY	46
INTEGRATED CARE	48
INTEGRATED CARE PRACTICES.....	48
COORDINATION OF CARE	56
PERFORMANCE MEASURE: COORDINATION OF CARE.....	56

OTHER QUALITY PROGRAM ACTIVITIES.....57
QAPI PROGRAM: DESCRIPTION AND WORK PLAN 57
CHART REVIEW AUDITS..... 57
 411 Claims Validation Audit 57
 ABC Medical Record Audit 58
EXTERNAL QUALITY REVIEW ORGANIZATION (EQRO) ACTIVITIES..... 60

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 behavioral health services that meet or exceed State and community standards. ABC's diverse network of providers and community stakeholders shares this philosophy and commitment.

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

The Quality Performance Advisory Committee (QPAC) 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 2014 Combined QAPI Program description and FY14 ABC Work Plan. This committee reviewed Performance Improvement Project results, provided input on quality initiatives, and consulted on the development of interventions. Member and family representatives were active during the year on both the QPAC and Member and Family Advisory Board.

This report presents a summary of program activities accomplished during the contract fiscal year July 1, 2013 through June 30, 2014.

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 2014.

ABC Key Metric Trending

Measure	Goal	FY 2012	FY 2013	FY2014
Penetration Rates				
<ul style="list-style-type: none"> Total rate 	>12%	11.5%	11.8	15.1%*
Utilization Monitoring				
<ul style="list-style-type: none"> Inpatient: Admits per 1000 members 	≤ 6	5.6	4.2	4.5*
<ul style="list-style-type: none"> Inpatient: Average Length of Stay 	≤ 9	9.4	9.2	9.0*
<ul style="list-style-type: none"> Inpatient: Total Days per 1000 Members 	≤60	54.9	48	40.2*
<ul style="list-style-type: none"> Emergency Visits per 1000 Members (Ambulatory Treat and Release) 	≤12	11.2	12.6	TBD
Follow-up After Hospitalization (Non-state)				
<ul style="list-style-type: none"> 7 Days 	100%	42.6%	39.7%	TBD
<ul style="list-style-type: none"> 30 Days 	100%	62.1%	59.4%	TBD
Inpatient Readmissions (Non-state)				
<ul style="list-style-type: none"> 7 Days 	≤5%	4.3%	1.9%	TBD
<ul style="list-style-type: none"> 30 Days 	≤13%	11.5%	7.3%	TBD
<ul style="list-style-type: none"> 90 Days 	≤20%	18.4%	13.3%	TBD
Access				
<ul style="list-style-type: none"> Routine Care Within 7 Calendar Days 	100%	100%	100%	100%
<ul style="list-style-type: none"> Urgent Care Within 24 Hours 	100%	100%	100%	100%
<ul style="list-style-type: none"> Emergent Care Within 1 hour 	100%	92%	94%	94%
<ul style="list-style-type: none"> % Members w/in 30 miles of a Provider 	100%	100%	100%	100%
Member Grievances				
<ul style="list-style-type: none"> Resolution Timeliness (15 business days) 	100%	100%	99%	100%

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

ABC Key Accomplishments FY 2014

Improving Access to Care

- Access to routine and urgent care remained at 100%
- All telephone service measures exceeded performance goals
- ABC had the highest penetration rate (43%) of all BHOs for services to foster care children
- Penetration rate increased significantly to 15.1%
- The SUD network expanded, and 2.5% of members have received SUD treatment

Enhancing Member and Family Experience

- 100% of routine clinical appeals were resolved timely
- The ECHO® Child survey reflected a high level of satisfaction with ABC network providers
- Member grievance rates remained low

Improving health and progression towards recovery

- Data show a substantial decrease in 7, 30 and 90 day readmission rates
- ABC ranked highest of the BHOs on the Antidepressant medication management performance indicator which shows at least three follow up contacts with a practitioner during the acute treatment phase

Utilization

- Length of inpatient stay and total inpatient days continued a promising downward trend

Expansion of Integrated Care Programs

- There was expansion of integrated care programs and partnerships between behavioral health and primary medical care practices
- ABC continued to be an active participant in the C-PACK grant program to provide primary care with extensive training and psychiatric consultation for children and teens

Coordination of care

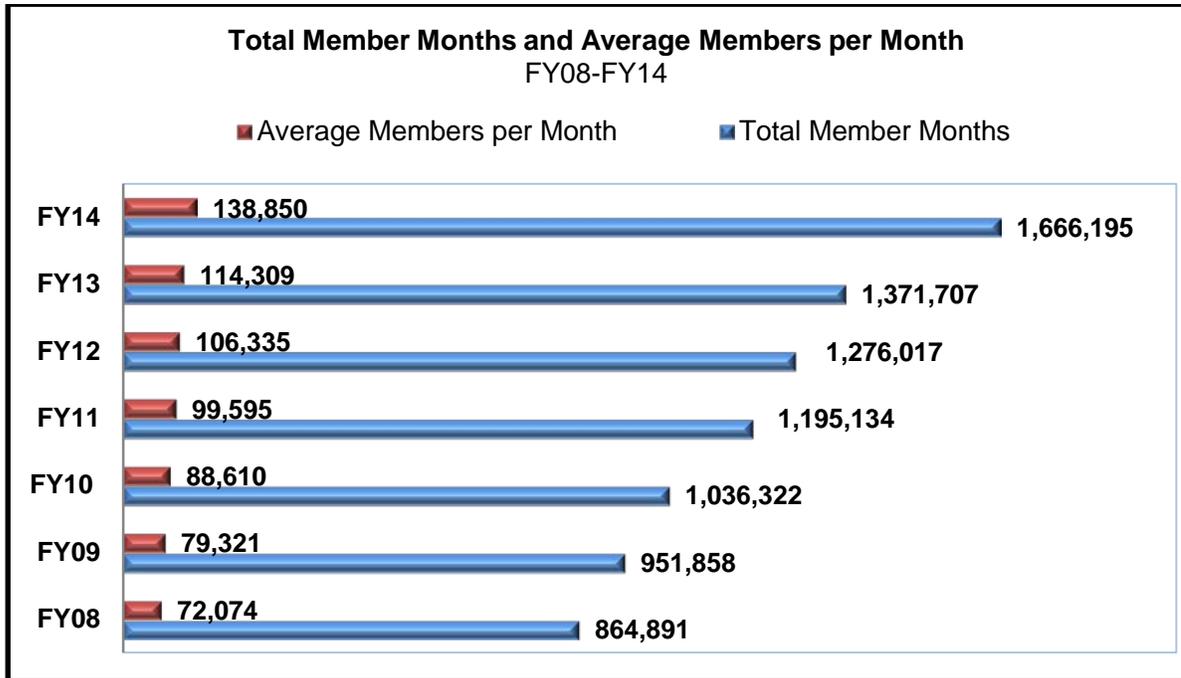
- Increased coordination of care between ABC, RCCO, SEP and AA for shared members
- Telemedicine technology has been deployed which is supporting access to care and transitions of care

ACCESS TO SERVICES

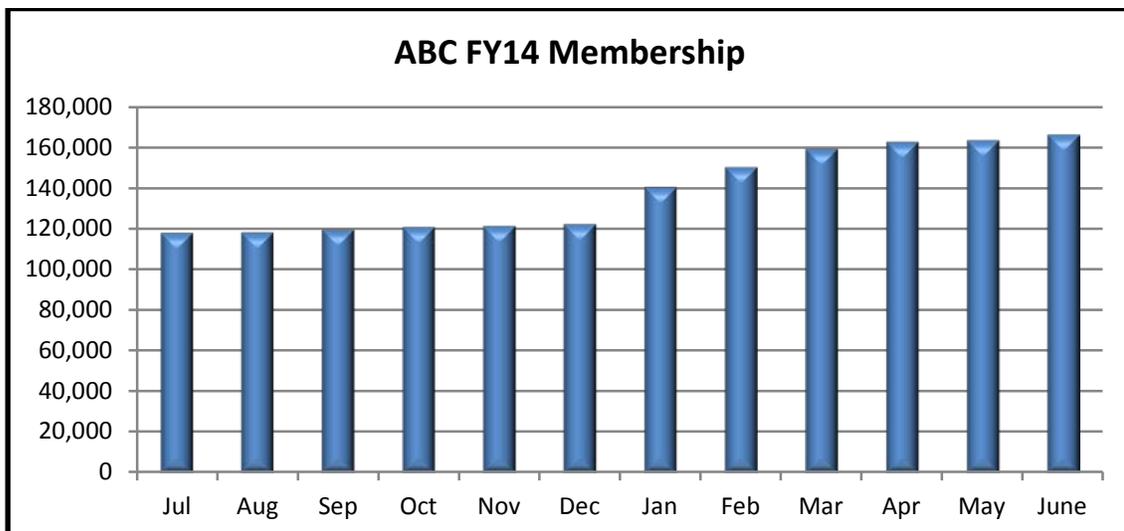
POPULATION CHARACTERISTICS

Membership

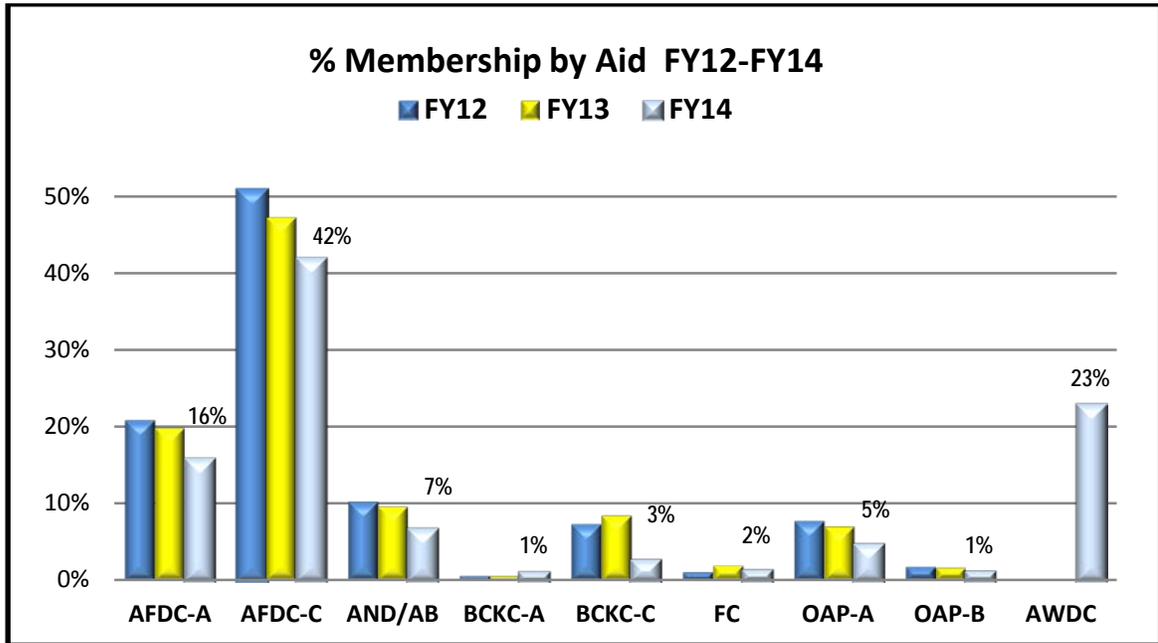
ABC Medicaid enrollees increased from 114,309 average members per month in FY 2013 to 138,850 average members per month in FY 2014. There has been a major expansion in the ABC Medicaid population since January 2014 due to inclusion of the AWDC aid category.



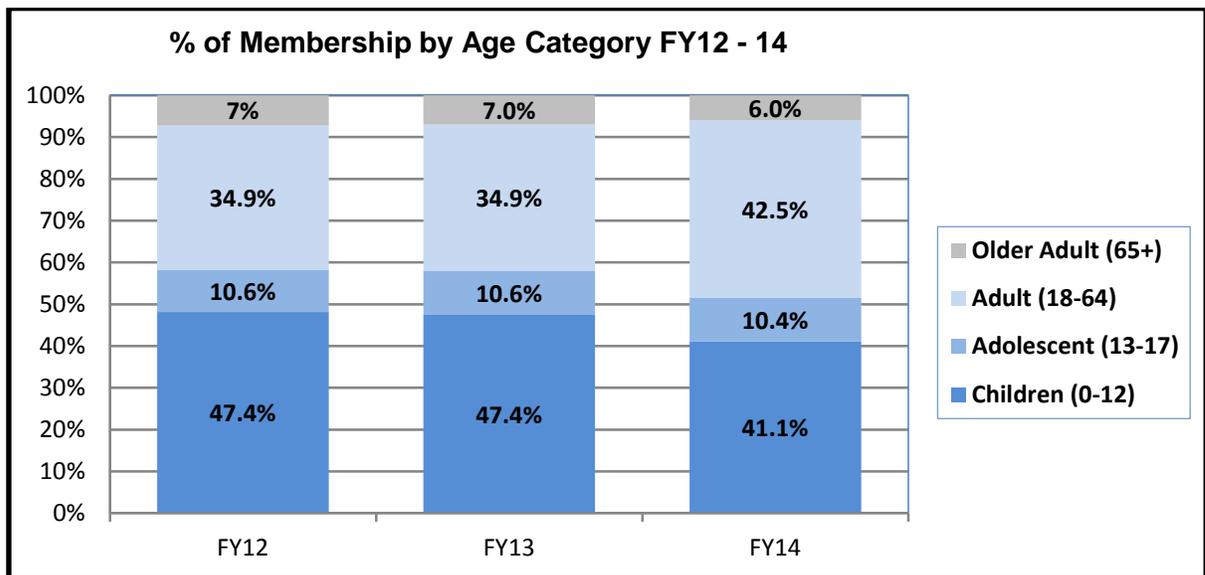
There was a significant increase in members enrolled in Denver Medicaid over the course of FY14 from 118,296 members in July 2013 to 166,579 members enrolled in June 2014. This represents a 40.8% increase in membership. (Membership data is from COA Decision Support monthly statistics)



Detail regarding aid eligibility type and age groupings of the Medicaid population provides a basis for further evaluation of the adequacy of ABC network resources and capacity.



Similar to FY 2013, enrollment in FY 2014 remained highest in the AFDC-C category at 42%. Members enrolled in the new AWDC/MAGI category (Aid without Dependent Children/Modified Adjusted Gross Income) accounted for 23% of the ABC membership followed by AFDC-A at 16%.



Membership data stratified by age category shows that children account for 41% of the ABC membership, which is a decrease from 47% in FY13. The most significant increase was in the adult membership from 35% in FY13 to 42.5% in FY14. There was no significant change in membership for Adolescents or Older Adults.

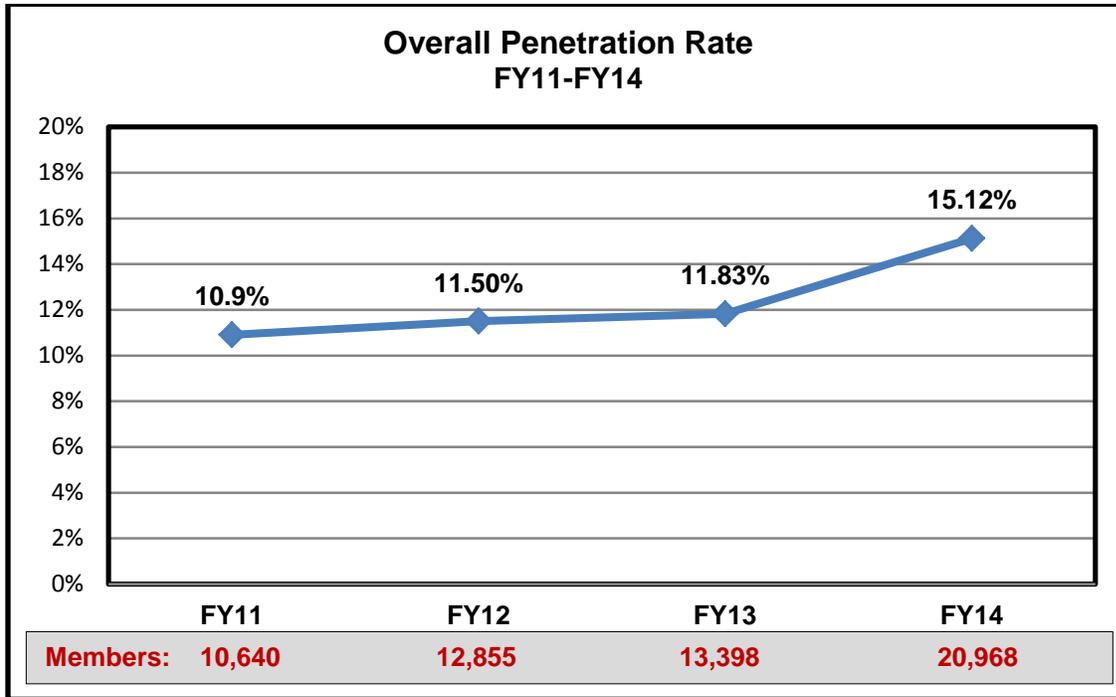
Penetration Rates

Penetration rates are 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 2013 showed an increase in penetration rate from FY12. ABC preliminary Decision Support data for FY 2014 demonstrates a significant increase from 11.8% to 15.1%



Penetration rates: Foster Care

There has been an increase in foster care rates since FY11.

FY 2011 = 39.7%

FY 2012 = 43.2%

FY 2013 = 47.1% (BHO average = 36.9%)

Interpretation: ABC penetration rates are showing an upward trend over the past 3 years for overall rates and for foster care rates. ABC had the highest penetration rate of all BHOs for foster care for the third consecutive year. This can be attributed to children seen in the Eastside Foster Care Clinic (DIBS), as well as coordinated efforts between ABC and the Denver Department of Human Services.

Substance Use Disorder (SUD) penetration rate:

The SUD benefit went into effect on 1/1/2014. Since that time, 3477 unique members (2.5% of ABC membership) have received SUD services (SUD claim received). Two hundred and fifty five unique providers have submitted claims with a SUD diagnosis. ABC will closely track SUD treatment utilization during FY15.

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 increase routine access.

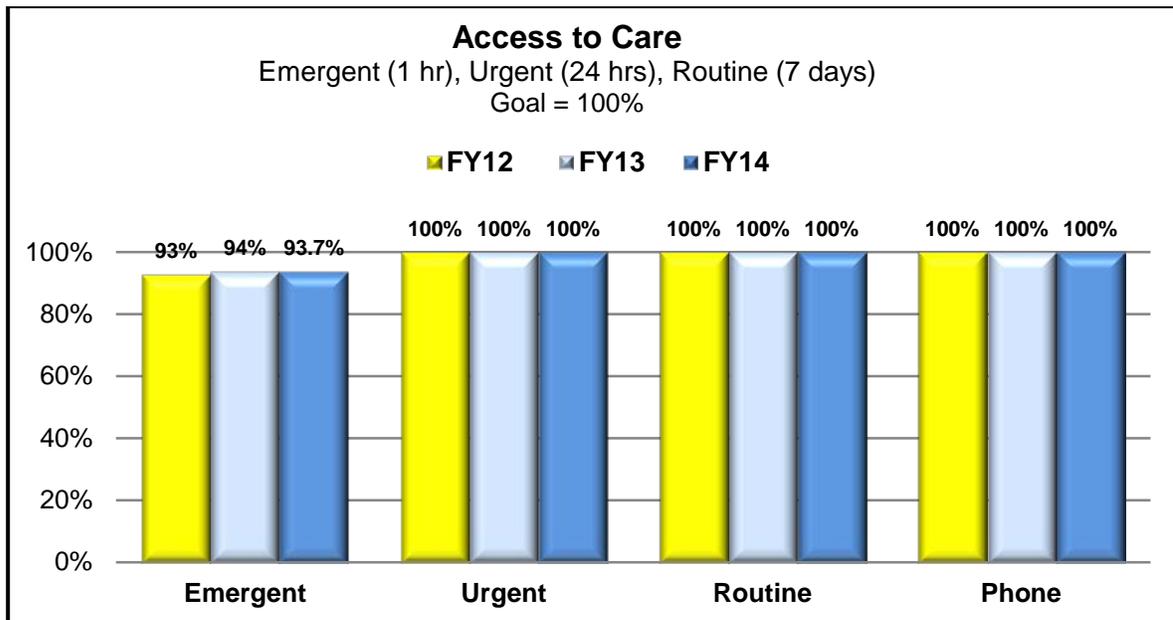
ABC continues to re-educate providers on Access to Care standards via communication methods such as provider bulletins, posting of standards on the Colorado Access website, and direct communication with specific providers regarding access issues as they occur.

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
- 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.

Strategies for FY 2015:

- 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

Access to care Performance Improvement Project (PIP)

PIP topic: Increasing access to mental health services for youth

Project Overview: ABC has a contract requirement to design and conduct a performance improvement project that has the potential for improving processes or health outcomes for members. Projects typically include a baseline measurement period with at least two re-measurement periods. The Colorado Access Quality Improvement Committee (QIC) evaluated ABC utilization and penetration data in September 2012, which showed that children and teens had a much lower utilization rate than other BHOs across the state. The committee recommended that ABC focus improvement efforts on increasing overall access to mental health services for the youth population (Ages 5-17).

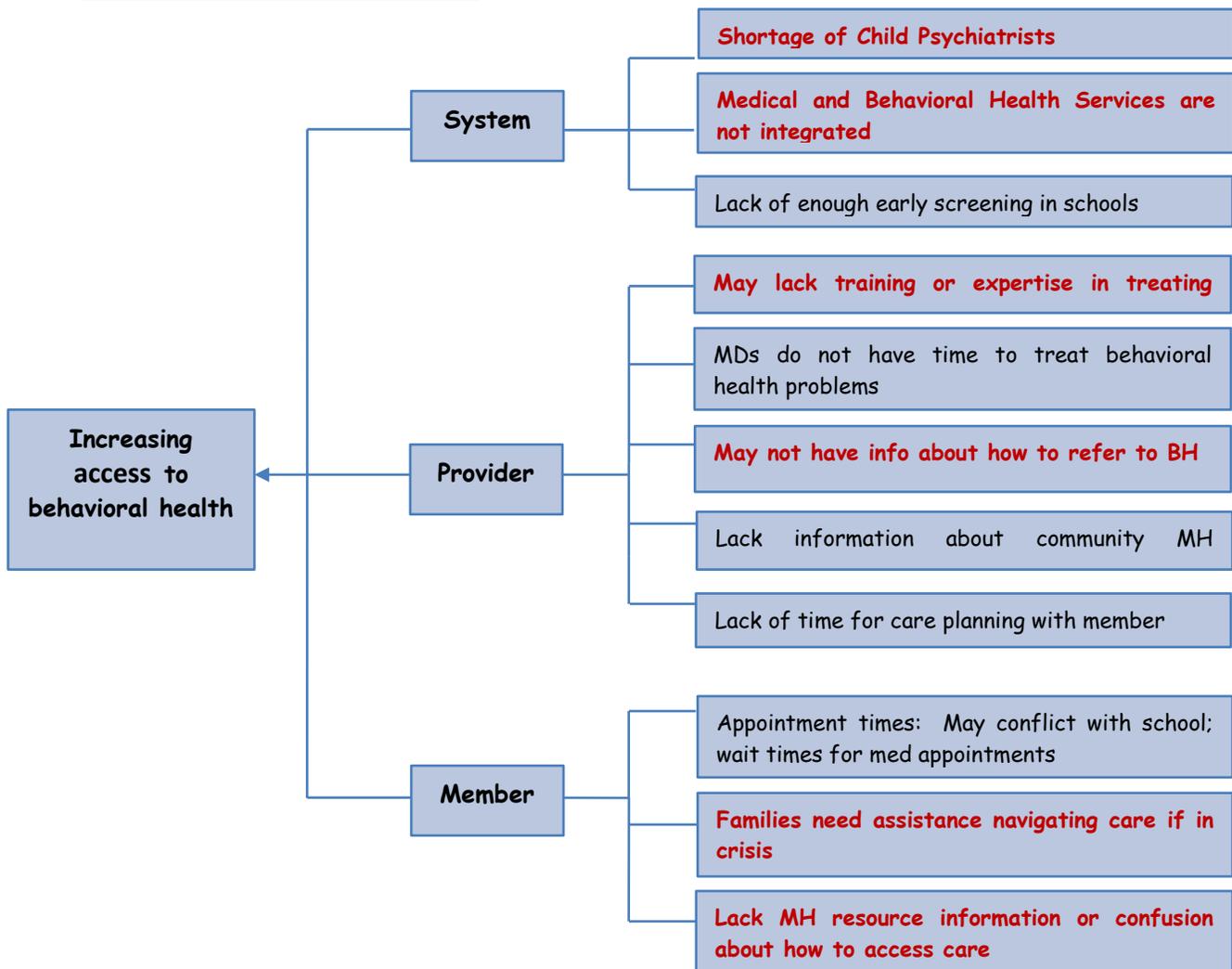
Goals of this PIP are to improve processes related to service access and to increase treatment utilization, as demonstrated by an increase in overall penetration rates for all behavioral health services.

This age group is a potentially high-risk population. There is a high prevalence of depression and suicide risk in the youth segment of the population, both nationally and statewide.

This PIP supports the Healthy Living Initiative goals of *improved screening, diagnosis, referral and treatment for depression among adolescents*. 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 had an internal core task group and held a number of stakeholder meetings in late 2012 and during the first half of 2013 to identify barriers to mental health access and potential interventions. In addition, parent focus groups were held in April and May of 2013.

Causal/Barrier Analysis Diagram



Project results for CY2013

Results are measured by overall penetration rate for all behavioral health services.

- The overall penetration rate for CY13 was 11.35%. This was an increase from the penetration rate of 10.19% at baseline. *This increase was statistically significant.*
- There was a 26% increase in utilizers (1,127 members) between baseline and Re-measurement 1
- The biggest increase in utilizers was for the 13-17 year old age grouping

The Health Services Advisory Group (HSAG) reviewed this PIP submission for Re-measurement 1 period (CY2013) and determined that ABC met all applicable evaluation elements. The ABC overall score for the 25 evaluation elements was 100%.

Key interventions for this PIP have included:

- Creation of a flyer for newly enrolled members about early warning signs that children may need mental health referrals and information about how to access mental health services
- Collaboration between Metro Crisis Service, ABC and RCCO Primary Care Providers to refer youth to mental health services
- Reorganization of the ABC Care Manager structure to provide immediate assistance to parents/children who need a mental health appointment or services.
- Quarterly articles in ABC Partnership Newsletter (English and Spanish) regarding importance of accessing MH services for children. ABC contact number is prominently displayed.
- The RCCO monthly Community News Flash online newsletter began publishing the ABC contact phone number in January 2014, along with the other BHO contact numbers. This will be highlighted in every issue that is disseminated to about 1200 subscribers including PCMPs, hospitals, specialists, community organizations and individuals.

ABC plans additional interventions in 2014 including:

- Partnering with Denver Public Schools and Metro Crisis Services to provide BH resource and referral information to school staff and students/parents
- Partnering with COA marketing to create public service announcements using social media sites

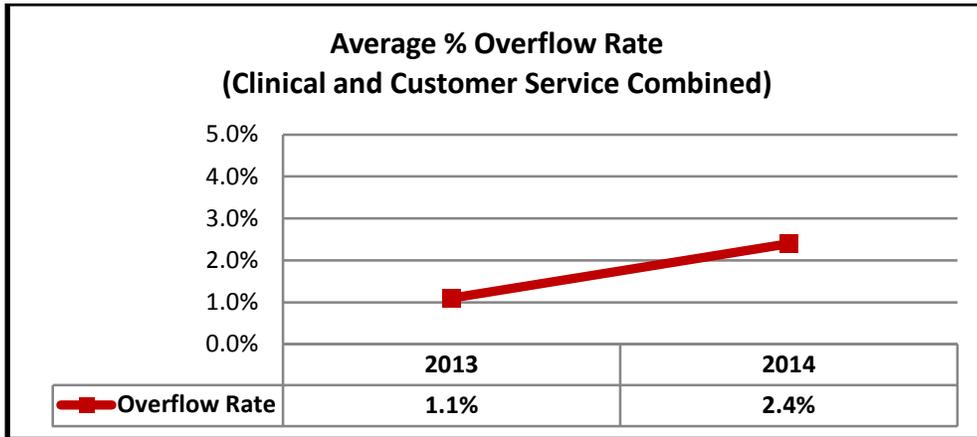
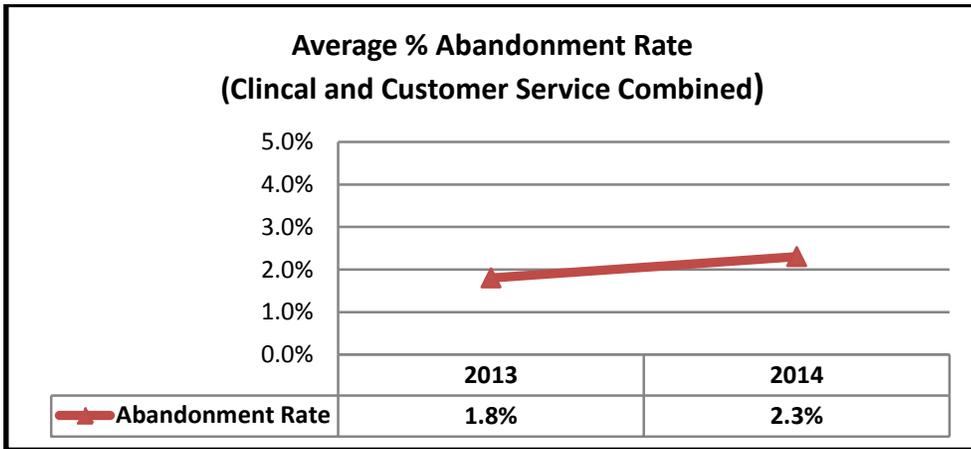
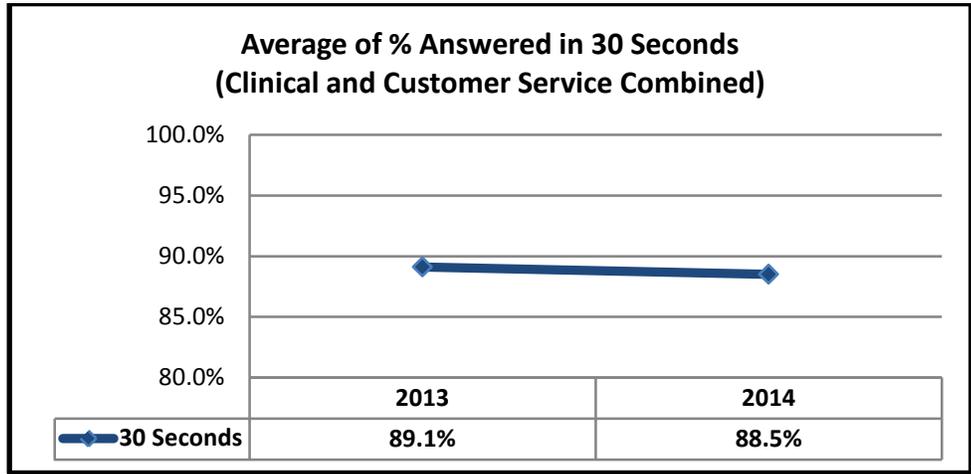
Telephone Accessibility

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 (6368 calls), Claim status inquiry (3112 calls), followed by Provider search requests (735 calls).

Goals:

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



Results and Analysis:

- For FY 2014, 88.5 % of Clinical and Customer Service calls were answered within 30 seconds which surpassed the goal of 80%.
- The combined abandonment rate was 2.3% which exceeded the goal of <5%
- The overflow rate was 2.4% which also met the performance goal of <5%
- All goals were met or surpassed for every quarter of the fiscal year

Strategies for FY 2015:

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

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 FY14.

SERVICE AVAILABILITY

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 are gathered from the Colorado Access credentialing database, transaction system, member eligibility files, Provider Contracting records, and from the Mental Health Center of Denver report. ABC outreached all known Medicaid FFS SUD providers and offered contracts with Colorado Access.

Results and Analysis:

ABC’s statewide network of 1692 qualified mental health professionals ensures that members have optimal access to behavioral health care. This was an increase of 93 providers from 1599 in FY13. 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. 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 2014				
Type	CMHC	FQHC*	Individual Practitioners	Totals
Prescribers	32	67	141	240
Licensed Mental Health Practitioners	103	125	959	1187
Unlicensed Mental Health Practitioners	72	N/A	N/A	72
Case Manager/Mental Health Workers	193	N/A	N/A	193
Total	400	192	1100	1692

*Denver Health and Colorado Coalition

Organizational Providers by Type – FY 2014			
Type	Within BHO Service Area	Outside BHO Service Area	Total
Hospital	4	29	33
Mental Health Center	1	16	17
Federally Qualified Health Center	3	0	3
Residential Treatment Center	12	14	26
Day Treatment Provider	5	6	11
Total	25	65	90

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 2015:

- 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
- Expand the network to include SUD providers
- Expand the network to include providers who offer trauma-informed care
- Identify any gaps in specialty services available in the existing provider network

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 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 2014 Behavioral Health Providers		
	Initial Credentialing	Re-credentialing
Individual Practitioners	192	246
Organizational Providers	11	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	FY14
Initial credentialing TAT ≤ 60 calendar days (Individual Practitioners)	42 Days	38 Days	54 Days	75 Days
100% re-credentialing is completed within 3 years (Individual)	99%	92%	98%	98%
100% re-credentialing is completed within 3 years (Organizational)			94%	86%
≥ 95% Credentialing file accuracy	100%	100%	100%	100%
≥ 95% Re-credentialing file accuracy	99%	99.6%	100%	100%

Results and Analysis:

- Initial credentialing TAT: The average turn-around time was 75 days, which did not meet 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 100% prior to approval. During FY 2014, there were 246 behavioral health practitioners re-credentialed and 14 organizational providers re-credentialed. Of this combined total, 98% were re-credentialed within the 36-month timeframe, which shows and improvement over FY13 results of 96%. 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: Sr. Medical Director or Credentials Committee reviews 100% of credentialing and re-credentialing files for accuracy, completeness, and timeliness of processing prior to approval. Files were well organized and contained all of the verification elements within the standard timeframes.

Strategies and recommendations for FY 2015:

- 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 continue efforts to educate organizational providers regarding the need for re-credentialing

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. During FY14, there were 57 single case agreements to serve ABC members. It is likely due to the expanding Medicaid membership and SUD coverage.

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 2012	FY 2013	FY14
Percentage of members with access to a provider within 30 miles	100%	100%	100%

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.

Strategies for FY 2015:

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

Cultural/Linguistic and Special Needs

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.
- **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 FY2014, 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 2015:

- 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 2015 to increase awareness and promote effective communication with members.

Innovative Service Models: Telemedicine

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

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

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

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

Telemedicine activities planned for roll out in FY15 include the following:

SERVICE	Partners	Model	Provider Org	Status/Timeline
AF Williams Family Medicine	1) Depression Center 2) Family Practice	Integrated BH care into Primary Care	Depression Center	November 2014
NE RCCO/BHO Child/Adult TMH Services	1) NE BHOs 2) NE RCCOS 3) Depression Center	Direct MH Care and Integrated BH Care into RCCO sites	AccessCare Services	Fall 2014

Denver Health Telephonic Counseling for Depression and Anxiety Program (TCDA)

Denver Health offers a telephonic counseling program as an adjunctive treatment for the reduction of anxiety and depressive symptoms. This is an evidence-based psychotherapy approach with the following goals:

- To provide counseling to populations that may experience many barriers to participating in traditional treatment
- To be a cost-effective intervention
- Improving adherence to medications
- Symptom and outcome improvement

Benefits for patients: Increasing access and extended coverage for underserved populations in underserved geographic areas, decreasing stigma associated with being seen in a MH Clinic, eliminating need for transportation or childcare

Benefits for providers include lower administrative costs and reduction in no-show rates.

The treatment process includes referral and outreach, initial screening and assessment. Patients choose anxiety or depression module topics, development of care plan, and skill building.

PCPs are sent notification emails at initial enrollment, at 6 weeks, 12 weeks and 24 weeks to track progress, make recommendations and schedule follow up appointments. Three-way communication is established between the PCP, telehealth clinician, and patient.

School based health centers

The Denver Public School (DPS) system has 15 School-based Health Center (SBHC) sites that provide comprehensive care including behavioral health services. MHCD, Jewish Family Service of Colorado and Denver Health collaborate with DPS professional staff to deliver BH services. According to the Denver School-Based Health Center Annual Report, *Empowering Youth through Access to Integrated Health Care*, “Nearly 15 percent of all SBHC patients utilize behavioral health therapists during the year.” During the 2012-2013 school year, 1,326 students received mental health services (9,881 mental health visits).

DPS is expanding services through the development of regional SBHCs. This approach will enable students to access services in their regional center if their home school does not have an on-site health center.

MEMBER AND FAMILY EXPERIENCE

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.

Experience of Care and Health Outcomes (ECHO[®]) Child Survey

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 2014 member satisfaction survey based on services rendered in calendar year 2013. 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 the option for parents/guardians to complete the survey in English or Spanish.

Questionnaire

This was the second year 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*. 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*. The survey consisted of 48 key questions including demographic information.

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.

Survey Methodology and Timeframe

Data collection

DSS was provided with a list of members who received behavioral health services during Calendar Year 2013. 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). Parents or guardians of children/teens completed the survey.

DSS staffed a toll-free help line with bilingual interviewers to respond to members calling with any questions about the survey. In addition, the ABC Quality Manager's phone number was listed on the initial letter for fielding calls. Follow-up telephone calls were administered by DSS to all members who did not respond after the mailings. Data collection was conducted between 3/24/14-5/8/2014.

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.

A random sample of 950 enrollees was drawn from the 1805 unique members who had utilized services during Calendar Year 2013. 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 Calendar Year 2013. CPT and ICD-9-M Principal Diagnosis Codes were used to identify individuals who received these services.

Sample design

- **Sample type:** A simple random sample of 950 members was drawn.
- **Sample size/sampling error:** A sample of 141 members was obtained with an overall sampling error of $\pm 8.2\%$ at 95% confidence using the most pessimistic assumption regarding variance ($p=0.5$).
- **Response rate:** The adjusted response rate was 16.5%, which is an increase over the 14.5% response rate from last year. Of the 950 surveys mailed out, 93 were undeliverable. Twenty-one respondents completed the survey in Spanish (an increase from 16 last year) with the assistance of a bilingual interviewer.

Member Demographics

- There was a marked decrease from 2013 in the percent of members who rated their health as Excellent, Very Good or Good
- There was a corresponding increase in the percent of members who rated their health as Fair or Poor
- There was a decrease in the number of females in the sample
- Reasons for seeking child treatment remained consistent with last year apart from an increase in the percent seeking treatment for autism or developmental delays

	2013	2014
Member Health		
Overall health (Q41)	(n=121)	(n=138)
Excellent/very good	60.3%	47.1%
Good	31.4%	30.4%
Fair/poor	8.3%	22.5%
Reasons for child’s mental health treatment	(n=124)	(n=141)
Treatment for ADHD or other behavior problem (Q37)	87.8%	85.9%
Treatment for family problems (Q38)	52.6%	55.9%
Treatment mental or emotional illness (Q39)	60.5%	67.7%
Treatment for autism or other developmental problem (Q40)	20.0%	29.1%
Member Demographics		
Overall health (Q43)	(n=121)	(n=140)
Female	44.6%	32.9%
Male	55.4%	67.1%
Age (Q42)	(n=121)	(n=139)

Less than 1	0.0%	0.0%
1-5	4.1%	2.2%
6-10	39.7%	46.0%
11-15	55.4%	50.4%
16 or older	0.8%	1.4%
Race/ethnicity (Q44/Q45)	(n=124)	(n=141)
White	55.4%	56.2%
Hispanic or Latino	58.3%	53.6%
Black or African American	31.3%	31.4%
American Indian or Alaska Native	16.1%	11.6%
Asian	0.0%	3.3%
Native Hawaiian or other Pacific Islander	0.9%	0.8%
Other	25.0%	22.3%
Relation to child (Q46)	(n=116)	(n=135)
Mother or father	70.7%	78.5%
Grandparent	12.9%	8.2%
Adoptive parent	10.3%	8.2%
Other relative	0.9%	2.2%
Legal guardian	2.6%	1.5%
Foster parent	1.7%	1.5%
Aunt or uncle	0.9%	0.0%
Caseworker	0.0%	0.0%

	2013 (n=124)	2014 (n=141)
How Well Clinicians Communicate (Percent Always or Usually)		
Q13. Clinicians listen carefully	86.4%	82.8%
Q14. Clinicians explain things	90.9%	86.3%
Q15. Clinicians show respect	89.2%	87.1%
Q16. Clinicians spend enough time	84.9%	86.0%
Q17. Took prescription medicine as part of treatment (Percent Yes)	58.5%	61.1%
Q18. Told about side effects of medications (Percent Yes)	86.8%	94.8%
Informed About Treatment Options (Percent Yes)		
Q19. Discussed goals for child's mental treatment	89.4%	92.6%
Q20. Given information about different kinds of mental health treatment available for your child	62.1%	62.0%
Q21. Given as much information as wanted to manage child's condition	81.8%	72.5%
Patient Rights and Privacy (Percent Yes)		
Q22. Given information about child's rights as patient	86.4%	91.4%
Q23. Feel you could refuse specific type of treatment for child	78.8%	78.3%
Q24. Child's information was shared when it should have been kept private	7.7%	11.8%
Patient Diversity Competence (Percent Yes)		
Q25. Difference in treatment required due to language/race/religion/ethnic background/culture	10.6%	8.7%
Q26. Were asked about how special needs (n = 8 members)	100%	50.0%
Perceived Improvement		

Q28. Helped by the amount of counseling or treatment child got (Percent A lot or Somewhat)	83.1%	76.9%
Q29. Rate child's mental health problems and symptoms now (Percent Much better or A little better)	79.0%	70.6%
Q30. Ability to deal with daily problems and symptoms (Percent Much better or A little better)	80.5%	71.6%
Q31. Ability to deal with social situations (Percent Much better or A little better)	75.0%	68.0%
Experience with Plan		
Q32. Needed approval for child's mental health treatment (Percent Yes)	36.2%	27.8%
Q33. Delays in treatment while waiting for approval from plan (Percent Not a problem)	52.0%	40.7%
Q34. Called Colorado Access to get information or help about treatment for child (Percent Yes)	23.4%	20.4%
Q35. Problem getting help/info. Needed when calling Colorado Access (Percent Not a problem)	66.7%	52.4%

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
- Told about side effects of medications

➤ **Informed about treatment options**

About 93% of parents/guardians discussed treatment goals with the ABC Network Provider

Opportunities for Improvement

- The majority of respondents (73%) indicated they were not aware of the 7-day timeframe for getting an initial routine appointment, and 83% were not aware that they could contact COA to get assistance.
Recommendation: Provide additional information (via mailings, member handbook and/or COA web page) to members about appointment standards and the availability of COA Customer Service and ABC Care Managers who can provide assistance.
- Twenty-eight percent of respondents did not know that mental health services were a covered benefit.
Recommendation: Continue to emphasize availability of behavioral health services (via mailings, member handbook and/or COA web page)
- Only 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.

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). Scores were slightly lower than last fiscal 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. More youth participated in survey completion this year (48 compared to 3 last year).

Results from the FY 2013 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	2012 Percent satisfied	2013 Percent satisfied
Access	81% (113/140)	74% (137/184)
Appropriateness and Quality	85% (116/137)	84% (152/182)
Outcomes	63% (84/134)	60% (105/176)
Participation in Treatment	72% (96/133)	71% (130/182)
Overall Satisfaction	90% (96/107)	83% (148/179)
YSS-F Domains		
Access	89% (16/18)	100% (7/7)
Appropriateness and Quality	89% (16/18)	100% (7/7)
Outcomes	67% (12/18)	43% (3/7)
Participation in Treatment	88% (15/17)	86% (6/7)
Cultural Sensitivity	100% (17/17)	100% (7/7)
YSS Domains		
Access	100% (3/3)	75% (36/48)
Appropriateness and Quality	100% (3/3)	92% (44/48)
Outcomes	100% (3/3)	65% (43/46)
Participation in Treatment	100% (3/3)	93% (43/46)
Cultural Sensitivity	100% (3/3)	93% (43/46)

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

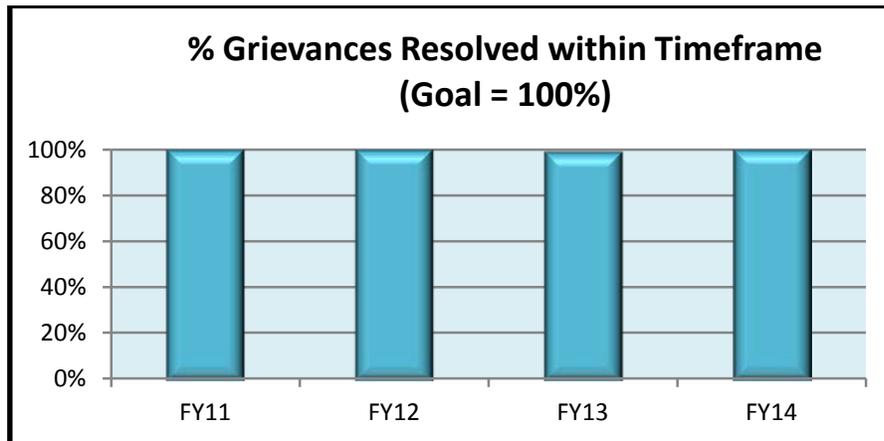
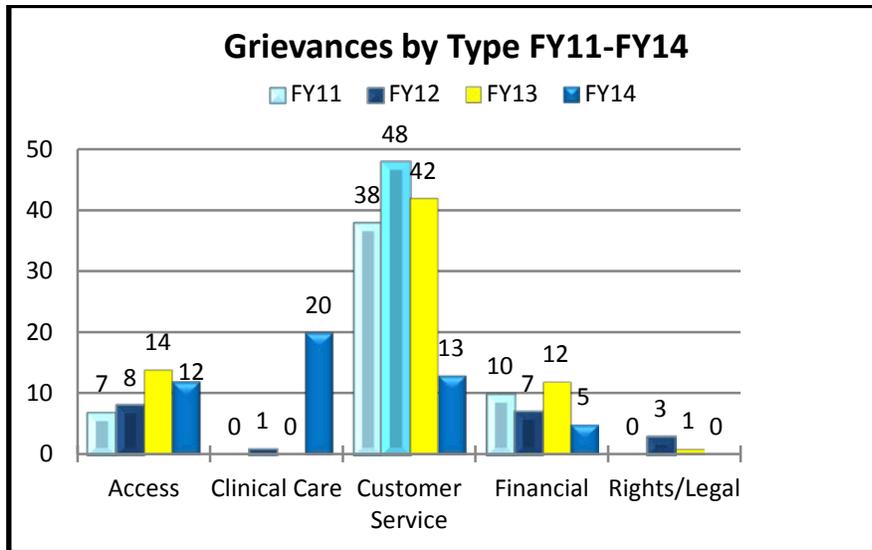
Results and Analysis:

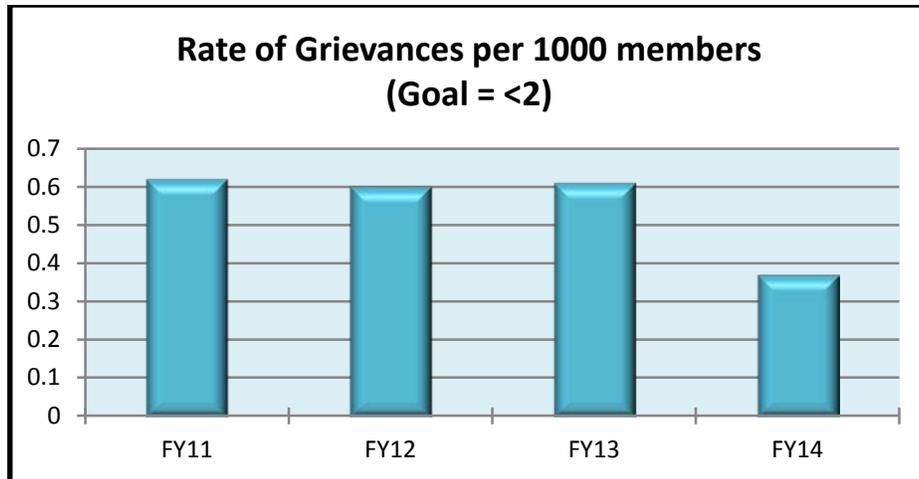
During FY 2014, 50 grievances were filed compared to 69 in FY 2013. The grievance rate per thousand for the total number of grievances was 0.37 grievances which met the goal of <2 grievances per 1,000

members. The breakdown of grievances by type in the graph below shows a decrease in complaints about access, customer service and financial issues, and an increase in clinical complaints.

The quarterly grievance review workgroup composed of COA and MHCD met throughout FY 2014. The workgroup reviews all MHCD grievances for compliance and corrective action follow up.

One hundred percent (100%) of grievances reported during the first 3 quarters of FY2014 were resolved within the timeframe of 15 business days.





Strategies for FY 2015:

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

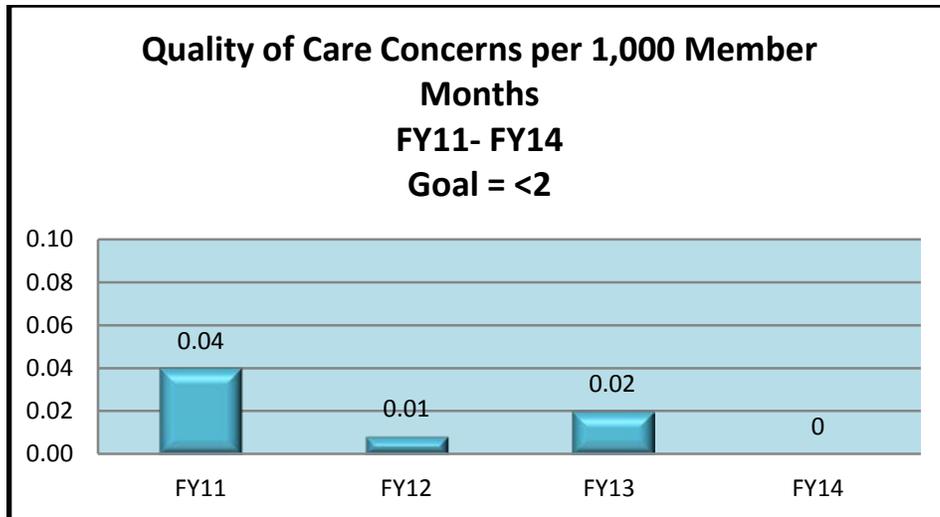
Quality of Care Concerns

Quality of care (QOC) concerns are cases that have resulted, or may result, in adverse outcomes for a member. A variety of events may serve as triggers. Potential QOCs are forwarded to the Quality Improvement Department for initial investigation and are then submitted to the ABC Medical Director for review and a determination. Findings are confidential under peer review statutes.

Goal: < 2 per 1000 member months

Results and Analysis:

There were no QOCs reported for ABC Denver during FY14. This represents a rate of zero per 1,000 member months.



Strategies for FY 2015:

- 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

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 16.5% (482 denials) in FY 2014, an increase from 13% in FY 2013. Clinical denials accounted for 100% of the total number. 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 2012	2,149	246	11%	236 (96%)	8 (4%)	100% (246/246)
FY 2013	2302	301	13%	301 (100%)	0	99.3% (299/301)
FY 2014	2913	482	16.5%	482 (100%)	0	100% (482/482)

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
FY12	13	11	2	15%	100%
FY13	16	14	2	12.5%	100%
FY14	15	14	1	6.6%	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 15 clinical appeals filed during FY 2014, and 14 were upheld. The goal for turnaround time was met in all cases.

Strategies for FY 2015: The ABC criteria for Mental Health Utilization Management will be reviewed and revised, as needed.

HEALTH AND PROGRESSION TOWARDS RECOVERY

A number of performance measures highlight the progression towards recovery and improved health. Some of these measures demonstrate adherence to prescribed medication, and some relate to behavioral health or physical health engagement.

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.

FY11 = 15.7%

FY12 = 12.1%

FY13 = 11.8%

Interpretation: ABC showed a decrease in the percent of members prescribed redundant or duplicated medication over the past 3 years. This demonstrates a steady improvement.

Performance Measure 3: The percent of Adult members diagnosed with a new episode of major depression, treated with an antidepressant medication and maintained on antidepressants for at least 84 days or 12 weeks.

FY12 = 26.7%

FY13 = 27.3%

Interpretation: ABC results are comparable to last year.

Performance Measure 20: Antidepressant medication management – optimal practitioner contacts is 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).

FY12 = 46.7%

FY13 = 44.6%

FY13 BHO Average = 22.6%

Interpretation: Results for FY13 were comparable to FY12.

ABC scored significantly higher on this measure than all BHOs

PERFORMANCE MEASURES – ENGAGEMENT IN CARE

Performance Measure 4: Behavioral Health Engagement (Percent of members with 4 BH visits within 45 days of the initial visit)

FY13: 34.2%

BHO Average: 32.2%

Interpretation: This is a new measure for the BHOs, and ABC was one of the higher performing BHOs on this measure. It is not clear if four engagement visits represent optimal treatment, however, all BHOs will be tracking this measure for FY14-15, and the measure will include both behavioral health and SUD visits.

Performance Measure 14: Percent of members with SMI with a focal point of behavioral health care (The percent of members with SMI who have a focal point of care identified and established)

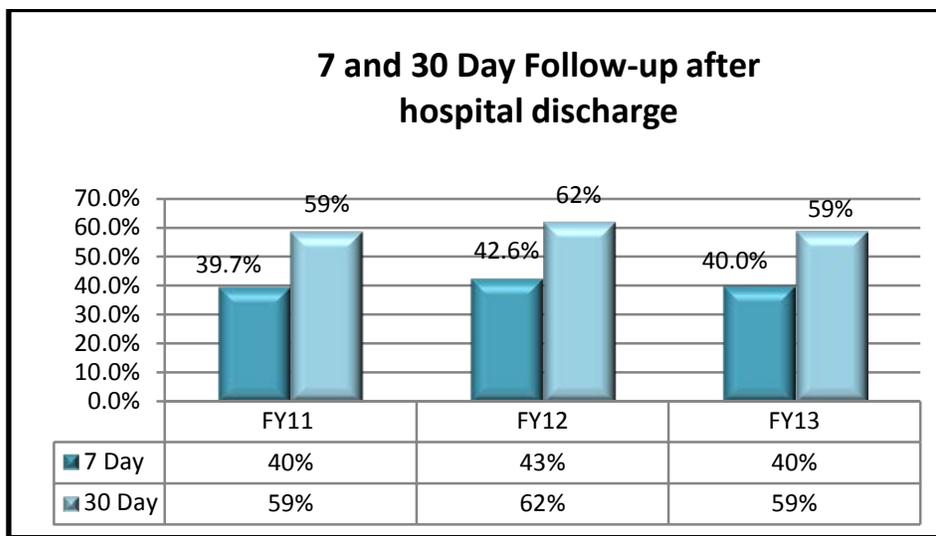
FY12 = 96.1%

FY13 = 90.7%

Interpretation: Although there was a decrease in performance from the prior year, ABC results were comparable to the other BHOs.

FOLLOW-UP AFTER INPATIENT HOSPITALIZATION

ABC has a robust Care Management Program that helps to ensure that ABC members have services in place to support them after discharge from an inpatient stay. 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. Members are encouraged to participate in their health care planning.



Results and Analysis: FY 2013 HCPF reported rates show a slight decrease from FY12 results. FY14 HCPF rates have not yet been tabulated.

Action Plan:

- ✓ ABC Care Managers are tracking all ABC members who are hospitalized. They are meeting with hospital discharge planners and members on a real time basis to arrange timely follow up appointments and to identify barriers to follow up care. They are assisting members with problem solving when barriers are discovered.
- ✓ ABC Care Managers are giving hospitals real time information about provider appointment availability and provider options. They are following up with providers to confirm that follow up appointments have occurred.
- ✓ A specialized script is being created in Altruista (transition of care script) to capture information about follow up appointments. The script will also include whether the appointment is being re-scheduled. Automating data collection and retrieval will assist Care Managers, providers and members.

Strategies for FY 2015:

- 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.

INPATIENT READMISSIONS

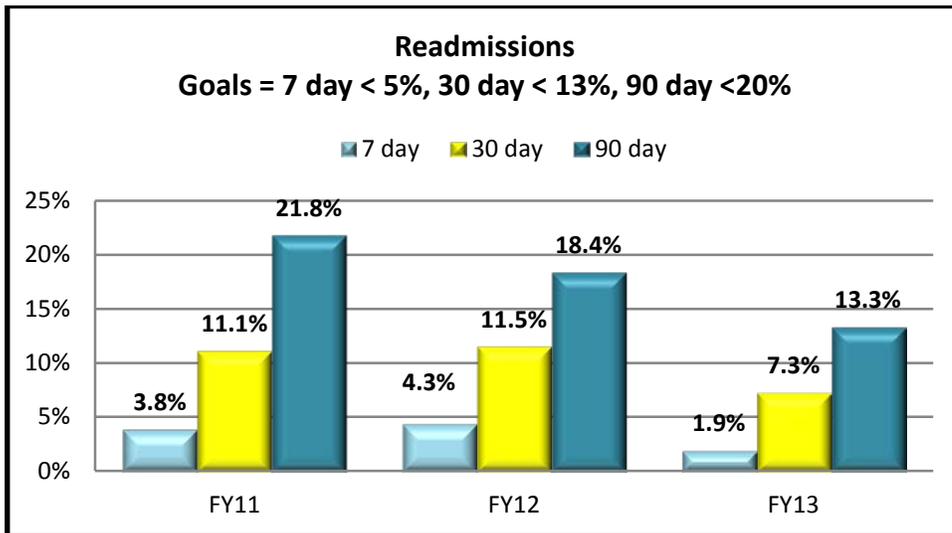
Analysis of inpatient readmission rates is conducted annually. ABC Care Managers strive to ensure that members receive the outpatient services and supports needed to prevent a readmission.

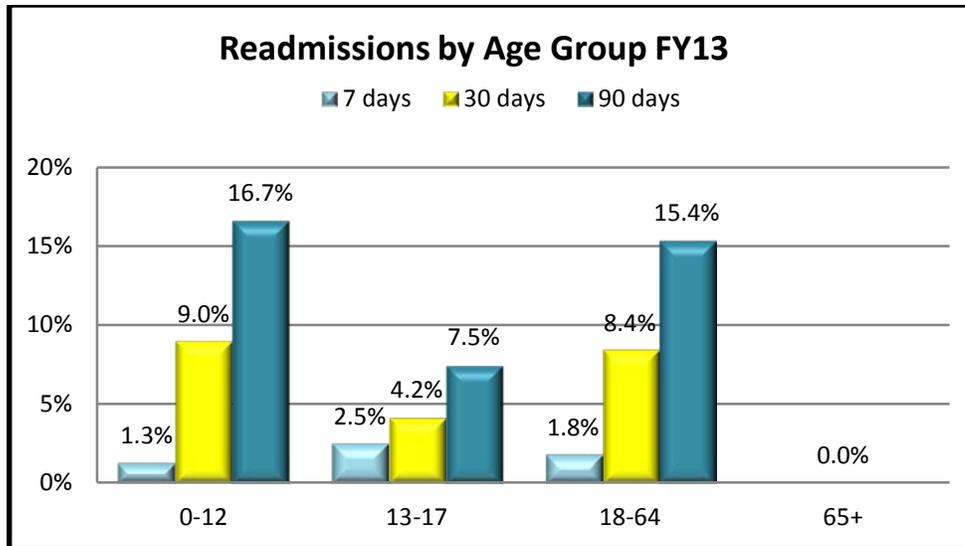
Goals:

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

Results and Analysis:

Results are reported from validated Performance Measures. As illustrated in the chart below, hospital readmission rates in FY 2013 showed an improving downward trend from FY 2012. Performance goals were exceeded for all three metrics. FY14 results have not yet been calculated or reported. ABC will review validated FY 2014 results in early 2015.





An analysis by age band provides additional information for analysis.

- The 13-17 age grouping had the highest readmission rate at 7 days (2.5%).
- The 0-12 age grouping had the highest readmission rate at 30 days (9%)
- The 0-12 age grouping had the highest readmission rate at 90 days (16.7%).

Action Plan: ABC will continue to monitor readmission rates. Dedicated ABC Care Managers are working diligently to assist members in getting outpatient appointments post-hospital discharge with the goal of preventing or reducing readmission rates.

Strategies for FY 2015:

- 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

TRANSITIONS OF CARE PERFORMANCE IMPROVEMENT PROJECT: ADOLESCENT DEPRESSION SCREENING AND TRANSITION TO A BEHAVIORAL HEALTH PROVIDER

In order to support the HCPF statewide *transitions of care* performance improvement project, ABC convened a group of stakeholders in March 2014. A series of meetings were held to identify a project that could be designed and implemented across COA regions and lines of business in collaboration with community stakeholders. After extensive review of potential projects and historical data, ABC, BHI and RCCO decided to collaborate on a project to increase adolescent depression screening in primary care with transition to behavioral health care. ABC has submitted a PIP proposal to HCPF/HSAG for review. ABC Denver will collaborate with RCCO5 on this project, and ABC NE will collaborate with RCCO2.

Strategic Plan: After HCPF review and approval, ABC will conduct barrier analyses, will convene workgroups and will design specific interventions for implementation in CY2015.

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 Quality Performance 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 is disseminated to provider and member/families through the ABC website and upon request.

EVIDENCE-BASED AND PROMISING PRACTICES

ABC and network providers are dedicated to providing members with quality services, including evidenced-based and promising practices (EBP's). During FY 2014, ABC worked with network providers in monitoring the effectiveness of EBP's offered to members.

EBP's for the Adult membership.

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:

- 726 ABC members were served. This exceeds the goal of 200 and is significant increase (+292) from 434 served previous fiscal year.
- 83% (116/140) fidelity score met using the Dartmouth ACT scale (Goal = 75% or above). The ACT fidelity score is similar each year, as primary items that can be improved have been addressed.
- Score of 68% on the MHCD Recovery Markers Scale that have improved or sustained recovery within first 12 months of treatment (Goal = 70%). This is an improvement from 66% previous fiscal year. This percentage fluctuates each year but is generally around 70%.

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:

- 174 ABC members served which is a slight decrease (-10) from previous fiscal year (184) (Goal=100).
- Fidelity score of 50/65 (77%) Goal = 45 or above. Previous score was 49/65 (75%). The IMR fidelity score is similar each year, as primary items that can be improved have been addressed.
- Score of 70 % on the MHCD Recovery Markers Scale that have improved or sustained recovery within first 12 months of treatment (Goal = 70%). This percentage fluctuates each year but is generally around 70%.

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

Key findings:

- 872 ABC members served which is a significant increase (+381) from 491 members served previous fiscal year.
- Fidelity score of 59/70 (84%) Goal = 52 or above. Previous year's score was 60/70 (86%).
- Score of 66% on the MHCD Recovery Markers Scale that have improved or sustained recovery within the first 12 months of treatment (Goal = 70%). This percentage fluctuates each year but is generally around 70%. Please note when looking at intake RMI to most recent RMI, 70% have increased or sustained.

Individual Placement and Support Model (IPS) provided by MHCD 2Succeed: 2SUCCEED in Employment is a program that assists people to find employment and provides area businesses with productive and motivated employees.

Key findings:

- 336 ABC members served which is a significant increase (+144) over the 192 members served previous fiscal year.
- Fidelity score of 104/125 (83%) (Goal = 100 on 125 point scale). Previous year total was 105/125 (84%). The Supported Employment fidelity score is similar each year as primary items that can be improved have been addressed.
- Score of 69% on MHCD Recovery Markers Scale that have improved or sustained recovery within the first 12 months of treatment (Goal = 70%). This percentage fluctuates each year but is generally around 70%. 43% of members were placed in competitive employment (Goal = 25%). Please note when looking at intake RMI to most recent RMI, 73% have increased or sustained.

Peer Specialists and Psycho-education

Psycho-education for families consists of individual and group psycho-education programs provided to ABC members from the COA Peer Specialist Team and NAMI.

COA PEER SPECIALISTS

The Colorado Access 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.

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, attend many trainings and conferences, teach peer support specialists, and participate in trauma-informed care projects.

Over the course of Fiscal Year 2014, 111 members received peer support through the following programs:

NHOPE – The Nursing Home Outreach Program consists of regular outreach and support at St. Paul Health Center and Uptown Care Center. 15 members are served at St. Paul, and seven members at Uptown.

Drop-in-Centers – Members receive services at Community Connections Drop-In Center and Rainbow Center. At CC, ABC members comprise 9% of the membership. They have access to a library, a gift

shop, a food bank, and they are served a nutritious hot lunch. There are many classes, support groups, and individual sessions with on-site peer specialists.

Colorado Access Referrals - 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. There were 18 referrals during the fiscal year.

Fort Logan – Peer Specialists work at Fort Logan to provide support and mentoring to ABC members. 34 members were served at Fort Logan.

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.

WHAM – Whole Health Action Management is a series of classes in which each member sets a whole health goal with the help of the group. There is strong support for that person in the group and through twice-weekly phone calls from staff members. The first class had three regular participants who finished the series and asked for follow-up classes. This will be a regular offering from the team.

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. The team also has a walking group co-facilitated by an ABC member volunteer.

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. Approximately 12 members were served in this group, and there is a core group of three members who come every week.

NAMI COLORADO

NAMI offers the following *free* educational programs and Support Groups:

FAMILY-TO-FAMILY course is a free, 12-week education course designed specifically for families, partners and friends of individuals with serious mental illness. The essence of the course focuses on the emotional responses families have to the trauma of mental illness with many family members describing their experience in the program as “life-changing”. Trained, volunteer family members in teams of two, facilitate the classes. The Family-to-Family course balances education and skill training with self-care, emotional support, and empowerment. This course has been designated an “Evidence-Based Practice”.

FAMILY SUPPORT GROUP is a support group for family members who have loved ones living with mental illness. Family members share experiences and resources in a safe and nurturing environment. Family Support Group facilitators are trained, volunteer family members. Confidentiality is maintained and all groups are free.

PEER-TO-PEER program consists of ten two-hour sessions taught by a team of two trained “Mentors” and a volunteer support person who are personally experienced at living well with mental illness. This peer-led, recovery education course is open to persons with a serious mental illness who are interested in establishing and maintaining their wellness and recovery. NAMI Peer-to-Peer emphasizes recovery from mental illness as a feasible, supportable goal and challenges the stigma often wrongly associated with mental illness. Participants come away from the course with a binder of hand-out materials, as well as many other tangible resources: an advance directive; a “relapse prevention plan” to help identify tell-tale feelings, thoughts, behavior, or events that may warn of impending relapse and to organize for intervention; mindfulness exercises to help focus and calm thinking; and survival skills for working with providers and the general public.

CONNECTION RECOVERY SUPPORT GROUP is a peer-based, mutual support group program for any adult living with a mental illness. Connection groups provide a place for individuals who have in common the experience of living with mental illness, to share experiences and use them as learning opportunities. Groups are a safe space to confront the challenges that all consumers face, regardless of diagnosis.

COLORADO VISIONS is a 5-week series of education classes for family members/caregivers of “children/adolescents” living with mental illness that is taught by trained co-facilitators who are also family members of children and/or adolescents diagnosed with mental illness. This course balances education and skill training with self-care, emotional support, and empowerment. A Colorado Visions class offer families the opportunity to meet and share with families in similar situations and helps them to better understand and manage their feelings of fear, anger, guilt, and frustration. This form of support is invaluable to these families and greatly enhances their capacity to cope with the stresses of living on a day-to-day basis with a child who displays symptoms of a mental health disorder.

IN OUR OWN VOICE (IOOV) is a unique informational outreach program developed by the NAMI that offers insight into the recovery now possible for people with severe mental illness. IOOV presentations consist of compelling and personal testimonials from two individuals living with mental illness, a short video, and time for audience questions and discussion. The In Our Own Voice: Living with Mental Illness Program is NAMI’s national effort to educate the general public and, more importantly, change the attitudes, preconceived notions and stereotypes of who and what persons living with mental illness look and act like. Target audiences include individuals living with mental illness, mental health service providers, families, students, law enforcement personnel, professionals, faith members, and all people wanting to learn about mental illness.

CAMINANTES DE COLORADO is a free educational program specially designed to meet the cultural and linguistic needs of our Latino families in Colorado. This educational program is unique in its content and delivery. Caminantes de Colorado is in Spanish with great attention being placed on the influence of cultural values and special needs of the Latino families residing in Colorado. The content of this educational program has been condensed into five (5), 2-hour sessions to meet the time restrictions of families. Families completing this program leave with an overview of the common mental health disorders, treatment, and services offered in the state of Colorado.

Perinatal Mental Health Initiatives: Colorado Access offers a provider-focused intervention and a member-focused program to support women and families.

Learning Collaborative: 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. BHI is now leading the learning collaborative.

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.

Healthy Mom Healthy Baby Program

Pregnant women are stratified into either low-risk or high-risk groups, based on claims data and their responses to paper and/or telephonic health risk assessment surveys.

High risk criteria includes the following factors: Under 19 years old, obesity, smoking or not getting regular prenatal check-ups, history of miscarriage or pre-term, or chronic conditions such as Diabetes, hypertension, heart disease, kidney conditions, asthma, STDs, cancer, depression or anxiety.

The high-risk population is outreached monthly by a prenatal Care Manager to inquire about prenatal appointment attendance, prenatal vitamins, special instructions from providers and any other questions or concerns the member might have.

High-risk members are given the PHQ-9 during the third trimester. If the member has a positive screening, then they are referred to an ABC Care Manager or given community resources.

The low-risk population is outreached as needed by the assigned ongoing Care Manager. Care Managers also outreach any member that has been hospitalized to inquire about the reason for their admission. If the hospitalization was due to delivery, the Care Manager asks a series of similar questions and then asks a second set of questions called the Newborn Assessment. The mother is assessed using the Edinburgh Postnatal Depression Scale 6-8 weeks after delivery.

Results: Forty-two ABC members were given an initial prenatal assessment between 7/1/13-6/30/14. Of these 42 members, four were given the Edinburgh Depression screening after delivery, and none scored positive for depression.

EBP's for ABC Youth membership.

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 2014 are as follows:

- 220 members served (Goal = 250)
- ICM outcomes: 15% out-of-home placement; 81% attending school regularly; 82% involved in pro-social activities; 52% legal involvement.
- ICM outcomes are within the range of what MHCD expects, with a possible exception for *Legal Involvement*. With respect to this outcome, the number of consumers who have had any legal involvement has dropped consecutively for two years in a row, at a rate of 2 -3 percent, which indicates this item is on a slight downward trend. Although the percentage of legally involved ICM consumers is still high, MHCD is noting modest improvement and will continue to monitor the effectiveness of Intensive Case Management in reducing legal involvement.
- MHCD notes a 5 percent improvement in ICM youth attending school regularly, while those youth involved in pro-social activities seems to remain relatively stable.
- *Out of Home Placement* outcome: MHCD has noted a marked increase in placements over last fiscal year. After case review, clinical staff utilized a broad definition of placement to include any

placement since the last review rather than current placement. This new broader definition could account for some of the increase.

Trauma-focused Cognitive Behavioral Therapy (TF-CBT) provided by MHCD: This program was implemented in September 2011. Results for FY14 are as follows:

- 30 members served (Goal = 30)
- Fidelity Score = 60% for consumers who were closed out of treatment; 89% for those still in treatment. This is comparable to FY13.

Cognitive Behavioral Intervention for Trauma in Schools (CBITS Program) provided by MHCD. No CBITS groups were implemented in FY 2014, due in part to a lack of staff members trained in this model. MHCD conducted CBITS training in August 2014 for 17 staff members. This program started in August 2011.

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 2014 are as follows:

- Six members served (Goal = 6). This was the same amount as the previous year. One was successfully closed and one was closed unsuccessfully. Four cases are currently still participating in services.
- 4.1 (Goal of 4) with adherence to the FFT model, which included notes, assessments, attendance.
- 4.6 (Goal of 3) with their Model Fidelity which reflects clinical competence and adherence.

Multi-systemic Therapy (MST) provided by Savio House: MST is a goal-oriented, comprehensive treatment program designed to serve multi-problem youth in their community.

Results for FY 2014 are as follows:

- Savio served 29 members. This is a substantial increase from the two members served last fiscal year
- Savio had an 81% 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, 87% were Successful or Partially Successful at 1-year post discharge from the program.

UCH MST results for FY 2014 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%)
- Five ABC members were served in FY 2014. Of the 4 completing the program, 2 were successful and 2 were partially successful

UCH offers three additional community-based Psychiatric services.

- **Intensive Family Therapy (IFT):** 43 ABC members were served in FY 2014 with 84% having Successful or Partially Successful outcomes.
- **Early Childhood Intensive Family Therapy (ECIFT):** Three ABC members served in FY 2014 with 100% having Successful outcomes.
- **Rapid Response:** Seven ABC members served in FY 2014. All made a successful transition to an outpatient treatment or to the IFT Program.

ABC conducted a comprehensive survey in late 2013 to identify EBPs that network providers have been utilizing in their practices. Outcomes for three additional EBPs are described below.

Tobacco Cessation Program offered by Bruner Family Medicine

This program entails screening of patients (over age 13) for tobacco use, providing patients with a health message, and giving them educational materials and support to quit tobacco use.

Results for last two quarters of FY14 (January – July 2014) are as follows:

Ask 97% of patients about their smoking status

Result = 92.3%

Advise 50% to quit smoking

Result = 53.8%

Provider counseling and education to 60% of patients who smoke

Result = 61.9%

Encompass Program offered by Denver Health

Encompass is a substance use disorder treatment program targeting the youth population.

Denver Health will be providing ABC with program outcomes data in FY15.

This project will be tracking the number of adolescents served and psychiatric/substance treatment outcomes. Twenty-nine of the 53 members enrolled in the program between 3/1/14-7/31/14 were ABC members.

Successes for the project have included doubling the number of therapists from two to four. The therapists were trained in the Encompass model.

The main challenge noted so far by DH is the treatment dropout rate. This is a common problem for this population. DH emphasizes the importance of minimizing the dropout rate, as treatment completion predicts positive outcomes. DH has several strategies to reduce non-completion including reminder calls for appointments, keeping the prize cabinet stocked to reward participants for clean urine screens and pro-social activities, and limiting clinician caseloads to enable time for case management activities.

Crisis Stabilization Program offered by Devereux Cleo Wallace

Cleo Wallace reported the following results for this program offered in FY14.

- DCW deployed clinicians to five ABC/Medicaid members with a 100% success rate (which refers to diverting ER visit, hospitalization, or other out-of-home placement—the child is remaining in the home at the end of the service).
- A clinician was deployed to a family home within 2 hours of the initial call for all cases (goal = 100%)
- The average length of the intervention was about 1.5 hours.
- 100% of clients received post-intervention case management beginning the day after the intervention (to follow up with their experience of the service, check in regarding recommendations & referrals made, updates to CO Access, etc.).
- Other calls made to the Crisis Stabilization Team number came from providers or families who were interested in learning more about other Devereux Community programs (or wanted immediate services), most notably the Home-Based Program or Short-Term Residential Program.
- Referrals for the member were generated from CO Access Care Managers, other providers in the community (e.g. outpatient therapists, social workers), website visits, or Emergency Departments (Children’s Hospital ED).

HEALTH PROMOTION

The health promotions goal for FY 2014 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 Newsletters that are mailed to members three times per year. There are also Partnership Updates distributed at the quarterly Member and Family Advisory Board meetings. Many topics in the newsletters are based on suggestions from members and have included:

- Healthy Eating on a Budget
- Peer Specialist Program
- Clinical Practice Guidelines
- Mental Health and Kids
- Questions to ask providers
- Setting realistic health goals
- Substance Abuse Services
- Dental benefits
- Hiking tips
- Member Crisis Line
- Support groups

The Annual November Resource Fair offers participants information about an array of community resources including education and support groups. ABC staff, including ABC Care Managers, had an exhibit table and provided ABC members with information about how to access behavioral health services. The event had approximately 500 people in attendance.

The EPSDT/Healthy Communities flyer is included in all new member packets which is 2500-3000 monthly.

UTILIZATION

UTILIZATION MEASURES

Utilization by Type of Service

COA 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, AA, and SEP Case 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 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.

Psychiatric inpatient

Goals:

- Admits/1000 ≤ 6
- Days/1000 < 60
- ALOS ≤ 9

Results and Analysis:

- Admits per 1000 members: Preliminary COA data shows 4.5 admits/1000 members in FY14. This is comparable to HCPF FY13 data. This exceeds the performance goal of ≤6
- Inpatient days per 1000 members: Preliminary COA data shows 40.2 days in FY14 compared to HCPF FY13 data of 48 days. This demonstrates a decreasing trend.
- ALOS: Preliminary COA data shows a 9-day average length of stay, which is comparable to HCPF FY13 validated data.

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

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

The use of ATU services for Youth increased over the past year. ATU services slightly increased for Adults.

In-home Treatment – Youth

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

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

	Goal	FY 2012	FY 2013	FY2014*
ATU Youth				
Admits/1000	N/A	1.7	2.8	4.8
Days/1000	<36	14.7	28.9	37.1
ATU - ADULT				
Admits/1000	N/A	2.5	3.2	4.4
Days/1000	<36	15.4	16.1	18.8
IN-HOME YOUTH				
Admits/1000	N/A	1.5	2.2	3.2
Days/1000	<390	103.7	202.8	232.4

*Preliminary data from COA Decision Support

Strategies for FY 2015:

- Continue to support use of less restrictive alternatives to hospitalization within the care continuum, when clinically appropriate.
- 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

EMERGENCY DEPARTMENT UTILIZATION PER 1000 MEMBERS

	All ages	Teens
FY 2011	7.95	16.26
FY 2012	11.24	17.16
FY 2013	12.58	24.29

Interpretation: ABC has seen an increase in ER utilization over the past 3 years, with the biggest increase for the teen population. Per an article appearing in the 4/17/14 issue of the *Managed Healthcare ENews*, this increase is not unexpected.

“Health plans that expect emergency department utilization to drop under the Affordable Care Act (ACA) could be in for an expensive surprise. Two studies looking at expanded access to healthcare both found that ED usage increased by about 2% as access to care improved.”

ABC will closely monitor this emerging trend.

Additional analysis was conducted for the teen group who had ED visits in FY13. Of these 243 adolescents, 58% (142/243) had at least 1 post-ED visit which demonstrates that they became engaged in some treatment follow-up.

ADOLESCENT POST-ED VISIT SUMMARY	
	Count of Members
Members with OP Visit 0-7 Days Post-ER	87
Members with OP Visit 8-30 Days Post-ER	31
Members with OP Visit 31-90 Days Post-ER	24
Members with NO Visit or a Visit Past 90 Days Post ER	101
Total Members in Analysis	243

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 Metro Denver Emergency Departments to introduce new ABC Care Managers and to offer Emergency Department staff resources for assisting members with post ED care coordination, “real time” information over the phone, and case consultation for complex dispositions.
- ABC will continue to hold a weekly staffing with MHCD for adults and child members.

- ABC will continue to receive ED alerts from Rocky Mountain Crisis Partners (Formerly 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 treated and released.
- 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.

Strategies for FY 2015:

- Continue monthly staffing with Denver Health, MHCD and ABC to discuss care coordination for members with complex needs

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 goal of the inter-rater reliability study is to minimize variation in the application of approved criteria and to identify staff training needs.

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.

Methodology:

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

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 (Pediatric) and the Behavioral Health Criteria (Adult) Interrater Reliability Tools. Each clinical area is then scored and reported separately.

Results/Analysis:

- The overall score for the CCS Intake Staff was 96% and meets the 90% benchmark.
- The overall score for the CCS Clinical Staff was 81% which does not meet the 90% benchmark

- A 74% score was obtained for IQ Behavioral Health Criteria Adults

Actions/Recommendations:

- CCS Management Staff will continue coaching of staff regarding scripted guidelines and InterQual® criteria interpretation and use.
- All staff who did not pass with 90% or greater will be required to attend an annual P&P training, refresher course on how to apply InterQual® criteria, review of tools/resources loaded on the 'Resource Page' in the clinical documentation system.
- Any individual staff who did not meet 90% benchmark will be re-tested after focused training completed in Q3, 2014.

INTEGRATED CARE

ABC and RCCO5 have been targeting Integrated Care between behavioral health care and primary care as a high priority area, and focused efforts will continue in FY 2015. COA has hired an Integrated Care Director who will work with the Director of Community Behavioral Health Integration and all LOB Directors to promote integrated care efforts.

Integrated care efforts occur on multiple levels including HCPF performance measures, collaboration with IC practices, IC grant projects, IC program outcomes, and IC pilot projects.

INTEGRATED CARE PRACTICES

ABC and RCCO5 are working with medical practices to identify supports to enhance behavioral health integration. Efforts will continue in FY 2015 to partner with practices on integrated care planning. COA has hired a Director of Integrated Care Programs who will work with the Director of Community Behavioral Health Integration to promote integrated care efforts.

Integrated Care practice evaluation: RCCO and ABC conducted a baseline evaluation in 2013 of the current level of integrated care of fifty-six RCCO5 PCMPs. The evaluation utilized the Integrated Practice Assessment Tool (IPAT) under the guidance of Jeanette Waxmonsky, PhD, Director of Community Behavioral Health Integration at Colorado Access. The IPAT uses a decision tree model (rather than a metric model) consisting of eight cascading questions. The decision tree model uses a series of Yes/No questions that describe the level of integrated care by medical and behavioral health providers. It is based on the SAMHSA Level of Integration delineated in Table 1 below. The continuum ranges from Coordinated to Co-located to Integrated.

Results from the PCMP evaluation showed the following:

- 26% of practices (15) were Coordinated or Pre-coordinated
- 31% of practices (17) were Co-located
- 43% of practices (24) were Integrated

The larger PCMPs in Region 5 generally have more advanced integrated care capabilities and were rated as either Co-located or fully integrated on this scale. The smaller private practices tended to score in the range of Coordinated Care in which they had mechanisms for referring their patients for behavioral health services.

Table 1. Six Levels of Collaboration/Integration (Core Descriptions)

COORDINATED KEY ELEMENT: COMMUNICATION		CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some System Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/ Merged Integrated Practice
Behavioral health, primary care and other healthcare providers work:					
In separate facilities, where they:	In separate facilities, where they:	In same facility not necessarily same offices, where they:	In same space within the same facility, where they:	In same space within the same facility (some shared space), where they:	In same space within the same facility, sharing all practice space, where they:
<ul style="list-style-type: none"> » Have separate systems » Communicate about cases only rarely and under compelling circumstances » Communicate, driven by provider need » May never meet in person » Have limited understanding of each other's roles 	<ul style="list-style-type: none"> » Have separate systems » Communicate periodically about shared patients » Communicate, driven by specific patient issues » May meet as part of larger community » Appreciate each other's roles as resources 	<ul style="list-style-type: none"> » Have separate systems » Communicate regularly about shared patients, by phone or e-mail » Collaborate, driven by need for each other's services and more reliable referral » Meet occasionally to discuss cases due to close proximity » Feel part of a larger yet ill-defined team 	<ul style="list-style-type: none"> » Share some systems, like scheduling or medical records » Communicate in person as needed » Collaborate, driven by need for consultation and coordinated plans for difficult patients » Have regular face-to-face interactions about some patients » Have a basic understanding of roles and culture 	<ul style="list-style-type: none"> » Actively seek system solutions together or develop work-a-rounds » Communicate frequently in person » Collaborate, driven by desire to be a member of the care team » Have regular team meetings to discuss overall patient care and specific patient issues » Have an in-depth understanding of roles and culture 	<ul style="list-style-type: none"> » Have resolved most or all system issues, functioning as one integrated system » Communicate consistently at the system, team and individual levels » Collaborate, driven by shared concept of team care » Have formal and informal meetings to support integrated model of care » Have roles and cultures that blur or blend

Heath B, Wise Romero P, and Reynolds K. A Review and Proposed Standard Framework for Levels of Integrated Healthcare. Washington, D.C.SAMHSA-HRSA Center for Integrated Health Solutions. March 2013

Best Practices and Clinical Transformation Meeting

COA hosted a Best Practices and Clinical Transformation meeting in July 2014. The topic was Integrated Care, and 68 primary care providers and 25 behavioral health professionals attended. Participants were strategically assigned to small groups, and table facilitators were charged with guiding discussions about behavioral health integration and support the RCCOs and BHOs could provide to enhance integrated care. Key themes that emerged about practice support included information about billing for integrated care; basic training on behavioral health integration; training on screening and early identification of behavioral health issues in primary care; and information about behavioral health resources to support co-located and/or integrated care goals. The facilitators documented key “take-aways” from each discussion that will be used to guide integrated care planning efforts moving forward. Additionally, a Needs Assessment will be sent to participants in September 2014 to further identify what ABC and RCCO can provide to support integration.

Integrated Care Strategy

ABC will continue to work with RCCO Region 5 in helping to enhance behavioral health integration of contracted PCMPs. An internal COA work group is forming and will be meeting on a regular basis to focus on ways to support practices in enhancing integrated care. Activities will include:

- Identify needs of practices and members regarding integration
- Convene meetings with practices and coordinate outreach to members
- Develop learning communities to help guide integrated care efforts
- Build relationships between practices and behavioral health providers to enhance referral and follow-through to specialty care
- Increase screening and early identification of behavioral health issues in primary care following the United States Preventive Services Task Force guidelines
- Develop integrated care toolkit for practices
- Partner with practices to develop integrated care work plans and to support implementation of best practices
- Provide technical support, evidenced based facilitation to practices on integrated care program development, implementation, and evaluation (e.g. outcomes monitoring, PDSA cycles)
- Help implement and disseminate best practices for evidenced based interventions that foster behavioral health and physical health integration and wellness for health plan (RCCO) members, e.g., implementation of Life Goals (ADEPT NIH R01 Grant) across 39 behavioral health and primary care practices.

COA has a strong commitment to implementation of innovative approaches in fostering integrated care between medical and behavioral health practitioners.

Integrated Care RFP awards: Colorado Access wanted to reinvest a significant portion of their RCCO Performance Incentive Funds into PCMPs to enhance their medical home capabilities. Providers were surveyed about what would be most beneficial to their practices, and the overwhelming response was related to technical assistance to advance their integrated care capabilities. Colorado Access issued an RFP to all contracted PCMPs in November 2013, inviting them to submit proposals for advancing their integrated care capabilities. Originally, Colorado Access had intended to award one contract in each of RCCO regions. A review team (made up of Colorado Access RCCO staff, Medical Directors, and a Medicaid consumer) reviewed 16 proposals from across the three RCCO Regions. Given the quality and innovation of these proposals, Colorado Access awarded six proposals. Initial results from select grantees are highlighted below.

Colorado Coalition for the Homeless Stout Street Health Center

CCH made significant progress on the goal to prepare Behavioral Health Providers (BHPs) for their unique role in the Integrated Care teams in the new Stout Street Integrated Health Center. A pilot was implemented in March and April 2014 to embed two trained BHPs into Stout Street Clinic. Key findings from this pilot included:

- 1) There is a large unmet need for Behavioral Health services in the medical setting
- 2) A significant number of clients may need to access psychiatric services in addition to interventions offered by the BHPs

A 5-Module training curriculum was developed and provided for BHP staff. Benefits to providers include using BHP staff as consultants in patient care, and there is immediate access to BHPs in the clinic. Benefits for patients include the increased ability to self-manage medical conditions, same day access to BH services with less stigma, and the opportunity to explore the behavioral aspects of disease management.

Lowry Family Health Center

The Lowry Family Health Center is one of eight community health clinics in the Denver Health Safety Network system. A Certified Addiction Counselor, level II was hired to work onsite.

This professional will provide:

- Systematic screening and treatment for adult patients with substance and alcohol abuse;
- Baseline intervention and ongoing telephone support for patients;
- Intervention as needed when contacted by primary care clinicians at clinic

The perceived benefits of an on-site CAC II include:

- 20%-30% of adults in Medicaid populations may have substance and / or alcohol abuse
- As many as 1 in 5 Medicaid hospital days are due to substance abuse
- Potential to decrease hospital utilization
- Potential to improve outcomes for other conditions, e.g. Diabetes, Heart Disease

Select Integrated Care Programs and Outcomes

- This section of the evaluation describes results for select integrated care initiatives that are ongoing.

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, RCCO5, 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 568 children who received a mental health screening during FY 2014.

PRICARe Enhanced Program

The PRICAREnhanced (Promoting Resources for Integrated Care and Recovery Enhanced) program is an innovative model for coordination of physical and mental health services. This grant-funded project initially began in 2008 as a collaborative effort between Colorado Access, MHCD and UCD Department of Family Medicine (PRICARe). In the model, medical providers were co-located at MHCD to serve adult members including lab and pharmacy services. The clinic serves as the member medical home. In 2012, MHCD was awarded a two-year grant through the Colorado Health Foundation to continue this program (PRICAREnhanced). The program changed its PCP partner to Bruner Family Medicine during FY 2013 to be able to more fully utilize specialty medical care through the Exempla health care system.

The MHCD Nurse Practitioner is the project lead and has been able to develop an effective operational workflow including more appointment efficiencies. A practice coordinator was hired in June 2014 to

allow for further administrative and clinical efficiencies within the primary care clinic. Additionally, a RN replaced the MA to allow for the expansion of clinical activities in the clinic (e.g., diabetic teaching). Health information exchange will be enhanced between MHCD and Bruner Family Medicine through a data sharing process. 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

- 215 ABC members were enrolled in the PRICARE Enhanced Program at Bruner between 8/2013 – 5/2014
- Members often have multiple physical health diagnoses. The top *medical diagnoses* for ABC members served during the fiscal year included Hypertension, Hypothyroidism, Hyperlipidemia, and Diabetes.
- Clinical health indicators monitored for members who receive atypical antipsychotics or mood stabilizers include BMI, blood pressure and pulse. These clinical health indicators are being tracked by MHCD and Bruner Family Medicine.
- The most prevalent *mental health diagnoses* for members in the program were Schizophrenia (24%), Major Depressive Disorder (21%), Bipolar Disorder (22%), and Mood Disorder NOS (12%).

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

This project 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), FQHCs and other community stakeholders.

The program is designed to provide training and consultation to targeted primary care offices and providers. Participating practices are given intensive education and training. Training resources from the REACH Institute have been 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 are given a consultation line number to access Board Certified Child Psychiatrists.

C-PACK Recruitment Statistics:

- Eighty-four (84) prescribers have been recruited
- Patient Caseload represents 174,500 children/adolescents (exceeds total goal of 136,000)
- 5 C-PACK Tele-consultants are providing curbside consultation
- Two C-PACK Care Coordinators: Care Coordinators outreach every parent to coordinate services for children. The majority of parents need assistance with resources and need support navigating the mental health system, the educational system, and navigating the developmental disability system.
- All practices are using C-PACK to get community mental health resources and how to support parents

C-PACK Call Center Statistics between 12/2013 – 8/2014: (Both Denver and CO Springs area)

- C-PACK Call Center went "live" in December 2013

- 279 calls have been processed between Denver and Colorado Springs call centers as of 8/4/14 (Calls are insurance blind)
- 13 calls on average per week
- 168 Behavioral Health Referrals: Pediatric Prescribers requesting care coordination to find a BH therapist within community.
- 82 Psychiatric Consultation Calls
- 20 Combination Behavioral Health Referrals and Psychiatric Consultations
- 3 Behavioral Health Referrals to find a PCP
- Behavioral Health referrals make up 68% of all calls

The project coordinator is in the process of writing a new grant to extend C-PACK statewide. There is currently a waiting list of practices that are interested in participating in C-PACK.

Integrated Care Project: ABC, RCCO5 and MHCD

The integration of physical health and behavioral health is a key objective of both the BHO and RCCO programs. To demonstrate an ability to integrate services in a manner that reduces costs and assists the RCCO in achieving its Key Performance Indicators (KPIs), Access Behavioral Care and Colorado Access RCCO Region 5 collaborated with the Mental Health Center of Denver (MHCD) to initiate a pilot program. The purpose of the project was to reduce unnecessary emergency department utilization, decrease overall cost of care, and ultimately result in greater member and provider satisfaction.

A task group was convened in July 2013 to design a short-term pilot. A target cohort was identified of ABC Medicaid members who were enrolled in RCCO Region 5 and who were receiving services at MHCD. Selection for the pilot was members who had more than 10 ER visits and/or over 20K total healthcare costs within a one-year period from 2/2012-2/2013 based on claims data. Due to claims lag, it was determined that results would be based on member self-report of ER utilization. A pre and post survey was designed to identify usual sources of care, reasons for using the ER rather than usual provider, and actions to prevent future ER usage.

A total of 33 members completed the pre-survey in July 2013. The post survey was completed for 30 members in October 2013.

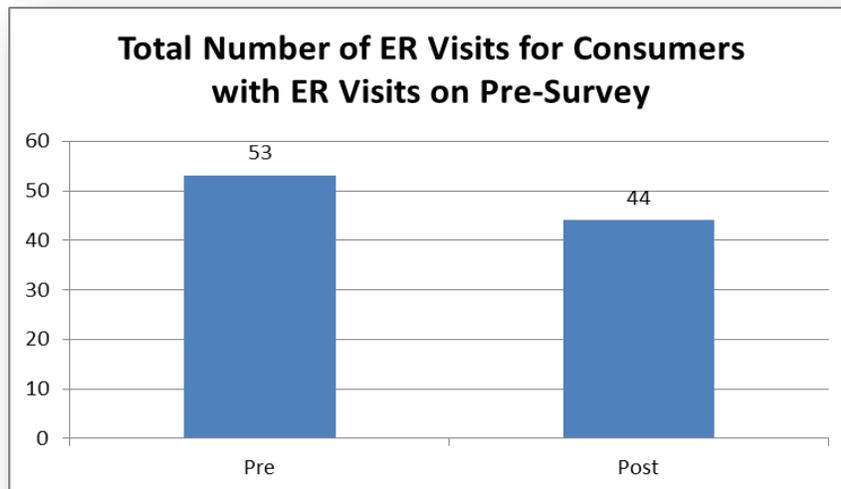
MHCD Case Manager Interventions: Instruction was provided on survey administration and purpose of the project prior to the initial survey. MHCD Case Managers who were assigned to the study cohort were also provided with training materials including the Nurse Helpline and Urgent Care resources between the pre and post collection period.

ER Utilization

The primary purpose of the RCCO survey was to obtain the member self-report of the number of ER visits the member had and their reasons for using the ER in lieu of their primary care provider.

*On the pre-survey 15 members reported having at least one ER visit, with only 14 reporting an ER visit on the post-survey.

*Of the consumers who reported ER visits on the pre survey, there were a total of 53 (3.8 visits per member on average) ER visits reported on the pre surveys and 44 visits (3.1 visits per consumer on average) reported on the post surveys, a decrease of 9 visits in the post-survey 2 month time period



MHCD conducted additional analysis of 16 consumers in the study cohort. This chart review showed that most consumers had complex medical issues and 50% had co-occurring Substance Use issues. Further, the consumers were asked what could help them reduce their use of the ER and potentially increase use of their PCPs. Suggestions included the following:

Response	Count
More After Hours PCP Appointments / Urgent Cares	5
Better Engagement in Medical Treatment	4
Development of Coping Skills	2
Reduce Waiting List Times for medical appts	1
Better Medication Management	1

Lessons Learned

- Members may have complex medical issues that cannot be easily treated outside the ER, particularly after -hours.
- Co-occurring substance use disorders were evident in a large percentage of the cohort
- There are a limited number of Urgent Care Centers in Denver that take Medicaid payment
- A trauma history can make routine medical access more challenging for consumers due to the anxiety of going to medical appointments

Conclusions/Recommendations

Overall, the results of the RCCO pre/post surveys were promising. The main limitations of the above results are that the data was 1) self-report and 2) had a very limited time period of review. Even given these limitations, the results show promise since there was a decrease in ER utilization among those that had reported ER visits in the pre-survey, and 2 of the consumers were connected with a PCP.

In future studies it would optimal to review ER utilization over a longer time frame, i.e. 1 year, and pull claims data to determine ER utilization for greater accuracy in the data and more concrete evidence of

the effects of the intervention. It would be informative to pull **overall cost of care** data including ER data.

Moving forward, RCCO5 staff can assist MHCD consumers in finding a PCMP if MHCD Case Managers encounter barriers.

MHCD is incorporating Trauma Informed Care into the Case Manager Training that will continue in 2014. MHCD will make ongoing efforts to educate Case Managers and Consumers about health care resources available in the community and the importance of having a PCMP.

COORDINATION OF CARE

Coordination of care is the cornerstone of all ABC efforts. It is described throughout this annual evaluation, and it occurs between the member, family, internal and external stakeholders.

A key function targeted for FY14 was increased coordination of care between COA lines of business including ABC, RCCO5, SEP, and AA. COA has created mechanisms for increased communication and care planning for shared members including care manager meetings and case review meetings.

ABC and SEP established a robust process in 2014 for complex care planning of top 10 high utilizing, shared members. ABC and SEP staff wanted to identify members on waivers (Community Mental Health Supports Waiver primarily) who were not getting BH services.

- ✓ The managers had preliminary meetings in early 2014 to discuss the process, goals and objectives of this endeavor
- ✓ Case managers from the ALTSS line of business and care managers from ABC met to discuss the clinical needs of mutual members
- ✓ The two teams discussed each case and worked on various approaches to assist these members. Case managers divided responsibilities based on their respective roles and developed a plan to support each member
- ✓ The two teams discussed future interaction and notification processes to alert one another of additional concerns.
- ✓ Similar meetings have been held with RCCO, ABC and SEP
- ✓ Care Managers are actively working to identify which CM will take the lead for each member

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:** This indicator measures the percent of members who received outpatient mental health treatment during the measurement period who also had a qualifying health care visit. This measure includes both children and adults.

- **Results:**

- **FY12 = 59%**

- **FY13 = 86.4%**

- **Interpretation:** ABC results showed a significant improvement over last year and were close to the BHO average of 89.3%.

OTHER QUALITY PROGRAM ACTIVITIES

QAPI PROGRAM: DESCRIPTION AND WORK PLAN

The Quality Improvement Committee and Board of Directors approved the Colorado Access CY 2014 Quality Assessment and Performance Improvement Program Description in January 2014. (See Appendix A) The Quality Improvement Committee reviewed and approved the FY 2014 ABC QAPI Work Plan in September 2013.

CHART REVIEW AUDITS

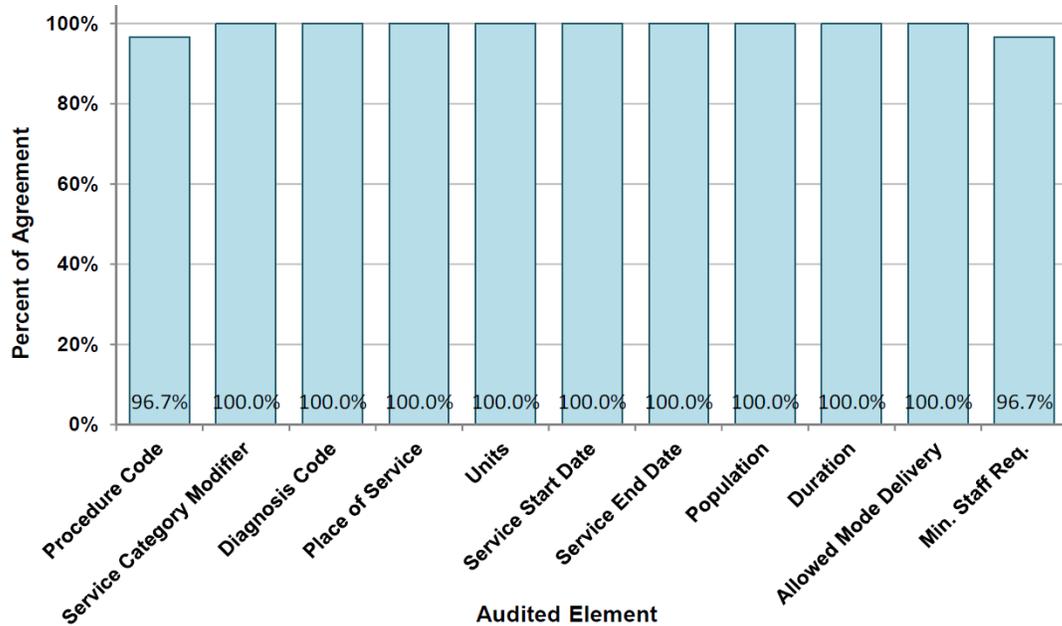
411 Claims Validation Audit

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 2013 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. There were 137 chart records selected in each service category. ABC utilized an outside consultant to complete the audit.

Eleven data elements were included in the audit. A 95% pass rate was used, based on a weighted average per data element, from 5-15%.

An over read sample of 30 cases (10 from each service area) was used by HSAG to validate ABC's audit. There was a very high level of agreement between HSAG's over-read and ABC audit results for most elements in all 3-service categories. HSAG was in agreement (100%) with ABC's audit results on nine of the eleven audited elements in the over read sample. At 96.7%, the *Procedure Code* and *Min. Staff Requirement* elements had the lowest agreement.

HSAG's over-read results only showed disagreement with ABC's audit results for the *Min. Staff Requirement* element in one Club House/Drop-In Center Services sample case and with the *Procedure Code* element in one School-Based Services sample case.



ABC Medical Record Audit

Access Behavioral Care (ABC) continued provider medical record self-audits in FY14. This activity was designed to engage providers in review of their medical record documentation practices with oversight by ABC.

Provider selection criteria: Providers are selected based on volume of unique members seen or service specialty. The ABC Executive Director and ABC Leadership Team determine the rotation for provider selection. Other criteria may include providers who have failed previous medical record audits, or providers who have been identified by Compliance, Provider Network Services (PNS) or through other quality audit activities.

The number of clinical records audited is based on volume of members seen, with a minimum of two records reviewed per provider. A minimum of five providers are selected for each audit period.

Colorado Access departmental responsibilities: ABC Quality Program Manager oversees the medical record audit process including tracking of provider results and responses. Medicaid Compliance Officer, or designee, tracks claim take back processes.

Scoring:

Scoring was changed this year from Pass/Fail to an 85% pass score. 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. Scoring is calculated based on the average of elements on the Treatment Plan and Assessment for all records audited for each provider.

Providers are sent written results of the audit including any required follow up actions.

Summary of FY 2014 Audit

A decision was made to audit three residential treatment facilities, one provider who failed the audit last year, and a specialty provider. Records were audited for members who were seen during CY13. Similar to last year, 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.

ABC sent the five ABC Network Providers an introductory letter, audit tool, attestation form, and detailed instructions. They were required to submit relevant portions of their medical records that demonstrated compliance with the required audit elements. They were also required to complete an attestation statement verifying that the audit results submitted were correct and accurate.

ABC Quality staff reviewed all audit tools and medical records submitted to verify results and to determine necessary follow up actions.

Audit results

- Ten clinical records from five ABC Network Providers were reviewed. There were 17 key audit elements for Adult and Adolescent members. There were 15 audit elements for child members. All treatment plans contained eight audit elements.
- Scores for the five providers ranged from 70% to 97%
- Three of the five providers passed the audit
- Two providers did not pass the audit and were required to submit a Corrective Action Plan (CAP). Both of these providers will be re-audited during FY15 to allow for staff training and full implementation of all actions delineated in their respective CAPS.

Common elements missing or elements lacking detail in the Assessment included:

Assessment:

- No PCP identified
- No legal history documented
- No abuse history documented
- Strengths and supports missing
- No current medications noted
- Employment or educational status missing

Common elements missing or elements lacking detail in the Treatment Plan included:

Treatment Plan:

- No estimated timeframe for completion of treatment goals
- No frequency of services noted
- No treatment modalities listed
- Treatment goals and objectives lack specificity
- Lack of member/parent signature on treatment plan

Follow up planned

- ABC will review audit results at the Medicaid Compliance Committee for determination of necessary follow-up
- Results of the audit will be forwarded to PNS and Compliance
- ABC will publish audit results in the Fall 2014 Provider Bulletin

EXTERNAL QUALITY REVIEW ORGANIZATION (EQRO) ACTIVITIES

EQRO Performance Improvement Project Validation

ABC submitted second year results for the performance improvement project (PIP), *Increasing access to mental health services for youth*, to HCPF in April 2014. The goals of the project are to improve processes related to service access and to increase treatment utilization. This was the second year of this project, and the results have been promising. The project was validated by HSAG with an overall score of 100% (25/25) for the required elements. HSAG noted that the project had a solid study design with a **Met** validation status on all elements. HSAG confirmed that the study indicator demonstrated statistically significant improvement from the baseline period to Re-measurement 1 period. HSAG further noted that ABC demonstrated strong performance in all stages of the PIP process.

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, encounters, member and provider information, as well as processes used to collect and calculate performance measures, source codes (programming language) and source code logic, 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.

All applicable elements of the audit achieved a Met status, and the source code for all performance measures was validated. Results of this audit were reviewed in the Quality Improvement Committee.

EQRO Contract Compliance Site Review

The FY 2013-2014 compliance monitoring site review conducted by the HSAG focused on compliance in two standards:

- Standard I – Coverage and Authorization of Services: Score of 97% (30/31)
- Standard II – Access and Availability: Score of 93% (14/15)

ABC received a 96% overall score for the two standards reviewed in this audit. A corrective action plan was submitted for two minor findings. In addition, ABC received a score of 100% on the Denials Record Review. Results of the audit were reviewed in the Quality Improvement Committee.

ABC QAPI Program Evaluation Approval

The FY 2014 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
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Quality Improvement Committee:

Carrie Bandell Vice President of Population Health & Quality Improvement Chair, Quality Improvement Committee (QIC)	Date
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Quality and Performance Advisory Committee:

Genie Pritchett, MD Sr. Vice President of Medical Services Chair, Quality and Performance Advisory Committee (QPAC)	Date
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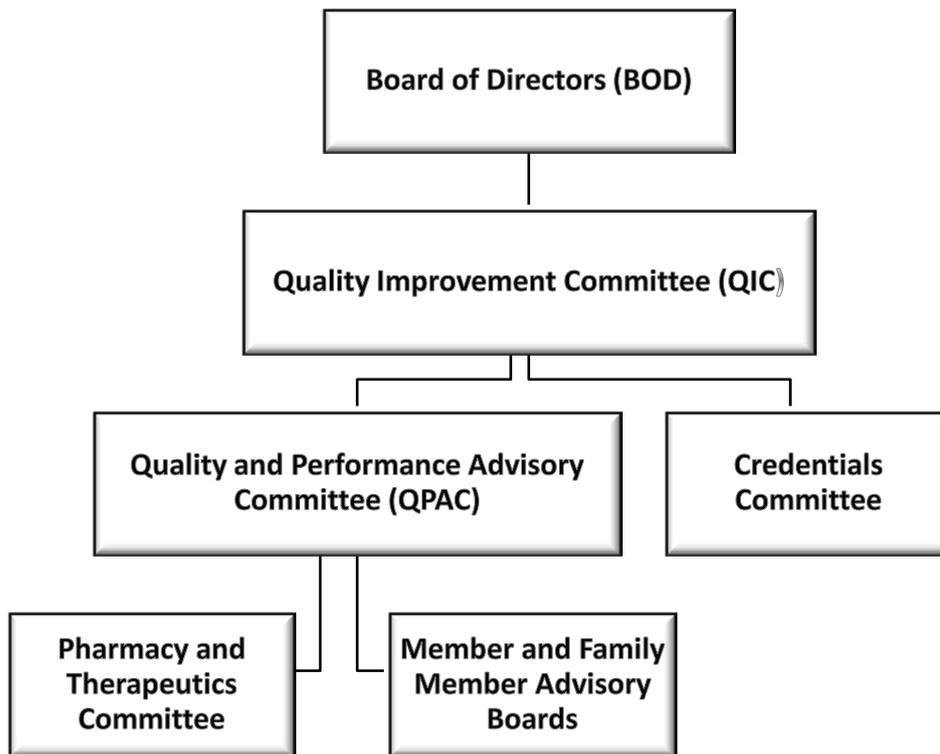
Access Behavioral Care

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

APPENDIX A – Colorado Access QAPI Program Organization and Structure

The structure of the QAPI Program (illustrated below) is comprised of core committees with interface and support from a number of additional collaborative committees and key staff. Some committees include participating providers (non-employee) and members (consumers). Committees with providers include representation of the types of practitioners that most frequently provide services to the Colorado Access population.

A detailed description of the functions and membership of each committee can be found in the Colorado Access 2014 QAPI Program Description.



The structure enables the program to:

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