

Colorado
Accountable Care Collaborative

FY 2012–2013 SITE REVIEW REPORT
for
Colorado Access
(Region 2)

August 2013

This report was produced by Health Services Advisory Group, Inc. for the Colorado Department of Health Care Policy and Financing.



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Background

The Colorado Department of Health Care Policy and Financing (the Department) introduced the Accountable Care Collaborative (ACC) Program in spring 2011 as a central part of its plan for Medicaid reform. The ACC Program was designed to improve the client and family experience, improve access to care, and transform incentives and the health care delivery process to a system that rewards accountability for health outcomes. Central goals for the program are (1) improvement in health outcomes through a coordinated, client-centered system of care, and (2) cost control by reducing avoidable, duplicative, variable, and inappropriate use of health care resources. A key component of the ACC Program was the selection of a Regional Care Collaborative Organization (RCCO) for each of seven regions within the State. The RCCOs provide medical management for medically and behaviorally complex clients; care coordination among providers; and provider support such as assistance with care coordination, referrals, clinical performance, and practice improvement and redesign.

In spring 2011, Health Services Advisory Group, Inc. (HSAG), performed a readiness review of each RCCO to assess the RCCO's ability to provide services to Medicaid clients and to identify any operational deficiencies. **Colorado Access** began operations as a RCCO in May 2011. The Department has requested that HSAG perform annual site visits to assess each RCCO's progress made during the previous year of operations toward implementing the ACC Program. HSAG was asked to identify successes and barriers encountered and make recommendations for improvement. This report documents the findings and recommendations as a result of the 2013 site review for **Colorado Access**.

Site Review Methodology

HSAG and the Department met on several occasions to discuss the site review process and finalize the standards for review. HSAG and the Department collaborated in the development of data collection tools that provided the parameters for the RCCO site review process. The site review process included a desk audit of specific key documents from the RCCO prior to the site visit, on-site review of care coordination records, and on-site interviews of key RCCO personnel related to care coordination and care management (Standard I) and continued progress made on improving access to care and medical home standards (Standard II).

To enhance the evaluation of Standard I—Care Coordination and Care Management, HSAG reviewed medical records for a random sample of 10 members identified by the Department as having complex medical and behavioral health needs.

The purpose of the site review was to evaluate the RCCO's progress toward implementation of the ACC model of patient care, explore barriers and opportunities for improvement, and identify opportunities for collaboration with the Department to ensure the success of the ACC Program. Key documents reviewed consisted of policies, procedures, status reports, and program plans submitted

by the RCCO. The majority of the evaluation of **Colorado Access** was based on data gathered on-site using a qualitative interview methodology. The qualitative interview process is the use of open-ended discussion that encourages interviewees to describe their experiences, processes, and perceptions. Qualitative interviewing is useful in analyzing systems issues and related desired or undesired outcomes. This technique is often used to identify strengths, evaluate performance differences, and conduct barrier analysis. Data gathered from the review of RCCO documents and on-site record reviews provided the catalyst for the open-ended discussions essential to the qualitative interview technique.

2. Executive Summary

for Colorado Access (Region 2)

Overall Summary of Findings

Table 2-1—Summary of Scores								
Standard	Total Elements	Total Applicable Elements	# Met	# Substantially Met	# Partially Met	# Not Met	# Not Applicable	Score*
I Care Coordination/ Care Management	6	6	3	3	0	0	0	88%
II Follow-Up: Access to Care/Medical Home	4	4	4	0	0	0	0	100%
Record Reviews	110	99	71	8	13	7	11	84%
Overall Score	120	109	78	11	13	7	11	85%

*The overall percentages were obtained by adding the number of elements that received a score of *Met* to the weighted score for the elements that received a score of *Substantially Met* (multiplied by 0.75) and the weighted score for the elements that received a score of *Partially Met* (multiplied by 0.50), then dividing this total by the total number of applicable elements.

Summary of Findings by Standard

Standard I—Care Coordination/Care Management

Strengths

Colorado Access' active pursuit to implement integrated behavioral and physical health services in clinics, the development and accomplishment of data-sharing agreements with multiple provider entities, and facilitation of collaborative efforts to improve the provision of integrated care for members proved to be real strengths. **Colorado Access** staff stated that approximately 60 percent of primary care medical provider (PCMP) practices across all three regions have some form of integrated behavioral health, including all practices that are delegates for care management. In Region 2, 70 to 80 percent of the members receive services from PCMPs with integrated behavioral health services. **Colorado Access** was working with county Department of Human Services and social service agencies targeted at integrating care coordination for foster care children. **Colorado Access** signed memorandum of understanding (MOU) data sharing agreements with the community centered boards (CCBs) in all regions. **Colorado Access** identified approximately 1,000 members who are common to the CCBs and RCCOs, and discussions related to coordination of care management functions between the organizations were underway.

Colorado Access staff described plans to facilitate care coordination across the continuum of physical health, behavioral health, long-term care, and community services. **Colorado Access** has completed data-sharing MOUs with provider and community entities to alleviate Health Insurance Portability and Accountability Act of 1996 (HIPAA) concerns, is sharing lists of RCCO clients to facilitate identification of shared members, has designating a contact point person in all agencies, and has organized a collaborative effort among care managers from various systems to better understand the various roles and levels of expertise offered by diverse care managers. **Colorado Access** is bringing parties together in a deliberate way to slowly redesign the care coordination system collectively.

Although a copy of the Health Risk Assessment screening tool is included in the Member Welcome Packet, the majority of members eligible for care management services are identified through data, followed by care manager outreach to complete the HRA. A more comprehensive assessment of member needs is intended to follow the HRA screening. Staff stated that approximately 50 percent of members are assigned to PCMPs delegated to perform care management services, including routine and intensive care management, and transitions of care. The remaining 50 percent are being supported through **Colorado Access** care managers, who are assigned to support specific PCMP practices. Delegated PCMPs may define their own assessment processes and tools.

Staff stated that social and non-medical needs (particularly food, housing, and transportation) are prevalent, and often dominant, in high-intensity care coordination cases. Staff members stated that they are confident in the general level of cultural competency in the provider network, particularly in the larger PCMPs who are highly experienced with serving the Medicaid population, and in the outlying areas where providers are well versed in the rural culture. **Colorado Access** has implemented numerous initiatives and is engaged in systemwide planning related to care coordination for various special needs populations.

Staff stated that **Colorado Access** continues to work with hospitals to obtain real-time information concerning member discharge from the hospital in order to perform transition of care (TOC) management. **Colorado Access** is evaluating the best mechanisms and Key Performance Indicator (KPI) metrics for tracking the outcomes of the TOC program, as well as the care management programs delivered through the delegated PCMPs.

Recommended Actions

HSAG provided on-site feedback to staff concerning observed inconsistency in HRA tools. HSAG recommends that **Colorado Access** review HRA questions for consistency, as appropriate, to ensure screening of essential health status, health behaviors, and non-medical needs.

Colorado Access should ensure that follow-up comprehensive assessment of member needs is performed and documented to guide the interventions in the care coordination plan. Without a comprehensive assessment, the care plan interventions and goals risk becoming reactive to the “need of the moment,” rather than taking a proactive approach to meeting the member’s complex medical and non-medical needs. HSAG also recommended that **Colorado Access** communicate with and educate delegated entities regarding the elements of contract requirements and related observations and recommendations.

HSAG encouraged **Colorado Access** to continue its efforts with hospitals and other entities to define mechanisms to timely identify members who are transitioning from one level of care to another. HSAG recommended that **Colorado Access** implement mechanisms to ensure that the transition of care plan is documented and communicated to the PCMP and other involved providers. HSAG recommended that staff continue to pursue meaningful measures regarding the effectiveness of transition of care management by both **Colorado Access** and delegated PCMPs.

HSAG recommended that care coordination assessments of member needs incorporate a broad assessment of the member’s cultural beliefs and values (i.e., beyond language) that may impact the member’s health or the care plan. Once assessed, identified cultural characteristics should be incorporated into the care plan interventions.

HSAG recommended that **Colorado Access** continue to pursue the development of meaningful metrics for monitoring the effectiveness of delegated care coordination functions. HSAG also recommended sharing the results of HSAG case reviews (included in this report) with appropriate delegated entities to ensure that Department contract requirements related to care coordination are being incorporated into delegated PCMP care management processes.

Standard II—Follow-Up: Access to Care/Medical Home

Strengths

The network adequacy analysis report included all three **Colorado Access** RCCO regions (Region 2, Region 3, and Region 5). Staff stated that the report includes all three regions because members frequently seek PCMPs and specialists cross-regionally. **Colorado Access** reported nearly 1,900 individual PCMPs within the three regions, including 1,500 with open practices for RCCO enrollees, compared to 748 PCMPs and 581 open practices in the previous year. RCCO membership

also expanded exponentially in the past year, with 142,000 members between the three **Colorado Access** regions, of which 29,000 reside within Region 2. **Colorado Access** analyzed that it has sufficient capacity in the existing PCMP network to integrate the expanding RCCO populations into the foreseeable future. **Colorado Access** has targeted recruitment toward dual-eligible providers and pediatric practices. Within Region 2, the unavailability of PCMPs in some rural counties has been the primary recruitment priority, with particular emphasis in the Burlington area and with the Yuma Hospital District. HSAG encourages Region 2 to continue its network development efforts as described, and to monitor the expanding Medicaid membership over time to anticipate changing provider network needs.

Staff stated that RCCO relationships with specialists are primarily managed through the PCMPs using their pre-established referral networks. Staff explained that formal relationships with specialists through other **Colorado Access** lines of business overlap with the RCCO regions. Those relationships are used to supplement access to specialists in the RCCO when the PCMP or member is experiencing difficulty in obtaining timely access to a specialist. The large hospital systems in the region (in Weld and Larimer counties) have purchased many specialist practices and control the specialist environment. In addition, many of the hospitals in rural areas are affiliated with the larger hospital systems and direct referrals for specialty care accordingly. Specialists often are flown into the rural areas as an outreach effort by the larger hospital systems. Staff stated that PCMPs in the region are sensitive to where members in their communities tend to be culturally comfortable being referred for care (i.e., Denver versus smaller cities), and they direct referrals accordingly. **Colorado Access** is working with the network PCMPs to explore methods of providing performance incentives to stimulate specialists and hospitals to respond to the needs of RCCO members. **Colorado Access** was also reinforcing processes and communications between PCMPs and specialists. HSAG acknowledged **Colorado Access**' sensitivity to preserving existing PCMP and specialist referral relationships, as well as efforts to create regional initiatives related to the provision of specialist services noted to be in shortage, such as pain management services. HSAG encouraged **Colorado Access** to pursue its proposed analysis of most frequently used specialists for RCCO members in anticipation of more direct relationships with those specialists in the future. HSAG also encouraged the RCCO to continue to monitor the impact of evolving hospital and specialist relationships in the region.

The member packet included information to encourage members to use urgent care instead of the emergency room (ER), and to call Customer Services or the Nurse Advice Line to find locations. While there is access to after-hours/urgent care in some of the more populous areas in the region, most rural areas have little access to after-hours care with the exception of hospital ERs. HSAG supports **Colorado Access**' proposed analysis of more detailed reasons for members seeking after-hours, emergency, and urgent care, and encourages **Colorado Access** to use the data to pursue innovative solutions to provide increased access to after-hours care throughout the region.

Staff reported that all clinics in the region (Salud, Sunrise, and hospital-based clinics) are adequately performing all medical home functions. Approximately 70 percent of all RCCO members are receiving care through these PCMPs. PCMP care coordination capabilities have been the focus of PCMP practice assessments in order to determine the PCMPs' ability to perform delegated care management. Through a close monitoring relationship between the RCCO contract managers and individual PCMPs, needs and PCMP readiness for practice assistance and transformation services are being identified, and the RCCO is providing resources accordingly.

Within the rural areas, the strategy is to engage HealthTeamWorks and Colorado Children's Healthcare Access Program (CCHAP) to assist practices in transition. This process was initiated in 2013. **Colorado Access** anticipated that all currently contracted practices will eventually be capable of performing as a medical home.

Recommended Actions

HSAG recommended that **Colorado Access** and the RCCO continue to pursue strategies and network development as described in the interview process. HSAG recommended that, at some appropriate time in the future, **Colorado Access** consider performing a more formal assessment of PCMPs' medical home functions to ensure that all medical home standards outlined by the Department and the RCCO are being met.

Summary of Record Reviews

Strengths

On-site case review of care coordination records found that, in most cases, some form of a health risk screening was performed. Case files demonstrated that care managers did an excellent job, overall, of actively engaging the member and actively pursued interventions with providers and community service agencies. Several records included documentation of multiple follow-up calls by the care coordinator to the member to ensure appointments were made and kept. Care coordinators also documented multiple calls to vendors to ensure the member followed up with all necessary information.

Recommended Actions

On-site case reviews of care coordination cases found that broad cultural beliefs and values were not being formally assessed or documented for individual members and were not consistently addressed in care plans. **Colorado Access** must ensure it evaluates cultural beliefs and values and documents them in the member's record.

Most of the substantive care planning content was documented in care coordinator notes and was not related to specifically documented member needs or care plan goals. The Altruista system, in particular, documented care plan goals that were not related to assessed needs and interventions. In addition, in several cases, care coordination plans were noted to be episodic, addressing the immediate needs of the member but not addressing the member's needs on an ongoing basis. These observations related to both **Colorado Access** and delegated PCMP files. **Colorado Access** should be sure each member's record includes a care plan that reflects the member's assessed needs and appropriate interventions.

The HRAs used by **Colorado Access** did not address a member's behaviors that might put the member at risk for health complications. Furthermore, not all of the assessments thoroughly addressed the member's non-medical needs. **Colorado Access** should be sure its assessments address the member's health status, behaviors, and both medical and non-medical needs.

Appendix A. **Data Collection Tool**
for Colorado Access (Region 2)

The completed data collection tool for Region 2 follows this cover page.



*Appendix A. Colorado Department of Health Care Policy and Financing
 FY 2012–2013 Data Collection Tool
 for Colorado Access (Region 2)*

Standard I—Care Coordination/Care Management

Requirement	Desk Review/Discussion Items	Score
<p>1. Integrated Care Coordination characteristics include:</p> <ul style="list-style-type: none"> ◆ Ensuring that physical, behavioral, long-term care, social, and other services are continuous and comprehensive; and the service providers communicate with one another in order to effectively coordinate care. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3. Regions 2, 3, 5: Exhibit A—6.4.5.3.1</i></p>	<p>Documents:</p> <ul style="list-style-type: none"> ◆ Policies or procedures which address integration of services or communication among providers/entities ◆ Comprehensive needs assessment documents ◆ Written program plans, training materials, or other documents which address comprehensive and integrated care services <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed ◆ Description of current status of processes and how behavioral, social service, and physical care entities are engaged in integrated care: <ul style="list-style-type: none"> • At the individual member level • At the delivery system level <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> ◆ Discussion of continued challenges to sharing/communication of member information among providers. How is this being addressed? 	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable</p>

Findings:

- ◆ Region 2 Integration Care Report (December 2012): Described the partnership of Sunrise Monfort clinics and Northeast Behavioral Health Partnership (NBHP—the behavioral health organization [BHO] for the region) with collocated behavioral health staff in the Sunrise clinic and embedded physical health services in behavioral health facilities to promote integration of care for members at the point of service. The report also described the proposed collocation of behavioral health services in three Plains Medical Center locations.
- ◆ Region 2 BHO Integration Report (July 2012): Stated that NBHP ensures that integrated primary care and behavioral health services are available throughout its catchment area by contracting with local community mental health centers and private providers. The report listed 9 PCMP clinic sites in the region with either collocated, integrated, or embedded behavioral health. The report stated that the most significant challenge to the further development of region-wide integrated care is the ongoing legal concern of sharing personal health information (PHI) among participating providers. The report stated that data sharing on a large scale is of paramount importance for effective integrated care, strategic planning, and partnering between hospitals, physician groups, long-term care providers, and behavioral health providers. The report noted that Region 2 has had some success through the formation of an



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	<p>Organized Health Care Arrangement (OHCA). Colorado Access was anticipating the Department’s release of new guidance on sharing of information among Department-contracted provider organizations.</p> <ul style="list-style-type: none"> ◆ Memorandum of Understanding (MOU) between Envision (provides care management for Medicaid members with developmental disabilities in Weld County) and Colorado Access: Agreement for exchange of PHI in a secure manner, and in compliance with each of their respective Business Associates Agreements with the State. ◆ Care Management Delegation Agreement template: Described integrated care characteristics specifically as defined in the requirement and that are not duplicative of other services provided. ◆ Pre-delegation Questionnaire and Pre-delegation Audit tool: Assessed whether the PCMP program “ensures physical, behavioral, long-term, social, and other services are continuous, non-duplicative, and comprehensive, and that they communicate with each other.” 	
<p>Additional Discussion:</p> <p>Staff stated that approximately 60 percent of PCMP practices across all three regions have some form of integrated behavioral health, including all practices that are delegates for care management. In Region 2, 70 to 80 percent of the members receive services from PCMPs with integrated behavioral health services. The models of integrated behavioral health services vary from fully integrated—therapist is part of the health care team for brief therapy sessions in conjunction with physical health appointments (generally depressive disorders)—to colocated—behavioral health therapist on-site, but operating independent scheduling and record-keeping. Colorado Access continues to assist PCMPs to integrate behavioral health services into their practices. In addition, several mental health centers have physical health practitioners embedded on-site at the mental health center. The Behavioral Health Care Council submitted a position paper to the Department to advocate that community mental health centers (CMHCs) with embedded physical health practitioners could be designated as PCMPs. Staff stated that hospice/palliative care providers and other special services providers have also expressed interest in being designated as medical homes. The Department was still considering these concepts.</p> <p>Colorado Access is working with County DHS and social service agencies targeted at integrating care coordination for foster care children. Within Weld County, the RCCO is working with agencies to obtain their cooperation to assist members, including foster children, with attribution to medical home PCMPs. Colorado Access has designated specific care management staff to focus on partnering with the DHS foster care program personnel and resolve systems issues. Colorado Access has signed MOU data sharing agreements with the community centered boards (CCBs) in all regions. Colorado Access has identified approximately 1000 members who are common to the CCBs and RCCOs, and discussions were underway related to coordination of care management functions between the organizations. Region 2 recently completed a data sharing MOU with the single entry point (SEP) agency in Weld County. Data sharing MOUs have been signed with four of five CMHCs and two of three BHOs across all regions. Region 2 has been negotiating with the BHO in the region and stated the MOU is near completion. Colorado Access views data sharing to support care coordination as evolving into delegated care management agreements with the BHOs and MHCs. Staff reported that the RCCO has been working for an extensive period of time and is near completion of a data-sharing MOU with Banner Health Systems (Banner). Staff stated that these discussions have proceeded positively, yet slowly, due to the size and complexity of Banner Health Systems.</p>		



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Requirement	Desk Review/Discussion Items	Score
<p>Banner owns 4 hospitals and has affiliations with several other hospitals in Region 2. The proposed agreement will be extended to all hospitals, laboratories, and clinics affiliated with Banner within the region.</p> <p>Within Weld County, the RCCO, via its care management delegation subcontract with North Colorado Health Alliance, operates a robust “Hot Spotter” committee, which brings together multiple agencies and community providers (e.g., long-term care providers, United Way, homeless shelters) to evaluate and coordinate high-intensity needs of individual members, as well as to examine community issues related to meeting members’ service needs (e.g., transportation).</p> <p>Colorado Access staff stated that hospital executives are confused about the role of the RCCO, because the RCCO is not a payor. However, hospital care managers recognize the need for attention to transition of care and ER diversion programs for Medicaid clients. Banner Hospital in Weld County has entered into a pilot program with the RCCO to provide incentives for members to choose a PCMP rather than using the ER for routine care.</p> <p>Colorado Access identified that some employees in social service agencies are unaware of the RCCO program and are developing an educational Webinar for these employees, to be completed by July 2013.</p>		
<p>2. Comprehensive care coordination characteristics include:</p> <ul style="list-style-type: none"> ◆ Assessing the member’s health and health behavior risks and medical and non-medical needs ◆ Determining if a care plan exists and creating a care plan if one does not exist and is needed. ◆ The ability to link members both to medical services and to non-medical, community-based services, such as child care, food assistance, services supporting elders, housing, utilities assistance, and other non-medical supports. This ability to link may range from being able to provide members with the necessary contact information for the service to arranging the services and acting as a liaison between medical providers, non-medical providers, and the member. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1 Regions 2, 3, 5: Exhibit A—6.4.5.1</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ How members are assessed to identify needs ◆ Policies and procedures regarding stratification/tier levels for care coordination ◆ Care Coordination Plan ◆ Tracking referrals to non-medical services <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ Examples. ◆ Information collected on-site from Care Coordination File Reviews. ◆ The process for identifying members appropriate for care coordination services. <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> ◆ How PCMPs identify members appropriate for complex care 	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



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Requirement	Desk Review/Discussion Items	Score
	management. <ul style="list-style-type: none"> ◆ Whether the RCCO staff or PCMPs perform the assessment. ◆ Explore the role of non-medical services in providing care coordination to the RCCO’s population. 	

Findings:

- ◆ RCCO Formal System of Care Coordination Program Description(4/2012): Described the components of member-focused medical management, which included establishing a primary medical home, ensuring appropriate and timely referrals, establishing care plans to improve access to services (medical, social, community) for members with complex needs, facilitating communication across all providers, monitoring, and follow-up. The program description stated that Colorado Access care managers collaborate with care managers from other programs to ensure there is no duplication. The program description stated that all members will receive a health risk assessment (HRA) upon enrollment and annually thereafter, which is shared with the PCMP. The program description described that the role of the care manager is to determine if additional assessments are needed, document an individualized care plan, coordinate services based on assessed needs, and link members with community resources.
- ◆ Adult Health Risk Assessment and the Child Health Risk Assessment: A brief screening tool sent to members to ask questions regarding the health status of the member related to medical and mental health needs and pregnancy. The adult assessment also screens for activities of daily living (ADL) needs and depression. The child assessment screens for immunization status, transportation needs, disabilities, and health habits. Both assessments are member self-administered or may be completed through an outreach call to the member.
- ◆ Coordination of Care policy (CCS305—applicable to all lines of business): Stated that Colorado Access has processes specific to each line of business to identify and screen members for health care needs. Members with complex health care needs may be referred to Care Coordination. The policy described examples of services that may be included in the care plan (e.g., provider referrals, community resource referrals, Home and Community Based Services (HCBS), transportation).
- ◆ The Care Management Desktop Procedure (applicable to all Colorado Access lines of business): Outlined the specific processes for completing care management functions. (The procedure did not specify care coordination services in the level of detail outlined in the requirement.)
- ◆ Care Management Delegation Agreement template: A comprehensive description of the responsibilities delegated to PCMPs for care management and/or transitions of care. The agreement outlined responsibilities for completing health risk screenings on all new enrollees, completing an individual health needs assessment, and completing a care plan, as needed, that addresses the coordination of medical, psychosocial, and community support services. The agreement defined these functions specifically as outlined in the requirement. The agreement also defined monthly reporting requirements to measure ongoing care management activities, and stated that Colorado Access may audit the delegate every six months to assess how requirements are being performed. PCMPs are reimbursed a per member per month (PMPM) fee for performance of care management. The agreement described support services that may be provided to the PCMP to support delegated care management activities (e.g., Altruista software system, interactive voice response (IVR) messaging, care management consultation, Statewide Data Analytics Contract [SDAC] data).



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Requirement	Desk Review/Discussion Items	Score
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- ◆ Pre-delegation Questionnaire and Pre-delegation Audit tool: PCMP self-assessment tools for the presence of components essential to providing care management including care management software system, integration of care, identification of barriers to care, special population needs, cultural values, assignment of a care manager to every member, care planning, involvement of family supports, and health risk assessments.

Additional Discussion:

Staff stated that Member Welcome Packets for new members included a copy of the initial HRA for members to complete and return. Staff stated that the return rate is approximately 20 percent. In addition, IVR calls and customer service onboarding calls are placed to members after enrollment to obtain a completed HRA. IVR success rates were approximately 7 percent. Staff stated that Adults without Dependent Children (AwDC) members are more receptive to “cold calls” from care managers and these members are prioritized for quick contact, considering the frequent changes of address and contact information for this population. Staff stated that the purpose of HRA screening is to identify members with possible care management needs as early after enrollment as possible and before claims data are available to identify high-risk members. However, the majority of members eligible for care management services are identified through data, followed by care manager outreach to complete the HRA. Staff stated that a more comprehensive assessment of member needs is intended to follow the HRA screening. Delegated PCMPs may define their own assessment processes and tools.

Staff stated that Colorado Access care managers did not have a mechanism to identify and document whether other care managers were involved in the member’s care. The process of identifying involvement of other care managers may begin with the member assessment of needs or may be triggered through informal discussion with the member; however, the Colorado Access HRA tool does not specifically address this question, and Colorado Access staff stated that members are often not a reliable source for this information. In addition, some care managers in other agencies are very protective of their patients and do not always want to share information. Colorado Access plans to facilitate care coordination across the continuum of physical health, behavioral health, long-term care, and community services by signing data-sharing MOUs with community partners to alleviate HIPAA concerns. The MOUs would allow sharing lists of RCCO clients to facilitate identification of shared members, designating a contact point person in all agencies, and organizing collaboration among care managers from various systems to better understand the various roles and levels of expertise offered by diverse care managers. Colorado Access will also enter the shared client list into Altruista to enable communication between care managers at the member level. Staff stated that the immediate goal is to “coordinate the coordinators” to work together effectively, with the eventual possibility of designing a shared care plan. Colorado Access is bringing parties together in a deliberate way to slowly redesign the care coordination system collectively. Staff stated that organization of care management on a systemwide basis is a long-term, evolving process. Staff stated that CCB representatives will be joining the Colorado Access committee of delegated PCMPs to discuss possible cooperative care management operations. In addition, CCBs are sharing their database of care managers to assist Colorado Access in identifying and sharing information with the CCB care managers.

Staff stated that psychosocial and non-medical needs (particularly food, housing, and transportation) are prevalent, and often dominant, in high-intensity care coordination cases. In Region 2, these types of needs vary with the seasonal increase in transient agricultural workers in the rural areas. Transportation is also a more significant issue in the less populated areas.



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Standard I—Care Coordination/Care Management		
Requirement	Desk Review/Discussion Items	Score
<p>3. Comprehensive care coordination characteristics include:</p> <ul style="list-style-type: none"> ◆ Providing assistance during care transitions from hospitals or other care institutions to home- or community-based settings or during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care to care in a nursing facility. This assistance shall promote continuity of care and prevent unnecessary re-hospitalizations and document and communicate necessary information about the member to the providers, institutions, and individuals involved in the transition. 	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ Transition of Care policies and procedures or Plans ◆ Examples of “transition of care” cases <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ How are “transition of care” members identified? ◆ How is the transition plan (or processes) communicated to providers and all individuals/entities involved in the transition of members between levels of care? <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> ◆ What is the status of access to real-time data for care coordination follow-up? (hospitalizations, ED visits) ◆ Do you track/evaluate the impact of transition management on readmissions? 	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>Findings:</p> <ul style="list-style-type: none"> ◆ RCCO Formal System of Care Coordination: Described the Colorado Access Transition Access Program (TAP) designed to assist members with complex needs to transition from one level of care to another. The program description delineated the transition of care process specifically as defined in the requirement, and stated that the process may be delegated to providers as a component of care management. TAP provides patients with the tools and support that promote self- management of their condition. Components of the program included medication management, follow-up visits with providers, and member understanding of “red flags” of their condition. The program description stated the role of the TAP care manager is to assist the member with setting appointments, scheduling transportation, and communicating with providers. ◆ Continuity and Transitions of Care policy: The policy described methods to ensure continuity of care for members transitioning into or out of the plan or from one network provider to another. It did not address transition of care from one care setting to another (e.g., from the hospital to home or to a less intensive level of care). ◆ Care Management Delegation Agreement Template: The agreement stated that the delegate must have a process for assisting with transitions (specifically as defined in the requirement). The agreement required delegates to implement a TAP program and described components of the program including coordinating access to community services, home visits for non-hospital transitions, management of medical conditions to prevent relapse, and assistance with referrals for members with behavioral or developmental disabilities. 		



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- ◆ The Pre-delegation Questionnaire and Pre-delegation Audit tool: Included assessment of the specific components the TAP program outlined in the delegation agreement.

Additional Discussion:

Staff stated that Colorado Access continues to work with hospitals to obtain real-time information concerning member discharge from the hospital in order to perform transition of care (TOC) management. Staff reported that it is difficult for hospitals to differentiate RCCO members from other Medicaid populations. Banner Hospital Systems is cooperating with the RCCO to find solutions to the problem of identifying RCCO members. Staff stated that Colorado Access anticipated being linked to the Colorado Regional Health Information Organization (CORHIO) health information exchange within six months, which will greatly improve access to real-time information regarding hospitalizations and ER visits. Some hospital social workers have indicated willingness to participate in a pilot project to manually provide information to the RCCO to facilitate the TOC process. Some PCMPs are electronically connected to hospitals via the electronic health record (EHR) or Web portals. Staff stated that all delegated PCMPs are performing transition of care management, and that TOC management is much easier for delegated PCMPs to perform than intensive care management. Pre-delegation audits include an assessment of the PCMP’s transition of care process. Staff acknowledged that care managers do not consistently share TOC plans with the PCMPs. Colorado Access is evaluating the best mechanisms and metrics (e.g., readmissions) for tracking the outcomes of the TOC program.

<p>4. Client/Family-Centered characteristics include:</p> <ul style="list-style-type: none"> ◆ Providing care and care coordination activities that are linguistically appropriate to the member and are consistent with the member’s cultural beliefs and values. <p align="right"><i>Regions 1, 4, 6: Exhibit A—6.4.3.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ Applicable policies and procedures ◆ Training materials ◆ Evidence of training individuals responsible for care coordination <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ Processes for telephone translation and translation during care coordination activities. ◆ How the RCCO ensures that care is culturally sensitive. ◆ How the RCCO includes deaf and hard of hearing as a culture and training or case examples that demonstrate. 	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
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Findings:

- ◆ **RCCO Formal System of Care Coordination:** Stated that care coordination focuses on a holistic approach and is client/family centered, integrated, culturally competent, and linguistically sensitive. The member or member’s family may be involved in the development of the care plan.
- ◆ **Care Management Delegation Agreement Template:** The template stated that the member/family were active participants in the member’s care, and that care management must be linguistically appropriate and consistent with the member’s cultural beliefs.
- ◆ **The Pre-delegation Audit tool:** Assessed whether the practice has procedures to consider cultural beliefs and values and language barriers in the development of the care plan.
- ◆ **Adult HRA and Child HRA:** The tools were available in Spanish; however, they did not include assessment of the member’s cultural characteristics, values, beliefs, or spiritual needs.
- ◆ **Colorado Cross-Disability Coalition (CCDC) Webinar:** Educated providers on how to improve communication with persons with disabilities.
- ◆ **The Colorado Access Web site:** Provider pages included a link to cultural competency training. Also provided several additional links to resources regarding cultural competency. The Web information stated that Colorado Access offers free, individually scheduled cultural competency training for providers.

Additional Discussion:

Staff stated that all Colorado Access staff received formal cultural competency training, and training modules are offered online to all providers. Many larger PCMPs, such as the Federally Qualified Health Centers (FQHCs), Children’s Hospital providers, and Kaiser, conduct their own cultural competency training. Staff stated that they are confident in the general level of cultural competency in the provider network, particularly in the larger PCMPs who are highly experienced with serving the Medicaid population. Staff described that the rural culture is significant in the region’s providers and population, and that providers are well versed in the rural cultural differences.

On-site case reviews of care coordination cases found that broad cultural beliefs and values were not being formally assessed or documented for individual members and were not consistently addressed in care plans. In specific cases, provision of care management was responsive to the member’s specific cultural and linguistic needs.



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<p>5. Client/Family-Centered characteristics include</p> <ul style="list-style-type: none"> ◆ Providing care coordination that is responsive to the needs of special populations, including: <ul style="list-style-type: none"> • The physically or developmentally disabled. • Children and children in foster care. • Adults and older adults. • Non-English speakers. • All expansion populations, as defined in Colorado House Bill 09-1293, the Colorado Health Care Affordability Act. • Members in need of assistance with medical transitions. • Members with complex behavioral or physical health needs. • Transitional aged youth. <p align="right"><i>Regions 1, 4, 6: Exhibit A—6.4.3.2 Regions 2, 3, 5: Exhibit A—6.4.5.2</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ Applicable policies and procedures or plans <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ How special populations are identified and served. <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> ◆ Explore how foster children, AwDC, and dual eligible populations are impacting the system. ◆ Describe unique needs or approaches used. 	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable</p>

Findings:

- ◆ The Care Management Desktop Procedure and the RCCO Formal System of Care Coordination: Stated that care managers consider the following when developing a care plan:
 - Age-specific needs and abilities (newborn through gerontological)
 - Literacy level
 - Hearing and/or visual impairment and needs
 - Cultural, psychosocial, and socioeconomic needs
 - Developmental disability
 - Primary language, linguistic preferences, and ability to communicate effectively
 - Motivation to commit to changes
 - Complex medical and/or behavioral health diagnoses, clinical history, and medications
 - Evaluation of caregiver resources



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<ul style="list-style-type: none"> ◆ The Care Management Delegation Agreement Template: The agreement stated that the delegate must provide care management that is responsive to the needs of special populations, including those specifically outlined in the requirement. ◆ The Pre-delegation Questionnaire and Pre-delegation Audit tool: Assessed the PCMP’s ability to link members from particular populations (physically/developmentally disabled, children/foster children, adults/aged, members with complex physical and/or behavioral health needs) to medical and non-medical services, including community-based services. ◆ Colorado Cross-Disability Coalition (CCDC) Webinar: Educated providers on how to improve communication with persons with disabilities. ◆ MOU between Envision (provides care management for Medicaid members with developmental disabilities in Weld County) and Colorado Access: Agreement for exchange of PHI in a secure manner and in compliance with respective Business Associates Agreement with the State. 		
<p>Additional Discussion:</p> <p>Colorado Access has assigned a full-time care manager to facilitate partnering with DHS foster care program personnel and resolve complex systems and communication issues. Region 2 has consulted with the DHS to seek assistance in getting foster care members attributed to a medical home.</p> <p>In January 2013, Medicaid members who were previously care managed through the Colorado Alliance for Health and Independence (CAHI) were transitioned into the Colorado Access care management programs. This population (approximately 200 members with disabilities and complex needs) was primarily transitioned into delegated PCMP practices. Colorado Access assigned all members to intensive care management during the transition process until their needs could be properly evaluated.</p> <p>Colorado Access has been working with Family Voices of Colorado (representing children and youth with developmental disabilities) to produce educational Webinars for providers/health care professionals, as well as for families/patients regarding how the social services system supports members “transitioning into adulthood.”</p> <p>Colorado Access is evaluating the potential of implementing a special program for healthy children to ensure that preventive and wellness services (e.g., immunizations) are delivered to the majority of the RCCO population, who are healthy children.</p> <p>Colorado Access is monitoring the key performance indicators (KPIs) within special population groups, such as children 0 to 4 and females 20–40 years of age with high ED use, to identify contributing factors and determine problem-solving approaches for these groups.</p>		



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<p>6. The Contractor ensures (and may allow its PCMPs or other subcontractors to provide) care coordination for its members, necessary for the members to achieve their desired health outcomes in an efficient and responsible manner.</p> <p><i>Exhibit A—6.4.1</i></p> <p>The Contractor assesses current care coordination services provided to each of its members to determine if the providers involved in each member’s care are providing necessary care coordination services and which care coordination services are insufficient or are not provided.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 Regions 2, 3, 5: Exhibit A—6.4.4.1</i></p> <p><i>42CFR438.6(l)</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ Tools used for assessing care coordination capabilities of PCMP practices ◆ Communications to PCMPs regarding care coordination requirements ◆ PCMP care coordination oversight tools ◆ Policies and procedures regarding assessment of PCMP or delegation oversight <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ Description of who provides care coordination and how care coordination is shared between the PCMPs and the Contractor. ◆ Does the oversight of care coordination include the elements of comprehensive care coordination as outlined in requirements #2 and #3? ◆ How is oversight performed (e.g., is the PCMP care plan documented in a system accessible to the RCCO? Is an on-site audit being performed?) ◆ How does the RCCO know if the delegated care coordination services are sufficient and consistently provided? <p>Additional Discussion May include:</p> <ul style="list-style-type: none"> ◆ What is the status of assessing PCMP capabilities for performing care coordination functions? <ul style="list-style-type: none"> • How many have been completed? • What are the results? i.e., network capability? ◆ How are you balancing the efforts to minimize requirements of PCMPs with the need to oversee whether assessments, care 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



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	<p>plans, and coordination of care are being performed?</p> <ul style="list-style-type: none"> ◆ As the RCCO prepares to expand the provider/PCMP network to incorporate smaller or less sophisticated practices, is the degree of care coordination support required from the RCCO anticipated to increase? Describe a comparison of activities between the first year of operations and current activities. 	

Findings:

- ◆ RCCO Formal System of Care Coordination (June 2011) Program Description: Described two levels of care management activity: (1) RCCO–based care management for practices without resources to support care management, and (2) supportive care management for practices where integrated care management is readily available. The plan stated that all or portions of care management would be delegated to PCMPs that have the ability and desire to provide RCCO care management functions. PCMPs who desired delegation of care management were assessed with a pre-delegation questionnaire, followed by a pre-delegation audit. All delegated PCMP care management programs were required to meet HCPF-RCCO contractual obligations. The program description stated that Colorado Access may delegate routine and intensive care management services or TOC services, or both. The program description also listed specific Colorado Access support services to be provided for care coordination staff at PCMPs.
- ◆ The Care Management Delegation Agreement Template: Outlined in detail the requirements for program components and functions for delegation of either care management or TOC, or both. Specified that PCMPs were paid PMPM for delegated functions for attributed members. Care management responsibilities included performing HRAs, risk stratification, assistance with access to care (transportation, referrals), referral to community resources, coordination with multiple providers, release of member information as appropriate, and assignment of a single care manager. TOC services included access to community services, home visits for non-hospital transitions, management of medical conditions to prevent relapse, and assistance with appointments for members with behavioral or developmental disabilities. The program description also defined requirements for program infrastructure such as data management, staffing, and evaluation metrics reporting. The program described Colorado Access’ monitoring and auditing obligations.
- ◆ Pre-delegation Questionnaire and Pre-delegation Audit tool: PCMP self-assessment tools for the specific components of care management and transitions of care, as outlined in the Care Management Delegation Agreement. The audit tool also assessed the PCMP risk stratification methods, care management staff training, and ability to deliver reports. The tool stated that follow-up review and confirmation of the reported processes would be performed by the RCCO.
- ◆ Colorado Children’s Healthcare Access Program (CCHAP) Amendment: Subcontractor agreement with CCHAP to provide training to pediatric practices to prepare them for delegated care management.

Additional Discussion:

Staff stated that approximately 50 percent of members are assigned to PCMPs delegated to perform care management services. The remaining 50 percent are being supported through Colorado Access care managers, who are assigned to support specific PCMP practices. All delegated PCMPs perform all care management services including routine and intensive care management, TOCs, and assessments. Staff reported initial resistance of PCMPs to interfacing with



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external care managers. PCPs rarely reached out to Colorado Access care managers. Colorado Access developed a work group for PCMPs with a large number of members with complex needs and is meeting one-on-one with providers to engage PCMPs in care management. Staff stated that the performance incentive dollars and the model of assigning Colorado Access care managers to specific PCMPs are positively impacting care manager relationships with PCMPs.

PCMPs to which Colorado Access has delegated care management must provide monthly reporting metrics to Colorado Access (e.g., volume of assessments, volume of care plans, number of Transition of Care participants) which is used for trending the level of care coordination activity at the PCMP. Narrative updates provide information on care management processes, changes in procedures, etc. In addition, Colorado Access holds a monthly meeting of all delegated care managers to facilitate sharing of best practices and stated that this process has diminished the sense of competition between PCMP care management programs. Colorado Access has produced a short video concerning member perceptions of RCCO care coordination processes.

Staff stated that Colorado Access has not conducted follow-up on-site audits to determine the adequacy of the care management processes in delegated practices due to the administrative burden of auditing many practices, and the desire to remain hands-off with delegated PCMPs. Staff stated that Colorado Access is more interested in defining meaningful member outcome measures to monitor effectiveness of the delegated care management functions. Colorado Access staff members stated that PCMPs are providing some feedback that monitoring is “widget counting,” and that more KPI-driven measures should be defined. Staff stated that a new staff analyst was recently hired to monitor Key Performance Indicator (KPI) trends in delegated practices. Colorado Access also explores care manager perceptions of “how things are going” through the delegated care manager meetings, resulting in a variety of responses regarding effectiveness of care management efforts. Care managers have reported that the inability to contact members is very frustrating, and that new Medicaid recipients are more receptive to care coordination than “seasoned” Medicaid members. Colorado Access identified care manager challenges, such as access to pain management services, and developed related focused improvement projects.

Colorado Access has established a contract with CCHAP to train and prepare pediatric practices to assume delegated care management. CCHAP is also consulting with practices with high ED utilization profiles, to assist them in managing ER utilization by members.

Recommended Actions:

HSAG provided on-site feedback to staff concerning observed inconsistency in HRA tools. HSAG recommends that Colorado Access review HRA questions for consistency, as appropriate, to ensure screening of essential health status, health behaviors, and non-medical needs.

Colorado Access should ensure that follow-up comprehensive assessment of member needs is performed and documented to guide the interventions in the care coordination plan. Without a comprehensive assessment, the care plan interventions and goals risk becoming reactive to the “need of the moment,” rather than taking a proactive approach to meeting the member’s complex medical and non-medical needs. HSAG also recommended that Colorado Access communicate with and educate delegated entities regarding the elements of this contract requirement and related observations and recommendations.



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HSAG encouraged Colorado Access to continue its efforts with hospitals and other entities to define mechanisms to timely identify members who are transitioning from one level of care to another. HSAG recommended that Colorado Access implement mechanisms to ensure that the transition of care plan is documented and communicated to the PCMP and other involved providers. HSAG recommended that staff continue to pursue meaningful measures regarding the effectiveness of transition of care management by both Colorado Access and delegated PCMPs.

HSAG recommended that care coordination assessments of member needs incorporate a broad assessment of the member’s cultural beliefs and values (i.e., beyond language) that may impact the member’s health or the care plan. Once assessed, identified cultural characteristics should be incorporated into the care plan interventions.

HSAG recommended that Colorado Access continue to pursue the development of meaningful metrics for monitoring the effectiveness of delegated care coordination functions. HSAG also recommended sharing the results of HSAG case reviews (included in this report) with appropriate delegated entities to ensure that Department contract requirements related to care coordination are being incorporated into delegated PCMP care management processes.

Results for Standard I—Care Coordination/Care Management

Total	Met	=	<u>3</u>	X	1.00	=	<u>3</u>
	Substantially Met	=	<u>3</u>	X	.75	=	<u>2.25</u>
	Partially Met	=	<u>0</u>	X	.50	=	<u>0</u>
	Not Met	=	<u>0</u>	X	0.0	=	<u>0</u>
	Not Applicable	=	<u>0</u>	X	NA	=	<u>0</u>
Total Applicable		=	<u>6</u>	Total Score	=	<u>5.25</u>	

Total Score ÷ Total Applicable		=	<u>88%</u>
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Standard II—Follow-Up : Access to Care/Medical Home

Requirement	Desk Review/Discussion Items	Score
<p>1. The Contractor’s PCMP Network has a sufficient number of PCMPs so that each member has a choice of at least 2 providers within his or her zip code or within 30 minutes of driving time, whichever area is larger. (If there are less than two medical providers qualified to be a PCMP within the area defined above, for a specific member, then the requirements shall not apply to that member).</p> <p align="right"><i>Exhibit A—4.2.1</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ Network adequacy report ◆ Targeted Provider Recruitment list ◆ Applicable policies and procedures <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ Anticipated geographic or capacity issues. <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> ◆ Explore status of PCMP network development and provider recruitment within the entire region. ◆ How are gaps being identified? ◆ Unique recruitment strategies; responses from targeted providers? 	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable</p>

Findings:

- ◆ Network Adequacy Report (FY 2013, 2nd quarter): Report of combined network for Region 2, Region 3, and Region 5 Medicaid members. Reports reasonable distribution of primary care specialties (family practitioner [FP], nurse practitioner [NP], physician assistant [PA]) concentrated in highest population counties—Adams, Arapahoe/Douglas, Denver, Weld. Several rural counties have no pediatric providers, and some rural counties have no contracted providers. Analysis stated that the network strategy is to continue to pursue contracts with providers in these areas, contract with high-volume Medicare/Medicaid Eligible Beneficiary providers, and move existing providers from closed practice to open panel for Medicaid.
- ◆ Region 2 Integration Care Report: Described the partnership between Sunrise Monfort clinics and North Range Behavioral Health (NRBH) to collocate behavioral health providers in the Sunrise Monfort clinic and offer physical health services in the NRBH clinic. This partnership is an effort to promote integration of behavioral and physical care for members at their primary point of service. The report also described the proposed collocation of behavioral health services in three Plains Medical Center locations, which staff reported was being implemented at the time of review.
- ◆ Duals Non-Contracted Spreadsheet: Listed Medicare/Medicaid providers targeted for recruitment in all three of Colorado Access’ Regions (2, 3, and 5). Listed 7 PCMPs in Region 2 and active contracting engagement with 5 PCMPs to date.
- ◆ Department of Health Care Policy and Financing Recruitment Brochure: Explained the various Colorado Medical Assistance Programs to providers, why practitioners should consider becoming a Medicaid provider, and how to apply for enrollment as a Medicaid provider.



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- ◆ Sales Pitch Letter: A letter from Colorado Access inviting providers to participate in the RCCO as a PCMP. Emphasized benefits of care management support, availability of SDAC claims data, and participation in Medicaid reform.
- ◆ CCS310—Access to Primary and Specialty Care: Stated that the PCP serves as medical home and is responsible for providing all routine care services, coordinating specialist referrals, and maintaining continuity of care for the member.

Additional Discussion:

Staff reported that the network adequacy analysis report included all three Colorado Access RCCO regions. The reports are combined because members frequently seek PCMPs and specialists cross-regionally. Colorado Access experienced rapid growth in the PCMP network, as well as in membership within the past year. Colorado Access reported nearly 1,900 individual PCMPs within the three regions, including 1,500 with open practices for RCCO enrollees, compared to 748 PCMPs and 581 open practices in the previous year. RCCO membership also expanded exponentially in the past year, with 142,000 members between the three Colorado Access regions, of which 29,000 reside within Region 2. Staff reported that 75 percent of members were attributed to a medical home at the time of review, and that the number of unattributed had temporarily increased due to the addition of 10,000 members in May 2013, many of whom have not yet been attributed. The overall member population is 65 percent adult and 35 percent children. Seventy-five percent are affiliated with Aid to Families with Dependent Children (AFDC).

Staff stated that Colorado Access obtained Memorandums of Understanding (MOU), which outline the relationship and responsibilities of the parties, with many of the mental health centers, hospitals, and community centered boards (CCB) who provide services to members. Colorado Access was actively working on relationships with nursing homes, hospice, and palliative care providers. Colorado Access had recently initiated a monthly e-mail newsletter to maintain regular communications and RCCO visibility with 800 to 900 PCMP locations; 300 specialists, hospitals, mental health facilities, home health organizations, and nursing facilities; and approximately 400 community-based organizations. Colorado Access anticipated it has sufficient capacity in the existing PCMP network to integrate the expanding RCCO populations into the foreseeable future. Staff stated that continuous contact with the PCMP community and monitoring of member requests for select PCMPs help identify network gaps and target additional PCMPs for recruitment.

With the exception of the select targeted provider list, Colorado Access temporarily suspended recruitment of non-contracted PCMPs to allow resources to be applied to proper orientation of the large number of PCMPs added over the past year. Staff stated that effective orientation of PCMPs must be done face-to-face by RCCO Contract Managers. In all three regions, the targeted recruitment had been directed at a listing of dual-eligible providers (provided by the Department), and pediatric practices. Staff reported that approximately 55 percent of pediatric practices are already in the RCCO. Colorado Access engaged CCHAP to convert its member practices to the RCCO, which has been enhanced by elimination of the Medicaid reimbursement favorability previously offered through CCHAP. Staff stated that attempts to recruit the targeted dual-eligible providers have been difficult, as many of these providers desire to reduce Medicaid members in their practices and have previously declined to join the RCCO network. The overall strategy of Colorado Access is to increase the number of practices open to new Medicaid enrollees. Staff stated this is accomplished primarily through education regarding the evolving environment of health reform



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<p>in Colorado (i.e., expansion of Medicaid populations). In addition, Colorado Access offers to assist practices to minimize the undesirable characteristics of the Medicaid population, such as “no-show” rates. Staff stated that as long as there is at least one selection of a PCMP practice in geographic proximity to members, Colorado Access is continuing to be selective about the types of providers that are appropriate for the RCCO network, citing that some providers are not willing or able to perform as medical homes.</p> <p>Within Region 2, the unavailability of PCMPs in some rural counties has been the primary recruitment priority, with particular emphasis (and imminent success) in the Burlington area. Staff members were developing relationships with the county hospital districts in the rural areas. At the time of review, a contract had been established with the Yuma Hospital District. In addition, the RCCO was continuing long-term negotiations with one large CCHAP practice. The RCCO expressed concerns regarding insufficient choice of providers in some counties in the region. Staff stated that if PCMP participation in the ACC is not mandated by the State (in order to treat any Medicaid members), it is unlikely that the RCCO will be able to open some counties to ACC participation. Staff stated that members in highly rural counties typically understand the need to travel great distances for access to medical care. Staff stated that the primary reason PCPs decline to join the RCCO is that they are politically opposed to supporting the national Health Care Reform legislation. Staff reported that significant time and effort is required to develop relationships that focus on the interests of Colorado and the needs of the local community rather than national initiatives. In addition, the competitive hospital systems in Weld and Larimer counties must be closely monitored to anticipate the dynamics that impact the affiliated PCMPs, specialists, and hospitals in the northeast region.</p>		
<p>2. The Contractor reasonably ensures that members in the Contractor’s region have access to specialists and other Medicaid providers promptly, without compromising the member’s quality of care or health.</p> <p align="right"><i>Exhibit A—4.2.5 42CFR438.6(k)(3)</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ Tracking documents for referrals to specialists/other providers ◆ Applicable policies and procedures <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ How does the RCCO monitor access to specialists? ◆ What is the RCCO’s assessment of the availability of specialists for RCCO members? <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> ◆ What are the barriers or challenges you have encountered and what responses/approaches have been implemented? ◆ Is there a mechanism to assess whether access to specialists or 	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable</p>



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Requirement	Desk Review/Discussion Items	Score
	other providers (or lack thereof) compromises the member's quality of care or health?	

- Findings:**
- ◆ Network Adequacy Report (FY 2013, 2nd quarter): Described hospitals and specialist relationships of PCMPs as the informal network. Support systems provided to date included assisting specialists and hospitals to understand referral and contracting requirements for participation in the ACC. Stated that many specialists and hospitals participate in community meetings. Provider newsletter will be sent to Colorado Access' managed care network of specialists and hospitals to broaden outreach efforts concerning the RCCO. Several large hospital systems have been engaged in discussions with RCCOs regarding data sharing needs.
 - ◆ Sample RCCO Specialist News Flash: Monthly electronic newsletter geared toward hospitals and specialists. The purpose of this newsletter is to provide information about the ACC Program and Colorado Access' RCCOs.
 - ◆ ACC Provider Manual: Included a statement from the Department regarding the fact that administrative referral from a PCMP is not required for specialists to be paid, and that PCMPs and specialists would establish protocols that would ensure there is coordination and an appropriate exchange of information between specialists and PCMPs.

Additional Discussion:

Staff stated that RCCO relationships with specialists are primarily managed through the PCMPs using their pre-established referral networks. Colorado Access does not anticipate formalizing the relationships between the RCCO and specialists in the near future (i.e., MOUs), due to the need to respect the individual referral relationships of PCMPs with select specialists. In addition, PCMPs have expressed concerns that the RCCO will refer a disproportionate number of Medicaid clients to specialists and further diminish the specialists' interest in accepting any Medicaid members.

Staff explained that formal relationships with specialists through other Colorado Access lines of business overlap with the RCCO regions. Those relationships are used to supplement access to specialists in the RCCO when the PCMP or member is experiencing difficulty in obtaining timely access to a specialist. Colorado Access employed an analyst to begin tracking high-volume specialists used within the RCCO to further target efforts at developing specialist relationships with the RCCO.

Colorado Access stated that ANY access to specialists is considered adequate access, given the reluctance of many specialists to accept Medicaid members. Staff stated that recent feedback from the Denver Medical Society indicated that many specialists are hesitant to schedule Medicaid members based on the high "no-show" rates and the high incidence of non-compliance with recommended treatment. Colorado Access is working with the network PCMPs to explore methods of providing performance incentives to stimulate specialists and hospitals to respond to the needs of RCCO members. Colorado Access was also reinforcing processes and communications between PCMPs and specialists.



Appendix A. Colorado Department of Health Care Policy and Financing
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Standard II—Follow-Up : Access to Care/Medical Home

Requirement	Desk Review/Discussion Items	Score
<p>Staff stated that the rotating eligibility of Medicaid members on a month-to-month basis also impacts access to care, since members may become ineligible between the time a specialist appointment is scheduled and the date of the appointment or completion of a specialist’s plan of care. Staff stated that the recently enrolled AwDC population have particular difficulty getting access to specialists and frequently have complex medical needs. Colorado Access identified a general shortage of the following specialists within the three regions: pain management, pediatric neurology, pediatric urology, hand surgery, dermatology, and bariatric surgery.</p> <p>Within Region 2, the large hospital systems (in Weld and Larimer counties) have purchased many specialist practices and control the specialist environment. In addition, many of the hospitals in rural areas are affiliated with the larger hospital systems and direct referrals for specialty care accordingly. Specialists often are flown into the rural areas as an outreach effort by the larger hospital systems. Multi-specialty, multi-payor community-based clinics provide access to specialty care in several areas of the region. Staff stated that Colorado Access encourages outlying PCMPs to access the local community hospital Web sites to obtain contact information for specialists in more rural areas. Staff stated that PCMPs in the region are sensitive to where members in their communities tend to be culturally comfortable being referred for care (i.e., Denver versus smaller cities), and they direct referrals accordingly. Staff stated that much more telemedicine needs to be extended to the outlying areas for specialty consultation but cannot be financially supported exclusively through Medicaid.</p>		
<p>3. The Contractor’s PCMP network provides for extended hours on evenings and weekends and alternatives for emergency room visits for after-hours urgent care.</p> <ul style="list-style-type: none"> ◆ At a minimum, the Contractor’s PCMP network provides for 24-hour-a-day availability of information, referral, and treatment of emergency conditions. ◆ The PCMP provides triage by a clinician 24 hours per day, seven days per week (to meet access to care standards). <p align="right"><i>Exhibit A—4.2.2, Exhibit B—2a 42CFR438.6(k)(1)</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ Lists of emergency, urgent care, and after-hours care facilities available to members ◆ Applicable policies and procedures ◆ Provider communications regarding 24/7 access to after-hours clinicians ◆ Results of assessment/monitoring of availability of 24/7 triage by clinician <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ Progress obtained/status in after-hours and urgent care availability since previous review? ◆ How is availability of urgent care/after-hours communicated to members? 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



*Appendix A. Colorado Department of Health Care Policy and Financing
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 for Colorado Access (Region 2)*

Standard II—Follow-Up : Access to Care/Medical Home

Requirement	Desk Review/Discussion Items	Score
	<ul style="list-style-type: none"> ◆ What proportion of RCCO members have access to after-hours care (i.e., if PCMPs have after-hours care only for their own patients)? ◆ How is after-hours care availability monitored? <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> ◆ Discuss innovative approaches/continuing challenges in provision of urgent/after-hours care. 	

Findings:

- ◆ CCS310—Access to Primary and Specialty Care: Defined urgent care services and stated that prior authorization is not required for urgent care services received in or out of network.
- ◆ Urgent Care Facilities list: Lists urgent/after-hours facilities along Front Range that accept Medicaid.
- ◆ Urgent Care provider letter from the Department: Clarified that ACC members receive the same benefits as Medicaid fee-for-service members and do not require a referral for payment for services.
- ◆ Network Adequacy Report (FY 2013 2nd quarter): Listed three provider locations in Weld County that have evening or weekend hours. No provider locations in the region outside of Weld County offered extended hours.
- ◆ ACC Provider Manual: Stated that PCMPs should be able to provide access to care such as after-hours triage services and appointment availability (specified).
- ◆ RCCO Summary—Access to Care: Summarized the multi-year trends in overall compliance rates with access to care requirements conducted through secret shopper calls for high- and low-volume PCMPs. Indicated that compliance in high-volume practices has diminished.
- ◆ Sample secret shopper reports: Documented monitoring results of routine and symptomatic appointment availability. Access for non-urgent symptomatic appointments performed below standard. Noted that many clinics with larger RCCO membership had waiting times of many months or were not taking new patients.

Additional Discussion:

Staff stated that the urgent care facility list was provided to some PCMPs and was being used to guide individual outreach efforts with each urgent care facility to ensure their understanding of the RCCO program. The member packet included information to encourage members to use urgent care instead of the emergency room (ER), and to call Customer Services or the Nurse Advice Line to find locations. Colorado Access had not distributed a list of urgent care facilities to members via mailings, newsletters, or the member handbook, but stated during the on-site interview that locations of urgent care facilities was being provided to members upon request through Customer Services. Colorado Access stated that members are encouraged to see the PCMP first. In addition,



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Standard II—Follow-Up : Access to Care/Medical Home

Requirement	Desk Review/Discussion Items	Score
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Colorado Access stated that it feels that PCMPs are reluctant to refer a member to an urgent care facility due to concerns that many urgent care facilities are also PCMPs, and the member may then change PCMPs following the urgent care visit. Other concerns expressed by PCMPs, as reported by Colorado Access staff members, are liability and quality concerns regarding directing the patient to receive care from an unfamiliar provider. Staff noted that the RCCO is also aware of concerns regarding the coding of some urgent care visits as ER visits, which would negatively impact the RCCO’s performance outcome measures. Colorado Access was beginning to evaluate data concerning where PCMPs direct members for after-hours care and the reasons that members seek after-hours care, in order to develop an effective initiative related to the provision of after-hours/urgent care.

Within Region 2, there are a number of urgent care alternatives in the Weld County and Larimer County areas, as well as Sterling (Logan County) and Fort Morgan (Morgan County). Most members in rural counties must seek urgent care through the local emergency room. It is common for many small rural PCMPs to provide care on an on-call extended hour basis because they are the only providers available in the area. Staff stated that there are no acute care psychiatric beds available within Region 2, and there is a general shortage of crisis management for behavioral health. This situation resulted in some members spending days in an emergency room to manage a psychiatric crisis. NRBH operates an Acute Treatment Unit and Detox Center. Northern Colorado Medical Center recently opened a Medical Stabilization Unit, which treats individuals with comorbid behavioral health and acute physical health issues.

Colorado Access surveys PCMPs related to after-hours triage messaging, as well as appointment access standards, as part of secret shopper surveys applicable to all lines of business. The most stringent access standards from any line of business are used as the standard. Staff stated that results of surveys are reviewed with PCMPs to explore why standards were not met and whether the RCCO can offer any assistance to improve performance.

<p>4. Transition to Medical Home:</p> <p>The contractor has a Practice Support Plan, describing its annual activities. These practice support activities shall be directed at a majority of the PCMPs in the Contractor’s region and may range from disseminating a practice support resource to its PCMP network to conducting formal training classes for PCMPs relating to practice support. These activities shall include at least one activity relating to each of the following topics:</p> <ul style="list-style-type: none"> ◆ Operational practice support ◆ Clinical tools ◆ Client or member materials <p align="right"><i>Exhibit A—5.2.1</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ Practice Support Plan ◆ Practice Assessments for Medical Home Capabilities ◆ Applicable policies and procedures <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ What is the overall network capacity for medical home functions? What are practice assessments results? ◆ How are practice assessments translated into a Support Plan? (Individual/system-wide)? ◆ What has been provided to practices regarding the Medical Home model? 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
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*Appendix A. Colorado Department of Health Care Policy and Financing
 FY 2012–2013 Data Collection Tool
 for Colorado Access (Region 2)*

Standard II—Follow-Up : Access to Care/Medical Home

Requirement	Desk Review/Discussion Items	Score
	Additional Discussion May Include: <ul style="list-style-type: none"> ◆ Innovative approaches/significant achievements? ◆ What are foreseeable objectives/achievements in PCMP medical home performance? ◆ How have practice transformation efforts and activities impacted the organization’s resources? 	

Findings:

- ◆ Practice Support Plan: General Description of resources available or in development to support PCMPs, including operational and clinical practice support tools, and member communications. Each PCMP has unique capabilities and needs; tools are applied to practices based on identified needs. Resources available included:
 - RCCO personnel: Senior medical directors, professional, and support staff.
 - Annual assessment of PCMP needs related to medical home capabilities.
 - Risk stratification for care management in PCMP practices.
 - Practice coaching: HealthTeamWorks or CCHAP (pediatrics).
 - Leadership forums for provider participation in RCCO processes.
 - New practice orientation to RCCO processes.
 - Guiding Care Altruista portal for care management in PCMPs:
 - Centralized care management support or delegation to PCMP.
 - SDAC dashboard training.
 - PCMP-specific reports: Claims-based, HRA results, SDAC.
 - RCCO Web site: Provider pages and login portal.
 - Provider newsletter: Updates related to RCCO programs and resources.
 - Member communications: IVR messages, member newsletters, health risk assessment, and member selection of PCMP.
- ◆ ACC Provider Manual: Included information describing the ACC program, member attribution and enrollment process, SDAC dashboard, medical home principles, care management processes and delegation to PCMPs, contact information, HCPF provider bulletins, and Web site provider portal.

Examples of Provider Support Services:

- ◆ Provider Training Programs:
 - Cultural Competency training: Cross-cultural training for clinicians available on-site at provider office or online.
 - Colorado Cross-Disability Coalition (CCDC) Webinar: Addressed how to effectively communicate and work with members with disabilities.
 - RCCO orientation.



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Standard II—Follow-Up : Access to Care/Medical Home

Requirement	Desk Review/Discussion Items	Score
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- ◆ Colorado Access Provider Web site:
 - Tools (not specific to RCCO): Administrative tools (e.g., claims status, eligibility); information on authorizations and referrals; and clinical practice guidelines for behavioral health, physical health, and preventive care.
 - RCCO-specific: Numerous links to State Medicaid information, SDAC clinic data (login), Medical Home training module, provider manual, and “weCare” Community Resource listing.
- ◆ Provider News Flash: Electronic provider bulletin e-mailed monthly to participating PCMPs. Also have monthly News Flash to specialists and community organizations.
- ◆ Samples of Member Communications included Health Risk Assessments, onboarding calls for PCMP selection and HRA completion, incentives to see PCMP for wellness exam, flyer to call Nurse Advice Line for urgent care needs, IVR messages on various subjects, and a “Tips for staying healthy” flyer.
- ◆ Care Management Delegation Agreement: Outlined support services that may be provided to the PCMP to support delegated care management activities, such as Altruista case management software, IVR messaging, care management consultation and training, and provision of SDAC data.
- ◆ Pre-delegation Questionnaire and Pre-delegation Audit tool: PCMP self-assessment tools for the specific components of care management and transitions of care, as outlined in the Care Management Delegation Agreement. The audit tool also assessed the PCMP risk stratification methods, care management staff training, and ability to deliver reports. The tool described that follow-up review and confirmation of the reported processes would be performed by the RCCO.
- ◆ CCHAP Amendment: Agreement with CCHAP to provide coaching and training to pediatric practices to prepare them for delegation of care management.

Additional Discussion:

Staff stated that the RCCO had not completed a formal assessment of the complete listing of medical home functions (described in the Department’s medical home principles) performed by PCMP practices. Colorado Access focused its assessments on care coordination capabilities in order to determine the PCMPs’ ability to perform delegated care management. PCMPs who are delegated for care coordination serve about 50 percent of the RCCO population across all regions. The regional contract managers review the comprehensive medical home principles and discuss the PCMPs’ activities related to these functions during each new PCMP orientation. Results of these interviews are retained in provider files. Colorado Access positioned contract managers to be in continuous communication with PCMPs to determine practice needs and organize appropriate responses/resources on an individual practices basis. In addition, Colorado Access assigned care managers to be associated with each PCMP practice to assist with member care coordination and help transition practices to medical home care coordination functions. Staff stated that HealthTeamWorks resources have been offered to any practice that desires assistance with medical home transition, but there has been very little interest from providers in this resource. Colorado Access is hosting best practice discussions related to medical home functions across all PCMPs.

Colorado Access developed a practice tiering system to describe PCMP potential for medical home functions: Tier 1—already performing as medical home; Tier 2—are willing and able to transition to medical home; Tier 3—will never be capable of performing as medical home. Staff stated that higher-volume



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Standard II—Follow-Up : Access to Care/Medical Home

Requirement	Desk Review/Discussion Items	Score
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practices are better positioned to perform as medical homes and are either already performing at that level or are willing to transition. Overall, staff estimated that the majority of members are or will be able to be served through medical homes.

Staff reported that the status of medical home performance in Region 2 is as follows:

- ◆ All clinics in the region (Salud, Sunrise, and hospital-based clinics) are adequately performing all medical home functions. Approximately 70 percent of all RCCO members are receiving care through these PCMPs.
- ◆ Within the rural areas, the strategy is to engage HealthTeamWorks and CCHAP to assist practices in transition. This process was initiated in 2013.
- ◆ All currently contracted practices will eventually be capable of performing as a medical home.

Recommended Actions:

HSAG recommended that Colorado Access and the RCCO continue to pursue strategies and network development as described in the interview process. HSAG recommended that, at some appropriate time in the future, Colorado Access consider performing a more formal assessment of PCMPs’ medical home functions to ensure that all medical home standards outlined by the Department and the RCCO are being met.

Results for Standard II—Follow-Up: Access to Care/Medical Home

Total	Met	=	<u>4</u>	X	1.00	=	<u>4</u>
	Substantially Met	=	<u>0</u>	X	.75	=	<u>0</u>
	Partially Met	=	<u>0</u>	X	.50	=	<u>0</u>
	Not Met	=	<u>0</u>	X	0.0	=	<u>0</u>
	Not Applicable	=	<u>0</u>	X	NA	=	<u>0</u>
Total Applicable		=	<u>4</u>	Total Score	=	<u>4</u>	

Total Score ÷ Total Applicable		=	<u>100%</u>
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Appendix B. **Record Review Tools**
for Colorado Access (Region 2)

The record review tools for Region 2 follow this cover page.



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Sample Number: J2***** (1)

Reviewer: Kathy Bartilotta

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member was identified through data and multiple emergency room (ER) visits.		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"><i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care coordinator made initial contact with the member to introduce herself and explain her role as care coordinator. Initially, the member was not interested in the program but eventually agreed to participate. The care coordinator met with the member several times and accompanied her to behavioral health appointments.		



Appendix B. Colorado Department of Health Care Policy and Financing
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for Colorado Access (Region 2)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: A health risk assessment was present in the record. Progress notes in the record indicated the member was involved with care coordinators at other agencies; however, the assessment tool used by Colorado Access did not assess whether the member had a care plan with any other agency.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The HRA assessed potential depression, ADLs, and utilization patterns. The assessment did not address risks.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>There was a care plan included in the record; however the plan was best described in the progress notes and call scripts. The goals were very obscure and did not reflect detailed interventions or follow-up.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The care coordinator linked the member to behavioral health support and accompanied the member to appointments.</p>		



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for Colorado Access (Region 2)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values?</p> <p align="right"><i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i> <i>Regions 4: Exhibit A—6.4.3.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record did not document the member’s cultural and/or linguistic needs, beliefs, and values.</p>		
<p>4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.3.3.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: No barriers to care were identified.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>1. Were the member and the member’s family, if applicable, active participants in the member’s care, to the extent the member/family were willing and able?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member was involved through the entire process although she initially refused care management services and was a no-show for some appointments.</p>		
<p>2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs?</p> <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3: Exhibit A—6.4.5.2.3</i> <i>Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care coordinator arranged behavioral health and primary care appointments to address needs. The member continued to use the emergency department for physical needs throughout the course of documentation.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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for Colorado Access (Region 2)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
3. Did the Contractor follow up with the member to assess whether the member has received the services needed and if the member is on track to reach his or her desired health outcomes? <div style="text-align: right;"> <i>Regions 1, 4, 5, 6, 7: Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Region 3: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care coordinator documented frequent member contact and follow-up.		

Results for Care Management Record Review					
Total	Met	=	<u>6</u>	X	1.00 = <u>6</u>
	Substantially Met	=	<u>2</u>	X	.75 = <u>1.5</u>
	Partially Met	=	<u>1</u>	X	.50 = <u>0.5</u>
	Not Met	=	<u>1</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>1</u>	X	NA = <u>0</u>
Total Applicable		=	<u>10</u>	Total Score	= <u>8</u>

Total Score ÷ Total Applicable		=	<u>80%</u>
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Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Sample Number: Y2***** (2)

Reviewer: Barbara McConnell

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member was identified through data after multiple emergency room (ER) visits.		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"> <i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care coordinator contact notes demonstrate multiple interactions between the member and the care coordinator.		



Appendix B. Colorado Department of Health Care Policy and Financing
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for Colorado Access (Region 2)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: A health risk assessment (HRA) and transition of care assessments were included in the file. The HRA did not assess whether the member is receiving services from other agencies or organizations.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The HRAs did not assess whether the member had behaviors that caused risk to the member’s health.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The Alliance care manager developed the care plan. Additional care planning interventions were included in the care management contact notes.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The progress notes documented that the care coordinator assisted the member with referral to home health through HCBS benefits. The care coordinator also provided information regarding food banks and transportation. The care coordination assisted the member with applying for housing assistance and with finding a home without stairs.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values?</p> <p align="right"><i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i> <i>Regions 4: Exhibit A—6.4.3.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member’s primary language was noted in one of the transition of care assessments. The adult HRA did not include an assessment of cultural or linguistic needs or beliefs and values as they may affect the member’s health care.</p>		
<p>4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.3.3.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: There were no barriers to care for this member.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>1. Were the member and the member’s family, if applicable, active participants in the member’s care, to the extent the member/family were willing and able?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member was an active participant in the care management activities.</p>		
<p>2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs?</p> <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3: Exhibit A—6.4.5.2.3</i> <i>Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member had gastric cancer. The care coordinator conducted HRA and transition of care assessments via home visits. The care coordinator worked with human services to assist the member with obtaining HCBS services, provided education on medications, and attended doctor appointments with the member.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
3. Did the Contractor follow up with the member to assess whether the member has received the services needed and if the member is on track to reach his or her desired health outcomes? <div align="right"> <i>Regions 1, 4, 5, 6, 7: Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Region 3: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The record documented multiple instances where the care manager followed up with the member after scheduled care or services were provided.		

Results for Care Management Record Review					
Total	Met	=	<u>7</u>	X	1.00 = <u>7</u>
	Substantially Met	=	<u>1</u>	X	.75 = <u>0.75</u>
	Partially Met	=	<u>2</u>	X	.50 = <u>1.0</u>
	Not Met	=	<u>0</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>1</u>	X	NA = <u>0</u>
Total Applicable		=	<u>10</u>	Total Score	= <u>8.75</u>

Total Score ÷ Total Applicable		=	<u>88%</u>
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Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Sample Number: G7**** (3)

Reviewer: Barbara McConnell

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member was identified following an inpatient hospitalization.		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"> <i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: Documentation demonstrated multiple interactions (including telephone contacts and home visits) between the member and the assigned care coordinator.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: A health risk assessment (HRA) was completed in June 2012 via telephone call. The HRA is a screening tool used to identify basic needs and did not include evaluation of whether the member was involved with other services or agencies.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: It was evident via care management notes that this care coordinator assessed the member’s needs on an ongoing basis and responded to those needs appropriately. However, there is no formal documentation of what was assessed or discussed with the member. Colorado Access did not have a formal comprehensive care management process.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The care plan developed by the electronic care coordination system was general. Care management notes addressed the member’s specific needs.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The care coordinator made referrals for housing, support group, physical therapy, and patient education. The care coordinator attended a support group meeting with the member, assisted the member with completing an application, and provided the member with information regarding food banks. The care coordinator helped schedule transportation to a gastroenterology appointment and a dentist visit. The record also included documentation that the care coordinator had contact with the member’s physical therapist.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values? <p align="right"><i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i> <i>Regions 4: Exhibit A—6.4.3.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The file included documentation that the care coordinator attended a dentist appointment with the member and the member’s mother because the member’s mother did not feel comfortable with the interpreters at the dentist office.		
4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.3.3.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The only barrier identified in the record was transportation. The record also documented that the issue was resolved.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>1. Were the member and the member’s family, if applicable, active participants in the member’s care, to the extent the member/family were willing and able?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member’s mother contacted the care coordinator on several occasions for assistance with specific issues.</p>		
<p>2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs?</p> <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3: Exhibit A—6.4.5.2.3</i> <i>Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Care management documentation demonstrated responsiveness to the member’s needs as situations and transitions arose.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
3. Did the Contractor follow up with the member to assess whether the member has received the services needed and if the member is on track to reach his or her desired health outcomes? <div align="right"> <i>Regions 1, 4, 5, 6, 7: Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Region 3: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: A home visit was completed with the member’s mother following a call to the school for special needs children to ensure everything was in place for the start of school and to support the mother. A visit to the preschool was also accomplished to assist the mother with transportation and paperwork as needed. The record also included documentation of the care coordinator having followed up with the orthopedist.		

Results for Care Management Record Review					
Total	Met	=	<u>10</u>	X	1.00 = <u>10</u>
	Substantially Met	=	<u>0</u>	X	.75 = <u>0</u>
	Partially Met	=	<u>1</u>	X	.50 = <u>.50</u>
	Not Met	=	<u>0</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>0</u>	X	NA = <u>0</u>
Total Applicable		=	<u>11</u>	Total Score	= <u>10.5</u>

Total Score ÷ Total Applicable		=	<u>95%</u>
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Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Sample Number: G0**** (4)

Reviewer: Barbara McConnell

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member was identified after a hospitalization. The care coordinator visited the member in the hospital, then again at home after discharge.		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"><i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care coordinator assigned to this member met with the member and, with the member’s permission, spoke with the care manager at the hospital and with the member’s daughter.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record included a health risk assessment (HRA); however, the HRA did not address whether the member was being seen by other agencies or organizations.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The HRA is a screening tool and as such is not a comprehensive care coordination assessment. The HRA did not assess risks.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The Colorado Access care coordinator developed a care plan. Care planning interventions were also documented in the contact notes.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care coordinator assisted the member with gas vouchers, referrals to Friends of Man for assistance in obtaining dentures, and referral to a divorce support group.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values? <div align="right"> <i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i> <i>Regions 4: Exhibit A—6.4.3.1.2</i> </div>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member’s primary language was noted in the transition of care HRA. No other beliefs, values, or cultural needs were assessed.		
4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member? <div align="right"> <i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.3.3.4</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care coordinator worked with the member to resolve barriers that included payment for dentures and transportation.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>1. Were the member and the member’s family, if applicable, active participants in the member’s care, to the extent the member/family were willing and able?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member was actively engaged in care coordination activities, as evidenced by multiple contacts with the care coordinator.</p>		
<p>2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs?</p> <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3: Exhibit A—6.4.5.2.3</i> <i>Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care coordinator met with the member at the hospital and again at home after hospital discharge. The care coordinator attended a therapy session with the member and coordinated with the PCP. The care coordinator also coordinated with the member’s daughter’s medical providers.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
3. Did the Contractor follow up with the member to assess whether the member has received the services needed and if the member is on track to reach his or her desired health outcomes? <div align="right"> <i>Regions 1, 4, 5, 6, 7: Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Region 3: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The record included documentation of multiple contacts following referrals and hospitalizations.		

Results for Care Management Record Review						
Total	Met	=	<u>8</u>	X	1.00 =	<u>8</u>
	Substantially Met	=	<u>1</u>	X	.75 =	<u>0.75</u>
	Partially Met	=	<u>2</u>	X	.50 =	<u>1.0</u>
	Not Met	=	<u>0</u>	X	0.0 =	<u>0</u>
	Not Applicable	=	<u>0</u>	X	NA =	<u>0</u>
Total Applicable		=	<u>11</u>	Total Score	=	<u>9.75</u>
Total Score ÷ Total Applicable					=	<u>89%</u>



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Sample Number: Y1***** (5)

Reviewer: Kathy Bartilotta

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: During onboarding, the health risk assessment (HRA) identified three or more emergency room (ER) visits and hospitalizations in six months. This member also has multiple chronic medical conditions.		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"><i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care coordinator called four times in five months before connecting with the member.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member’s record included an HRA. The PCMP was responsible for ongoing care management per the delegation agreement.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The HRA assessed mental health status, utilization patterns, and ADLs. When the care coordinator contacted the member, the member expressed that stomach pain was causing distress. The member was frustrated with lack of attention to pain medications. The care manager arranged a home visit to further assess pain function and mental health. The assessment in the record did not evaluate risks.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The record included an Altruista pre-scripted care plan. The progress notes document patient needs and interventions (such as scheduling follow-up appointments, attending appointments and physical assessments).</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The care coordinator linked the member to multiple physician appointments, attended a long-term care (LTC) in-home assessment for eligibility, and called the human services case manager to check on HCBS and other social service benefits. Notes indicated the member was confused about all the different services.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values?</p> <p align="right"><i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i> <i>Regions 4: Exhibit A—6.4.3.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record did not include an assessment of the member’s cultural and/or linguistic needs, beliefs, and values.</p>		
<p>4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.3.3.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: No barriers to care were specifically identified.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>1. Were the member and the member’s family, if applicable, active participants in the member’s care, to the extent the member/family were willing and able?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member was an active participate. Notes stated that “patient was agreeable to this plan and felt he was getting needs addressed.”</p>		
<p>2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs?</p> <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3: Exhibit A—6.4.5.2.3</i> <i>Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: The member’s needs were related only to medical.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
3. Did the Contractor follow up with the member to assess whether the member has received the services needed and if the member is on track to reach his or her desired health outcomes? <div align="right"> <i>Regions 1, 4, 5, 6, 7: Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Region 3: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care coordinator documented multiple follow-up calls with the member after appointments.		

Results for Care Management Record Review					
Total	Met	=	<u>7</u>	X	1.00 = <u>7</u>
	Substantially Met	=	<u>1</u>	X	.75 = <u>0.75</u>
	Partially Met	=	<u>0</u>	X	.50 = <u>0</u>
	Not Met	=	<u>1</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>2</u>	X	NA = <u>0</u>
Total Applicable		=	<u>9</u>	Total Score	= <u>7.75</u>

Total Score ÷ Total Applicable		=	<u>86%</u>
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Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Sample Number: G2**** (6)

Reviewer: Barbara McConnell

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member was identified for case management services after multiple emergency room (ER) visits.		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"><i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The record included documentation of multiple contacts between the member and the provider.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: A health risk assessment (HRA) and transition of care assessment were included in the file. The assessments did not address whether the member was receiving services from other agencies or organizations.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The HRA did assess the member’s health status and medical and non-medical needs; however, a comprehensive assessment of needs was not performed. It was clear that the care coordinator worked with the member to determine needs as issues arose; however, it was not well documented how these needs were assessed.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The Alliance care manager developed the care plan. Additional care planning interventions were found in the care coordinator’s contact notes.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care coordinator assisted member with obtaining bus tokens and emergency food box and clothing for children.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values?</p> <p align="right"><i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i> <i>Regions 4: Exhibit A—6.4.3.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record did not include an assessment of the member’s cultural and/or linguistic needs, beliefs, and values.</p>		
<p>4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.3.3.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: No barriers to care were identified for this member.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>1. Were the member and the member’s family, if applicable, active participants in the member’s care, to the extent the member/family were willing and able?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member was actively engaged with the care coordinator.</p>		
<p>2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs?</p> <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3: Exhibit A—6.4.5.2.3</i> <i>Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care coordinator met with the member and PCP and attended appointments with the member. The care coordinator offered a home visit following the member’s discharge from the hospital (patient declined). Notes indicated the member was receiving Suboxone for substance abuse issues. There was no documentation of coordination with the substance abuse provider(s) or discussion with the member to obtain permission.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
3. Did the Contractor follow up with the member to assess whether the member has received the services needed and if the member is on track to reach his or her desired health outcomes? <div align="right"> <i>Regions 1, 4, 5, 6, 7: Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Region 3: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care coordinator met with the member and the PCP regarding the process for Suboxone treatment. The care coordinator called the member following the beginning of treatment to see how it was going.		

Results for Care Management Record Review					
Total	Met	=	<u>7</u>	X	1.00 = <u>7</u>
	Substantially Met	=	<u>1</u>	X	.75 = <u>0.75</u>
	Partially Met	=	<u>1</u>	X	.50 = <u>0.5</u>
	Not Met	=	<u>1</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>1</u>	X	NA = <u>0</u>
Total Applicable		=	<u>10</u>	Total Score	= <u>8.25</u>
Total Score ÷ Total Applicable				=	<u>83%</u>



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Sample Number: G5**** (7)

Reviewer: Barbara McConnell

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member was identified through data as a high emergency department (ED) user.		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"><i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The Colorado Access care coordinator worked closely with the coordinator at the community mental health center (CMHC). The Colorado Access care coordinator had multiple calls with the member and providers. The Colorado Access care coordinator documented home visits with the member.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: A health risk assessment (HRA) was included in the record. The HRA did not include an assessment of whether the member was being served by other agencies or organizations.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The HRA is a screening tool and not a comprehensive care coordinator assessment. It was evident from care management contact notes that the care coordinator worked with the member to determine needs and address those needs; however, it was not well documented how the needs were assessed.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The Alliance care manager developed a care plan. Additional care planning interventions were documented in the contact notes.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The care coordinator assisted with transportation, identification of a new PCP, and arranged an appointment for nutritional education. The care coordinator assisted the member with a supplement security income (SSI) application and with obtaining prescriptions for occupational and physical therapy following surgery.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values?</p> <p align="right"><i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i> <i>Regions 4: Exhibit A—6.4.3.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Language needs, cultural beliefs, or values were not assessed on the HRA. There was no documentation that the care coordinator explored these items with the member.</p>		
<p>4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.3.3.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care coordinator helped the member address barriers related to transportation.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>1. Were the member and the member’s family, if applicable, active participants in the member’s care, to the extent the member/family were willing and able?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member was actively engaged with the care coordinator and her medical care.</p>		
<p>2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs?</p> <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3: Exhibit A—6.4.5.2.3</i> <i>Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care coordinator scheduled PCP and follow-up appointments for the member. The coordinator helped the member with admission to the hospital for shoulder surgery and then to an acute treatment unit (ATU) for a couple of nights before returning to the group home. The member has complex physical and mental health problems. Surgery and hospitalization contributed to decompensation of mental health status, which was addressed through the care coordinator.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
3. Did the Contractor follow up with the member to assess whether the member has received the services needed and if the member is on track to reach his or her desired health outcomes? <div style="text-align: right;"> <i>Regions 1, 4, 5, 6, 7: Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Region 3: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care coordinator made multiple follow-up calls following various appointments.		

Results for Care Management Record Review					
Total	Met	=	<u>9</u>	X	1.00 = <u>9</u>
	Substantially Met	=	<u>0</u>	X	.75 = <u>0</u>
	Partially Met	=	<u>1</u>	X	.50 = <u>.5</u>
	Not Met	=	<u>1</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>0</u>	X	NA = <u>0</u>
Total Applicable		=	<u>11</u>	Total Score	= <u>9.5</u>
Total Score ÷ Total Applicable					= <u>86%</u>



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Sample Number: C2**** (8)

Reviewer: Kathy Bartilotta

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member was identified for transition of care management post-hospitalization. The care coordinator was aware that the member was scheduled for surgery.		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"> <i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i> </div>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care coordinator who was assigned to this member was unable to connect with the member.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>Observations:</p> <p>There was no assessment performed because the care coordinator was unable to reach the member after scheduled surgery. The care coordinator did not document any attempts to contact the hospital case manager or the PCMP to determine if a discharge plan existed.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable
<p>Observations:</p> <p>The care coordinator made three attempts to contact the member to conduct an assessment but was unsuccessful.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record included a system-generated care plan. The care plan goal was to avoid re-hospitalization, but no specific interventions were noted.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: The care coordinator was unable to contact the member to perform transition of care management.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values?</p> <p align="right"><i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i> <i>Regions 4: Exhibit A—6.4.3.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: The care coordinator was unable to contact the member.</p>		
<p>4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.3.3.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: The care coordinator was unable to contact the member.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>1. Were the member and the member’s family, if applicable, active participants in the member’s care, to the extent the member/family were willing and able?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: The care coordinator was unable to contact the member and, therefore, unable to implement the transition of care plan.</p>		
<p>2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs?</p> <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3: Exhibit A—6.4.5.2.3</i> <i>Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: The member was identified to care management due to expected needs for medical transition post-hospitalization. However, the care manager was unable to locate the member post-hospitalization, and the file did not document the ultimate disposition of the member. During on-site review, staff speculated that the member may have expired during hospitalization.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
3. Did the Contractor follow up with the member to assess whether the member has received the services needed and if the member is on track to reach his or her desired health outcomes? <div align="right"> <i>Regions 1, 4, 5, 6, 7: Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Region 3: Exhibit A—6.4.5.1.7</i> </div>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care coordinator made three attempts to contact the member. The care coordinator did not attempt to contact the hospital case manager or PCMP to determine the disposition of the member after surgery.		

Results for Care Management Record Review					
Total	Met	=	<u>1</u>	X	1.00 = <u>1</u>
	Substantially Met	=	<u>0</u>	X	.75 = <u>0</u>
	Partially Met	=	<u>3</u>	X	.50 = <u>1.5</u>
	Not Met	=	<u>1</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>6</u>	X	NA = <u>0</u>
Total Applicable		=	<u>5</u>	Total Score	= <u>2.5</u>
Total Score ÷ Total Applicable				=	<u>50%</u>



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Sample Number: G5**** (9)

Reviewer: Barbara McConnell

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member was sent an outreach packet that included a health risk assessment (HRA). The member completed the HRA and returned it to Colorado Access.		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"><i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care coordinator assignment was evident through multiple care management notes and contacts with the member.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record included several topic-specific HRAs. The HRAs did not assess whether the member was receiving services from other agencies or organizations.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The HRA did not include risks or behaviors that affect health. As a screening tool, the HRA is not a comprehensive care coordination assessment.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The Alliance care manager developed a care plan. Care planning interventions were also documented in the care management notes.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The care coordinator assisted the member with a referral to a neurologist and a podiatrist. The care coordinator also assisted with an application for food stamps and with transportation to physical therapy and several specialist appointments.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values? <p align="center"><i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i> <i>Regions 4: Exhibit A—6.4.3.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member’s cultural beliefs and values were not assessed in the HRA. The care management notes did not address cultural or spiritual needs.		
4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member? <p align="center"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.3.3.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care coordinator helped the member address problems with transportation. Because Medicaid does not pay for transportation to dental services, the care coordinator had to research and arrange for community options.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>1. Were the member and the member’s family, if applicable, active participants in the member’s care, to the extent the member/family were willing and able?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member was actively engaged in care coordination activities.</p>		
<p>2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs?</p> <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3: Exhibit A—6.4.5.2.3</i> <i>Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The Colorado Access care coordinator coordinated home visits with the care manager from North Range Behavioral Health to help the member with organizing his calendar to remind him of upcoming appointments. Colorado Access also coordinated with Connections (community service agency) and with HCBS to ensure adequate coverage while the certified nurse assistant (CNA) was out. The care coordinator attended a physical therapy assessment session with the member and coordinated with an orthopedist to adjust the member’s brace fitting. The coordinator helped the member with appointment and transportation scheduling and assisted with medication reconciliation.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
3. Did the Contractor follow up with the member to assess whether the member has received the services needed and if the member is on track to reach his or her desired health outcomes? <div align="right"> <i>Regions 1, 4, 5, 6, 7: Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Region 3: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care coordinator visited the member in the member’s home to review results of medical tests with the member and ensure appropriate follow-up doctor appointments were made.		

Results for Care Management Record Review					
Total	Met	=	<u>8</u>	X	1.00 = <u>8</u>
	Substantially Met	=	<u>1</u>	X	.75 = <u>0.75</u>
	Partially Met	=	<u>1</u>	X	.50 = <u>0.5</u>
	Not Met	=	<u>1</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>0</u>	X	NA = <u>0</u>
Total Applicable		=	<u>11</u>	Total Score	= <u>9.25</u>
Total Score ÷ Total Applicable					= <u>84%</u>



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Sample Number: H5***** (10)

Reviewer: Barbara McConnell

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: Data indicated this member had multiple emergency room (ER) visits. Colorado Access made follow-up telephone calls to complete a health risk assessment (HRA).		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"><i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care coordinator made outreach calls to the member following each ER visit.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: An HRA was included in the record. The HRA did not include an assessment of whether the member was served by other agencies or organizations.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The HRA is a screening tool and as such, is not a comprehensive assessment. It was evident from care management contact notes that the care coordinator worked with the member to determine needs and address them; however, it was not well documented how those needs were assessed.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The Alliance care manager developed a care plan. Additional member-specific care planning was evident in the contact notes.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The care coordinator provided the member with telephone numbers for North Colorado Health Alliance and the Medicaid nurse hotline as alternatives to using the ER. The care coordinator assisted the member with scheduling transportation, attended PCP visits with the member, and established a management plan with the PCP. He also coordinated with paramedics to arrange transport to an acute treatment unit (ATU) for acute mental health decompensation. The coordinator also scheduled an emergency appointment for the member’s continuous positive airway pressure (CPAP) machine calibration.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values?</p> <p align="right"><i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i> <i>Regions 4: Exhibit A—6.4.3.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The HRA did not address cultural and/or linguistic needs, beliefs, or values. Contact notes did not document whether this was explored with the member.</p>		
<p>4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.3.3.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Notes in the file identified transportation as a barrier to care. The notes also indicated that the issue with transportation was resolved.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>1. Were the member and the member’s family, if applicable, active participants in the member’s care, to the extent the member/family were willing and able?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: After a few calls from the care coordinator following ER visits, the member began initiating calls to the care coordinator.</p>		
<p>2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs?</p> <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3: Exhibit A—6.4.5.2.3</i> <i>Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care plan was responsive to the member’s needs and reflected contact with PCP and behavioral health providers. The record documented multiple telephone calls and home visits and that the care coordinator attended PCP appointments with the member.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 2)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
3. Did the Contractor follow up with the member to assess whether the member has received the services needed and if the member is on track to reach his or her desired health outcomes? <div align="right"> <i>Regions 1, 4, 5, 6, 7: Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Region 3: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The emergency department referred the member to a gastroenterologist for GI studies. The care coordinator called the member to determine if the studies were done. The care coordinator also made multiple follow-up calls to see how various appointments went.		

Results for Care Management Record Review					
Total	Met	=	<u>8</u>	X	1.00 = <u>8</u>
	Substantially Met	=	<u>1</u>	X	.75 = <u>0.75</u>
	Partially Met	=	<u>1</u>	X	.50 = <u>0.5</u>
	Not Met	=	<u>1</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>0</u>	X	NA = <u>0</u>
Total Applicable		=	<u>11</u>	Total Score	= <u>9.25</u>
Total Score ÷ Total Applicable					= <u>84%</u>