

Colorado
Accountable Care Collaborative

FY 2013–2014 SITE REVIEW REPORT
for
Colorado Access
(Regions 2, 3, and 5)

May 2014

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



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Introduction

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. **Colorado Access** began operations as a RCCO for Region 2 in May 2011, for Region 3 in June 2011, and for Region 5 in July 2011.

The Department has asked Health Services Advisory Group, Inc. (HSAG), an external quality review organization, to perform annual site reviews to monitor the progress of each RCCO's development and progress in implementing key features of the ACC Program. This report documents results of the FY 2013–2014 site review activities for the review period of January 1, 2013, through December 31, 2013. This section contains summaries of the findings as evidence of compliance, activities, and progress based on on-site discussions, and HSAG's observations and recommendations related to each of the focus areas reviewed this year. Section 2 provides an overview of the monitoring activities and describes the site review methodology used for the 2013–2014 site reviews. Appendix A contains the completed on-site data collection tool. Appendix B contains detailed findings for the care coordination record reviews. Appendix C contains the detailed results of the provider network capacity analysis. Appendix D lists HSAG, RCCO, and Department personnel who participated in some way in the site review process.

Summary of Results

HSAG assigned each requirement in the Provider Support section of the data collection tool a score of *Met*, *Partially Met*, or *Not Met*. HSAG also described findings for each requirement and identified opportunities for improvement with associated recommendations for requirements that were assigned a score of *Partially Met* or *Not Met*. Table 1-1 presents the scores for **Colorado Access** for Provider Support contract requirements for each of its three regions. A summary of the findings and recommendations is included in this section. For the Provider Network Development and Care Coordination focus areas, observations and results of on-site discussions based on document review and on-site focused interviews were not scored; however, they were captured on the data collection tool and summarized in this section.

Table 1-1—Summary of Scores							
Focus Area	Total Elements	Total Applicable Elements	# Met	# Partially Met	# Not Met	# Not Applicable	Score*
Provider Support (Region 2)	7	7	7	0	0	0	100%
Provider Support (Region 3)	7	7	7	0	0	0	100%
Provider Support (Region 5)	7	7	7	0	0	0	100%

*The overall percentages were obtained by adding the number of elements that received a score of *Met*, then dividing this total by the total number of applicable elements. *Partially Met* and *Not Met* scores received a 0.0 point value.

For the care coordination record reviews, HSAG assigned each requirement in the record review tools a score of *Met*, *Partially Met*, *Not Met*, or *Not Applicable*. HSAG also identified opportunities for improvement with associated recommendations for each record. Table 1-2 presents the scores for **Colorado Access**' care coordination record reviews. Detailed findings for the record reviews are in Appendix B—Record Review Tools.

Table 1-2—Summary of Care Coordination Record Review Scores							
Description of Record Review	# of Elements	# of Applicable Elements	# Met	# Partially Met	# Not Met	# Not Applicable	Score (% of Met Elements)
Care Coordination (Region 2)	72	64	41	9	14	8	64%
Care Coordination (Region 3)	144	115	49	32	34	29	43%
Care Coordination (Region 5)	132	111	66	27	18	21	59%
Total	348	290	156	68	66	58	54%

*The overall percentages were obtained by adding the number of elements that received a score of *Met*, then dividing this total by the total number of applicable elements. *Partially Met* and *Not Met* scores received a 0.0 point value.

Summary of Findings and Recommendations by Focus Area

Provider Support

Findings

Due to the shared infrastructure of **Colorado Access**, all provider support activities were applicable in Regions 2, 3, and 5. The RCCO Practice Support Plan provided a comprehensive overview of practice support program components, including staff roles and responsibilities; operational, clinical, and member support activities; and provider tools. The three primary functions of practice support are (1) care management; (2) contract manager and medical director interactions; and (3) provision of educational, orientation, and communications materials. **Colorado Access** assigned a RCCO contract manager to each provider practice. The RCCO contract manager maintained a one-on-one relationship with each practice to assist with all systems and processes related to the Medicaid program. **Colorado Access** acted as a liaison between providers and the Department or other RCCO partners to resolve barriers and problems related to Medicaid systems or operations. The contact strategy with each practice varied according to the structure and culture of the organization and individual practice needs. Medical directors were also engaged with practices through leading clinical committees, leveraging relationships in the medical community to meet ACC goals, and attending meetings with individual providers to discuss each provider's Practice Performance Portfolio report. **Colorado Access** provided numerous operational, clinical, and client support tools to practices through its RCCO Web site and through the contract managers based on individual practice needs. **Colorado Access** delegated care management to approximately 40 percent of practices, based on a pre-delegation assessment of the practice's medical home and care management capabilities. Once delegated, practices submitted monthly care coordination metrics to **Colorado Access**, which were routinely reviewed by RCCO management and used to identify opportunities for improvement. **Colorado Access** assigned care managers to specific practices in order to maintain consistent relationships with practice care managers and attributed members. Delegated practices participated in the Delegate Committee, which provided a collaborative learning environment for delegate representatives and RCCO staff.

Activities and Progress

During on-site discussions, staff members described several issues related to the Medicaid systems and actions that **Colorado Access** has taken to resolve those issues including meeting one-on-one with providers to assist them through the online contacting process, educating and assisting pediatricians with transitioning to RCCO per-member-per-month (PMPM) payments, working with potential new providers to determine whether they could meet the patient-centered medical home (PCMH) criteria required to qualify as a PCMP, expanding the use of interactive voice response (IVR) messaging, and piloting other outreach activities to increase member attribution to Primary Care Medical Providers (PCMPs). All three **Colorado Access** regions anticipated issues related to the enrollment and transition of the corrections population into the Medicaid program and were beginning work with the Department, county agencies, and parole offices to prepare for integration of the corrections population. **Colorado Access** also hired a medical director who has relationships

in the corrections community, and care management staff members who are experienced working with the corrections population.

Colorado Access hosted a monthly care management Delegate Committee, which provided a learning environment for representatives from delegated practices to share best practices and care planning strategies, review care management performance metrics, and have discussions regarding use of the statewide data and analytics contractor (SDAC) data. RCCO care managers also conducted intensive case discussions about high-utilizer members with select practices' staff. Some practices requested to have these on-site, intensive case discussions monthly. Staff stated that **Colorado Access'** goal is to increase the number of delegated practices in 2014.

Staff identified a major accomplishment for 2013 as the development and implementation of a comprehensive online provider orientation module that can be accessed through the RCCO Web site. In addition, staff described the Practice Performance Portfolio reports (which consolidated performance measures from a variety of sources into a practice-specific monitoring report) as a major enhancement to the provider support program during the past year. Medical directors began to engage in one-on-one review of the report with providers. Staff reported that this process has been very well received by providers.

Colorado Access implemented a Performance Incentive Program that allocated financial resources to select practices to improve the integration of behavioral and physical health care. Staff reported that the program was enthusiastically received by providers and will be continued in 2014.

Summary of Provider Support Tools

Colorado Access made all of its tools and materials available to providers through the RCCO Web site and its contract managers. **Colorado Access** promoted access to the Web site through a variety of mechanisms, A Web site tracking tool indicated that use of the Web site was steadily increasing. Examples of the numerous tools and materials that were available to providers are as follows:

Clinical Tools—6 of 6 of the categories of tools listed in the RCCO contract:

- ◆ Clinical care guidelines and best practices
- ◆ Clinical screening tools, such as depression screening
- ◆ Screening tools and substance use screening tools
- ◆ Health and functioning questionnaires
- ◆ Chronic care templates
- ◆ Registries

Client Materials—5 of 5 of the categories of tools listed in the RCCO contract:

- ◆ Client reminders
- ◆ Self-management tools
- ◆ Educational materials—specific conditions
- ◆ Client action plans
- ◆ Behavioral health surveys and other self-screening tools

Operational Practice Support—7 of 9 of the categories of tools listed in the RCCO contract:

- ◆ Guidance and education on the principles of the medical home
- ◆ Training on providing culturally competent care
- ◆ Training to enhance the health care skills and knowledge of supporting staff
- ◆ Guidelines for motivational interviewing
- ◆ Tools and resources for telephone call and appointment tracking
- ◆ Tools and resources for tracking labs, referrals, and similar items
- ◆ Referral and transitions of care checklists
- ◆ Visit agendas or templates
- ◆ Standing pharmacy order templates
- ◆ Other: Dismissal of Member protocol

Data, Reports, and Other Resources—4 of 4 of the categories of tools listed in the RCCO contract:

- ◆ Expanded provider network directory
- ◆ Comprehensive directory of community resources
- ◆ Directory of other Department-sponsored resources, such as the managed care ombudsman and Nurse Advice Line
- ◆ Link from main ACC Program Web site to the Contractor's Web site of centrally located tools and resources
- ◆ Other: Practice Performance Portfolio

Observations/Recommendations

Colorado Access staff appeared well informed and engaged with members and providers regarding Medicaid administrative issues. Management actively worked with the Department to pursue solutions and resolve several Medicaid system issues that occurred during 2013. The RCCO Web site was attractive, user-friendly and easy to navigate, and included access to numerous provider support materials. Contract managers were actively engaged with individual practices and appeared very knowledgeable regarding customized approaches responsive to individual practice needs.

Colorado Access initiated several substantial, innovative projects to stimulate and assist providers with practice redesign including support of delegated coordination of care activities, development of the individual Practice Performance Portfolio, implementation of the Performance Incentive Program to support providers in the integration of behavioral and physical health, and ongoing staff interactions with practices based on individual practice needs. **Colorado Access** remained sensitive to the fact that the Medicaid population is only a portion of each provider's practice; therefore, **Colorado Access** seeks to encourage and support practices rather than dictate changes in operational or clinical processes of providers.

Provider Network Development

Activities and Progress

The **Colorado Access** RCCO membership increased significantly during 2013 due to the Medicaid expansion populations, particularly in Region 3. The number of enrolled children increased exponentially, and the integration of the expansion populations increased the number of unattributed members. In response to the rapid expansion of the Medicaid-eligible population, **Colorado Access** increased its contracted provider practices by nearly 50 percent to 1,300 individual providers within the three **Colorado Access** regions. A large majority of providers are accepting new Medicaid members. Provider recruitment during 2013 focused on pediatricians and Full Benefit Medicare-Medicaid Enrollee (FBMME) providers. In addition, **Colorado Access** expanded its formal agreements and informal relationships with State-contracted entities serving Medicaid members, such as behavioral health organizations (BHOs) and community-centered boards (CCBs), as well as community organizations providing specialized services to Medicaid populations. **Colorado Access** individually developed and negotiated each relationship that culminated in a formal memorandum of understanding (MOU) agreement. Although agreements varied according to the populations served and unique political and operational characteristics of each entity, a fundamental element of each agreement was the exchange of protected health information (PHI). **Colorado Access** was particularly proud of completing nearly two years of negotiations and signing a formal agreement with Banner Health in Region 2. This agreement opened access to Banner Health's system of primary care clinics and provided **Colorado Access** with daily admit, discharge, and transfer reports. The agreement will be used as the model for establishing relationships with other hospital systems.

Colorado Access envisioned the medical neighborhood as involving the development of an integrated system of care providers at all levels—PCMPs, specialists, hospitals, long-term care facilities, and home care agencies, as well as numerous community organizations—in order to organize a continuum of services for members. The medical neighborhood would be primarily configured through a series of relationships, formalized through MOU agreements. **Colorado Access** reported that in 2013 it engaged in resolving conflicted relationships and power struggles among a variety of organizations. **Colorado Access** further executed agreements, including data-sharing arrangements, with a number of community organizations and provider systems. **Colorado Access** will focus 2014 efforts on further developing its relationships with specialists, hospitals, nursing homes, and home care agencies. **Colorado Access** discussed an in-depth survey of specialists and PCMPs conducted in 2013, which provided insight into gaps in specialist availability and priorities for specialists serving Medicaid. In 2014 **Colorado Access** will further explore methods of incentivizing specialists to become actively engaged in the ACC.

Summary of Provider Network Capacity Analysis

HSAG presented preliminary results of its MS Excel Pivot Table analysis of Regions 2, 3, and 5 provider networks (individually) to **Colorado Access** staff during the on-site review. HSAG explained the methodology of pivot table analysis, used to eliminate duplicate entries of providers or locations within the overall region and by county. HSAG explained that the lack of data integrity in the source document provided by the Department rendered the accuracy of results unreliable and cautioned that the reports only be used to indicate the potential of using a pivot table approach to

analyze provider capacity. The specific pivot table results for each **Colorado Access** region are included in Appendix C. Review of the pivot table results stimulated discussions regarding the best methodology for defining and measuring true provider capacity for integrating new Medicaid members. **Colorado Access** generally endorsed the importance of examining methods for more accurately tracking provider capacity in the Medicaid system. All participants agreed that data integrity in the source documents must be addressed to ensure that results are reasonably reliable.

Staff members also discussed the proposed spreadsheets for the collection of data regarding specialists and community organizations. Staff members suggested that the criteria concerning which providers or organizations should be included in the reports needed to be defined and should be based on some level of engagement with the RCCO. In addition, staff members agreed that the intended use of PCMP, specialist, or community organization databases should be clearly defined, and the cost/benefit of collecting and maintaining the data should be evaluated.

Observations/Recommendations

Colorado Access has been active in expanding its PCMP network in all three RCCO regions in response to the increase in Medicaid populations. **Colorado Access** also put significant effort into establishing relationships with key agencies and community providers both to facilitate the processes related to integration of Medicaid expansion populations into the network and to enhance the provision of services for the special needs of expansion populations.

Colorado Access appeared to have a clear vision of the expanded medical neighborhood for integrated care of the Medicaid population. **Colorado Access** is philosophical in its approaches, and thoughtful in its processes. **Colorado Access** approaches each relationship independently to build mutual understanding and commitments that will further the goals of both the ACC and the engaged providers and partners. **Colorado Access** expended tremendous resources and energies on establishing or exploring meaningful relationships with a number of providers and entities simultaneously. **Colorado Access** identified and resolved issues as discovered in order to establish a solid foundation for functional, formalized, and engaged partnerships. **Colorado Access** appreciates the need to act as a collaborative partner in building a system of care for Medicaid members within an existing system of independent, competitive entities that have the need to build cooperative and trusting relationships with each other and with the ACC. **Colorado Access** maintains a strong commitment to the ACC goal of reforming health care delivery for Medicaid populations and expressed the belief that the RCCOs are still in the infant stages of a long-term, multifaceted, and incremental process.

Based on provider network capacity pivot table results, **Colorado Access** should consider the value of segregating its analysis by region, particularly Region 2, to more effectively analyze the provider network that is most likely to serve the majority of members in each region. In addition, the Department and the RCCOs should continue to collaboratively examine methods for measuring and tracking PCMP capacity for Medicaid members, and to explore the value of developing and maintaining specialist and community organization databases of providers involved with the ACC.

Care Coordination

Activities and Progress

Colorado Access used the SDAC data as one source of information to risk stratify members appropriate for care management and has been experimenting with the criteria for selecting members from the data who are most appropriate for intensive care coordination. Additional mechanisms for identifying members included facility or member notification of discharge from the hospital, provider requests, and health-risk screening questionnaires. **Colorado Access** doubled the number of RCCO care management staff in response to the significant growth in the Medicaid population and special needs associated with select expansion populations. **Colorado Access** organized care management teams around particular types of care coordination needs such as ongoing intensive needs, transition of care, unattributed members, and pediatric versus adult members. **Colorado Access** hired care management staff that specialize in FBMME and intends to dedicate a team to the provision of specialized care coordination services for the corrections population. Staff stated that the timely identification of high-risk pregnancies and transition of care cases continued to be a challenge. Other care coordination challenges included member attribution issues and lack of resources such as housing and behavioral health inpatient beds (in some areas). **Colorado Access** reached an agreement with Banner Health to provide daily admission, discharge, and transfer data to **Colorado Access**, an arrangement that **Colorado Access** intends to expand to other hospital providers in 2014. **Colorado Access** care managers did not routinely perform a comprehensive needs assessment on members referred for care coordination. Staff submitted a draft of a comprehensive member needs assessment that included members' medical, behavioral, social, and non-medical needs and was intended for implementation by RCCO care management (CM) staff in 2014. Care manager notes were documented using the Altruista Health care management software.

Colorado Access delegated care coordination to approximately 40 percent of the PCMPs across the three RCCO regions, and staff stated **Colorado Access** expects to continue increasing the number of delegated practices. PCMPs' capabilities for care coordination were evaluated through a pre-delegation audit. All delegated entities had a formal delegation agreement with **Colorado Access**, although **Colorado Access** did not require that PCMPs use any specific methodologies, systems, operational approach, or tools to perform care coordination. Delegate activities were monitored through monthly care coordination metrics submitted to **Colorado Access**. A Delegate Committee also met monthly to discuss care coordination issues, share best practices, and promote coordination among care managers. **Colorado Access** also initiated meetings with individual PCMPs, using the Practice Performance Profile to stimulate discussions regarding care coordination.

During 2013, **Colorado Access** executed agreements with long term services and supports (LTSS) agencies, BHOs, CCBs, and other agencies involved in care coordination. **Colorado Access** initiated numerous projects and engaged in relationships with many entities to facilitate coordination of care for the expansion populations, including members who need Home and Community-Based Services (HCBS) or other community-based services, FBMME members, pediatrics (including foster children), members who have both behavioral and physical health needs, and Adults without Dependent Children (AwDC) members. **Colorado Access** customized MOU agreements to address the needs, resources, and interests of each organization; however, a data-

sharing arrangement was a fundamental component of each agreement to facilitate care coordination among various entities.

Colorado Access conducted many trials of approaches to effectively coordinate care for members. Staff stated that **Colorado Access** and its partners were not satisfied that existing metrics and Key Performance Indicators (KPIs) represented good measures of the effectiveness of care management and were committed to working collaboratively to define more meaningful outcome measures.

Summary of Record Reviews

The Department selected the original sample of care coordination records using the SDAC data to identify cases that appeared to have complex medical or medical/behavioral diagnoses, were high utilizers, or were transition of care cases, including a cross-section of children. In addition to the sample identified by the Department, each RCCO was asked to identify an oversample of 10 records using its internal risk identification mechanisms and applying the same criteria. When on-site, HSAG determined that numerous records needed to be excluded from the sample because care coordination had not been performed and could not be evaluated. HSAG completed a record review on only 28 of the 90 original and oversample records for the three **Colorado Access** regions as follows: 6 of 30 records for Region 2, 12 of 30 records for Region 3, and 10 of 30 records for Region 5. A summary of the reasons that records were eliminated from the record review sample is included in Appendix B.

HSAG scored 12 contract requirements for each care coordination record. Of the 348 elements reviewed in the 29 records, **Colorado Access** had an overall score of 54 percent compliance with the care coordination contract requirements. Region 2 records scored 64 percent, Region 3 records scored 43 percent, and Region 5 records scored 59 percent. Records in the original sample represented a cross-section of delegated PCMP and RCCO cases; most of the oversample records were cases that were managed through the RCCO. Records managed by the RCCO were documented in the Altruista Health care management system, and many delegated records consisted primarily of medical records from electronic health record (EHR) systems. Several records documented very thorough and intensive coordination of care with the member, providers, and other care managers. However, in the absence of a comprehensive needs assessment, **Colorado Access** was compromised in meeting several of the contract requirements. Care coordination record reviews of delegated providers also included deficiencies in care coordination requirements, primarily due to the lack of a comprehensive assessment of member needs or notes regarding care coordination functions. Other noted patterns included:

- ◆ Many care coordinators communicated only with the member and did not communicate directly with involved providers or agencies.
- ◆ Some care coordinators communicated only with providers and rarely interacted with the member.
- ◆ Care coordinator communications with the member were often limited to general inquiries of whether the member had any needs (checking in) or to follow up on only the specific referrals the care coordinator had provided to the member.

- ◆ Several cases included documentation that the coordinator would contact the member again at a specified time, but there was no documentation that the coordinator did contact the member as stated.
- ◆ Scores on individual records were very disparate, ranging from 0 to 100 percent. Each case tended to be either very well coordinated and documented or very poorly coordinated and documented throughout.

The detailed care coordination record review tools are included in Appendix B.

Observations/Recommendations

Colorado Access initiated numerous projects and engaged in relationships with many entities to facilitate coordination of care for the expansion populations. **Colorado Access** implemented programs to increase attribution of members, reorganized the care management staff to focus on specific populations, and developed formal agreements with appropriate organizations, which included information-sharing arrangements to facilitate care coordination functions. **Colorado Access** has hired a medical director and care manager that have Department of Corrections (DOC) experience. Individual providers are becoming more aware of the value of care management processes as a result of the Practice Performance Profile report. **Colorado Access** measured outcomes of care coordination through defined care coordination metrics, yet remains committed to defining more meaningful measures of the effectiveness of care coordination.

Colorado Access recognizes that Medicaid members are only a portion of each PCMP's practice and made a commitment that it must relate to the delegates as trusted team players and not be prescriptive in care coordination processes. Nevertheless, **Colorado Access'** initiative to form an active Delegate Committee should promote a sense of partnership and, through shared learning and problem-solving, has the potential to enhance the consistency and excellence of care coordination processes throughout the RCCO networks.

Colorado Access worked collaboratively with providers and partners to define mechanisms for sharing meaningful coordination of care information, including the development of a model hospital agreement to gain access to real-time admission, discharge, and transfer data. **Colorado Access** should prioritize the expansion of similar agreements with other hospital systems in order to facilitate transition of care programs and effective care coordination interventions related to emergency room (ER) utilization.

The selection of cases for care coordination record reviews using the SDAC data (sample provided by the Department) resulted in the identification of a significant number of members who had not been previously identified by the RCCO or delegates for care coordination. **Colorado Access** and the Department should further examine the effectiveness of using the SDAC data in this manner and explore other methodologies for identifying members appropriate for intensive care coordination services.

Colorado Access' mechanisms for assessment of members' needs were inadequate for the consistent identification of comprehensive care coordination needs or the subsequent formulation of a care coordination plan. Despite in-depth development of an effective needs assessment tool over the past year, the RCCO's care management program has been operating without a comprehensive

needs assessment since inception. **Colorado Access** should expedite the approval and implementation of a comprehensive member needs assessment tool.

Colorado Access might consider enhanced training for RCCO and delegated care coordinators to improve consistency among individual care managers, emphasize active engagement with providers and/or agencies involved in members' care, and develop mechanisms to ensure timely follow-up communications with members.

While it may be appropriate for **Colorado Access** not to require its delegated providers to use specified risk identification or care coordination methodology for Medicaid members, the RCCOs remain responsible for the outcomes of delegated care coordination functions. **Colorado Access** might consider using its Delegate Committee as a vehicle to share RCCO care coordination contract requirements and findings, discuss mechanisms to ensure that all members appropriate for care coordination are identified, and perhaps examine how delegate records might more adequately incorporate specific care coordination notes.

Overview of Site Review Activities

The 2013–2014 site review represented the third contract year for the ACC Program. The Department asked HSAG to perform a site visit to assess each RCCO’s progress made during the previous year of operations toward implementing the ACC Program. During the initial three years of operations, each RCCO has evolved in operational activities, care coordination efforts, and provider network development in response to continuous collaborative efforts, input from the Department, and ongoing implementation of statewide health care reform strategies. The 2013–2014 site visits were focused on monitoring provider support activities, evaluating the continued development of provider network capacity, and assessing the effectiveness of care coordination processes. HSAG was asked to identify key activities and progress made since the previous site review, and to offer observations and recommendations related to each of the ACC Program focus areas reviewed.

Site Review Methodology

HSAG and the Department met on several occasions to discuss the site review process and finalize the focus areas and methodologies for review. HSAG and the Department collaborated to develop data collection tools that provided the parameters for the RCCO site review process. Initial site review activities included a desk review of documents submitted by **Colorado Access** prior to the site visit. HSAG reviewed key documents, which consisted of program plans, provider support tools, and selected data reports. On-site review activities included a review of care coordination records. In addition, information was gathered during on-site interviews with key **Colorado Access** personnel using a qualitative interview methodology. The qualitative interview process uses open-ended discussions that encourage interviewees to describe their experiences, processes, and perceptions. Qualitative interviewing is useful in analyzing systems issues and associated desired or undesired outcomes. The purpose of the site review was to document compliance with select provider support and care coordination contract requirements, evaluate **Colorado Access**’ progress toward implementation of the ACC model of patient care, explore barriers and opportunities for improvement, and identify activities related to the integration of the Medicaid expansion populations. Data gathered from the desk review of **Colorado Access** documents, as well as interviewer discussion guides, provided the basis for the open-ended discussions essential to the qualitative interview technique.

To evaluate the Provider Support focus area, HSAG reviewed the RCCO’s provider support tools and used the data collection tool to assign scores of *Met*, *Partially Met*, or *Not Met* to this focus area. HSAG included the results, summary information, and recommendations in the Executive Summary of this report. The data collection tool also includes narrative information and recommendations related to the Provider Network Development and Care Coordination focus areas, which were not assigned scores. Results, summary information, and recommendations for these two focus areas are also included in the Executive Summary.

To enhance the evaluation of care coordination processes, HSAG developed a care coordination record review tool with 12 contract-required criteria. HSAG reviewed 20 care coordination records based on a convenience sample of members identified as having complex medical or combined medical and behavioral health needs, children with complex needs, or transition of care needs, who were enrolled in the RCCO during the CY 2013 review period for a continuous period of six months. The Department selected the 20 sample cases from the Statewide Data and Analytics Contractor (SDAC) data, and HSAG forwarded the sample list to **Colorado Access** prior to the on-site visit. HSAG provided instructions to **Colorado Access** to select an oversample of 10 additional records from internal data sources using the same criteria.

To enhance the provider network development discussions, HSAG conducted an independent analysis of the **Colorado Access** network using an MS Excel pivot table analysis of the Primary Care Medical Provider (PCMP) network spreadsheet submitted to the Department in February 2014. The objective of the analysis was to evaluate network capacity by eliminating any duplication of individual provider locations in the RCCO network. In addition, HSAG conducted a written survey of each RCCO to identify the types of data that could be collected in the future regarding specialists and community organizations serving the RCCO population. Results of the HSAG provider capacity analysis were provided to **Colorado Access** during the on-site review. Pivot tables are presented in Appendix C, and summary information is provided in the Executive Summary.

Appendix A. **Data Collection Tool**
for Colorado Access (Regions 2, 3, and 5)

The completed data collection tool follows this cover page.



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Data Collection Tool
for Colorado Access (Regions 2, 3, and 5)

Provider Support		
Requirement	Desk Review/Discussion Items	Score
<p>1. The Contractor shall act as a liaison between the Department and its other contractors and partners and the providers. The Contractor shall assist providers in resolving barriers and problems related to the Colorado Medicaid systems, including, but not limited to all of the following:</p> <ul style="list-style-type: none"> ◆ Issues relating to Medicaid provider enrollment. ◆ Prior authorization and referral issues. ◆ Member eligibility and coverage policies. ◆ Primary Care Medical Provider (PCMP) designation problems. ◆ PCMP per member per month (PMPM) payments. <p><i>Contract:</i> <i>Exhibit A: 5.1.3</i></p>	<ul style="list-style-type: none"> ◆ Extent of RCCO support for: <ul style="list-style-type: none"> • Provider enrollment. • Authorization and referral issues. • Member eligibility/attribution. • PCMP designation. • PMPM payments 	<p>Region 2</p> <p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met</p> <p>Region 3</p> <p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met</p> <p>Region 5</p> <p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met</p>
<p>Findings:</p> <p>During on-site interviews, staff members described several issues related to the Medicaid systems and the actions of the RCCOs to resolve those issues with providers.</p> <ul style="list-style-type: none"> ◆ The Department’s conversion to online provider contracting presented several problems in its inception, including system functional issues and lack of access to online capabilities by some providers. Contract managers and technical staff members met one-on-one with providers, as necessary, to assist them through the contracting process. Colorado Access created a tracking list to determine which providers had completed the contracting process and followed up to assist providers as necessary. ◆ PCMP enrollment issues included the necessity to educate pediatricians regarding the financial implication of converting from the previous incentive payments through Colorado Children’s Healthcare Access Program (CCHAP) to the RCCO per-member-per-month (PMPM) payments. Colorado Access contracted with CCHAP to educate and assist pediatricians with the RCCO contracting process. RCCO contract managers also worked individually with new provider contractors prior to contracting to determine whether each PCMP would qualify as a patient-centered medical home (PCMH). Staff members described that this was of particular issue with nurse practitioners (NPs) and school-based health center providers. ◆ The primary member eligibility issues continued to be related to the monthly “on and off” (churn) of individual eligibility for Medicaid services, which generated the highest volume of calls to RCCO customer service representatives (CSRs) by providers and members. In Region 5, members who lost and then regained eligibility were passively enrolled with Denver Health Medicaid Choice (DHMC), even though they may have already been engaged with another PCMP. In addition, the large volume of new members in 2013 due to the Medicaid expansion resulted in coverage and benefit questions for CSRs and care managers. CSRs were able to provide an explanation of eligibility issues and refer members to the appropriate State resources. Staff stated that 		



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Data Collection Tool
for Colorado Access (Regions 2, 3, and 5)

Provider Support

Requirement	Desk Review/Discussion Items	Score
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Colorado Access continues to expend major resources on member attribution to PCMPs and has expanded use of Interactive Voice Response (IVR) messaging and other outreach activities (e.g., visiting homeless shelters and conducting resource fairs) to locate and assist members in selecting a PCMP. Staff reported that the number of unattributed members has increased with the integration of the expansion populations into the RCCOs, particularly in Region 5.

- All of Colorado Access’ regions anticipated future issues related to the enrollment and transition of the State and county corrections population into Medicaid, due to the variety of State and county agencies involved and the variations in the political environments surrounding the corrections systems in various geographic regions. Staff stated that the Department was working with other State agencies to determine how to get necessary parolee information to counties and providers throughout the State. In preparation for integration of the corrections population, Colorado Access hired a medical director with relationships in the corrections community, as well as care management staff experienced with the corrections population. Colorado Access has initiated outreach to parole offices within each RCCO region.

Observations/Recommendations:
 Colorado Access staff appeared well informed and engaged with members and providers regarding Medicaid administrative issues. Management actively worked with the Department to pursue solutions and resolve systems issues.

<p>2. The Contractor shall submit a Practice Support Plan, describing its annual activities, for Department review and approval. 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.</p> <p><i>Contract: Exhibit A: 5.2.1</i></p>	<ul style="list-style-type: none"> Practice Support Plan <ul style="list-style-type: none"> How implemented Evaluation of success Maintaining engagement of the majority of PCMPs Priority provider support plans (going forward) 	<p>Region 2 <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met</p> <p>Region 3 <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met</p> <p>Region 5 <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met</p>
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Findings:
 The RCCO Practice Support Plan, applicable to Regions 2, 3, and 5, provided a comprehensive overview of components of the practice support program including staffing; medical director leadership; roles and responsibilities; numerous operational, clinical, and member support activities; and provider support



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Requirement	Desk Review/Discussion Items	Score
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tools. Staff described the three primary areas of practice support as (1) care management; (2) contract manager and medical director interactions; and (3) provision of educational, orientation, and communications materials.

Care management: Staff stated that provider feedback indicates the delegation of care management is the most valued provider support initiative. The RCCO provided a PMPM fee to providers capable of performing care coordination. For non-delegated practices, the RCCO provided care management resources in partnership with the PCMP. RCCO care managers were assigned to specific practices in order to have consistent relationships with practice care managers and attributed members. Approximately 40 percent of practices across all three regions perform care management, based on a pre-delegation assessment of the practice’s medical home and care management capabilities. In Region 2, 60 percent of members were receiving care through delegated practices. All delegated practices were offered the opportunity to install the Altruista Health care management software to support their care management activities. Colorado Access hosted a monthly Delegate Committee, which provided a learning environment for representatives from delegated practices to share best practices and care planning strategies, review care management performance metrics, and discuss use of Statewide Data Analytics Contractor (SDAC) data. Staff stated that the goal of this committee is to increase the number of practices performing care management.

Contract manager and medical director interactions: A RCCO contract manager was assigned to each provider practice to serve as the liaison between the RCCO and the provider and to assist with systems and processes related to the Medicaid program. Staff members explained that contract managers maintained a one-on-one relationship with each practice and that the approach used with each PCMP varied according to the structure and culture of each provider organization. Staff stated, for example, that working with Denver Health (Region 5) is dramatically different from working with a single provider in a rural community (Region 2). Colorado Access focused its approach on individual practice needs, including assisting with contracting, solving operational issues, reviewing data, and providing support materials. Medical directors engaged with practices through leadership of clinical committees or by meeting with individual providers to discuss information in the Practice Performance Portfolio. Medical directors also facilitated quarterly meetings that focused on various subject areas. Colorado Access staff reported these meetings were attended by 20 to 40 practitioners in Regions 3 and 5, and received positive evaluations from providers. Within the rural areas of Region 2, medical directors made educational presentations in local communities, and they were considering use of Webinar and televideo conferencing services. Staff members stated that Colorado Access also used its medical directors to leverage relationships within the provider community to meet the Accountable Care Collaborative (ACC) goals, and stated, for example, that the hiring of a Banner Health medical director by Colorado Access will enable more direct access to practitioners within the Banner Health clinic system. Colorado Access has added a medical director for pediatrics and another who has experience working with the corrections system.

Provision of educational, orientation, and communications materials: The Colorado Access RCCO Web site offers numerous educational and clinical support materials. Staff members stated that the Web site was heavily promoted to providers through the Newsflash provider bulletins, provider orientation, e-mail communications with links, and individual contact with providers. Colorado Access used a Web site tracking tool to quantify which links are opened, as well as



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<p>how many times providers open outreach e-mails. Staff members reported that results show that the number of providers accessing online support tools has steadily increased. In addition, hard-copy materials, such as Personal Health Record Booklets or client reminders, were hand-delivered or mailed to provider offices for provider use and distribution to members. Some materials, such as the member pharmacy card, were mailed directly to members by Colorado Access care managers. Staff stated that one of 2013’s major accomplishments was the development and implementation of a comprehensive online provider orientation module that can be accessed through the Web site. The module was also available on CD for providers without Internet access.</p>		
<p>Observations/Recommendations: The RCCO Web site was attractive, user-friendly and easy to navigate, and included access to numerous provider support materials. Contract managers, actively engaged with individual practices, appeared aware of individualized practice needs and described their customized approaches implemented to respond to a variety of needs.</p>		
<p>3. The Contractor shall offer support to PCMPs and providers, which may include comprehensive guidance on practice redesign to providing assistance with practice redesign and performance-enhancing activities.</p> <p><i>(Regions 2, 3, 5 only)</i> The Contractor shall conduct a needs assessment for each PCMP in the Contractor’s PCMP network and provide tools to each PCMP, as necessary, based on the needs assessment, to increase the PCMP’s readiness to become a more effective medical home for the Contractor’s members.</p> <p><i>Contract: Exhibit A: 5.2.2</i></p>	<p><i>(All RCCOs)</i></p> <ul style="list-style-type: none"> ◆ RCCO activities implemented to assist providers in practice redesign <ul style="list-style-type: none"> • Specific activities • Number of providers • Resources dedicated • Mechanisms used • Monitoring mechanisms ◆ Medical home functions provided through the RCCO ◆ Medical home functions provided by the PCMPs <p><i>(Regions 2, 3, 5 only)</i></p> <ul style="list-style-type: none"> ◆ Medical home needs assessment for PCMPs <ul style="list-style-type: none"> • Proportion of PCMPs assessed • Specific medical home functions assessed • Specific assessment mechanisms • How assessment results are applied within the RCCO 	<p>Region 2 <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met</p> <p>Region 3 <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met</p> <p>Region 5 <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met</p>



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Findings:

Colorado Access conducted a comprehensive assessment of medical home functions for each practice being considered for delegation of care coordination. Based on the assessment, Colorado Access management offered options for RCCO support to individual practices. These included access to the Altruista Health care management system or assignment of a specific RCCO care manager to coordinate with the practice. Staff reported that many of the larger providers had developed systems and internal resources, such as care coordination and member education resources, which facilitated delegation of care coordination functions. Staff stated that, because medical home functions are resource intensive, many of the smaller practices will not be capable of performing as medical homes without ongoing support from the RCCOs. Once delegated, practices submit monthly a care coordination metrics to the RCCO, which is reviewed by RCCO management and used to identify opportunities for improvement. RCCO care managers have conducted intensive case review discussions with some providers regarding high-utilization members and staff reported that several practices have requested monthly on-site case review meetings. Contract managers meet regularly with individual practices, assist each provider with operational needs, and provide support tools as needed.

Colorado Access contracted with HealthTeamWorks to provide comprehensive transformation services at the practice’s request. The availability of the HealthTeamWorks package was promoted to practices by the contract managers, but has had limited utilization. Staff stated that practice transformation activities must be targeted to practices that are interested and open to participation, in recognition of the fact that the RCCO Medicaid population is only a portion of each provider’s patient base. Staff stated that Colorado Access strives to be supportive and collaborative rather than prescriptive or directive in all provider activities and interactions. Staff discussed the Performance Incentive Program for providers, which allocated financial resources to select practices to improve the integration of behavioral and physical care. Staff reported that seven practices participated in 2013 and the program was enthusiastically received. The program will be continued in 2014. Staff also described the development of the Practice Performance Portfolio as a major enhancement to the provider support program during the past year. Colorado Access consolidated performance measures from a variety of sources into a practice-specific monitoring report, which is mailed monthly to delegated practices and quarterly to non-delegated practices. Medical directors and contract managers personally conduct one-on-one review of the report with four to five practices monthly. Practice Performance Portfolio reports were also monitored by the Delegate Committee and various management groups, which stimulated discussion of opportunities for improvement with individual practices.

Observations/Recommendations:

Colorado Access initiated several substantial, innovative projects to stimulate and assist providers with practice redesign, including support of delegated coordination of care activities, development of the individual Practice Performance Portfolio, implementation of the Performance Incentive Program for integration of behavioral and physical health, and ongoing staff interactions with practices based on individual practice needs. Colorado Access is sensitive to the fact that the Medicaid population is only a portion of each provider’s practice and, therefore, the RCCOs seek to encourage and support rather than dictate changes in operational or clinical processes of providers.



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Provider Support		
Requirement	Desk Review/Discussion Items	Score
<p>4. The Contractor shall provide tools to the PCMPs and providers that may include any of the following:</p> <p>Clinical Tools:</p> <ul style="list-style-type: none"> ◆ Clinical care guidelines and best practices <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ◆ Clinical screening tools, such as depression screening tools and substance use screening tools <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ◆ Health and functioning questionnaires <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ◆ Chronic care templates <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ◆ Registries <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ◆ Other <input type="checkbox"/> Yes <input type="checkbox"/> No <p><i>Contract:</i> <i>Exhibit A: 5.2.2.1; 5.2.1.1 through 5.2.1.3</i></p>	<p><i>Desk Review:</i> Samples, Internet links, or any documents which illustrate the specific types of tools being provided to PCMPs</p> <p><i>Discussion:</i></p> <ul style="list-style-type: none"> ◆ How tools are disseminated ◆ Frequency of use by providers ◆ Determining effectiveness of tools ◆ Determining priorities for tools ◆ Tools in development/future plans 	<p>Region 2 <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met</p> <p>Region 3 <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met</p> <p>Region 5 <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met</p>
<p>Findings:</p> <p>Colorado Access made numerous clinical tools available to practices through its RCCO Web site and on an individualized basis through the contract managers and medical directors, based on their assessment of individual practice needs. Staff members reported that Colorado Access was developing a revised comprehensive member needs assessment tool that would be available to all providers. Staff members stated that many practices were participating in various types of registries and RCCO staff assisted providers with the implementation and use of these registries. SDAC information stimulated providers to consider tracking mechanisms and implementation of outreach efforts to specific population groups. Staff members stated that, within Region 2, providers expressed a desire for access to raw claims data from the ACC, which would help large systems populate their registries.</p>		
<p>Observations/Recommendations:</p> <p>The RCCO Web site was attractive, user-friendly and easy to navigate, and included access to numerous clinical tools.</p>		



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Requirement	Desk Review/Discussion Items	Score
<p>5. The Contractor shall provide tools to the PCMPs and providers that may include any of the following:</p> <p>Client Materials:</p> <ul style="list-style-type: none"> ◆ Client reminders <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ◆ Self-management tools <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ◆ Educational materials—specific conditions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ◆ Client action plans <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ◆ Behavioral health surveys and other self-screening tools <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ◆ Other <input type="checkbox"/> Yes <input type="checkbox"/> No <p><i>Contract:</i> <i>Exhibit A: 5.2.2.2; 5.2.1.1 through 5.2.1.3</i></p>	<p><i>Desk Review:</i> Samples, Internet links, or any documents which illustrate the specific types of tools being provided to PCMPs</p> <p><i>Discussion:</i></p> <ul style="list-style-type: none"> ◆ How tools are disseminated ◆ Frequency of use by providers ◆ Determining effectiveness of tools ◆ Determining priorities for tools ◆ Tools in development/future plans 	<p>Region 2 <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met</p> <p>Region 3 <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met</p> <p>Region 5 <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met</p>
<p>Findings: Colorado Access made numerous client tools available to practices through the RCCO Web site and on an individualized basis through the contract managers and medical directors based on their assessment of individual practice needs. Staff stated that care managers printed and delivered hard-copy tools such as the member Personal Health Record to provider sites for distribution to members. RCCO staff mailed select client materials such as the pharmacy card to individual members for follow-up discussions with their PCMP.</p>		
<p>Observations/Recommendations: The RCCO Web site was attractive, user-friendly and easy to navigate, and included access to numerous client materials for provider use.</p>		



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Requirement	Desk Review/Discussion Items	Score
<p>6. The Contractor shall provide tools to the PCMPs and providers that may include any of the following:</p> <p>Operational Practice Support:</p> <ul style="list-style-type: none"> ◆ Guidance and education on the principles of the medical home <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ◆ Training on providing culturally competent care <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ◆ Training to enhance the health care skills and knowledge of supporting staff <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ◆ Guidelines for motivational interviewing <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ◆ Tools and resources for telephone call and appointment tracking <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ◆ Tools and resources for tracking labs, referrals, and similar items <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ◆ Referral and transitions of care checklists <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ◆ Visit agendas or templates <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ◆ Standing pharmacy order templates <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ◆ Other <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <p><i>Contract:</i> <i>Exhibit A: 5.2.2.3; 5.2.1.1 through 5.2.1.3</i></p>	<p><i>Desk Review:</i> Samples, Internet links, or any documents which illustrate the specific types of tools being provided to PCMPs</p> <p><i>Discussion:</i></p> <ul style="list-style-type: none"> ◆ How tools are disseminated ◆ Frequency of use by providers ◆ Determining effectiveness of tools ◆ Determining priorities for tools ◆ Tools in development/future plans 	<p>Region 2 <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met</p> <p>Region 3 <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met</p> <p>Region 5 <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met</p>
<p>Findings:</p> <p>Colorado Access made operational practice tools available to practices through its RCCO Web site and on an individualized basis through the contract managers and medical directors. RCCO staff members conducted on-site cultural competency training upon provider request or would organize an educational forum for groups of providers with common cultural competency training needs. Cultural competency training programs were also available through the RCCO’s Web site. In Region 2, staff stated that Colorado Access reached out to cultural groups in communities to engage them in providing educational sessions for providers regarding cultural behaviors of select populations.</p> <p>Staff members stated that the Altruista Health software may be used by providers for appointment tracking, if desired. The Colorado Access transition of care protocols have been implemented by the North Colorado Health Alliance in its care coordination processes. Staff members also described the development of a</p>		



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Provider Support		
Requirement	Desk Review/Discussion Items	Score
Dismissal of Member protocol for transitioning a member out of a practice and notifying the RCCO care manager to assist the member in being attributed to a new PCMP.		
Observations/Recommendations: The RCCO Web site was attractive, user-friendly and easy to navigate, and included access to numerous operational practice support tools and links to other applicable Web sites.		
<p>7. The Contractor shall provide tools to the PCMPs and providers that may include any of the following:</p> <p>Data, Reports, and Other Resources:</p> <ul style="list-style-type: none"> ◆ Expanded provider network directory <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ◆ Comprehensive directory of community resources <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ◆ Directory of other Department-sponsored resources, such as the managed care ombudsman and nurse advice line <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ◆ Link from main ACC Program Web site to the Contractor's Web site of centrally located tools and resources <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ◆ Other <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <p><i>Contract:</i> <i>Exhibit A: 5.2.2.4</i></p>	<p><i>Desk Review:</i> Samples, Internet links, or any documents which illustrate the specific types of tools being provided to PCMPs</p> <p><i>Discussion:</i></p> <ul style="list-style-type: none"> ◆ How tools are disseminated ◆ Frequency of use by providers ◆ Determining effectiveness of tools ◆ Determining priorities for tools ◆ Tools in development/future plans 	<p>Region 2 <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met</p> <p>Region 3 <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met</p> <p>Region 5 <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met</p>
Findings: Colorado Access made numerous reports and other data resource tools available to practices through its RCCO Web site and through the contract managers and medical directors. Staff described the development of the Practice Performance Portfolio report as a major enhancement to the provider support program during the past year. The reports consolidated performance measures from a variety of sources into a practice-specific monitoring report. Staff reported that the tool has been well received by providers. Staff stated that most provider tools are tested to determine their effectiveness and to obtain provider feedback prior to implementation. For example, the Practice Performance Portfolio was implemented on a trial basis in 28 practices prior to implementing the report systemwide.		



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Requirement	Desk Review/Discussion Items	Score
Staff stated that Colorado Access uses a Web site tracking tool that quantifies which links are opened as well as when outreach e-mails to providers are opened. Results have shown that the number of Web site users is steadily increasing.		

Observations/Recommendations:
 The RCCO Web site was attractive, user-friendly and easy to navigate, and included access to numerous data resources and provider reports, as well as links to applicable Department Web site resources and information.

Results for Provider Support (7 Elements X 3 Regions)						
Total	Met	=	<u>21</u>	X	1.00 =	<u>21</u>
	Partially Met	=	<u>0</u>	X	0.0 =	<u>0</u>
	Not Met	=	<u>0</u>	X	0.0 =	<u>0</u>
Total Applicable		=	<u>21</u>	Total Score	=	<u>21</u>

Total Score ÷ Total Applicable		=	<u>100%</u>
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Follow-up—Provider Network Development

On-site Discussion Topics	Pertinent Contract References
<p>1. Provider Network Capacity:</p> <ul style="list-style-type: none"> ◆ Efforts to grow/expand the network: <ul style="list-style-type: none"> • Number/location of targeted providers • Mechanisms to assist PCMPs to get enrolled • Diversity for expansion populations ◆ Capacity of PCMPs for new Medicaid members <ul style="list-style-type: none"> • Network analysis • Mechanisms to open/expand practices for Medicaid members ◆ Progress in relation to extended hours and urgent care alternatives in the network 	<p><i>Contract:</i> <i>Exhibit A: 4.1.1; 4.1.4; 4.2.1; 4.2.2; 4.3.3; 8.1.1.1; 2.2.5.1.4</i></p>

Discussion:
 (Provider Network discussions and analysis were related to Regions 2, 3, and 5 combined, unless otherwise noted.)

The Colorado Access RCCO membership increased significantly during 2013 to a total of nearly 220,000 members. More than 60 percent of the members are in Region 3, which also experienced the most significant growth. Regions 2 and 5 have approximately 20 percent each of the total Colorado Access RCCO membership. The number of enrolled children has increased exponentially, the integration of the AwDC population has impacted the number of unattributed members, and the RCCOs have been preparing the network for the Full Benefit Medicare and Medicaid Eligible (FBMME) population. In response, Colorado Access expanded the number of its contracted provider practices by nearly 50 percent during 2013, and expanded the provider clinic locations to 198 across the three regions. The number of individual providers in three regions increased from 550 in 2011 to 1,300 in 2013. Approximately 25 percent of clinic locations offered after-hours care. Staff stated that the majority of providers in the network are accepting new Medicaid members (the Network Adequacy Report stated 83 percent). Within Region 2, staff stated that most available providers in rural areas have been contracted, and only one county remained with no contracted providers. Region 2 completed negotiations and formal agreements with Banner Health to use its system of primary care clinics.

During 2013, Colorado Access focused much of the provider contracting on FBMME providers identified by the Department and on pediatricians. Colorado Access targeted providers with more than 20 FBMME members in their practice and experienced a 50 percent contract success rate among providers who responded to Colorado Access outreach attempts. Colorado Access engaged Colorado Children’s Healthcare Access Program (CCHAP) to work with pediatric practices to complete contracting, resolve PMPM questions, and orient pediatricians to the ACC. In order to enhance the care provided by PCMPs, Colorado Access expanded its formal agreements and informal relationships with community organizations that provide specialized services to Medicaid populations.

Staff members stated that many of the providers who decline to join the network do not want to increase the number of Medicaid members in their practice due to perceived inefficiencies with treating Medicaid patients (e.g., appointment “no shows”), administrative burdens of eligibility and patient management



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On-site Discussion Topics	Pertinent Contract References
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expectations, and lack of reliable information from State agencies. Colorado Access stated that it has worked with individual practices during contracting discussions to share operational support processes that can be provided by the RCCO. Colorado Access established data sharing agreements with many provider organizations in order to facilitate administrative processes and ease the burden of managing Medicaid members. Colorado Access monitored provider network capacity through member complaints about access or through Secret Shopper calls, which query about wait lists for new members. Contract managers explored any identified concerns directly with the individual provider.

Observations:
 Colorado Access was very active in expanding its network in all three RCCO regions in response to the increase in Medicaid populations.

2. HSAG provider network capacity analysis results	<i>Contract: Exhibit A: 4.1.1; 8.1.1.1</i>
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Discussion:
 HSAG used data from the PCMP network spreadsheet provided to the Department by the RCCOs to conduct a high-level network analysis. Although Colorado Access performed network analysis on the combined Region 2, 3, and 5 data, HSAG performed an MS Excel Pivot Table analysis of each region individually. Providers were assigned to respective regions using the information from the column labeled “RCCOs contracted with Practice” on the Department’s PCMP spreadsheet. The purpose of the Pivot Table analysis was to provide an accurate representation of the number of providers in each region by eliminating any duplicate entries. To achieve this, duplicates were eliminated as follows:

- ◆ Number of providers within the entire region: when there was a duplicate first and last name. (The preferred method would have been to sort and eliminate providers based on individual rendering practitioner Medicaid ID, but this information was too often incomplete.)
- ◆ Number of providers within each county: when there was a duplicate first and last name and county (i.e., a provider with multiple locations would only be counted one time in each county).
- ◆ Number of location by region and county: when there was an identical address listed.

A similar analysis was performed to count the number of unique providers within the region and by county after eliminating providers who stated they were not accepting new Medicaid members.

In order for Pivot Table analysis to be performed accurately, the data in the selected sort fields being used to identify duplicate information must be complete and strictly formatted. Empty fields, inconsistent spelling or punctuation, data in the wrong field, etc., will result in inappropriate identification of duplicate fields. During attempts at Pivot Table analysis, HSAG discovered that data field quality control had not been performed on the PCMP spreadsheet HSAG received from the Department. A cursory review of the source data noted numerous instances of inconsistencies or incomplete fields influencing the accuracy of the Pivot Table results. In addition, Colorado Access staff stated that the information used to segregate providers into regions was based on provider input and



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On-site Discussion Topics

Pertinent Contract References

may not have been an accurate reflection of the region(s) with which the providers were formally contracted. Staff members stated that the field indicating whether the provider was taking new Medicaid members may also not be accurate, citing the example of Banner Health, which states it is not taking new Medicaid members, yet continues to schedule new members who call. Staff stated that Banner Health has a defined Medicaid panel size but is unaware of how many Medicaid members are attributed.

Due to the lack of data integrity in the source documents, HSAG cautioned Colorado Access staff that the specific data results could not be considered reliable, and the tables should only to be viewed as a preliminary insight into potential differences in network analysis results if duplicates were removed using Pivot Table methodology. Results between Region 3 and Region 5 were similar, since the overlap of providers assigned to both regions was significant. Region 2, which has significantly different demographics and geography, appeared notably different from Region 3 and Region 5, as expected. Pivot Table results for each region in its entirety are shown below. *Detailed Pivot Table results, including county analysis and unique locations for care, are included in Appendix C of this report.*

Region 3: Total Pivot Table removals from source document (861)
 Total unique providers in region (1,293)
 Total unique providers accepting Medicaid (974)

Region 5: Total Pivot Table removals from source document (854)
 Total unique providers in region (1,397)
 Total unique providers accepting Medicaid (1,101)

Region 2: Total Pivot Table removals from source document (65)
 Total unique providers in region (486)
 Total unique providers accepting Medicaid (374)

HSAG was unable to compare individual results by region to the Colorado Access analysis results included in the Network Adequacy Report because the Network Adequacy Report analyzed the provider network across the three RCCO regions combined and could not be accurately dissected into individual regions.

During on-site discussions, staff members expressed that Colorado Access generally endorsed the importance of examining methods for more accurately tracking actual provider capacity in the Medicaid system. Staff suggested that there be a clear definition by the Department of how the data are expected to be used, a discussion concerning meaningful measures of provider capacity, and implementation of mechanisms to ensure integrity and consistency of the data if a revised approach to network adequacy analysis is to be considered.



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HSAG had also surveyed each RCCO to determine the ability of the RCCOs to collect specifically defined data regarding specialists and community organizations. Although Colorado Access indicated that it could collect data applicable to each of the fields defined in the survey document, staff members had questions concerning the intended use of the specialist and community organization data and the cost/benefit of collecting and maintaining the information, as follows:

- ◆ Which specialists should be included in a RCCO specialist report? What would be the criteria for level of involvement with the RCCO (i.e., actively engaged or just a specialist with a Medicaid provider number in the region)? Staff members stated that the specialist referral protocol joint planning project with the Department, to be completed in 2014, may provide insight into how RCCOs plan to engage specialists in the ACC.
- ◆ Which community organizations should be included in the report? Is there a required level of involvement with the RCCO (i.e., formally engaged or appears on care coordinator list)? If the purpose is to recreate a community resource database, staff cautioned that the staff resource commitment for maintaining current data could be excessive and that many communities have already dedicated significant resources to developing and maintaining such databases (e.g., the 2-1-1 database).

Observations:

Comparisons of the preliminary pivot table analysis results to the Colorado Access network adequacy analysis were limited by data integrity issues and the inability to compare individual region networks to the combined regions network. Nevertheless, the results demonstrated the value of segregating analysis by individual regions in order to more effectively analyze the providers who are most likely to serve the members in each region. While Region 3 and Region 5 providers and members may significantly overlap, Region 2 represents a distinctly different geography and population. Review of the pivot table results stimulated discussions regarding the best methodology for defining and measuring true provider capacity for integrating new Medicaid members. All participants agreed that data integrity in the source documents must be addressed to ensure that results are reliable. Similarly, staff agreed that the intended use of PCMP, specialist, or community organization databases should be clearly defined and the cost/benefit of collecting and maintaining data should be evaluated.



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On-site Discussion Topics	Pertinent Contract References
3. PCMP Network for expansion populations: <ul style="list-style-type: none"> ◆ Sufficiency of the network for expanding number of eligibles ◆ PCMP network configured to address the special needs of the following: <ul style="list-style-type: none"> • Full Benefit Medicare-Medicaid Enrollees (FBMME) • Disabled • Foster care • Adults without Dependent Children (AwDC) • Culturally diverse • Inmate population 	<i>Contract:</i> <i>Exhibit A: 4.1.1; 4.1.6; 4.3.3</i>

Discussion:

(As described in Element #1) In response to the rapid expansion of the Medicaid-eligible population, Colorado Access increased the number of contracted provider practices by nearly 50 percent during 2013 for a total of 1,300 individual providers within the three Colorado Access regions. Approximately 83 percent of providers were accepting new Medicaid members. Provider recruitment during 2013 focused on pediatricians and FBMME providers.

Colorado Access developed memorandum of understanding (MOU) agreements with community-centered boards (CCB), community mental health centers (CMHCs), county agencies, behavioral health organizations (BHOs), and single entry point (SEP) programs. Agreements outlined roles and responsibilities of collaborative processes related to RCCO members. Although exchange of protected health information (PHI) was a fundamental element of each agreement, staff stated that agreements varied according to the populations served and unique political and operational characteristics of each entity. For example, since the CCBs have ongoing relationships with many members with disabilities, Colorado Access contracted with CCBs to provide assistance with attributing members to PCMPs. Colorado Access also solicited attribution assistance from county agencies that serve as the legal custodians for foster care children; however, Douglas County (in Region 3) may adopt a procedure for directing foster care children to select PCMPs, Denver County (Region 5) has a relationship with Denver Health, and Weld County (in Region 2) is not interested in directed care and allows parents to choose any provider. Colorado Access has also developed formal relationships with many community-based organizations including homeless shelters and some of the “2-1-1” (United Way) organizations in Weld County. Colorado Access was formalizing a relationship with the Ryan White Program to assist with the transition of HIV/AIDS patients into Medicaid. Colorado Access also has hired a medical director experienced in working with the corrections populations and who has relationships within the corrections system. Colorado Access anticipated that all of these formal or informal relationships will enhance PCMP practices in the provision of care to members of special populations. Staff stated that within Region 3 and Region 5 Colorado Access conducts surveys or gathers incidental information from member groups, advocacy groups, and community groups in order to determine which PCMPs should be targeted for contracting to best serve the needs of special Medicaid populations. However, in Region 2, outside of Weld County, most practitioners are generalists and are not targeted for recruiting based on special characteristics



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<p>of the practice or member populations. Overall, staff stated that increases in provider network capacity have been primarily driven by the general increase in Medicaid volume and not by specialized segments of the population.</p>	
<p>Observations: Colorado Access put significant effort into establishing relationships with key agencies and community providers to facilitate the processes related to integration of Medicaid expansion populations into the network, and to enhance the provision of services for the special needs of expansion populations.</p>	
<p>4. Medical Neighborhood</p> <p>Evolution of medical neighborhood/vision for the region:</p> <ul style="list-style-type: none"> ◆ Composition of medical neighborhood <ul style="list-style-type: none"> • Continuum of delivery system providers/types of providers • Impact of expansion populations ◆ Level of involvement/engagement of various providers <ul style="list-style-type: none"> • Formal/informal relationships • Information sharing challenges ◆ Progress related to the Specialist Referral Protocol joint planning project within the region 	<p><i>Contract:</i> <i>Exhibit A: 4.2.5; 6.1</i></p>
<p>Discussion: Colorado Access stated that its vision of the medical neighborhood is an integrated system of care providers at every level—PCMPs, specialists, hospitals, long term care facilities, home care agencies, and community organizations—that will provide a continuum of services for members. The medical neighborhood will be configured through a series of relationships formalized through MOU agreements. Staff envisioned that Colorado Access will perform as the hub of these relationships for Medicaid members. Formal agreements will be used to solidify the relationships and to define the roles of participants in the ACC integrated system of care. Staff stated that relationships have been pursued through discussions of goals and activities of mutual interest with a variety of organizations and that developing a mutual understanding of potential conflicts and trust issues between various provider organizations and the RCCO is essential to laying the foundation for formal agreements. Staff stated that Colorado Access intends to develop a broadly integrated network of community partners into the ACC provider system. Colorado Access reported that in 2013 it engaged in and resolved many conflicted relationships and power struggles with a variety of organizations and has executed agreements, including data-sharing arrangements, with a number of community organizations and provider systems, including BHOs and CCBs. Colorado Access successfully finalized agreements with Banner Health and its providers after nearly two years of negotiations. Staff stated that the priority for the development of the medical neighborhood planned for 2014 would be focused on relationships with specialists, hospitals, and nursing homes, as well as with the Home Health Care Association.</p>	



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During 2013, Colorado Access surveyed specialists and PCMPs, which provided insight into referral mechanisms and priority issues for specialists serving Medicaid. In 2014, Colorado Access will further explore methods of motivating specialists to become actively engaged in the ACC, with an emphasis on the types of specialists most in demand by PCMPs. Colorado Access plans to use its agreement with Banner Health as a prototype to expedite formal agreements with other hospitals for sharing member information (admission, discharge, and transfer data) and coordinating care management. Staff members stated that a pilot project placing RCCO care managers in select emergency rooms was imminent. In addition, Colorado Access will pursue a contract with the nursing home association to enable information exchange in preparation for collaborative care management of the FBMME population.

Observations:

Colorado Access appeared to have a clear vision of the expanded medical neighborhood for integrated care of the Medicaid population. Colorado Access has been philosophical in its approach and thoughtful in its processes. Colorado Access has approached each relationship independently to build mutual understanding and commitments that will further the goals of the ACC and the engaged providers and partners. Colorado Access has expended tremendous resources and energies on establishing or exploring meaningful relationships with a number of providers and entities simultaneously. Throughout these processes, it has identified and resolved issues in order to establish a solid foundation for functional, formalized, and engaged partnerships. Colorado Access appreciates the need to act as a collaborative partner in building a system of care for Medicaid members within an existing system of independent, competitive entities who must build cooperative and trusting relationships among each other and with the ACC. Colorado Access maintained a strong commitment to the ACC goal of reforming health care delivery for Medicaid populations and expressed the belief that the RCCOs are still in the infant stages of a long-term, multifaceted, and incremental process.



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<p>Discussion will be supplemented by scored care coordination record review</p> <p>1. Care Coordination Mechanisms</p> <ul style="list-style-type: none"> ◆ Mechanisms to identify members for coordination of care: <ul style="list-style-type: none"> • Criteria used to define “most appropriate” members • Sources of identifying members (use of State Data and Analytics Contractor) • By RCCOs • By PCMPs ◆ Assessment processes: <ul style="list-style-type: none"> • Comprehensive • Sufficient to identify needs of the RCCO expansion populations • By RCCOs • By PCMPs 	<p><i>Contract—All Regions:</i> <i>Exhibit A: 6.2.1; 6.2.1.1.2; 6.2.1.1.3; 6.2.1.1.4; 6.4.1</i></p> <p><i>Contract—Regions 1, 4, 6, 7:</i> <i>Exhibit A: 6.4.3.1.1; 6.4.2</i></p> <p><i>Contract—Regions 2, 3, 5:</i> <i>Exhibit A: 6.4.5.1.1; 6.4.4</i></p>

Discussion:

Identification of Members for Care Coordination: Colorado Access used the SDAC data as one source of information to risk stratify members appropriate for care management and created a “Top 600 Utilizers” list and a “Top 100 Emergency Room (ER) Utilizers” list for intensive care management. Staff members stated that they have tested different methods for appropriate selection of care coordination cases from the SDAC data (e.g., eight or more ER visits in a year and/or ER visits with one or more hospitalizations) in order to achieve a balance between the number of potential care management cases and the available care coordination resources. Staff stated that inability to access dates of service in the SDAC report limited its usefulness as a source for identifying cases that can be assisted in a timely manner by care coordination. Colorado Access also has used SDAC data to identify groups of members more appropriate for a population management approach than individual intensive care management. Additional mechanisms used by Colorado Access to identify appropriate care management cases included facility or member notification of discharge from the hospital, provider requests, and health risk screening questionnaires returned from member welcome packets (10–20 percent return rate). Colorado Access increased its use of IVR messaging to stimulate the completion of health risk assessments. Staff stated that Colorado Access was evaluating the community organizations with which it is engaged as another possible source for identifying members needing care management.

Staff stated that timely identification of high-risk pregnancies continued to be a challenge. Members were often identified toward the end of their pregnancy or through a neonatal intensive care unit (NICU) claim. Colorado Access was working with PCMPs to encourage referral of pregnant women to Colorado Access care management, as well as screening for pregnancy in all health risk assessments or during any other contact with a member. Colorado Access has dedicated two to three care managers to the Healthy Mom/Healthy Baby program. Furthermore, transition of care (TOC) assistance has been hindered by the RCCO’s



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inability to have real-time notifications of member hospitalizations and ER visits. Staff reported that an agreement was executed with Banner Health in Region 2 for the provision of daily admission, discharge, and transfer data to Colorado Access, which will greatly enhance access to real-time data on member ER and inpatient utilization. Staff stated that the agreement with Banner Health will be used as a model for agreements with other hospital systems in 2014. In addition, Colorado Access will conduct a pilot project in which it places care managers in select ER locations in 2014.

Assessment: On-site care coordination record reviews documented that Colorado Access continued to use the health risk assessment tool as a proxy for the comprehensive assessment of member needs. Care manager notes sometimes documented a more in-depth assessment of member needs, but this was done inconsistently. During on-site review, staff submitted a comprehensive needs assessment draft including member’s medical, behavioral, social, and non-medical needs but not cultural needs. Staff members stated that the tool has been in development for nearly a year, was well researched and developed collaboratively with other Colorado Access lines of business, and was intended for implementation in 2014. Staff stated that delegated PCMPs used a collection of health screening tools which were often incorporated into the systems previously purchased and implemented in practices, and that no standardized tool was required in delegated practices.

PCMP Delegation: Staff stated that it delegated care coordination to approximately 40 percent of PCMPs across the three Colorado Access regions, and the goal is to increase this number. In Region 2, 60 percent of members were attributed to delegated PCMPs. All delegated entities had a formal delegation agreement with Colorado Access. SDAC data were available to PCMPs for care management identification, but practices were allowed to use any chosen methods of risk identification. Examples included the threshold for ER visits varying across PCMPs, Metro Community Provider Network (MCPN) identifying members according to individual member factors and characteristics, and Denver Health using a systems analysis, but not reaching out to members with an assigned PCMP. Staff reported that most PCMPs used an interdisciplinary team approach for care management, and all delegated practices were required to have staff resources dedicated to care management; however, there were variations across PCMPs. Many PCMPs documented care management within their established electronic health record (EHR) systems or other care management systems. Colorado Access did not require that PCMPs use any particular methodology, approach, or tools. Delegated entities provided monthly care coordination metrics to the RCCOs, including the number of members identified for care management. Delegated PCMPs also committed to participation in the RCCO Delegate Committee, which was described as a forum for education, sharing best practices, examining care coordination metrics, defining opportunities for improvement, and building trusting relationships with the RCCOs.

Observations:

Using SDAC data to identify cases for care coordination record reviews (sample provided by the Department) resulting in the identification of a significant number of members who had not been identified by the RCCO or delegates for care coordination. Colorado Access and the Department should further examine the effectiveness of the SDAC data in comparison to alternative methodologies, for identifying members appropriate for intensive care coordination services.

Colorado Access’ existing mechanisms for assessing comprehensive care coordination needs of an individual member or the subsequent formulation of a care coordination plan were inadequate. Despite in-depth development of a comprehensive needs assessment tool over the past year, the RCCO’s care management



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program has been operating without a comprehensive needs assessment since inception. In the absence of a comprehensive assessment, Colorado Access was unable to meet several of the contract requirements in the care coordination record reviews. Colorado Access should expedite the approval and implementation of the revised member needs assessment tool for application in the RCCO’s care management program.

Care coordination record reviews of delegated providers were also deficient in meeting some of the requirements due to lack of a comprehensive needs assessment or because of incomplete notes regarding care coordination functions. While it may be appropriate for Colorado Access not to require its delegated providers to use any specific or standardized risk identification or care coordination methodologies for Medicaid members, Colorado Access remains responsible for the outcomes of delegated care coordination functions. Colorado Access may consider using its Delegate Committee as a vehicle to share RCCO care coordination contract requirements and findings, to stimulate discussion of mechanisms to ensure that all members appropriate for care coordination are identified, and perhaps to achieve more consistency in care coordination approaches that effectively meet members’ needs, as well as improve compliance with RCCO contract requirements.

<p>2. Expansion populations and coordination of care</p> <ul style="list-style-type: none"> ◆ Impact of expanded RCCO-eligible populations or special needs groups on care coordination activities. Challenges and successes regarding: <ul style="list-style-type: none"> • Members who have a need for Home and Community-Based Services or other community-based services • Transition of care members • Complex cases that may require multiple services across the continuum of care • Members who have both behavioral and physical health needs • FBMME • AwDC • Foster care children • Integration of the inmate population ◆ Impact of expanded medical neighborhood relationships on the coordination of care: <ul style="list-style-type: none"> • At RCCO level • At PCMP level • How the RCCO/PCMP is organizing/cooperating to increase effectiveness of care coordination 	<p><i>Contract—Regions 1, 4, 6, 7:</i> <i>Exhibit A: 6.4.3.1.2; 6.4.3.1.3; 6.4.3.2.3; 6.4.3.2.4; 6.4.3.3</i></p> <p><i>Contract—Regions 2, 3, 5:</i> <i>Exhibit A: 6.4.3; 6.4.5.1.2; 6.4.5.1.3; 6.4.5.2.3; 6.4.5.2.4; 6.4.5.3</i></p> <p><i>Contract—Regions 3 and 5:</i> <i>Exhibit A: 6.4.5.1.4</i></p>
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Discussion:

Colorado Access doubled the number of RCCO care management staff in 2013 due to the significant growth in the Medicaid population and special needs associated with select expansion populations. Colorado Access organized its management teams according to members with ongoing intensive needs, transition of care members, unattributed members, and pediatrics versus adult members. Colorado Access hired care management staff that specialize in FBMME and will assign a team to specialize in the coordination of services for the corrections population. Colorado Access hired an additional medical director for pediatrics and a medical director with expertise working with the corrections population. In 2014, Region 2 will add local care management staff members who are more familiar with regional community resources and populations than Denver-based care managers.

During 2013, Colorado Access placed major emphasis on increasing attribution of the expansion populations, many of whom were unattributed because they had no Medicaid services prior to the expansion. Before Colorado Access care managers could perform care coordination, members had to be identified and attributed to a PCMP. Colorado Access conducted several trial programs for outreaching to unattributed members. It found IVR messaging to be statistically the most effective method of reaching unattributed members, with a 40 percent attribution success rate. Staff also set up and manned information tables at homeless shelters to attribute Adults without Dependent Children (AwDC) members, but experienced a relatively low success rate.

Due to the large increase in the Medicaid pediatric population, Colorado Access made asthma and diabetes population management programs a care management priority in 2013. Additional challenges related to the care coordination of the expansion populations included the need to define a new list of Medicare-approved agencies and resources for the FBMME population, the depletion of housing resources in both Region 5 (inner-city demands) and Region 2 (2013 floods), and the minimal availability of inpatient behavioral health beds throughout the State and non-existent in Region 2, which contributed to “superutilizers” of emergency rooms.

Colorado Access executed agreements with long term services and supports (LTSS) agencies and BHOs to mutually identify members who cross over with the RCCO. The RCCO also worked with CCBs to determine the best mechanisms for coordinating care functions. Staff members stated that all engaged relationships with community organizations and agencies were secured with a written MOU, which included the arrangements for care coordination efforts. Agreements were customized to the needs, resources, and interests of each organization, but a data-sharing arrangement was a fundamental component of each agreement. Colorado Access was developing an electronic database to guide participants in understanding the key aspects of care coordination specific to each relationship. Staff members stated that developing relationships with home health agencies and long term care facilities are targeted for 2014. Staff described that, due to a history of independent providers and organizations in the existing health care system, collaborative efforts represented a major cultural shift and required the building of new relationships for the future. Colorado Access stated it is considering how to manage a “community of inter-relationships” moving forward.



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<p>Observations: Colorado Access initiated numerous projects and engaged in relationships with many entities to facilitate coordination of care for the expansion populations, including members who need home- and community-based services (HCBS) or other community-based services, FBMME members, pediatrics (including foster children), members who have both behavioral and physical health needs, and AwDC members. Colorado Access implemented programs to increase attribution of members, reorganized the care management staff to focus on specific populations, and developed care management agreements with organizations involved with a variety of expansion populations. In addition, Colorado Access doubled the number of RCCO care managers and hired additional staff and medical directors with expertise in managing the FBMME and corrections populations.</p>	
<p>3. Care Coordination Outcomes</p> <ul style="list-style-type: none"> ◆ Systems/mechanisms used to coordinate information from multiple levels of care and delivery sites: <ul style="list-style-type: none"> ● Sources of meaningful coordination of care information ● Access to real-time member information ◆ Outcomes of care coordination efforts: <ul style="list-style-type: none"> ● Defining effectiveness ● Mechanisms for monitoring ● RCCO level ● PCMP level ● Engaging multiple providers in improving outcomes 	<p><i>Contract—All Regions: Exhibit A: 6.4.1</i></p> <p><i>Contract—Regions 1, 4, 6, 7: Exhibit A: 6.4.2; 6.4.3.1.6</i></p> <p><i>Contract—Regions 2, 3, 5: Exhibit A: 6.4.4</i></p> <p><i>Contract—Regions 3 and 5: Exhibit A: 6.4.5.1.7</i></p> <p><i>Contract—Region 2: Exhibit A: 6.4.5.1.6</i></p>
<p>Discussion: Colorado Access reached an agreement with Banner Health for the provision of daily admission, discharge, and transfer data for RCCO members, which will greatly enhance access to real-time data on member-utilization. Staff members stated that the Banner Health agreement would be used as a model for agreements with other hospital systems to obtain similar information. In addition, MOUs with engaged partner organizations included an information-sharing agreement as a fundamental component of the relationship. Colorado Access conducted many trials of approaches to effectively coordinate care for members. Staff stated that trials are initiated with select populations or providers before deciding to expand programs throughout the RCCOs. Staff stated that an increase in the number of network practices that offer after-hours care has not impacted ER utilization rates. Therefore, Colorado Access initiated a pediatric diversion program with PCMPs and, in 2014, will pilot a program placing care managers in select emergency facilities to coordinate follow-up care.</p> <p>Colorado Access monitored the outcomes of care coordination in the delegated PCMPs through the submission of monthly care coordination metrics to the RCCO, which were routinely reviewed by management and the Delegate Committee. Management used the outcome measures to follow up with practices</p>	



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whose metrics indicated significant change in care coordination activity pattern. The Delegate Committee meets monthly to review progress and effectiveness of care coordination efforts and serves as a learning forum for delegated practice care managers. Colorado Access has also initiated meetings with individual PCMPs to discuss the Practice Performance Portfolio report, which includes key performance indicators (KPIs) and potentially preventable cost data for each practice, and has served as a stimulus for discussing care management. Staff stated that Colorado Access and its partners were not satisfied that existing metrics and KPIs represented good measures of the effectiveness of care management and were committed to working collaboratively to define more meaningful outcome measures over time.

Observations:

Colorado Access has worked collaboratively with providers and partners to define mechanisms for sharing meaningful coordination of care information, including real-time admission, discharge, and transfer data from Banner Health. Colorado Access planned to implement similar arrangements with other hospital systems in 2014. In addition, all agreements with engaged partners included an information-sharing arrangement to facilitate care coordination functions. Outcomes of care coordination were measured through defined care coordination metrics which were submitted monthly by the delegated entities to Colorado Access, yet Colorado Access remains aware that the existing measures need to be refined over time to reflect the effectiveness of member care coordination.

During on-site care coordination record review, several records were eliminated from the sample selection list due to the records being inadequate or inappropriate for scoring the specific care coordination contract requirements. HSAG summarized in Table B-1 the reasons records were eliminated from the Department-selected SDAC sample and in Table B-2 the reasons records were eliminated from the RCCO-selected oversample. HSAG recommends that this information be used by Colorado Access and the Department to further discussions concerning effectiveness of various sources for risk-identifying members appropriate for care management.

Table B-1—Reasons Records Were Eliminated from SDAC Sample			
Reason Record was Eliminated	No. of Records for Region 2	No. of Records for Region 3	No. of Records for Region 5
Member was not identified by RCCO risk stratification methods as candidate for care coordination. (no outreach)	8	11	11
Despite multiple attempts, care manager was unable to contact member to initiate care coordination.	5	2	6
Care coordination activity was initiated in 2014. (outside of review period)	3	0	0
Record was reviewed, but HSAG determined the member was not an appropriate candidate for complex care coordination.	2 ^(1, 2)	3 ^(3, 4, 5)	1 ⁽⁶⁾
Total number of records eliminated from original sample of 20:	18	16	18

- ¹ Care manager documented one contact with member in May 2013 during which member identified no issues or needs. Member agreed to periodic contact. Next attempt to contact was February 2014.
- ² Note dated August 7, 2012, read “Term Member, no outreaching.” Next note was dated March 2014.
- ³ Newborn with series of primary care visits for well-child checks/vaccination, constipation, and follow-up to two ER visits for viral gastroenteritis. Had regular and timely follow-up with PCP. (Determined not appropriate for intensive care coordination.)
- ⁴ Delegated care management case identified as high-risk pregnancy; multiple types of assessments performed by the PCMP, targeted for care coordination by delegate but not prioritized due to staffing issues, and no CM contact initiated. (Determined no care coordination to evaluate.)
- ⁵ Case was a 12-year-old with weight-management problem; being followed by PCMP—had multiple encounters for medical management (well-child; UTI X 2; abdominal pain, weight management); no comprehensive needs assessment or initiation of CM. (Determined not appropriate for intensive care coordination.)
- ⁶ Appeared to be a healthy adolescent with no apparent needs for care coordination.

Table B-2—Reasons Records Were Eliminated from RCCO-Selected Oversample			
Reason Record was Eliminated	No. of Records for Region 2	No. of Records for Region 3	No. of Records for Region 5
Despite multiple attempts, care manager was unable to contact member to initiate care coordination.	3	1	1
Care coordination activity was initiated in 2014. (outside of review period)	3	0	1
Record was reviewed, but HSAG determined the member was not appropriate for coordination of care review.	0	1 ⁽¹⁾	0
Total number of records eliminated from original sample of 10:	6	2	2

¹ Post-hospital discharge; RCCO care manager (CM) called hospital CM: member already discharged with everything necessary to care for child; CM contacted PCMP, who identified there were no issues; CM contacted member, who stated that there were no unmet needs. (Determined not appropriate for intensive care coordination.)

The completed record review tools follow this page.



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for Colorado Access (Region 2)

Sample Number: #4—delegated _____

Reviewer: Rachel Henrichs _____

Care Coordination Program Record Review		Score
Assessment		
<p>1. The RCCO (or designee) assessed the member's:</p> <ul style="list-style-type: none"> ◆ Health behavior risks. ◆ Health/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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Colorado Access delegated the member's care management needs to the member's PCMP. Although the record did identify some health risks and needs, there was no thorough assessment.</p>		
<p>2. The RCCO (or designee) assessed the member's:</p> <ul style="list-style-type: none"> ◆ Non-medical needs. ◆ Linguistic and cultural needs. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1; 6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1; 6.4.5.2.2</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Notes in the record identified Spanish as the primary language; but it did not appear that anyone had conducted an assessment of non-medical or cultural needs.</p>		
<p>3. The RCCO (or designee) assessed current care coordination services provided to the member 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</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Notes in the medical record indicated the member was working with two specialists, but the record did not include clear documentation of communication or coordination between the PCMP and other providers.</p>		



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Care Coordination Program Record Review		Score
Intervention		
<p>4. The RCCO (or designee) worked with providers responsible for the member’s care to develop a plan for regular communication with those responsible for the member’s care coordination.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.3</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.3</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record did document referrals to two specialists; it did not include documentation of communication between the PCMP and these providers.</p>		
<p>5. The RCCO (or designee) reasonably ensured that all care coordination services, including those provided by other individuals or entities, met the needs of the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The PCMP documented follow-up appointments with the member after appointments with specialists and after emergency room visits.</p>		
<p>6. The RCCO (or designee) provided necessary care coordination services not provided by another source.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record included documentation that someone with the PCMP assisted the member with necessary paperwork.</p>		
<p>7. The RCCO (or designee) linked the member to medical and/or non-medical services, acted as a liaison between medical providers or between medical and non-medical providers, and/or served as a liaison between providers and the member.</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 checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The PCMP provided the member with referrals to specialists but did not document any communication between the PCMP and the specialist that provided care.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Transitions		
<p>8. The RCCO (or designee) provided assistance during care transitions from hospitals or other care institutions to home- or community-based settings. This assistance promoted continuity of care.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2.: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record indicated that the member was admitted to the hospital for surgery but did not include any notes related to transition of care from the hospital to home.</p>		
<p>9. The RCCO (or designee) provided assistance during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care into a nursing facility.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: There were no other transitions, such as the transition from children’s health services to adult health services or from hospital or home care into a nursing facility, during the review period.</p>		
<p>10. The RCCO (or designee) documented and communicated necessary information about the member to the providers, institutions, and individuals involved in the transition.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record did not include any communication between the PCMP and the hospital.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Continued Coordination/Follow-up		
11. The documentation clearly indicated that the RCCO’s (or designee’s) provision of care coordination services was responsive to the member’s needs. <div align="right"> <i>Regions: 1, 4, 6, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3, 5 : Exhibit A—6.4.5.2.3</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The PCMP appeared to address all of the member’s health concerns and provided referrals to specialists when needed.		
12. The RCCO (or designee) followed up with the member to assess whether the member has received the services needed and/or if the member is on track to reach his or her desired health outcomes. <div align="right"> <i>Regions 1, 4, 6, 7 Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The PCMP followed up with the member after an emergency room visit and after appointments with specialists.		

Recommendations:
 The record—as it was presented for review—was disorganized and difficult to follow. It did not appear that there was a single person point of coordination. HSAG recommends that a section of the member’s file be designated for care coordination notes.

Results for Care Coordination Program Record Review—Sample # 4					
Total	Met	=	<u>4</u>	X	1.00 = <u>4</u>
	Partially Met	=	<u>3</u>	X	0.0 = <u>0</u>
	Not Met	=	<u>4</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>1</u>	X	NA = <u>0</u>
Total Applicable		=	<u>11</u>	Total Score	= <u>4</u>
Total Score ÷ Total Applicable					= <u>36%</u>



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

Sample Number: #16 _____

Reviewer: Rachel Henrichs _____

Care Coordination Program Record Review		Score
Assessment		
<p>1. The RCCO (or designee) assessed the member's:</p> <ul style="list-style-type: none"> ◆ Health behavior risks. ◆ Health/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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager documented assessment of the member's medical and behavioral health needs. The care manager did not document an assessment of health risks.</p>		
<p>2. The RCCO (or designee) assessed the member's:</p> <ul style="list-style-type: none"> ◆ Non-medical needs. ◆ Linguistic and cultural needs. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1; 6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1; 6.4.5.2.2</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager documented assessment and reassessment of the member's non-medical needs (shelter, food, and clothing). The care manager did not document an assessment of the member's linguistic or cultural needs.</p>		
<p>3. The RCCO (or designee) assessed current care coordination services provided to the member 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</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager coordinated with the hospital, emergency shelter, PCMP, and home health care agency to ensure all the member's needs were addressed.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Intervention		
<p>4. The RCCO (or designee) worked with providers responsible for the member’s care to develop a plan for regular communication with those responsible for the member’s care coordination.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.3</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.3</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager documented coordination with the member’s PCMP.</p>		
<p>5. The RCCO (or designee) reasonably ensured that all care coordination services, including those provided by other individuals or entities, met the needs of the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager made numerous calls to follow up with the hospital, PCMP, emergency shelter, and home health care agency.</p>		
<p>6. The RCCO (or designee) provided necessary care coordination services not provided by another source.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager made arrangements for transportation, physical therapy, replacement medications, and temporary housing.</p>		
<p>7. The RCCO (or designee) linked the member to medical and/or non-medical services, acted as a liaison between medical providers or between medical and non-medical providers, and/or served as a liaison between providers and the member.</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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager coordinated with the home health care agency and personnel at the emergency shelter to arrange for the member to receive therapy at the shelter. The care manager also advocated for the member and arranged for an appeal hearing after the member was evicted from the shelter.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Transitions		
<p>8. The RCCO (or designee) provided assistance during care transitions from hospitals or other care institutions to home- or community-based settings. This assistance promoted continuity of care.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2,: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>This member was displaced by a flood. The care manager made arrangements for the member to receive therapy at the emergency shelter after the member was discharged from the hospital. The care manager also made sure the member had all necessary equipment to accurately monitor his health.</p>		
<p>9. The RCCO (or designee) provided assistance during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care into a nursing facility.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The care manager provided assistance with transition from the hospital to the emergency shelter.</p>		
<p>10. The RCCO (or designee) documented and communicated necessary information about the member to the providers, institutions, and individuals involved in the transition.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The care manager relayed the member’s unusual circumstances when making arrangements for therapy at the shelter.</p>		



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Care Coordination Program Record Review		Score
Continued Coordination/Follow-up		
11. The documentation clearly indicated that the RCCO’s (or designee’s) provision of care coordination services was responsive to the member’s needs. <i>Regions: 1, 4, 6, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3, 5 : Exhibit A—6.4.5.2.3</i>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager followed up with the member regularly to ensure the member’s needs were met.		
12. The RCCO (or designee) followed up with the member to assess whether the member has received the services needed and/or if the member is on track to reach his or her desired health outcomes. <i>Regions 1, 4, 6, 7 Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.7</i>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager made regular follow-up calls and documented progress.		

Recommendations:
 The care manager did a good job coordinating this member’s care. HSAG recommends that Colorado Access develop a mechanism to ensure regular assessment of members’ health risks and needs as well as non-medical, linguistic, and cultural needs. Care managers need to also assess where members are receiving medical and non-medical services and reach out to those providers and/or agencies to determine if the services provided are sufficient to meet members’ needs.

Results for Care Coordination Program Record Review—Sample # 16					
Total	Met	=	<u>10</u>	X	1.00 = <u>10</u>
	Partially Met	=	<u>2</u>	X	0.0 = <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>12</u>	Total Score	= <u>10</u>

Total Score ÷ Total Applicable	=	<u>83%</u>
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Appendix B. Colorado Department of Health Care Policy and Financing
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Sample Number: Oversample (OS) #4—delegated

Reviewer: Rachel Henrichs

Care Coordination Program Record Review		Score
Assessment		
1. The RCCO (or designee) assessed the member's: <ul style="list-style-type: none"> ◆ Health behavior risks. ◆ Health/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"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager spoke to the member several times but did not document an assessment of the member's health risks or needs.		
2. The RCCO (or designee) assessed the member's: <ul style="list-style-type: none"> ◆ Non-medical needs. ◆ Linguistic and cultural needs. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1; 6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1; 6.4.5.2.2</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member asked for help with remembering appointments. The care manager asked if the member needed help with transportation. The records did not indicate that a linguistic or cultural needs assessment was done.		
3. The RCCO (or designee) assessed current care coordination services provided to the member 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 align="right"><i>Regions 1, 4, 6, 7: Exhibit A— 6.4.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: There was no documentation indicating whether or not the care manager assessed if the member was receiving care from any other agencies and no notes indicating that the care manager contacted any provider or agency to coordinate services.		



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Care Coordination Program Record Review		Score
Intervention		
<p>4. The RCCO (or designee) worked with providers responsible for the member’s care to develop a plan for regular communication with those responsible for the member’s care coordination.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.3</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.3</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member was attributed to a PCMP responsible for coordination of care. There was no documentation indicating that the PCMP determined whether or not the member was receiving services from other providers and, therefore, no attempt to contact or coordinate with other providers or agencies.</p>		
<p>5. The RCCO (or designee) reasonably ensured that all care coordination services, including those provided by other individuals or entities, met the needs of the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Documentation indicated the PCMP was addressing all of the member’s needs.</p>		
<p>6. The RCCO (or designee) provided necessary care coordination services not provided by another source.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Documentation indicated the PCMP providing necessary coordination services not provided by another source.</p>		
<p>7. The RCCO (or designee) linked the member to medical and/or non-medical services, acted as a liaison between medical providers or between medical and non-medical providers, and/or served as a liaison between providers and the member.</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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Documentation indicated the care manager scheduled an appointment with the member to help with insurance and medication.</p>		



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Care Coordination Program Record Review		Score
Transitions		
<p>8. The RCCO (or designee) provided assistance during care transitions from hospitals or other care institutions to home- or community-based settings. This assistance promoted continuity of care.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2,: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager was not involved with the transition plan; however, the care manager called to check on the member after an inpatient stay. The member indicated she had everything she needed.</p>		
<p>9. The RCCO (or designee) provided assistance during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care into a nursing facility.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: There were no other transitions documented in the file.</p>		
<p>10. The RCCO (or designee) documented and communicated necessary information about the member to the providers, institutions, and individuals involved in the transition.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: The care manager was not included in transition planning.</p>		



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Care Coordination Program Record Review		Score
Continued Coordination/Follow-up		
11. The documentation clearly indicated that the RCCO’s (or designee’s) provision of care coordination services was responsive to the member’s needs. <div align="right"> <i>Regions: 1, 4, 6, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3, 5 : Exhibit A—6.4.5.2.3</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: Documentation indicated that the care manager addressed all of the member’s needs.		
12. The RCCO (or designee) followed up with the member to assess whether the member has received the services needed and/or if the member is on track to reach his or her desired health outcomes. <div align="right"> <i>Regions 1, 4, 6, 7 Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager documented regular follow-up with the member.		

Recommendations:
 HSAG recommends that care managers assess where members are receiving medical and non-medical services and reach out to those providers and/or agencies to determine if the services provided are sufficient to meet members’ needs.

Results for Care Coordination Program Record Review—Sample OS #4					
Total	Met	=	<u>6</u>	X	1.00 = <u>6</u>
	Partially Met	=	<u>1</u>	X	0.0 = <u>0</u>
	Not Met	=	<u>3</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>2</u>	X	NA = <u>0</u>
Total Applicable		=	<u>10</u>	Total Score	= <u>6</u>
Total Score ÷ Total Applicable				=	<u>60%</u>



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Sample Number: OS #5

Reviewer: Rachel Henrichs

Care Coordination Program Record Review		Score
Assessment		
<p>1. The RCCO (or designee) assessed the member's:</p> <ul style="list-style-type: none"> ◆ Health behavior risks. ◆ Health/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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Notes indicate the care manager assessed the member's medical and behavior risks and needs.</p>		
<p>2. The RCCO (or designee) assessed the member's:</p> <ul style="list-style-type: none"> ◆ Non-medical needs. ◆ Linguistic and cultural needs. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1; 6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1; 6.4.5.2.2</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager documented an assessment of the member's housing and transportation needs. The care manager did not document an assessment of the member's linguistic or cultural needs.</p>		
<p>3. The RCCO (or designee) assessed current care coordination services provided to the member 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</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager documented ongoing contact with the member's home- and community-based services (HCBS) provider, PCMP, and nursing home staff.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Intervention		
<p>4. The RCCO (or designee) worked with providers responsible for the member’s care to develop a plan for regular communication with those responsible for the member’s care coordination.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.3 Regions 2, 3, 5: Exhibit A—6.4.4.3</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager documented regular communication with the member’s providers.</p>		
<p>5. The RCCO (or designee) reasonably ensured that all care coordination services, including those provided by other individuals or entities, met the needs of the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.4 Regions 2, 3, 5: Exhibit A—6.4.4.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager followed up with the member regularly to ensure the member’s needs were being addressed.</p>		
<p>6. The RCCO (or designee) provided necessary care coordination services not provided by another source.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.2 Regions 2, 3, 5: Exhibit A—6.4.4.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager assisted member with transportation and housing.</p>		
<p>7. The RCCO (or designee) linked the member to medical and/or non-medical services, acted as a liaison between medical providers or between medical and non-medical providers, and/or served as a liaison between providers and the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2 Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager accompanied the member to medical and behavioral appointments, and toured assisted living facilities with the member.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Transitions		
<p>8. The RCCO (or designee) provided assistance during care transitions from hospitals or other care institutions to home- or community-based settings. This assistance promoted continuity of care.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2,: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
Observations: There were no transitions from hospitals or other care institutions to home- or community-based settings during the review period.		
<p>9. The RCCO (or designee) provided assistance during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care into a nursing facility.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager helped the member move belongings from one home to a new assisted living facility.		
<p>10. The RCCO (or designee) documented and communicated necessary information about the member to the providers, institutions, and individuals involved in the transition.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager accompanied the member to various appointments to ensure the member’s needs were addressed. The care manager also documented coordination with nursing home staff.		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Continued Coordination/Follow-up		
11. The documentation clearly indicated that the RCCO’s (or designee’s) provision of care coordination services was responsive to the member’s needs. <div align="right"> <i>Regions: 1, 4, 6, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3, 5 : Exhibit A—6.4.5.2.3</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager was exceptionally responsive to the member’s needs and requests.		
12. The RCCO (or designee) followed up with the member to assess whether the member has received the services needed and/or if the member is on track to reach his or her desired health outcomes. <div align="right"> <i>Regions 1, 4, 6, 7 Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager made regular and frequent calls to the member to ensure the member was on track.		

Recommendations:
 This care manager did an outstanding job coordinating the member’s care. HSAG recommends that Colorado Access develop a mechanism to ensure regular assessment of members’ linguistic and cultural needs.

Results for Care Coordination Program Record Review—Sample OS #5					
Total	Met	=	<u>10</u>	X	1.00 = <u>10</u>
	Partially Met	=	<u>1</u>	X	0.0 = <u>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>11</u>	Total Score	= <u>10</u>
Total Score ÷ Total Applicable				=	<u>91%</u>



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Coordination of Care Tool
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Sample Number: OS #8

Reviewer: Rachel Henrichs

Care Coordination Program Record Review		Score
Assessment		
1. The RCCO (or designee) assessed the member's: <ul style="list-style-type: none"> ◆ Health behavior risks. ◆ Health/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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager continually assessed member's health needs and risks.		
2. The RCCO (or designee) assessed the member's: <ul style="list-style-type: none"> ◆ Non-medical needs. ◆ Linguistic and cultural needs. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1; 6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1; 6.4.5.2.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager documented the member's linguistic needs and continually assessed non-medical needs.		
3. The RCCO (or designee) assessed current care coordination services provided to the member 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 align="right"><i>Regions 1, 4, 6, 7: Exhibit A— 6.4.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager documented regular communication with the member's mother, the school district, and various providers to ensure the member's needs were being adequately addressed.		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Intervention		
<p>4. The RCCO (or designee) worked with providers responsible for the member’s care to develop a plan for regular communication with those responsible for the member’s care coordination.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.3</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.3</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager documented communication with the member’s providers and the school district.</p>		
<p>5. The RCCO (or designee) reasonably ensured that all care coordination services, including those provided by other individuals or entities, met the needs of the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager documented regular and frequent calls to the member’s mother to ensure the member’s needs were being met.</p>		
<p>6. The RCCO (or designee) provided necessary care coordination services not provided by another source.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager regularly assisted the mother with scheduling appointments and arranged for transportation services. The care manager provided the member’s mother with information about food stamps and housing and assisted with paperwork needed for Medicaid and school.</p>		
<p>7. The RCCO (or designee) linked the member to medical and/or non-medical services, acted as a liaison between medical providers or between medical and non-medical providers, and/or served as a liaison between providers and the member.</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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager coordinated with the member’s numerous therapists to arrange for all therapies to take place at one location and assisted with finding a Spanish-speaking speech therapist. The care manager also met with staff members at the school district.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Transitions		
<p>8. The RCCO (or designee) provided assistance during care transitions from hospitals or other care institutions to home- or community-based settings. This assistance promoted continuity of care.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2,: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
Observations:		
No transitions of care were documented during the review period.		
<p>9. The RCCO (or designee) provided assistance during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care into a nursing facility.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations:		
The care manager assisted the member’s mother with the necessary paperwork required for the member’s attendance of public preschool. The care manager also met with the school district to ensure all arrangements were made in advance of the member’s first day.		
<p>10. The RCCO (or designee) documented and communicated necessary information about the member to the providers, institutions, and individuals involved in the transition.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations:		
The care manager met with the school district to ensure all arrangements were made in advance of the member’s first day.		



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Care Coordination Program Record Review		Score
Continued Coordination/Follow-up		
11. The documentation clearly indicated that the RCCO’s (or designee’s) provision of care coordination services was responsive to the member’s needs. <div align="right"> <i>Regions: 1, 4, 6, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3, 5 : Exhibit A—6.4.5.2.3</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager documented assistance with food, transportation, dental services, and therapists (speech, occupational, and physical). The care manager regularly followed up with member’s mother to confirm all was well.		
12. The RCCO (or designee) followed up with the member to assess whether the member has received the services needed and/or if the member is on track to reach his or her desired health outcomes. <div align="right"> <i>Regions 1, 4, 6, 7 Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager documented regular follow-up after appointments with doctors, specialist, therapists, and school district.		

Recommendations:
 This care manager did an outstanding job coordinating the member’s care. HSAG does not have any recommendations.

Results for Care Coordination Program Record Review—Sample OS #8					
Total	Met	=	<u>11</u>	X	1.00 = <u>11</u>
	Partially Met	=	<u>0</u>	X	0.0 = <u>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>11</u>	Total Score	= <u>11</u>
Total Score ÷ Total Applicable					= <u>100%</u>



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Coordination of Care Tool
for Colorado Access (Region 2)

Sample Number: OS #9

Reviewer: Rachel Henrichs

Care Coordination Program Record Review		Score
Assessment		
<p>1. The RCCO (or designee) assessed the member's:</p> <ul style="list-style-type: none"> ◆ Health behavior risks. ◆ Health/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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The record included a health risk assessment (HRA) conducted in January 2013; however, the HRA was not a thorough assessment of the member's risks or needs.</p>		
<p>2. The RCCO (or designee) assessed the member's:</p> <ul style="list-style-type: none"> ◆ Non-medical needs. ◆ Linguistic and cultural needs. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1; 6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1; 6.4.5.2.2</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The record included a Patient Health Questionnaire (PHQ-9) depression screening dated July 2013. The care manager also documented an assessment of transportation needs. The record did not include an assessment of linguistic or cultural needs.</p>		
<p>3. The RCCO (or designee) assessed current care coordination services provided to the member 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</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The care manager did not contact the member's providers or document an assessment of services provided by other agencies.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Intervention		
<p>4. The RCCO (or designee) worked with providers responsible for the member’s care to develop a plan for regular communication with those responsible for the member’s care coordination.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.3</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.3</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The member called the care manager in February 2013 in response to a letter mailed by the care manager. The care manager documented the member’s agreement to a home visit on February 14, 2013. The next note in the file is dated July 25, 2013, in which the care manager discussed mental health care and transportation needs. The care manager noted that the member agreed to a home visit on August 1, 2013. There were no other notes in the record.</p>		
<p>5. The RCCO (or designee) reasonably ensured that all care coordination services, including those provided by other individuals or entities, met the needs of the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The care manager did not follow up with the member or with agencies to ensure that services met the needs of the member.</p>		
<p>6. The RCCO (or designee) provided necessary care coordination services not provided by another source.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The care manager did not appear to provide any care coordination services to the member.</p>		
<p>7. The RCCO (or designee) linked the member to medical and/or non-medical services, acted as a liaison between medical providers or between medical and non-medical providers, and/or served as a liaison between providers and the member.</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"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>It was unclear in the notes whether the care manager linked the member with any medical or non-medical services.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Transitions		
8. The RCCO (or designee) provided assistance during care transitions from hospitals or other care institutions to home- or community-based settings. This assistance promoted continuity of care. <div align="right"> <i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2,: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i> </div>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
Observations: There were no transitions of care noted in the member’s file.		
9. The RCCO (or designee) provided assistance during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care into a nursing facility. <div align="right"> <i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i> </div>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
Observations: There was no transition of care noted in the member’s file.		
10. The RCCO (or designee) documented and communicated necessary information about the member to the providers, institutions, and individuals involved in the transition. <div align="right"> <i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i> </div>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
Observations: There was no transition of care noted in the member’s file.		



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

Care Coordination Program Record Review		Score
Continued Coordination/Follow-up		
11. The documentation clearly indicated that the RCCO’s (or designee’s) provision of care coordination services was responsive to the member’s needs. <i>Regions: 1, 4, 6, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3, 5 : Exhibit A—6.4.5.2.3</i>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager did not document an attempt to provide services to the member.		
12. The RCCO (or designee) followed up with the member to assess whether the member has received the services needed and/or if the member is on track to reach his or her desired health outcomes. <i>Regions 1, 4, 6, 7 Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.7</i>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: This care manager did not document follow-up related to either of the two scheduled home visits.		

Recommendations:
 HSAG recommends that Colorado Access develop a mechanism to ensure regular and thorough assessment of members’ health risks and needs as well as linguistic and cultural needs. Care managers need to also assess where members are receiving medical and non-medical services and reach out to those providers and/or agencies to determine if the services provided are sufficient to meet the members’ needs.

Results for Care Coordination Program Record Review—Sample OS #9					
Total	Met	=	<u>0</u>	X	1.00 = <u>0</u>
	Partially Met	=	<u>2</u>	X	0.0 = <u>0</u>
	Not Met	=	<u>7</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>3</u>	X	NA = <u>0</u>
Total Applicable		=	<u>9</u>	Total Score	= <u>0</u>
Total Score ÷ Total Applicable					= <u>0%</u>



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Coordination of Care Tool
for Colorado Access (Region 3)

Sample Number: #13—delegate

Reviewer: Kathy Bartilotta

Care Coordination Program Record Review		Score
Assessment		
<p>1. The RCCO (or designee) assessed the member's:</p> <ul style="list-style-type: none"> ◆ Health behavior risks. ◆ Health/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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations:		
<p>The member was in emergency room (ER) four times in one month for pain. In the follow-up visits to the PCP, the record documented kidney stones, gallstones, and ovarian cyst. The PCP evaluated each medical problem and made medical referrals only. The member was not identified for care management.</p>		
<p>2. The RCCO (or designee) assessed the member's:</p> <ul style="list-style-type: none"> ◆ Non-medical needs. ◆ Linguistic and cultural needs. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1; 6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1; 6.4.5.2.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations:		
<p>Non-medical needs were not documented. The member's preferred language was stated in an office visit note. Though a January 2013 office visit is noted, there is no record of cultural assessment. The member was never thoroughly assessed or care managed except through primary care physician (PCP) visits.</p>		
<p>3. The RCCO (or designee) assessed current care coordination services provided to the member 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</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations:		
<p>The member record included no evidence of care coordinator outreach to other providers or the PCMP care coordinator.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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for Colorado Access (Region 3)

Care Coordination Program Record Review		Score
Intervention		
<p>4. The RCCO (or designee) worked with providers responsible for the member’s care to develop a plan for regular communication with those responsible for the member’s care coordination.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.3</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.3</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record included no evidence of reaching out to other providers for care coordination.</p>		
<p>5. The RCCO (or designee) reasonably ensured that all care coordination services, including those provided by other individuals or entities, met the needs of the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record contained no evidence of comprehensive assessment or care coordination and no outreach to member except through office visits.</p>		
<p>6. The RCCO (or designee) provided necessary care coordination services not provided by another source.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record contained no evidence of comprehensive assessment or care coordination and no outreach to member except through office visits.</p>		
<p>7. The RCCO (or designee) linked the member to medical and/or non-medical services, acted as a liaison between medical providers or between medical and non-medical providers, and/or served as a liaison between providers and the member.</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"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Though the PCP made medical referrals, no follow-up on referrals or communications with other providers were evidenced.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Coordination of Care Tool
for Colorado Access (Region 3)

Care Coordination Program Record Review		Score
Transitions		
<p>8. The RCCO (or designee) provided assistance during care transitions from hospitals or other care institutions to home- or community-based settings. This assistance promoted continuity of care.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2.: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations:		
A December note stated the member reported she was discharged from University of Colorado Hospital on November 17 and could not get a follow-up appointment with her doctor (no response). Member told PCMP she has since changed providers.		
<p>9. The RCCO (or designee) provided assistance during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care into a nursing facility.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
Observations:		
This case did not include this type of transition.		
<p>10. The RCCO (or designee) documented and communicated necessary information about the member to the providers, institutions, and individuals involved in the transition.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
Observations:		
Neither the RCCO nor the delegate were involved in the care transition.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Coordination of Care Tool
for Colorado Access (Region 3)

Care Coordination Program Record Review		Score
Continued Coordination/Follow-up		
11. The documentation clearly indicated that the RCCO’s (or designee’s) provision of care coordination services was responsive to the member’s needs. <div align="right"> <i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3, 5 : Exhibit A—6.4.5.2.3</i> </div>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
Observations: The record included no evidence that care coordination services were provided.		
12. The RCCO (or designee) followed up with the member to assess whether the member has received the services needed and/or if the member is on track to reach his or her desired health outcomes. <div align="right"> <i>Regions 1, 4, 6, 7 Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.7</i> </div>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: There was no clear care coordination plan in the visit notes, nor was there documentation in the PCMP notes of communication with the member to determine whether needs were being met.		

Recommendations:
 Member was not identified for care management, but perhaps should have been due to multiple medical problems and ER visits. HSAG recommends review with delegated PCMP to determine why the member was not assessed or identified for care management.

Results for Care Coordination Program Record Review—Sample #13					
Total	Met	=	<u>1</u>	X	1.00 = <u>1</u>
	Partially Met	=	<u>0</u>	X	0.0 = <u>0</u>
	Not Met	=	<u>8</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>3</u>	X	NA = <u>0</u>
Total Applicable		=	<u>9</u>	Total Score	= <u>1</u>
		Total Score ÷ Total Applicable	=	<u>11%</u>	



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Coordination of Care Tool
for Colorado Access (Region 3)

Sample Number: #17—delegate _____

Reviewer: Kathy Bartilotta _____

Care Coordination Program Record Review		Score
Assessment		
<p>1. The RCCO (or designee) assessed the member's:</p> <ul style="list-style-type: none"> ◆ Health behavior risks. ◆ Health/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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The record listed multiple diagnoses and numerous medications for the member, who was seen at Denver Health (DH) clinics. The file contained no primary care information, but the record referenced several specialty areas such as Dermatology, Rehab, Apria, and DME. A DH summary stated the member stayed mostly in homeless shelters. The record listed substance abuse and untreated mental health. The DH summary stated that previous health risk assessments were performed, but they were not applicable to the time that the patient had been a RCCO member. Medical needs assessments were conducted incidental to each provider/problem (e.g., rehab, dermatology), but no comprehensive needs assessment was conducted.</p>		
<p>2. The RCCO (or designee) assessed the member's:</p> <ul style="list-style-type: none"> ◆ Non-medical needs. ◆ Linguistic and cultural needs. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1; 6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1; 6.4.5.2.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>No current assessment was included other than the DH care summary.</p>		
<p>3. The RCCO (or designee) assessed current care coordination services provided to the member 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</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>Member had care manager at DH, but no evidence was provided of COA contacting DH to determine the plan for care coordination. The DH care management plan was not included in the file.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Intervention		
<p>4. The RCCO (or designee) worked with providers responsible for the member’s care to develop a plan for regular communication with those responsible for the member’s care coordination.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.3</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.3</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: No documentation was provided of delegate’s care coordination. Referrals were made, but no primary care documentation or care manager notes were found.</p>		
<p>5. The RCCO (or designee) reasonably ensured that all care coordination services, including those provided by other individuals or entities, met the needs of the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: No documentation was provided of delegate’s care management activities. The assessment of needs was incomplete and not comprehensive.</p>		
<p>6. The RCCO (or designee) provided necessary care coordination services not provided by another source.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: COA was unable to reach the member. Delegate care management activities were not in the file. There was no evidence of COA care manager outreach to the DH care manager in COA record until March 2014, when the care manager notified the delegate of hospital admission.</p>		
<p>7. The RCCO (or designee) linked the member to medical and/or non-medical services, acted as a liaison between medical providers or between medical and non-medical providers, and/or served as a liaison between providers and the member.</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 checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record contained evidence of referrals made to specialty providers in the DH system, but there was no PCP documentation or care manager documentation of follow-up on referrals or attempts to coordinate care.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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for Colorado Access (Region 3)

Care Coordination Program Record Review		Score
Transitions		
<p>8. The RCCO (or designee) provided assistance during care transitions from hospitals or other care institutions to home- or community-based settings. This assistance promoted continuity of care.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2,: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The need for care transition was identified, but no documentation of contact with member was submitted. The DH summary stated that the member was mostly homeless.</p>		
<p>9. The RCCO (or designee) provided assistance during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care into a nursing facility.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: This case did not include this type of transition.</p>		
<p>10. The RCCO (or designee) documented and communicated necessary information about the member to the providers, institutions, and individuals involved in the transition.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: March 2014—COA notified both the DH care manager and the PCP of notice of admission to a Swedish hospital. No documentation from delegate indicated transition of care (TOC) follow-up with member.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Continued Coordination/Follow-up		
11. The documentation clearly indicated that the RCCO’s (or designee’s) provision of care coordination services was responsive to the member’s needs. <div align="right"> <i>Regions: 1, 4, 6, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3, 5 : Exhibit A—6.4.5.2.3</i> </div>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: Documentation did not include comprehensive assessment of needs or evidence of care coordinator services at DH.		
12. The RCCO (or designee) followed up with the member to assess whether the member has received the services needed and/or if the member is on track to reach his or her desired health outcomes. <div align="right"> <i>Regions 1, 4, 6, 7 Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.7</i> </div>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: There was no contact successfully initiated between the COA care manager and the member. No documentation of DH care management activities was submitted.		

Recommendations:
 Because delegate (DH) provided an overall summary, but little supporting documentation of care coordination, there were many deficiencies in the file. HSAG recommends that COA follow up with DH to ensure there is good coordination between DH and COA care managers.

Results for Care Coordination Program Record Review—Sample #17					
Total	Met	=	<u>0</u>	X	1.00 = <u>0</u>
	Partially Met	=	<u>3</u>	X	0.0 = <u>0</u>
	Not Met	=	<u>8</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>1</u>	X	NA = <u>0</u>
Total Applicable		=	<u>11</u>	Total Score	= <u>0</u>

Total Score ÷ Total Applicable	=	<u>0%</u>
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Appendix B. Colorado Department of Health Care Policy and Financing
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for Colorado Access (Region 3)

Care Coordination Program Record Review		Score
Intervention		
<p>4. The RCCO (or designee) worked with providers responsible for the member’s care to develop a plan for regular communication with those responsible for the member’s care coordination.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.3</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.3</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member was encouraged to stay in touch with the nurse advice line for crisis problems. An April 12 progress note documented medical plan of care. BHO care manager was attending provider appointments with member.</p>		
<p>5. The RCCO (or designee) reasonably ensured that all care coordination services, including those provided by other individuals or entities, met the needs of the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Periodic check-ins occurred with another care manager. No additional needs were identified.</p>		
<p>6. The RCCO (or designee) provided necessary care coordination services not provided by another source.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: The BHO was coordinating care. No other needs were identified.</p>		
<p>7. The RCCO (or designee) linked the member to medical and/or non-medical services, acted as a liaison between medical providers or between medical and non-medical providers, and/or served as a liaison between providers and the member.</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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager accompanied the member to all appointments and ensured follow-ups.</p>		



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Care Coordination Program Record Review		Score
Transitions		
<p>8. The RCCO (or designee) provided assistance during care transitions from hospitals or other care institutions to home- or community-based settings. This assistance promoted continuity of care.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2.: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: This case did not include a transition of care.</p>		
<p>9. The RCCO (or designee) provided assistance during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care into a nursing facility.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: This case did not include this type of transition.</p>		
<p>10. The RCCO (or designee) documented and communicated necessary information about the member to the providers, institutions, and individuals involved in the transition.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: Not applicable.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Continued Coordination/Follow-up		
11. The documentation clearly indicated that the RCCO’s (or designee’s) provision of care coordination services was responsive to the member’s needs. <div align="right"> <i>Regions: 1, 4, 6, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.3</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: Documentation stated that the BHO care manager initiated consults with RCCO care manager to resolve issues that could not be met by another team.		
12. The RCCO (or designee) followed up with the member to assess whether the member has received the services needed and/or if the member is on track to reach his or her desired health outcomes. <div align="right"> <i>Regions 1, 4, 6, 7 Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: While many calls transpired between the care manager and the member, the call frequency diminished to every three months toward the end of the cycle. There was also a gap of three months in RCCO notes (April 2 through July 9).		

Recommendations:
 None.

Results for Care Coordination Program Record Review—Sample #19					
Total	Met	=	<u>7</u>	X	1.00 = <u>7</u>
	Partially Met	=	<u>0</u>	X	0.0 = <u>0</u>
	Not Met	=	<u>1</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>4</u>	X	NA = <u>0</u>
Total Applicable		=	<u>8</u>	Total Score	= <u>7</u>
		Total Score ÷ Total Applicable	=	<u>88%</u>	



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Coordination of Care Tool
for Colorado Access (Region 3)

Sample Number: # 20—delegate _____

Reviewer: Kathy Bartilotta _____

Care Coordination Program Record Review		Score
Assessment		
1. The RCCO (or designee) assessed the member's: <ul style="list-style-type: none"> ◆ Health behavior risks. ◆ Health/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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: This 1½ -year-old was hospitalized April 2013		
2. The RCCO (or designee) assessed the member's: <ul style="list-style-type: none"> ◆ Non-medical needs. ◆ Linguistic and cultural needs. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1; 6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1; 6.4.5.2.2</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The medical record did not indicate an assessment of cultural needs of the family.		
3. The RCCO (or designee) assessed current care coordination services provided to the member 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 align="right"><i>Regions 1, 4, 6, 7: Exhibit A— 6.4.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: There was no evidence included in the record regarding assessment by COA of the delegate's care coordination or of follow-up with referrals by the PCP.		



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Care Coordination Program Record Review		Score
Intervention		
<p>4. The RCCO (or designee) worked with providers responsible for the member’s care to develop a plan for regular communication with those responsible for the member’s care coordination.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.3</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.3</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The member was being care managed by the PCP office. No evidence was provided of communications between multiple providers or referred services and the PCP office.</p>		
<p>5. The RCCO (or designee) reasonably ensured that all care coordination services, including those provided by other individuals or entities, met the needs of the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The member was not followed by a RCCO care manager. No evidence was supplied regarding contact with delegated care manager or PCP.</p>		
<p>6. The RCCO (or designee) provided necessary care coordination services not provided by another source.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.2</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The PCP managed care and made multiple referrals for needed services. The member was reasonably well managed by the PCP, but there was little evidence of follow-up by the pediatric office with providers to whom referrals were made. The record did not include information on other care coordination activities or services that might be needed.</p>		
<p>7. The RCCO (or designee) linked the member to medical and/or non-medical services, acted as a liaison between medical providers or between medical and non-medical providers, and/or served as a liaison between providers and the member.</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 checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The PCP made multiple referrals for needed services. The member was reasonably well managed by the PCP, but there was little evidence of follow-up by the pediatric office with providers to whom referrals were made. In addition, the record did not include evidence of care coordination of possible non-medical needs or of acting as a liaison between providers.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Transitions		
<p>8. The RCCO (or designee) provided assistance during care transitions from hospitals or other care institutions to home- or community-based settings. This assistance promoted continuity of care.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2,: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
Observations:		
The member was born with multiple developmental problems. There was no evidence in the file of a transition of care plan to home, but the birth (June 2011) was outside the review period and is therefore not applicable.		
<p>9. The RCCO (or designee) provided assistance during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care into a nursing facility.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
Observations:		
This case did not include this type of transition.		
<p>10. The RCCO (or designee) documented and communicated necessary information about the member to the providers, institutions, and individuals involved in the transition.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
Observations:		
Not applicable.		



Appendix B. Colorado Department of Health Care Policy and Financing
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for Colorado Access (Region 3)

Care Coordination Program Record Review		Score
Continued Coordination/Follow-up		
11. The documentation clearly indicated that the RCCO’s (or designee’s) provision of care coordination services was responsive to the member’s needs. <i>Regions: 1, 4, 6, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3, 5 : Exhibit A—6.4.5.2.3</i>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: Multiple referrals were responsive to member needs.		
12. The RCCO (or designee) followed up with the member to assess whether the member has received the services needed and/or if the member is on track to reach his or her desired health outcomes. <i>Regions 1, 4, 6, 7 Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.7</i>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The child’s needs were monitored during office visits, as communicated through the caregivers, but there was no direct follow-up with the mother. (Note stated, “Mother seems unconcerned about child.”) The record did not include any documentation of care coordination provided other than through office visits.		

Recommendations:
 This was a complex case. COA should have ensured that the PCMP care manager was assessing and meeting all the member’s needs. There may have been potential in this case for more collaborative efforts between the care managers.

Results for Care Coordination Program Record Review—Sample #20					
Total	Met	=	<u>2</u>	X	1.00 = <u>2</u>
	Partially Met	=	<u>4</u>	X	0.0 = <u>0</u>
	Not Met	=	<u>3</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>3</u>	X	NA = <u>0</u>
Total Applicable		=	<u>9</u>	Total Score	= <u>2</u>

Total Score ÷ Total Applicable		=	<u>22%</u>
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Appendix B. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Coordination of Care Tool
for Colorado Access (Region 3)

Sample Number: OS #1

Reviewer: Kathy Bartilotta

Care Coordination Program Record Review		Score
Assessment		
<p>1. The RCCO (or designee) assessed the member's:</p> <ul style="list-style-type: none"> ◆ Health behavior risks. ◆ Health/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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Care coordination record indicates that member has diagnoses of COPD and schizophrenia and goes to Aurora Mental Health for treatment. An August 12 note mentions a health risk assessment identified no acute needs. However, a note on August 13 stated that COA “identified multiple emergency department (ED) visits” for the member.</p>		
<p>2. The RCCO (or designee) assessed the member's:</p> <ul style="list-style-type: none"> ◆ Non-medical needs. ◆ Linguistic and cultural needs. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1; 6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1; 6.4.5.2.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: On September 25, member contact involved social assessment, medical assessment, and transportation. On October 3, the PCP was noted to have discussed cultural/social needs.</p>		
<p>3. The RCCO (or designee) assessed current care coordination services provided to the member 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</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: The RCCO provided care management.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Intervention		
<p>4. The RCCO (or designee) worked with providers responsible for the member’s care to develop a plan for regular communication with those responsible for the member’s care coordination.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.3</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.3</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations:		
Notes documented that there were arrangements for appointments with multiple providers and regular provider communications.		
<p>5. The RCCO (or designee) reasonably ensured that all care coordination services, including those provided by other individuals or entities, met the needs of the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations:		
There was frequent interaction with the member with ongoing feedback regarding needs and interventions.		
<p>6. The RCCO (or designee) provided necessary care coordination services not provided by another source.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations:		
The RCCO care manager was the primary coordinator of services.		
<p>7. The RCCO (or designee) linked the member to medical and/or non-medical services, acted as a liaison between medical providers or between medical and non-medical providers, and/or served as a liaison between providers and the member.</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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations:		
Notes documented that there were multiple appointment arrangements with the mental health center and other services, frequent member and provider communications, and ongoing periodic reassessments and interventions.		



Appendix B. Colorado Department of Health Care Policy and Financing
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for Colorado Access (Region 3)

Care Coordination Program Record Review		Score
Transitions		
<p>8. The RCCO (or designee) provided assistance during care transitions from hospitals or other care institutions to home- or community-based settings. This assistance promoted continuity of care.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: The case did not include a transition of care.</p>		
<p>9. The RCCO (or designee) provided assistance during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care into a nursing facility.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: The case did not include this type of transition.</p>		
<p>10. The RCCO (or designee) documented and communicated necessary information about the member to the providers, institutions, and individuals involved in the transition.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: Not applicable.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Continued Coordination/Follow-up		
11. The documentation clearly indicated that the RCCO’s (or designee’s) provision of care coordination services was responsive to the member’s needs. <div align="right"> <i>Regions: 1, 4, 6, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.3</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: While the member need was for pain relief, which resulted in ED visits, the RCCO’s need was for diminished ED visits. Many interventions were directed at reducing the number of ED visits. Extensive care manager notes listed multiple provider and care manager interventions to decrease visits to the ER. The member persisted in multiple ER visits, regardless of appropriate follow-up and diversion attempts.		
12. The RCCO (or designee) followed up with the member to assess whether the member has received the services needed and/or if the member is on track to reach his or her desired health outcomes. <div align="right"> <i>Regions 1, 4, 6, 7 Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: Frequent follow-up with member occurred, and the care manager was in touch with all care providers including the hospital ED.		

Recommendations:
 None.

Results for Care Coordination Program Record Review—Sample OS #1					
Total	Met	=	<u>8</u>	X	1.00 = <u>8</u>
	Partially Met	=	<u>0</u>	X	0.0 = <u>0</u>
	Not Met	=	<u>0</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>4</u>	X	NA = <u>0</u>
Total Applicable		=	<u>8</u>	Total Score	= <u>8</u>

Total Score ÷ Total Applicable		=	<u>100%</u>
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Appendix B. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Coordination of Care Tool
for Colorado Access (Region 3)

Sample Number: OS #2

Reviewer: Kathy Bartilotta

Care Coordination Program Record Review		Score
Assessment		
1. The RCCO (or designee) assessed the member's: <ul style="list-style-type: none"> ◆ Health behavior risks. ◆ Health/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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member was a 12-year-old child. The member was referred for multiple ED visits. The member had been in the program since December 2012, and a health risk assessment was conducted with the member on August 26, 2013.		
2. The RCCO (or designee) assessed the member's: <ul style="list-style-type: none"> ◆ Non-medical needs. ◆ Linguistic and cultural needs. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1; 6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1; 6.4.5.2.2</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: Cultural needs were not assessed.		
3. The RCCO (or designee) assessed current care coordination services provided to the member 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 align="right"><i>Regions 1, 4, 6, 7: Exhibit A— 6.4.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The RCCO care manager contacted the PCMP and mental health center care manager.		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Intervention		
<p>4. The RCCO (or designee) worked with providers responsible for the member’s care to develop a plan for regular communication with those responsible for the member’s care coordination.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.3</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.3</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Frequent and regular communication took place among multiple providers, care managers, and the member.</p>		
<p>5. The RCCO (or designee) reasonably ensured that all care coordination services, including those provided by other individuals or entities, met the needs of the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Frequent and regular communication took place among multiple providers, care managers, and the member.</p>		
<p>6. The RCCO (or designee) provided necessary care coordination services not provided by another source.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The PCP care manager arranged some services, and the RCCO care manager followed up or arranged other services.</p>		
<p>7. The RCCO (or designee) linked the member to medical and/or non-medical services, acted as a liaison between medical providers or between medical and non-medical providers, and/or served as a liaison between providers and the member.</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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The PCP care manager arranged some services, and the RCCO care manager followed up or arranged other services. The care managers communicated to coordinate activities.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Transitions		
<p>8. The RCCO (or designee) provided assistance during care transitions from hospitals or other care institutions to home- or community-based settings. This assistance promoted continuity of care.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: This case did not include a transition of care.</p>		
<p>9. The RCCO (or designee) provided assistance during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care into a nursing facility.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: This case did not include this type of transition.</p>		
<p>10. The RCCO (or designee) documented and communicated necessary information about the member to the providers, institutions, and individuals involved in the transition.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: Not applicable.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Continued Coordination/Follow-up		
11. The documentation clearly indicated that the RCCO’s (or designee’s) provision of care coordination services was responsive to the member’s needs. <div align="right"> <i>Regions: 1, 4, 6, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3, 5 : Exhibit A—6.4.5.2.3</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: Care manager note documentation was good.		
12. The RCCO (or designee) followed up with the member to assess whether the member has received the services needed and/or if the member is on track to reach his or her desired health outcomes. <div align="right"> <i>Regions 1, 4, 6, 7 Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: There was frequent follow-up with the member.		

Recommendations:
 None.

Results for Care Coordination Program Record Review—Sample OS #2					
Total	Met	=	<u>8</u>	X	1.00 = <u>8</u>
	Partially Met	=	<u>1</u>	X	0.0 = <u>0</u>
	Not Met	=	<u>0</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>3</u>	X	NA = <u>0</u>
Total Applicable		=	<u>9</u>	Total Score	= <u>8</u>
Total Score ÷ Total Applicable				=	<u>89%</u>



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Coordination of Care Tool
for Colorado Access (Region 3)

Sample Number: OS #3

Reviewer: Kathy Bartilotta

Care Coordination Program Record Review		Score
Assessment		
<p>1. The RCCO (or designee) assessed the member's:</p> <ul style="list-style-type: none"> ◆ Health behavior risks. ◆ Health/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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Schizophrenia and multiple hospitalizations were noted concerning this member. The member was receiving mental health (MH) services at Arapahoe/Douglas. No comprehensive assessment took place, so health behaviors/risks were not assessed.</p>		
<p>2. The RCCO (or designee) assessed the member's:</p> <ul style="list-style-type: none"> ◆ Non-medical needs. ◆ Linguistic and cultural needs. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1; 6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1; 6.4.5.2.2</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Though there was not a comprehensive assessment or a cultural assessment, some non-medical needs were noted.</p>		
<p>3. The RCCO (or designee) assessed current care coordination services provided to the member 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</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: No other care coordination services were identified. The member was receiving MH services at Arapahoe/Douglas. The care manager did not follow-up to explore hospice care mentioned by PCP. No documentation in the record indicated any attempt to contact other providers to determine if another care manager was involved.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Intervention		
<p>4. The RCCO (or designee) worked with providers responsible for the member’s care to develop a plan for regular communication with those responsible for the member’s care coordination.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.3</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.3</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: There was no documented contact with providers of care or services.</p>		
<p>5. The RCCO (or designee) reasonably ensured that all care coordination services, including those provided by other individuals or entities, met the needs of the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: While the member did not express needs, the care manager arranged referrals and followed up with the member to determine satisfaction.</p>		
<p>6. The RCCO (or designee) provided necessary care coordination services not provided by another source.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.2</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Assessments of needs and services were not comprehensive, but the care manager did arrange some referrals.</p>		
<p>7. The RCCO (or designee) linked the member to medical and/or non-medical services, acted as a liaison between medical providers or between medical and non-medical providers, and/or served as a liaison between providers and the member.</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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager arranged an appointment with the PCP and completed a referral for home care assistance.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Transitions		
<p>8. The RCCO (or designee) provided assistance during care transitions from hospitals or other care institutions to home- or community-based settings. This assistance promoted continuity of care.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
Observations: Hospitalizations were previous to involvement in care management.		
<p>9. The RCCO (or designee) provided assistance during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care into a nursing facility.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
Observations: This case did not include this type of transition.		
<p>10. The RCCO (or designee) documented and communicated necessary information about the member to the providers, institutions, and individuals involved in the transition.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
Observations: Not applicable.		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Continued Coordination/Follow-up		
11. The documentation clearly indicated that the RCCO’s (or designee’s) provision of care coordination services was responsive to the member’s needs. <div align="right"> <i>Regions: 1, 4, 6, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3, 5 : Exhibit A—6.4.5.2.3</i> </div>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: Member contact indicated member’s needs expressed during conversations were followed up on and the member was satisfied. However, a thorough assessment of needs was not performed.		
12. The RCCO (or designee) followed up with the member to assess whether the member has received the services needed and/or if the member is on track to reach his or her desired health outcomes. <div align="right"> <i>Regions 1, 4, 6, 7 Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: Notes documented multiple attempts to contact member for follow-up.		

Recommendations:
 An initial comprehensive assessment should have been performed, not just a health risk assessment or reliance on member’s expression of needs. The care manager should have contacted other health care providers to determine if other care managers were involved with the member.

Results for Care Coordination Program Record Review—Sample OS #3					
Total	Met	=	<u>3</u>	X	1.00 = <u>3</u>
	Partially Met	=	<u>4</u>	X	0.0 = <u>0</u>
	Not Met	=	<u>2</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>3</u>	X	NA = <u>0</u>
Total Applicable		=	<u>9</u>	Total Score	= <u>3</u>

Total Score ÷ Total Applicable		=	<u>33%</u>
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Appendix B. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Coordination of Care Tool
for Colorado Access (Region 3)

Sample Number: OS #4

Reviewer: Kathy Bartilotta

Care Coordination Program Record Review		Score
Assessment		
1. The RCCO (or designee) assessed the member's: <ul style="list-style-type: none"> ◆ Health behavior risks. ◆ Health/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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The only health behavior assessed was smoking and the only medical needs assessed related to ER use (i.e., immediate needs only). Swedish Family Providers diagnosed diverticulitis of the colon. Health risk assessments (screenings) were conducted in August 2013 and February 2014 but were not comprehensive needs assessments.		
2. The RCCO (or designee) assessed the member's: <ul style="list-style-type: none"> ◆ Non-medical needs. ◆ Linguistic and cultural needs. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1; 6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1; 6.4.5.2.2</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: A screen evaluated for activities of daily living (ADLs), depression, and transportation. No cultural assessment took place.		
3. The RCCO (or designee) assessed current care coordination services provided to the member 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 align="right"><i>Regions 1, 4, 6, 7: Exhibit A— 6.4.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: There were 30 PCP visits; however, the CM never contacted the PCP regarding any care coordination services provided.		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Intervention		
<p>4. The RCCO (or designee) worked with providers responsible for the member’s care to develop a plan for regular communication with those responsible for the member’s care coordination.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.3</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.3</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: There was no documented contact with providers of care or services.</p>		
<p>5. The RCCO (or designee) reasonably ensured that all care coordination services, including those provided by other individuals or entities, met the needs of the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.4</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Comprehensive needs of member were not assessed. Member communicated status and needs episodically to the care manager. The care manager provided little active care coordination. The care manager performed a status check-in monthly to inquire whether member has any needs.</p>		
<p>6. The RCCO (or designee) provided necessary care coordination services not provided by another source.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: It is unknown what other coordination services may have been provided by the PCP care manager. It appeared expressed member needs were met.</p>		
<p>7. The RCCO (or designee) linked the member to medical and/or non-medical services, acted as a liaison between medical providers or between medical and non-medical providers, and/or served as a liaison between providers and the member.</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 checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager provided a link to transportation and advised the member to call hospital billing for a payment plan, but did not talk to providers.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Transitions		
<p>8. The RCCO (or designee) provided assistance during care transitions from hospitals or other care institutions to home- or community-based settings. This assistance promoted continuity of care.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2,: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>May 5, 2013—Hospitalization.</p> <p>May 7, 2013—Care manager attempted contact with member regarding transition of care (TOC).</p> <p>June 20, 2013—Care manager did not make TOC contact until June 20, which was too late for TOC assistance. Care manager just did follow-up inquiry and no active care coordination assistance was provided.</p>		
<p>9. The RCCO (or designee) provided assistance during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care into a nursing facility.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>This case did not involve this type of transition.</p>		
<p>10. The RCCO (or designee) documented and communicated necessary information about the member to the providers, institutions, and individuals involved in the transition.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The care manager did not participate in TOC post-hospitalization.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Continued Coordination/Follow-up		
11. The documentation clearly indicated that the RCCO’s (or designee’s) provision of care coordination services was responsive to the member’s needs. <div align="right"> <i>Regions: 1, 4, 6, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3, 5 : Exhibit A—6.4.5.2.3</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: Member-identified needs expressed to the care manager were met. (Not many needs were expressed.)		
12. The RCCO (or designee) followed up with the member to assess whether the member has received the services needed and/or if the member is on track to reach his or her desired health outcomes. <div align="right"> <i>Regions 1, 4, 6, 7 Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: Periodic client check-in calls were performed wherein the care manager asked about member status and if the member went to appointments. Any other member needs were not addressed.		

Recommendations:
 With 30 PCP visits and hospitalization, COA should have performed a comprehensive assessment or contacted the member’s PCP or care manager.

Results for Care Coordination Program Record Review—Sample OS #4					
Total	Met	=	<u>3</u>	X	1.00 = <u>3</u>
	Partially Met	=	<u>5</u>	X	0.0 = <u>0</u>
	Not Met	=	<u>3</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>1</u>	X	NA = <u>0</u>
Total Applicable		=	<u>11</u>	Total Score	= <u>3</u>

Total Score ÷ Total Applicable		=	<u>27%</u>
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Appendix B. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Coordination of Care Tool
for Colorado Access (Region 3)

Sample Number: OS #5

Reviewer: Kathy Bartilotta

Care Coordination Program Record Review		Score
Assessment		
<p>1. The RCCO (or designee) assessed the member's:</p> <ul style="list-style-type: none"> ◆ Health behavior risks. ◆ Health/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"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: There was no comprehensive assessment. The care manager only focused on ER issues. Asthma was managed.</p>		
<p>2. The RCCO (or designee) assessed the member's:</p> <ul style="list-style-type: none"> ◆ Non-medical needs. ◆ Linguistic and cultural needs. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1; 6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1; 6.4.5.2.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Very minimal involvement of care manager did not include a comprehensive assessment. The care manager did engage in periodic follow-up to see how the member was doing.</p>		
<p>3. The RCCO (or designee) assessed current care coordination services provided to the member 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</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager contacted the PCP office. No intensive needs were identified by the PCP office. No other care coordination services were provided.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Intervention		
<p>4. The RCCO (or designee) worked with providers responsible for the member’s care to develop a plan for regular communication with those responsible for the member’s care coordination.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.3</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.3</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager worked exclusively with member and did not contact member’s providers.		
<p>5. The RCCO (or designee) reasonably ensured that all care coordination services, including those provided by other individuals or entities, met the needs of the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: There was no comprehensive assessment. No need for care coordination services was ever identified. Member reported everything was okay.		
<p>6. The RCCO (or designee) provided necessary care coordination services not provided by another source.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: No need for care coordination services was ever identified by the member. The care manager ensured that the member had the care manager’s contact information, and the care manager made periodic follow-up contact with member.		
<p>7. The RCCO (or designee) linked the member to medical and/or non-medical services, acted as a liaison between medical providers or between medical and non-medical providers, and/or served as a liaison between providers and the member.</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"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
Observations: The member did not express many needs to either the PCP or the care manager.		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Transitions		
<p>8. The RCCO (or designee) provided assistance during care transitions from hospitals or other care institutions to home- or community-based settings. This assistance promoted continuity of care.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2.: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: This case did not include a transition of care.</p>		
<p>9. The RCCO (or designee) provided assistance during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care into a nursing facility.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: This case did not include this type of transition.</p>		
<p>10. The RCCO (or designee) documented and communicated necessary information about the member to the providers, institutions, and individuals involved in the transition.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: Not applicable.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Continued Coordination/Follow-up		
11. The documentation clearly indicated that the RCCO’s (or designee’s) provision of care coordination services was responsive to the member’s needs. <i>Regions: 1, 4, 6, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3, 5 : Exhibit A—6.4.5.2.3</i>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: Per member, no intensive needs existed; however, no comprehensive assessment of needs was performed.		
12. The RCCO (or designee) followed up with the member to assess whether the member has received the services needed and/or if the member is on track to reach his or her desired health outcomes. <i>Regions 1, 4, 6, 7 Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.7</i>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager called the member to follow up monthly.		

Recommendations:
 No comprehensive assessment was ever completed to identify reasons contributing to 17 ER visits. The care manager relied on the member’s report of spinal issues and the PCP saying that the member had no needs. The care manager possibly should have assessed more thoroughly to determine whether other needs existed.

Results for Care Coordination Program Record Review—Sample OS #5					
Total	Met	=	<u>4</u>	X	1.00 = <u>4</u>
	Partially Met	=	<u>1</u>	X	0.0 = <u>0</u>
	Not Met	=	<u>3</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>4</u>	X	NA = <u>0</u>
Total Applicable		=	<u>8</u>	Total Score	= <u>4</u>

Total Score ÷ Total Applicable		=	<u>50%</u>
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Appendix B. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Coordination of Care Tool
for Colorado Access (Region 3)

Sample Number: OS #6—delegate

Reviewer: Kathy Bartilotta

Care Coordination Program Record Review		Score
Assessment		
<p>1. The RCCO (or designee) assessed the member's:</p> <ul style="list-style-type: none"> ◆ Health behavior risks. ◆ Health/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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: October 1—Member was identified as having high visits (OP + PCMP + eight ER = 58 total visits). November 6—Contact was attempted, then HRA mailed. The adult HRA in the file (high-level screening) was not a comprehensive assessment. Health and medical needs were assessed per member report; no assessment of health behavior risks took place.</p>		
<p>2. The RCCO (or designee) assessed the member's:</p> <ul style="list-style-type: none"> ◆ Non-medical needs. ◆ Linguistic and cultural needs. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1; 6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1; 6.4.5.2.2</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The health risk assessment addressed ADLs only. No cultural needs were assessed.</p>		
<p>3. The RCCO (or designee) assessed current care coordination services provided to the member 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</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager contacted other care managers, but notes did not indicate any assessment of services needed by the member or provided by other care managers.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Intervention		
4. The RCCO (or designee) worked with providers responsible for the member’s care to develop a plan for regular communication with those responsible for the member’s care coordination. <i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.3 Regions 2, 3, 5: Exhibit A—6.4.4.3</i>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The PCMP employed a care manager, but there was no indication in COA notes of a care plan by the PCMP care manager. The COA care manager only followed up when a problem with the PCMP was indicated by the member. It appeared from COA notes that there were delays by the PCP in completing referrals.		
5. The RCCO (or designee) reasonably ensured that all care coordination services, including those provided by other individuals or entities, met the needs of the member. <i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.4 Regions 2, 3, 5: Exhibit A—6.4.4.4</i>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The COA care manager did not document what the PCMP care manager had identified as needs or the plan of care. When the member’s mother called the COA care manager to report needs not met, COA contacted the PCMP to report.		
6. The RCCO (or designee) provided necessary care coordination services not provided by another source. <i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.2 Regions 2, 3, 5: Exhibit A—6.4.4.2</i>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member’s mother called the COA care manager when she needed assistance, and the care manager responded with information to address specific episodic needs. However, the COA care manager did not document which member needs were being addressed by the PCMP care manager. Therefore, it was not clear whether the COA care manager was “providing care coordination services not provided by another source.”		
7. The RCCO (or designee) linked the member to medical and/or non-medical services, acted as a liaison between medical providers or between medical and non-medical providers, and/or served as a liaison between providers and the member. <i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2 Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager called the PCMP about referral problems described by the member but did not actively engage in assisting with referrals. The care manager provided member information to follow up on needed resources.		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Transitions		
<p>8. The RCCO (or designee) provided assistance during care transitions from hospitals or other care institutions to home- or community-based settings. This assistance promoted continuity of care.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2,: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager followed up with the PCP about the lack of prompt referrals (resulting in ER visits and hospitalization). The PCP care manager did not report back to COA.</p>		
<p>9. The RCCO (or designee) provided assistance during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care into a nursing facility.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: This case did not include this type of transition.</p>		
<p>10. The RCCO (or designee) documented and communicated necessary information about the member to the providers, institutions, and individuals involved in the transition.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager called the PCMP care manager to share information regarding hospitalization and need for referrals.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Coordination of Care Tool
for Colorado Access (Region 3)

Care Coordination Program Record Review		Score
Continued Coordination/Follow-up		
11. The documentation clearly indicated that the RCCO’s (or designee’s) provision of care coordination services was responsive to the member’s needs. <i>Regions: 1, 4, 6, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3, 5 : Exhibit A—6.4.5.2.3</i>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The COA care manager was responsive to episodic needs as requested by the member but did a limited amount of active engagement with providers or to obtain services. The member had to call the care manager; the care manager was not reaching out to the member. It appeared from member reports of delayed referrals that the PCMP care manager was not responsive to member needs.		
12. The RCCO (or designee) followed up with the member to assess whether the member has received the services needed and/or if the member is on track to reach his or her desired health outcomes. <i>Regions 1, 4, 6, 7 Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.7</i>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: After initial contact, the member called the care manager rather than the care manager reaching out to the member to follow up. The contact was frequent. The COA care manager called the mother two months after the last contact initiated by the mother. The call’s purpose was to check status.		

Recommendations:
 The COA care manager was neither actively managing this case nor working closely with the PCMP care manager to ensure adequate care management. The COA care manager responded to calls from the mother rather than initiating contact with the mother. The COA care manager should more clearly document coordination with the delegated care manager to ensure the member’s needs are met.

Results for Care Coordination Program Record Review—Sample OS #6					
Total	Met	=	<u>1</u>	X	1.00 = <u>1</u>
	Partially Met	=	<u>9</u>	X	0.0 = <u>0</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>11</u>	Total Score	= <u>1</u>

Total Score ÷ Total Applicable	=	<u>9%</u>
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Appendix B. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Coordination of Care Tool
for Colorado Access (Region 3)

Sample Number: OS #7—delegate

Reviewer: Kathy Bartilotta

Care Coordination Program Record Review		Score
Assessment		
<p>1. The RCCO (or designee) assessed the member's:</p> <ul style="list-style-type: none"> ◆ Health behavior risks. ◆ Health/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"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: There was no assessment in the delegated PCMP record.</p>		
<p>2. The RCCO (or designee) assessed the member's:</p> <ul style="list-style-type: none"> ◆ Non-medical needs. ◆ Linguistic and cultural needs. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1; 6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1; 6.4.5.2.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: There was no assessment documented in the record.</p>		
<p>3. The RCCO (or designee) assessed current care coordination services provided to the member 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</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: September 13—The member's previous provider contacted the COA care manager to discuss the member's behaviors and needs. The member had a new PCMP, but the previous provider was also being contacted by the member. The COA care manager investigated and discussed "doctor-hopping" with member and advised the member not to fragment care. However, the care manager did not contact the member's current provider to determine if there was care coordination being provided through the PCMP or to inform them of the member's potential "doctor-hopping."</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Coordination of Care Tool
for Colorado Access (Region 3)

Care Coordination Program Record Review		Score
Intervention		
<p>4. The RCCO (or designee) worked with providers responsible for the member’s care to develop a plan for regular communication with those responsible for the member’s care coordination.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.3</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.3</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager communicated primarily with the member and did not follow up with other providers or the MCPN care manager. This included advising the members on fragmented care, but not actively coordinating with providers. The care manager gives member information to follow up.</p>		
<p>5. The RCCO (or designee) reasonably ensured that all care coordination services, including those provided by other individuals or entities, met the needs of the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.4</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager did not assess whether other care coordination services were involved (i.e., MCPN). In addition, the member informed the care manager of the status of needs and services, more than the care manager reached out and coordinated services for the member. No comprehensive needs assessment was conducted, and the care manager merely responded episodically to any needs conveyed by the member.</p>		
<p>6. The RCCO (or designee) provided necessary care coordination services not provided by another source.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.2</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager advised the member rather than actively coordinating.</p>		
<p>7. The RCCO (or designee) linked the member to medical and/or non-medical services, acted as a liaison between medical providers or between medical and non-medical providers, and/or served as a liaison between providers and the member.</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 checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member was provided information and expected to follow up.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Coordination of Care Tool
for Colorado Access (Region 3)

Care Coordination Program Record Review		Score
Transitions		
<p>8. The RCCO (or designee) provided assistance during care transitions from hospitals or other care institutions to home- or community-based settings. This assistance promoted continuity of care.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2,: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager followed up to verify the discharge (DC) plan, appointments, etc., but did not provide assistance with the DC plan.</p>		
<p>9. The RCCO (or designee) provided assistance during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care into a nursing facility.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: This case did not include this type of transition.</p>		
<p>10. The RCCO (or designee) documented and communicated necessary information about the member to the providers, institutions, and individuals involved in the transition.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager was not actively involved in the transition of care plan.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing
 FY 2013–2014 Coordination of Care Tool
 for Colorado Access (Region 3)*

Care Coordination Program Record Review		Score
Continued Coordination/Follow-up		
11. The documentation clearly indicated that the RCCO's (or designee's) provision of care coordination services was responsive to the member's needs. <div align="right"> <i>Regions: 1, 4, 6, 7: Exhibit A—6.4.3.2.3 Regions 2, 3, 5: Exhibit A—6.4.5.2.3</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager did not assess member needs but did provide resources in response to the member's expressed needs related to DME, PT clinic, and monitoring PCMP selection.		
12. The RCCO (or designee) followed up with the member to assess whether the member has received the services needed and/or if the member is on track to reach his or her desired health outcomes. <div align="right"> <i>Regions 1, 4, 6, 7 Exhibit A—6.4.3.1.6 Region 2: Exhibit A—6.4.5.1.6 Regions 3, 5: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager followed up approximately every two weeks to inquire about needs and medical status.		

Recommendations:
 The care manager did not contact the delegated provider care manager to discuss, coordinate, or contact any of the member's health care providers. The care manager did not actively coordinate services but worked through the member to advise and provide information to the member for follow-up. The care manager communicated with the member and did not actively become involved with coordinating services among providers.

Results for Care Coordination Program Record Review—Sample OS #7					
Total	Met	=	<u>2</u>	X	1.00 = <u>2.0</u>
	Partially Met	=	<u>4</u>	X	0.0 = <u>0</u>
	Not Met	=	<u>5</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>1</u>	X	NA = <u>0</u>
Total Applicable		=	<u>11</u>	Total Score	= <u>2</u>

Total Score ÷ Total Applicable		=	<u>18%</u>
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Appendix B. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Coordination of Care Tool
for Colorado Access (Region 3)

Sample Number: OS #9

Reviewer: Kathy Bartilotta

Care Coordination Program Record Review		Score
Assessment		
1. The RCCO (or designee) assessed the member's: <ul style="list-style-type: none"> ◆ Health behavior risks. ◆ Health/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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager identified various risks and needs based on multiple communications with the member.		
2. The RCCO (or designee) assessed the member's: <ul style="list-style-type: none"> ◆ Non-medical needs. ◆ Linguistic and cultural needs. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1; 6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1; 6.4.5.2.2</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager identified non-medical needs based on multiple communications with the member. No linguistic or cultural needs were identified.		
3. The RCCO (or designee) assessed current care coordination services provided to the member 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 align="right"><i>Regions 1, 4, 6, 7: Exhibit A— 6.4.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager communicated extensively with hospitals to coordinate services.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Coordination of Care Tool
for Colorado Access (Region 3)

Care Coordination Program Record Review		Score
Intervention		
<p>4. The RCCO (or designee) worked with providers responsible for the member’s care to develop a plan for regular communication with those responsible for the member’s care coordination.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.3</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.3</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member refused PCMP care and only obtained care at hospitals. The care manager worked tirelessly with hospital staff and community agencies to arrange care.</p>		
<p>5. The RCCO (or designee) reasonably ensured that all care coordination services, including those provided by other individuals or entities, met the needs of the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager conducted continual follow-up with agencies and the member to see if needs were addressed.</p>		
<p>6. The RCCO (or designee) provided necessary care coordination services not provided by another source.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager worked with hospital staff and multiple community agencies to arrange services.</p>		
<p>7. The RCCO (or designee) linked the member to medical and/or non-medical services, acted as a liaison between medical providers or between medical and non-medical providers, and/or served as a liaison between providers and the member.</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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager advocated on the member’s behalf for multiple services.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Coordination of Care Tool
for Colorado Access (Region 3)

Care Coordination Program Record Review		Score
Transitions		
<p>8. The RCCO (or designee) provided assistance during care transitions from hospitals or other care institutions to home- or community-based settings. This assistance promoted continuity of care.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager worked with the member, family, and hospital staff to arrange TOC services.		
<p>9. The RCCO (or designee) provided assistance during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care into a nursing facility.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
Observations: The care manager attempted to move the member to an assisted living facility, but the member refused.		
<p>10. The RCCO (or designee) documented and communicated necessary information about the member to the providers, institutions, and individuals involved in the transition.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager participated with the hospital staff to arrange post-hospitalization services.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Coordination of Care Tool
for Colorado Access (Region 3)

Care Coordination Program Record Review		Score
Continued Coordination/Follow-up		
11. The documentation clearly indicated that the RCCO’s (or designee’s) provision of care coordination services was responsive to the member’s needs. <div align="right"> <i>Regions: 1, 4, 6, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3, 5 : Exhibit A—6.4.5.2.3</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager attempted to address the member’s needs but the member refused most assistance offers.		
12. The RCCO (or designee) followed up with the member to assess whether the member has received the services needed and/or if the member is on track to reach his or her desired health outcomes. <div align="right"> <i>Regions 1, 4, 6, 7 Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager communicated regularly with the member.		

Recommendations:
 HSAG has no recommendations as it appeared that the care manager did all that the member would allow.

Results for Care Coordination Program Record Review—Sample OS #9					
Total	Met	=	<u>10</u>	X	1.00 = <u>10</u>
	Partially Met	=	<u>1</u>	X	0.0 = <u>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>11</u>	Total Score	= <u>10</u>
Total Score ÷ Total Applicable				=	<u>91%</u>



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Coordination of Care Tool
for Colorado Access (Region 5)

Sample Number: #1—delegated _____

Reviewer: Kathy Bartilotta _____

Care Coordination Program Record Review		Score
Assessment		
1. The RCCO (or designee) assessed the member's: <ul style="list-style-type: none"> ◆ Health behavior risks. ◆ Health/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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The record included a thorough assessment of the member's medical health needs and risks.		
2. The RCCO (or designee) assessed the member's: <ul style="list-style-type: none"> ◆ Non-medical needs. ◆ Linguistic and cultural needs. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1; 6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1; 6.4.5.2.2</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The record noted the member's primary language and religions practices; however, it did not include an assessment of non-medical needs.		
3. The RCCO (or designee) assessed current care coordination services provided to the member 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 align="right"><i>Regions 1, 4, 6, 7: Exhibit A— 6.4.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The case summary indicated multiple persons were involved in the member's care. Member record included no care coordinator documentation or assessment of what care coordination was being provided by whom. There was no apparent focal point for care coordination.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Coordination of Care Tool
for Colorado Access (Region 5)

Care Coordination Program Record Review		Score
Intervention		
<p>4. The RCCO (or designee) worked with providers responsible for the member’s care to develop a plan for regular communication with those responsible for the member’s care coordination.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.3</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.3</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The high-risk obstetrics clinic made referrals, prepared for the delivery, and arranged for a postpartum visit. Documentation did not indicate that there was communication between the providers or care coordinator outreach to multiple providers.</p>		
<p>5. The RCCO (or designee) reasonably ensured that all care coordination services, including those provided by other individuals or entities, met the needs of the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.4</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: There were no documented needs assessment or care coordinator notes. Different components of the provider system managed the care within their area of responsibility and referred the member to the next step. The medical record indicated the member was obtaining needed care from various points within the system; however, there did not appear to be a focal point for coordinating care.</p>		
<p>6. The RCCO (or designee) provided necessary care coordination services not provided by another source.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.2</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record did not include any documentation that indicated that there was a focal point for coordinating care, although providers made referrals throughout the system.</p>		
<p>7. The RCCO (or designee) linked the member to medical and/or non-medical services, acted as a liaison between medical providers or between medical and non-medical providers, and/or served as a liaison between providers and the member.</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 checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record did not indicate that anyone was actively engaged in coordinating services or acting as a liaison between member and providers. The obstetrics clinic made referrals to services within the system, and notes indicated the member required and received interpreter services.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Coordination of Care Tool
for Colorado Access (Region 5)

Care Coordination Program Record Review		Score
Transitions		
<p>8. The RCCO (or designee) provided assistance during care transitions from hospitals or other care institutions to home- or community-based settings. This assistance promoted continuity of care.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2.: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member had a C-Section. The transition from hospital to home seemed incomplete. There was one very limited postpartum follow-up call during which the caller assessed the member’s medications and confirmed a follow-up appointment. No other needs were assessed.</p>		
<p>9. The RCCO (or designee) provided assistance during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care into a nursing facility.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: There was no other transition documented during the review period.</p>		
<p>10. The RCCO (or designee) documented and communicated necessary information about the member to the providers, institutions, and individuals involved in the transition.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: There were no care manager notes in the record. Discharge instructions were given to the member and documented in the electronic, systemwide record. There was no evidence of communication among providers or between a care manager and providers. There was no documentation in the record of ongoing communication with the member.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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for Colorado Access (Region 5)

Care Coordination Program Record Review	Score
Continued Coordination/Follow-up	
<p>11. The documentation clearly indicated that the RCCO’s (or designee’s) provision of care coordination services was responsive to the member’s needs.</p> <p align="right"><i>Regions: 1, 4, 6, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3, 5 : Exhibit A—6.4.5.2.3</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>Observations:</p> <p>The member’s needs were very poorly assessed initially and before discharge. Medical needs and interpreter needs were met, but there was no documentation of a care coordination plan or care coordination services. The record included only one contact with a care manager—after discharge. All other services coordinated by clinic personnel were related to pregnancy management.</p>	
<p>12. The RCCO (or designee) followed up with the member to assess whether the member has received the services needed and/or if the member is on track to reach his or her desired health outcomes.</p> <p align="right"><i>Regions 1, 4, 6, 7 Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.7</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>Observations:</p> <p>The care manager made one follow-up call to the member to verify the discharge plan—medication and follow-up appointment only. The script used was very limited with regard to inquiring about member needs or outcomes.</p>	

Recommendations:

It appeared the member was medically assessed and managed through the obstetrics clinic. Referrals were made and interpreter services provided. There was no documentation in the record of a thorough needs assessment or evidence of actual care coordination. Documentation was in the member’s electronic medical record. Even though the member was a non-English-speaking refugee with a high-risk pregnancy and C-Section, it did not appear that anyone was assessing the member’s non-medical needs or assisting the member with navigating the system.



*Appendix B. Colorado Department of Health Care Policy and Financing
 FY 2013–2014 Coordination of Care Tool
 for Colorado Access (Region 5)*

Results for Care Coordination Program Record Review—Sample #1					
Total	Met	=	<u>1</u>	X	1.00 = <u>1</u>
	Partially Met	=	<u>6</u>	X	0.0 = <u>0</u>
	Not Met	=	<u>4</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>1</u>	X	NA = <u>0</u>
Total Applicable		=	<u>11</u>	Total Score	= <u>1</u>

Total Score ÷ Total Applicable		=	<u>9%</u>
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*Appendix B. Colorado Department of Health Care Policy and Financing
 FY 2013–2014 Coordination of Care Tool
 for Colorado Access (Region 5)*

Sample Number: #11—delegated _____

Reviewer: Rachel Henrichs _____

Care Coordination Program Record Review		Score
Assessment		
1. The RCCO (or designee) assessed the member's: <ul style="list-style-type: none"> ◆ Health behavior risks. ◆ Health/medical needs. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1 Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The record included a fairly thorough assessment of the member's health risks and needs.		
2. The RCCO (or designee) assessed the member's: <ul style="list-style-type: none"> ◆ Non-medical needs. ◆ Linguistic and cultural needs. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1; 6.4.3.2.2 Regions 2, 3, 5: Exhibit A—6.4.5.1.1; 6.4.5.2.2</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The record indicated that English is the preferred language, but some notes state that an interpreter was used. This could be an indication that the language preference was entered incorrectly, or that more information may have been necessary. The record also documented regular provision of transportation services, but there was no other indication that an assessment of non-medical or cultural needs was conducted.		
3. The RCCO (or designee) assessed current care coordination services provided to the member 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 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>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: Colorado Access delegated the member's care management to the member's PCMP. Notes in the record indicated the member was referred out for specialty services and that the PCMP followed up regularly with the member; however, the record did not include any documentation of correspondence between the PCMP and the specialty providers. The record also did not contain notes to indicate that anyone assessed if the member was receiving services from other agencies or providers.		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Intervention		
<p>4. The RCCO (or designee) worked with providers responsible for the member’s care to develop a plan for regular communication with those responsible for the member’s care coordination.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.3</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.3</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>Notes in the record indicated the member was referred out for specialty services and that the PCMP followed up regularly with the member; however, the record did not include any documentation of correspondence between the PCMP and the specialty providers.</p>		
<p>5. The RCCO (or designee) reasonably ensured that all care coordination services, including those provided by other individuals or entities, met the needs of the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>Notes documented that the PCMP followed up with the member after the member was seen by specialists to confirm that the member’s needs were met.</p>		
<p>6. The RCCO (or designee) provided necessary care coordination services not provided by another source.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The PCMP appeared to address all of the member’s needs. The only non-medical need addressed in the record was for transportation services, which the PCMP regularly arranged.</p>		
<p>7. The RCCO (or designee) linked the member to medical and/or non-medical services, acted as a liaison between medical providers or between medical and non-medical providers, and/or served as a liaison between providers and the member.</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 checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The PCMP did not document communication with any outside providers, with the exception of the transportation services company.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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for Colorado Access (Region 5)

Care Coordination Program Record Review		Score
Transitions		
<p>8. The RCCO (or designee) provided assistance during care transitions from hospitals or other care institutions to home- or community-based settings. This assistance promoted continuity of care.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2,: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: No transitions of care were documented in the record.</p>		
<p>9. The RCCO (or designee) provided assistance during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care into a nursing facility.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: No transitions of care were documented in the record.</p>		
<p>10. The RCCO (or designee) documented and communicated necessary information about the member to the providers, institutions, and individuals involved in the transition.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: No transitions of care were documented in the record.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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for Colorado Access (Region 5)

Care Coordination Program Record Review		Score
Continued Coordination/Follow-up		
11. The documentation clearly indicated that the RCCO’s (or designee’s) provision of care coordination services was responsive to the member’s needs. <div style="text-align: right;"> <i>Regions: 1, 4, 6, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3, 5 : Exhibit A—6.4.5.2.3</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The PCMP followed up regularly with the member. Documentation indicated the PCMP addressed every concern raised by the member.		
12. The RCCO (or designee) followed up with the member to assess whether the member has received the services needed and/or if the member is on track to reach his or her desired health outcomes. <div style="text-align: right;"> <i>Regions 1, 4, 6, 7 Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The PCMP followed up regularly with the member. Documentation indicated the PCMP addressed every concern raised by the member.		

Recommendations:
 The care manager should have conducted a more thorough assessment of the member’s non-medical, linguistic, and cultural needs and assessed whether the member may have been receiving non-medical services. The care manager should have contacted the providers to whom the member was referred to determine if the services provided were sufficient to meet the member’s needs.

Results for Care Coordination Program Record Review—Sample #11					
Total	Met	=	<u>5</u>	X	1.00 = <u>5</u>
	Partially Met	=	<u>3</u>	X	0.0 = <u>0</u>
	Not Met	=	<u>1</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>3</u>	X	NA = <u>0</u>
Total Applicable		=	<u>9</u>	Total Score	= <u>5</u>

Total Score ÷ Total Applicable		=	<u>56%</u>
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Appendix B. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Coordination of Care Tool
for Colorado Access (Region 5)

Sample Number: #12—delegated

Reviewer: Rachel Henrichs

Care Coordination Program Record Review		Score
Assessment		
1. The RCCO (or designee) assessed the member's: <ul style="list-style-type: none"> ◆ Health behavior risks. ◆ Health/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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: Colorado Access delegated the care management of this member to the member's PCMP. The record included a behavioral and physical health assessment. The record did not include an assessment of any health risks.		
2. The RCCO (or designee) assessed the member's: <ul style="list-style-type: none"> ◆ Non-medical needs. ◆ Linguistic and cultural needs. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1; 6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1; 6.4.5.2.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The record did not include an assessment of non-medical, linguistic, or cultural needs.		
3. The RCCO (or designee) assessed current care coordination services provided to the member 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 align="right"><i>Regions 1, 4, 6, 7: Exhibit A— 6.4.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The record did not include any documentation showing that the PCMP assessed any services being provided outside of the PCMP system.		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Intervention		
<p>4. The RCCO (or designee) worked with providers responsible for the member’s care to develop a plan for regular communication with those responsible for the member’s care coordination.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.3</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.3</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The record included a letter from a specialist summarizing care provided to the member and offering recommendations. A note from a behavioral health provider was also contained in the record. The record did not include any indication that the PCMP had any further communication with these providers or that the PCMP followed up with the recommendations.</p>		
<p>5. The RCCO (or designee) reasonably ensured that all care coordination services, including those provided by other individuals or entities, met the needs of the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The record did not include documentation of follow-up with the member, the behavioral health provider, or the specialist to ensure the services met the member’s needs.</p>		
<p>6. The RCCO (or designee) provided necessary care coordination services not provided by another source.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The record included documentation from two different providers recommending that the member follow up with a behavioral health provider. There was no documentation that the PCMP followed up with the member regarding these recommendations.</p>		
<p>7. The RCCO (or designee) linked the member to medical and/or non-medical services, acted as a liaison between medical providers or between medical and non-medical providers, and/or served as a liaison between providers and the member.</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 checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The letter from the specialist outside the PCMP system indicated that the member was referred for services; however, the record did not include any other documentation of the PCMP linking the member to services or acting as a liaison between providers.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Transitions		
<p>8. The RCCO (or designee) provided assistance during care transitions from hospitals or other care institutions to home- or community-based settings. This assistance promoted continuity of care.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2,: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: The record did not document any transitions of care occurring within the review period.</p>		
<p>9. The RCCO (or designee) provided assistance during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care into a nursing facility.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: The record did not document any transitions of care occurring within the review period.</p>		
<p>10. The RCCO (or designee) documented and communicated necessary information about the member to the providers, institutions, and individuals involved in the transition.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: The record did not document any transitions of care occurring within the review period.</p>		



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Care Coordination Program Record Review		Score
Continued Coordination/Follow-up		
<p>11. The documentation clearly indicated that the RCCO’s (or designee’s) provision of care coordination services was responsive to the member’s needs.</p> <p align="right"><i>Regions: 1, 4, 6, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.3</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The information in the record was disorganized and disjointed. It was difficult to determine that any coordination of services was being performed for this member.</p>		
<p>12. The RCCO (or designee) followed up with the member to assess whether the member has received the services needed and/or if the member is on track to reach his or her desired health outcomes.</p> <p align="right"><i>Regions 1, 4, 6, 7 Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.7</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record included notes from two different providers—a medical specialist and a behavioral health provider. The follow-up note from the behavioral health provider was dated May 16, 2013. The note documents that the member, the member’s mother, and the therapist all agreed to terminate therapy, but would meet again in three weeks. The medical specialist’s letter dated June 26, 2013 (six weeks after the note from the behavioral health provider), explicitly recommended that the member be given a behavioral health evaluation. There was no information in the record to indicate that the member followed up with the behavioral health provider, or that anyone followed up on the specialist’s recommendation for an evaluation.</p>		
<p>Recommendations: The documentation submitted for review was excerpts from the member’s medical record. The information—as it was presented for review—was disorganized and difficult to follow. It did not appear that anyone assessed the member’s non-medical needs or was following up on the member’s medical progress. HSAG recommends that there be a section of the member’s record designated for care coordination notes and that a person (or persons) be responsible to check the record regularly and follow up with the member to ensure continuity of care.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Results for Care Coordination Program Record Review—Sample #12					
Total	Met	=	<u>0</u>	X	1.00 = <u>0</u>
	Partially Met	=	<u>3</u>	X	0.0 = <u>0</u>
	Not Met	=	<u>6</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>3</u>	X	NA = <u>0</u>
Total Applicable		=	<u>9</u>	Total Score	= <u>0</u>

Total Score ÷ Total Applicable		=	<u>0%</u>
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*Appendix B. Colorado Department of Health Care Policy and Financing
 FY 2013–2014 Coordination of Care Tool
 for Colorado Access (Region 5)*

Sample Number: OS #1

Reviewer: Rachel Henrichs

Care Coordination Program Record Review		Score
Assessment		
1. The RCCO (or designee) assessed the member's: <ul style="list-style-type: none"> ◆ Health behavior risks. ◆ Health/medical needs. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1 Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager called the member to check in with her after surgery and assessed the member's risks and needs.		
2. The RCCO (or designee) assessed the member's: <ul style="list-style-type: none"> ◆ Non-medical needs. ◆ Linguistic and cultural needs. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1; 6.4.3.2.2 Regions 2, 3, 5: Exhibit A—6.4.5.1.1; 6.4.5.2.2</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager asked the member about transportation and home health care needs. The care manager did not document an assessment of the member's linguistic or cultural needs.		
3. The RCCO (or designee) assessed current care coordination services provided to the member 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 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>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager documented contact with the member's surgeon. The care manager did not document an assessment as to whether the member was obtaining services from any other providers or agencies.		



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Care Coordination Program Record Review		Score
Intervention		
<p>4. The RCCO (or designee) worked with providers responsible for the member’s care to develop a plan for regular communication with those responsible for the member’s care coordination.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.3</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.3</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The care manager made contact with the surgeon’s office to confirm that the member had a follow-up appointment. The care manager did not document that the member was attributed with a PCMP or identify any other providers responsible for the member’s care.</p>		
<p>5. The RCCO (or designee) reasonably ensured that all care coordination services, including those provided by other individuals or entities, met the needs of the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The care manager did not document follow-up or confirmation that services provided to the member were sufficient to meet the member’s needs.</p>		
<p>6. The RCCO (or designee) provided necessary care coordination services not provided by another source.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The care manager assisted the member with submitting (to an appropriate vendor) a prescription for an electronic wheelchair, provided the member with a telephone number for transportation services, and scheduled an eye exam for the member.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing
 FY 2013–2014 Coordination of Care Tool
 for Colorado Access (Region 5)*

Care Coordination Program Record Review		Score
Intervention		
<p>7. The RCCO (or designee) linked the member to medical and/or non-medical services, acted as a liaison between medical providers or between medical and non-medical providers, and/or served as a liaison between providers and the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2 Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The member expressed some concerns to the care manager during the initial contact call, following the member’s surgery. The member’s hospital stay was rather traumatic for her. She was having difficulty sleeping, was afraid to take her meds, and said she felt she had little support from her doctors. The care manager called the surgeon’s office and relayed this information. The care manager also linked the member to an eye doctor.</p> <p>The care manager did not document giving the member any information about available behavioral health care services.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Transitions		
<p>8. The RCCO (or designee) provided assistance during care transitions from hospitals or other care institutions to home- or community-based settings. This assistance promoted continuity of care.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2.: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations:		
The care manager was not involved with the member’s transition from hospital to home. Notes indicated the care manager knew of the member’s admission prior to discharge, but they did not document any attempts to contact hospital staff.		
<p>9. The RCCO (or designee) provided assistance during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care into a nursing facility.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
Observations:		
There were no other transitions recorded during the review period.		
<p>10. The RCCO (or designee) documented and communicated necessary information about the member to the providers, institutions, and individuals involved in the transition.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations:		
The care manager did not participate in planning the member’s transition from hospital to home.		



Appendix B. Colorado Department of Health Care Policy and Financing
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for Colorado Access (Region 5)

Care Coordination Program Record Review	Score
Continued Coordination/Follow-up	
<p>11. The documentation clearly indicated that the RCCO’s (or designee’s) provision of care coordination services was responsive to the member’s needs.</p> <p align="right"><i>Regions: 1, 4, 6, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3, 5 : Exhibit A—6.4.5.2.3</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>Observations:</p> <p>The care manager was mostly responsive to the member’s needs; however, the member stated that complications while in the hospital made her fearful of sleeping and taking medication. The care manager did not document any suggestion that the member address these issues by seeking assistance from a behavioral health provider.</p>	
<p>12. The RCCO (or designee) followed up with the member to assess whether the member has received the services needed and/or if the member is on track to reach his or her desired health outcomes.</p> <p align="right"><i>Regions 1, 4, 6, 7 Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.7</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>Observations:</p> <p>There were several instances when the care manager should have documented follow-up with the member, but did not. The care manager faxed paperwork for an electronic wheelchair to the durable medical equipment (DME) vendor in December 2013 and scheduled a January eye exam for the member. The care manager did not document an attempt to contact the member between December 2013 and the end of March 2014. The care manager should have followed up to confirm that the member received the wheelchair and attended the eye exam.</p>	

Recommendations:

HSAG recommends the care manager be more diligent in recognizing opportunities to provide the member needed services and in following up with the member to confirm that provided services met the member’s needs.



*Appendix B. Colorado Department of Health Care Policy and Financing
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 for Colorado Access (Region 5)*

Results for Care Coordination Program Record Review—Sample OS #1					
Total	Met	=	<u>2</u>	X	1.00 = <u>2</u>
	Partially Met	=	<u>5</u>	X	0.0 = <u>0</u>
	Not Met	=	<u>4</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>1</u>	X	NA = <u>0</u>
Total Applicable		=	<u>11</u>	Total Score	= <u>2</u>

Total Score ÷ Total Applicable		=	<u>18%</u>
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Appendix B. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Coordination of Care Tool
for Colorado Access (Region 5)

Sample Number: OS #3

Reviewer: Rachel Henrichs

Care Coordination Program Record Review		Score
Assessment		
1. The RCCO (or designee) assessed the member's: <ul style="list-style-type: none"> ◆ Health behavior risks. ◆ Health/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"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The record did not indicate that the care manager performed an assessment of health risks or needs.		
2. The RCCO (or designee) assessed the member's: <ul style="list-style-type: none"> ◆ Non-medical needs. ◆ Linguistic and cultural needs. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1; 6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1; 6.4.5.2.2</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member asked the care manager for help with paperwork required for transportation assistance. The care manager did not document an assessment of any other non-medical, linguistic, or cultural needs.		
3. The RCCO (or designee) assessed current care coordination services provided to the member 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 align="right"><i>Regions 1, 4, 6, 7: Exhibit A— 6.4.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager did not document an assessment of services being provided to the member by any other agencies.		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Intervention		
<p>4. The RCCO (or designee) worked with providers responsible for the member’s care to develop a plan for regular communication with those responsible for the member’s care coordination.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.3</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.3</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The care manager contacted the member’s PCMP one time in February 2013. Notes indicate that the member changed his PCMP in June 2013. The care manager did not document any attempt to contact the new PCMP.</p>		
<p>5. The RCCO (or designee) reasonably ensured that all care coordination services, including those provided by other individuals or entities, met the needs of the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.4</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The care manager assisted the member with transportation paperwork in January 2013 and followed up with the member a few days later to confirm that the issue had been resolved and that transportation services had been set up.</p> <p>The member contacted the care manager in February 2013 to report that the power company had threatened to turn off the power and that the member required power-operated, life-sustaining equipment. The care manager gave instructions to the member on how to address the situation and offered assistance with applying for LEAP (Colorado’s energy assistance program). The care manager did not document any attempt to follow up with the member until 32 days later.</p>		
<p>6. The RCCO (or designee) provided necessary care coordination services not provided by another source.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The care manager documented an incident in which he spoke with the member’s provider, the pharmacy, and the member to coordinate replacement of stolen medications. The care manager offered two solutions to resolve the issue surrounding transportation.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Intervention		
<p>7. The RCCO (or designee) linked the member to medical and/or non-medical services, acted as a liaison between medical providers or between medical and non-medical providers, and/or served as a liaison between providers and the member.</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 checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations:		
<p>The care manager documented an instance in which he served as a liaison between medical and non-medical providers and the member.</p> <p>The care manager should have followed up sooner with the member regarding the threat by Xcel Energy to turn off power to the member’s home. This was a potentially life-threatening situation that required more attention.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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for Colorado Access (Region 5)

Care Coordination Program Record Review		Score
Transitions		
<p>8. The RCCO (or designee) provided assistance during care transitions from hospitals or other care institutions to home- or community-based settings. This assistance promoted continuity of care.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2.: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: The record did not note any transitions of care during 2013.</p>		
<p>9. The RCCO (or designee) provided assistance during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care into a nursing facility.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: The record did not note any transitions of care during 2013.</p>		
<p>10. The RCCO (or designee) documented and communicated necessary information about the member to the providers, institutions, and individuals involved in the transition.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: The record did not note any transitions of care during 2013.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review	Score
Continued Coordination/Follow-up	
<p>11. The documentation clearly indicated that the RCCO’s (or designee’s) provision of care coordination services was responsive to the member’s needs.</p> <p align="right"><i>Regions: 1, 4, 6, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3, 5 : Exhibit A—6.4.5.2.3</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>Observations:</p> <p>The care manager assisted the member with issues related to transportation and medications. The care manager also gave instructions to the member for addressing a threat to turn off power.</p>	
<p>12. The RCCO (or designee) followed up with the member to assess whether the member has received the services needed and/or if the member is on track to reach his or her desired health outcomes.</p> <p align="right"><i>Regions 1, 4, 6, 7 Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.7</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>Observations:</p> <p>The care manager contacted the member to ensure the issues with transportation and medication were adequately addressed. The care manager did not do timely follow-up with the member on the issue regarding Xcel Energy.</p>	

Recommendations:

HSAG recommends that Colorado Access develop a mechanism to ensure regular and thorough assessment of members’ health risks and needs as well as non-medical, linguistic, and cultural needs. Care managers need to also assess where members are receiving medical and non-medical services and reach out to those providers and/or agencies to determine if the services provided are sufficient to meet the members’ needs. HSAG also recommends that Colorado Access implement a system to remind care managers to conduct timelier follow-up.



*Appendix B. Colorado Department of Health Care Policy and Financing
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 for Colorado Access (Region 5)*

Results for Care Coordination Program Record Review—Sample OS #3					
Total	Met	=	<u>1</u>	X	1.00 = <u>1</u>
	Partially Met	=	<u>6</u>	X	0.0 = <u>0</u>
	Not Met	=	<u>2</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>3</u>	X	NA = <u>0</u>
Total Applicable		=	<u>9</u>	Total Score	= <u>1</u>

Total Score ÷ Total Applicable		=	<u>11%</u>
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Appendix B. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Coordination of Care Tool
for Colorado Access (Region 5)

Sample Number: OS #4

Reviewer: Rachel Henrichs

Care Coordination Program Record Review		Score
Assessment		
<p>1. The RCCO (or designee) assessed the member's:</p> <ul style="list-style-type: none"> ◆ Health behavior risks. ◆ Health/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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>This member (who was homeless) had an existing relationship with a care manager from the Colorado Coalition for the Homeless (CCH). Although the RCCO care manager never spoke with the member, the RCCO care manager communicated regularly with the CCH care manager, and documentation indicated that the CCH care manager assessed the member's health risks and needs.</p>		
<p>2. The RCCO (or designee) assessed the member's:</p> <ul style="list-style-type: none"> ◆ Non-medical needs. ◆ Linguistic and cultural needs. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1; 6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1; 6.4.5.2.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>Although the RCCO care manager never spoke with the member, the RCCO care manager communicated regularly with the CCH care manager, and documentation indicated that the CCH care manager assessed the member's non-medical, linguistic, and cultural needs.</p>		
<p>3. The RCCO (or designee) assessed current care coordination services provided to the member 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</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The RCCO care manager spoke with the CCH care manager regularly to ensure the member's needs were being met. The RCCO care manager provided assistance to the CCH care manager when needed.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Intervention		
<p>4. The RCCO (or designee) worked with providers responsible for the member’s care to develop a plan for regular communication with those responsible for the member’s care coordination.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.3</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.3</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The RCCO care manager assisted the CCH care manager with finding the member temporary housing and participated in meetings with hospital staff, BHO staff, and the CCH care manager.</p>		
<p>5. The RCCO (or designee) reasonably ensured that all care coordination services, including those provided by other individuals or entities, met the needs of the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The RCCO care manager contacted the CCH care manager regularly to ensure the member’s needs were being met.</p>		
<p>6. The RCCO (or designee) provided necessary care coordination services not provided by another source.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: At the CCH care manager’s request, the RCCO care manager contacted 13 different organizations in an attempt to find the member temporary housing.</p>		
<p>7. The RCCO (or designee) linked the member to medical and/or non-medical services, acted as a liaison between medical providers or between medical and non-medical providers, and/or served as a liaison between providers and the member.</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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Although the RCCO care manager was not directly involved with the member, he participated in several discussions and meetings with providers to consider the best way to address the member’s needs.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Transitions		
8. The RCCO (or designee) provided assistance during care transitions from hospitals or other care institutions to home- or community-based settings. This assistance promoted continuity of care. <div align="right"> <i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2,; Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i> </div>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
Observations: There were no transitions from a hospital or other care institution documented during the review period.		
9. The RCCO (or designee) provided assistance during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care into a nursing facility. <div align="right"> <i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The RCCO care manager provided assistance during the member’s transition from homelessness to an inpatient treatment center.		
10. The RCCO (or designee) documented and communicated necessary information about the member to the providers, institutions, and individuals involved in the transition. <div align="right"> <i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The RCCO care manager advocated on the member’s behalf when attempting to find the member temporary housing.		



*Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Continued Coordination/Follow-up		
11. The documentation clearly indicated that the RCCO’s (or designee’s) provision of care coordination services was responsive to the member’s needs. <div align="right"> <i>Regions: 1, 4, 6, 7: Exhibit A—6.4.3.2.3 Regions 2, 3, 5 : Exhibit A—6.4.5.2.3</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: Documentation clearly indicated that the care manager was committed to ensuring the provision of care coordination services was responsive to the member’s needs.		
12. The RCCO (or designee) followed up with the member to assess whether the member has received the services needed and/or if the member is on track to reach his or her desired health outcomes. <div align="right"> <i>Regions 1, 4, 6, 7 Exhibit A—6.4.3.1.6 Region 2: Exhibit A—6.4.5.1.6 Regions 3, 5: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The RCCO care manager followed up with the CCH care manager to ensure the member received the services needed.		

Recommendations:
 This care manager did an outstanding job working with various agencies to coordinate the member’s care. HSAG has no recommendations.

Results for Care Coordination Program Record Review—Sample OS #4					
Total	Met	=	<u>11</u>	X	1.00 = <u>11</u>
	Partially Met	=	<u>0</u>	X	0.0 = <u>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>11</u>	Total Score	= <u>11</u>
Total Score ÷ Total Applicable					= <u>100%</u>



Appendix B. Colorado Department of Health Care Policy and Financing
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Sample Number: OS #5

Reviewer: Rachel Henrichs

Care Coordination Program Record Review		Score
Assessment		
<p>1. The RCCO (or designee) assessed the member's:</p> <ul style="list-style-type: none"> ◆ Health behavior risks. ◆ Health/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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>This member had a well-established relationship with a care manager from the Mental Health Center of Denver (MHCD). The RCCO care manager provided support and assistance as needed. Although the RCCO care manager had only one contact with the member (during which the member confirmed his relationship with MHCD), documentation indicated that MHCD assessed the member's health risks and needs.</p>		
<p>2. The RCCO (or designee) assessed the member's:</p> <ul style="list-style-type: none"> ◆ Non-medical needs. ◆ Linguistic and cultural needs. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1; 6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1; 6.4.5.2.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>Although the RCCO care manager had only one contact with the member, documentation indicated that the MHCD assessed the member's non-medical, linguistic, and cultural needs.</p>		
<p>3. The RCCO (or designee) assessed current care coordination services provided to the member 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</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The RCCO care manager spoke to the MHCD care manager regularly to check on the member's status and provided supplemental services as needed.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Intervention		
<p>4. The RCCO (or designee) worked with providers responsible for the member’s care to develop a plan for regular communication with those responsible for the member’s care coordination.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.3</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.3</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The RCCO care manager documented regular communication with staff members and care managers from MHCD, Denver Health Medical Center, and the behavioral health organization (BHO).</p>		
<p>5. The RCCO (or designee) reasonably ensured that all care coordination services, including those provided by other individuals or entities, met the needs of the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The RCCO care manager documented regular communication with various agencies involved in the member’s care to ensure the member’s needs were being addressed.</p>		
<p>6. The RCCO (or designee) provided necessary care coordination services not provided by another source.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The RCCO care manager actively participated in coordinating the member’s care and conducted research and offered suggestions for additional services, when appropriate (e.g., single entry point agency and Colorado AIDS Project).</p>		



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Care Coordination Program Record Review		Score
Intervention		
<p>7. The RCCO (or designee) linked the member to medical and/or non-medical services, acted as a liaison between medical providers or between medical and non-medical providers, and/or served as a liaison between providers and the member.</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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The RCCO care manager actively participated in coordinating the member’s care and conducted research and offered suggestions for additional services, when appropriate (e.g., single entry point agency and Colorado AIDS Project).</p>		



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Care Coordination Program Record Review		Score
Transitions		
<p>8. The RCCO (or designee) provided assistance during care transitions from hospitals or other care institutions to home- or community-based settings. This assistance promoted continuity of care.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2.: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The RCCO care manager attended three discharge planning meetings at Denver Health Medical Center and, as a result of these meetings, identified additional resources to assist with the member’s transition out of the hospital.</p>		
<p>9. The RCCO (or designee) provided assistance during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care into a nursing facility.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: There were no other transitions documented during the review period.</p>		
<p>10. The RCCO (or designee) documented and communicated necessary information about the member to the providers, institutions, and individuals involved in the transition.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The RCCO care manager participated in interdisciplinary planning meetings at Denver Health Medical Center.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Continued Coordination/Follow-up		
11. The documentation clearly indicated that the RCCO’s (or designee’s) provision of care coordination services was responsive to the member’s needs. <div align="right"> <i>Regions: 1, 4, 6, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3, 5 : Exhibit A—6.4.5.2.3</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: Documentation clearly indicated the care manager was invested in addressing the member’s needs.		
12. The RCCO (or designee) followed up with the member to assess whether the member has received the services needed and/or if the member is on track to reach his or her desired health outcomes. <div align="right"> <i>Regions 1, 4, 6, 7 Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The RCCO care manager checked in regularly with the MHCD care manager to confirm the member’s wellbeing.		

Recommendations:
 This care manager did an outstanding job working with various agencies to coordinate the member’s care. HSAG has no recommendations.

Results for Care Coordination Program Record Review—Sample OS #5					
Total	Met	=	<u>11</u>	X	1.00 = <u>11</u>
	Partially Met	=	<u>0</u>	X	0.0 = <u>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>11</u>	Total Score	= <u>11</u>
Total Score ÷ Total Applicable					= <u>100%</u>



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Coordination of Care Tool
for Colorado Access (Region 5)

Sample Number: OS #7

Reviewer: Rachel Henrichs

Care Coordination Program Record Review		Score
Assessment		
1. The RCCO (or designee) assessed the member's: <ul style="list-style-type: none"> ◆ Health behavior risks. ◆ Health/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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The RCCO care manager conducted regular assessments of the member's health risks and needs.		
2. The RCCO (or designee) assessed the member's: <ul style="list-style-type: none"> ◆ Non-medical needs. ◆ Linguistic and cultural needs. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1; 6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1; 6.4.5.2.2</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager conducted regular assessments of the member's non-medical needs. The care manager did not document an assessment of the member's linguistic and/or cultural needs.		
3. The RCCO (or designee) assessed current care coordination services provided to the member 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 align="right"><i>Regions 1, 4, 6, 7: Exhibit A— 6.4.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The RCCO care manager documented names and telephone numbers for all services provided to the member. The care manager had regular communication with numerous providers to ensure the member's needs were addressed.		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Coordination Program Record Review		Score
Intervention		
<p>4. The RCCO (or designee) worked with providers responsible for the member’s care to develop a plan for regular communication with those responsible for the member’s care coordination.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.3</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.3</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The RCCO care manager documented regular communication with providers and care managers. Documentation indicated communication was both to and from other providers, which further indicated good coordination.</p>		
<p>5. The RCCO (or designee) reasonably ensured that all care coordination services, including those provided by other individuals or entities, met the needs of the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The RCCO care manager documented regular follow-up with the member. In instances when the member could not be reached, the RCCO care manager contacted other care managers to see if they had had communication with the member.</p>		
<p>6. The RCCO (or designee) provided necessary care coordination services not provided by another source.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The RCCO care manager appeared to address every need that the member identified. The care manager also confirmed that other care managers were aware of and addressing issues, as necessary.</p>		
<p>7. The RCCO (or designee) linked the member to medical and/or non-medical services, acted as a liaison between medical providers or between medical and non-medical providers, and/or served as a liaison between providers and the member.</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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The RCCO care manager attended medical appointments with the member to be sure all concerns were addressed. The care manager also met with the member after appointments to assist the member with any necessary follow-up.</p>		



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Care Coordination Program Record Review		Score
Transitions		
8. The RCCO (or designee) provided assistance during care transitions from hospitals or other care institutions to home- or community-based settings. This assistance promoted continuity of care. <div align="right"> <i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2,: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager followed up with the member after discharge from an inpatient stay and accompanied the member on follow-up appointments.		
9. The RCCO (or designee) provided assistance during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care into a nursing facility. <div align="right"> <i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i> </div>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
Observations: There were no other transitions documented during the review period.		
10. The RCCO (or designee) documented and communicated necessary information about the member to the providers, institutions, and individuals involved in the transition. <div align="right"> <i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager participated in regular communication with various case and care managers including those associated with courts, the BHO, Colorado Coalition of the Homeless, and home health care agencies. The RCCO care manager accompanied the member to appointments to ensure the member’s needs and concerns were expressed and addressed.		



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Care Coordination Program Record Review		Score
Continued Coordination/Follow-up		
11. The documentation clearly indicated that the RCCO’s (or designee’s) provision of care coordination services was responsive to the member’s needs. <div align="right"> <i>Regions: 1, 4, 6, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3, 5 : Exhibit A—6.4.5.2.3</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager’s provision of services was clearly responsive to the member’s needs.		
12. The RCCO (or designee) followed up with the member to assess whether the member has received the services needed and/or if the member is on track to reach his or her desired health outcomes. <div align="right"> <i>Regions 1, 4, 6, 7 Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager followed up with the member regularly to ensure the member received the services needed and was on track to reaching her desired health outcomes.		

Recommendations:
 This care manager did a great job working with various agencies to coordinate the member’s care. HSAG recommends that Colorado Access develop a mechanism to ensure assessment and documentation of each member’s linguistic and cultural needs.

Results for Care Coordination Program Record Review—Sample OS #7					
Total	Met	=	<u>10</u>	X	1.00 = <u>10</u>
	Partially Met	=	<u>1</u>	X	0.0 = <u>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>11</u>	Total Score	= <u>10</u>

Total Score ÷ Total Applicable	=	<u>91%</u>
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Appendix B. Colorado Department of Health Care Policy and Financing
FY 2013–2014 Coordination of Care Tool
for Colorado Access (Region 5)

Sample Number: OS #8

Reviewer: Rachel Henrichs

Care Coordination Program Record Review		Score
Assessment		
1. The RCCO (or designee) assessed the member's: <ul style="list-style-type: none"> ◆ Health behavior risks. ◆ Health/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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member in this case was an infant, so the care manager worked closely with the member's mother. The care manager assessed the member's health needs and risks.		
2. The RCCO (or designee) assessed the member's: <ul style="list-style-type: none"> ◆ Non-medical needs. ◆ Linguistic and cultural needs. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1; 6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1; 6.4.5.2.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager assessed the member's non-medical, linguistic, and cultural needs.		
3. The RCCO (or designee) assessed current care coordination services provided to the member 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 align="right"><i>Regions 1, 4, 6, 7: Exhibit A— 6.4.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: Based on telephone conversations with the member's mother, the care manager determined that the providers were not meeting the needs of the family. The care manager contacted the medical and non-medical providers on behalf of the member to ensure services met the family's needs.		



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Care Coordination Program Record Review		Score
Intervention		
<p>4. The RCCO (or designee) worked with providers responsible for the member’s care to develop a plan for regular communication with those responsible for the member’s care coordination.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.3</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.3</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager met with the member’s providers (medical and non-medical) and assisted the member’s mother with developing a plan for communication and coordination.</p>		
<p>5. The RCCO (or designee) reasonably ensured that all care coordination services, including those provided by other individuals or entities, met the needs of the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager attended appointments with the member and member’s mother and followed up with the mother regularly to ensure the member’s needs (and the mother’s needs) were being addressed.</p>		
<p>6. The RCCO (or designee) provided necessary care coordination services not provided by another source.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager arranged for interdisciplinary meetings and transportation services.</p>		
<p>7. The RCCO (or designee) linked the member to medical and/or non-medical services, acted as a liaison between medical providers or between medical and non-medical providers, and/or served as a liaison between providers and the member.</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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager arranged for an interdisciplinary meeting and attended the meeting to ensure that the member’s mother understood the roles of various providers and that the providers understood the best way to communicate necessary information to the mother. The care manager arranged a similar meeting with all of the member’s DME vendors and worked with the mother to consolidate services with the non-medical vendors.</p>		



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Care Coordination Program Record Review		Score
Transitions		
8. The RCCO (or designee) provided assistance during care transitions from hospitals or other care institutions to home- or community-based settings. This assistance promoted continuity of care. <div align="right"> <i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2,: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i> </div>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
Observations: No transitions of care were documented during the review period.		
9. The RCCO (or designee) provided assistance during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care into a nursing facility. <div align="right"> <i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i> </div>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
Observations: No transitions of care were documented during the review period.		
10. The RCCO (or designee) documented and communicated necessary information about the member to the providers, institutions, and individuals involved in the transition. <div align="right"> <i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i> </div>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
Observations: No transitions of care were documented during the review period.		



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Care Coordination Program Record Review		Score
Continued Coordination/Follow-up		
11. The documentation clearly indicated that the RCCO’s (or designee’s) provision of care coordination services was responsive to the member’s needs. <div align="right"> <i>Regions: 1, 4, 6, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3, 5 : Exhibit A—6.4.5.2.3</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: This care manager did an exemplary job of coordinating services for this member and of documenting those efforts.		
12. The RCCO (or designee) followed up with the member to assess whether the member has received the services needed and/or if the member is on track to reach his or her desired health outcomes. <div align="right"> <i>Regions 1, 4, 6, 7 Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager contacted the mother regularly to ensure the member’s needs were being addressed.		

Recommendations:
 This care manager did an outstanding job working with various agencies to coordinate the member’s care. HSAG has no recommendations.

Results for Care Coordination Program Record Review—Sample OS #8					
Total	Met	=	<u>9</u>	X	1.00 = <u>9</u>
	Partially Met	=	<u>0</u>	X	0.0 = <u>0</u>
	Not Met	=	<u>0</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>3</u>	X	NA = <u>0</u>
Total Applicable		=	<u>9</u>	Total Score	= <u>9</u>
Total Score ÷ Total Applicable					= <u>100%</u>



Appendix B. Colorado Department of Health Care Policy and Financing
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Sample Number: OS #9

Reviewer: Rachel Henrichs

Care Coordination Program Record Review		Score
Assessment		
1. The RCCO (or designee) assessed the member's: <ul style="list-style-type: none"> ◆ Health behavior risks. ◆ Health/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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The RCCO care manager made numerous attempts to contact the member but only spoke to the member one time. The RCCO care manager attempted to conduct an assessment of the member's needs, but the member insisted she was fine and that she did not need any help. The care manager immediately placed a call to the care manager at MHCD to compare notes. The MHCD care manager indicated she had an existing relationship with the member. Notes indicated that the MHCD care manager assessed the member's health risks and needs.		
2. The RCCO (or designee) assessed the member's: <ul style="list-style-type: none"> ◆ Non-medical needs. ◆ Linguistic and cultural needs. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1; 6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1; 6.4.5.2.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: Notes indicated that the MHCD care manager assessed the member's non-medical, linguistic, and cultural needs.		
3. The RCCO (or designee) assessed current care coordination services provided to the member 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 align="right"><i>Regions 1, 4, 6, 7: Exhibit A— 6.4.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The RCCO care manager spoke to the MHCD care manager, who indicated she had an existing relationship with the member and was taking care of the member's needs. The RCCO care manager also contacted the assisted living facility care manager and hospital staff members to ensure the member's needs were being addressed.		



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Care Coordination Program Record Review		Score
Intervention		
<p>4. The RCCO (or designee) worked with providers responsible for the member’s care to develop a plan for regular communication with those responsible for the member’s care coordination.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.3 Regions 2, 3, 5: Exhibit A—6.4.4.3</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The RCCO care manager regularly followed up with providers responsible for the member’s care and offered assistance.</p>		
<p>5. The RCCO (or designee) reasonably ensured that all care coordination services, including those provided by other individuals or entities, met the needs of the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.4 Regions 2, 3, 5: Exhibit A—6.4.4.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The RCCO care manager regularly followed up with providers responsible for the member’s care to ensure the member’s needs were being addressed.</p>		
<p>6. The RCCO (or designee) provided necessary care coordination services not provided by another source.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.2 Regions 2, 3, 5: Exhibit A—6.4.4.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The RCCO care manager suggested multiple meetings with care managers at all agencies involved with the member to ensure necessary services were being provided and that efforts were not being duplicated.</p>		
<p>7. The RCCO (or designee) linked the member to medical and/or non-medical services, acted as a liaison between medical providers or between medical and non-medical providers, and/or served as a liaison between providers and the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2 Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Although the RCCO care manager only documented one contact with the member, the RCCO care manager followed the member’s care and regularly advocated on the member’s behalf.</p>		



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Care Coordination Program Record Review		Score
Transitions		
8. The RCCO (or designee) provided assistance during care transitions from hospitals or other care institutions to home- or community-based settings. This assistance promoted continuity of care. <div align="right"> <i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3 Region 2: Exhibit A—6.4.5.1.3 Regions 3, 5: Exhibit A—6.4.5.1.4</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The RCCO left messages with care managers at several facilities in an attempt to participate in discharge planning but was not successful in speaking with hospital staff before the member was discharged.		
9. The RCCO (or designee) provided assistance during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care into a nursing facility. <div align="right"> <i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3 Region 2: Exhibit A—6.4.5.1.3 Regions 3, 5: Exhibit A—6.4.5.1.4</i> </div>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
Observations: There were no other transitions documented during the review period.		
10. The RCCO (or designee) documented and communicated necessary information about the member to the providers, institutions, and individuals involved in the transition. <div align="right"> <i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3 Region 2: Exhibit A—6.4.5.1.3 Regions 3, 5: Exhibit A—6.4.5.1.4</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The RCCO left messages with care managers at several facilities in an attempt to participate in discharge planning but was not successful in speaking with the care manager before the member was discharged.		



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Care Coordination Program Record Review		Score
Continued Coordination/Follow-up		
11. The documentation clearly indicated that the RCCO’s (or designee’s) provision of care coordination services was responsive to the member’s needs. <i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.3 Regions 2, 3, 5: Exhibit A—6.4.5.2.3</i>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The RCCO care manager attempted to address the member’s anticipated needs by working with numerous agencies involved in the member’s care. The RCCO care manager arranged care planning meetings in July and November.		
12. The RCCO (or designee) followed up with the member to assess whether the member has received the services needed and/or if the member is on track to reach his or her desired health outcomes. <i>Regions 1, 4, 6, 7 Exhibit A—6.4.3.1.6 Region 2: Exhibit A—6.4.5.1.6 Regions 3, 5: Exhibit A—6.4.5.1.7</i>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The RCCO care manager made numerous unsuccessful attempts to contact the member. Though not successful in contacting the member, the RCCO care manager followed up regularly with agencies involved with the member’s care to track and follow the member’s progress.		

Recommendations:
 This care manager did a great job working with various agencies to ensure the member’s needs were being addressed. HSAG has no recommendations.

Results for Care Coordination Program Record Review—Sample OS #9					
Total	Met	=	<u>11</u>	X	1.00 = <u>11</u>
	Partially Met	=	<u>0</u>	X	0.0 = <u>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>11</u>	Total Score	= <u>11</u>
Total Score ÷ Total Applicable					= <u>100%</u>



Appendix B. Colorado Department of Health Care Policy and Financing
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Sample Number: OS #10

Reviewer: Rachel Henrichs

Care Coordination Program Record Review		Score
Assessment		
<p>1. The RCCO (or designee) assessed the member's:</p> <ul style="list-style-type: none"> ◆ Health behavior risks. ◆ Health/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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The RCCO care manager called the member to check in. The member gave the care manager an update on his current health status; however, the care manager did not document a thorough assessment of needs and risks.</p>		
<p>2. The RCCO (or designee) assessed the member's:</p> <ul style="list-style-type: none"> ◆ Non-medical needs. ◆ Linguistic and cultural needs. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1; 6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1; 6.4.5.2.2</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The care manager assisted the member with obtaining a walker and with completing paperwork required for free food service; however, the care manager did not conduct a thorough assessment of the member's non-medical or cultural needs.</p>		
<p>3. The RCCO (or designee) assessed current care coordination services provided to the member 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</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The RCCO care manager documented several calls to the care manager at the single entry point agency; however, the RCCO care manager did not document any contact with a PCMP or any other health care provider.</p>		



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Care Coordination Program Record Review		Score
Intervention		
<p>4. The RCCO (or designee) worked with providers responsible for the member’s care to develop a plan for regular communication with those responsible for the member’s care coordination.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.3</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.3</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The RCCO care manager did not document any inquiry about or attempt to contact the member’s health care provider(s).		
<p>5. The RCCO (or designee) reasonably ensured that all care coordination services, including those provided by other individuals or entities, met the needs of the member.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The RCCO care manager called the member regularly to check in with him. The care manager specifically followed up with the member and with the agency to which the member applied for food services.		
<p>6. The RCCO (or designee) provided necessary care coordination services not provided by another source.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager assisted the member in obtaining a walker and helped the member with paperwork required for food services.		
<p>7. The RCCO (or designee) linked the member to medical and/or non-medical services, acted as a liaison between medical providers or between medical and non-medical providers, and/or served as a liaison between providers and the member.</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"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager assisted the member with paperwork required for food services. The care manager checked with the member later to ask if services had started. When the member reported they had not, the care manager contacted the food service agency on behalf of the member, and then followed up with the member.		



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Care Coordination Program Record Review		Score
Transitions		
<p>8. The RCCO (or designee) provided assistance during care transitions from hospitals or other care institutions to home- or community-based settings. This assistance promoted continuity of care.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2,: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: No transitions of care were documented during the review period.</p>		
<p>9. The RCCO (or designee) provided assistance during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care into a nursing facility.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: No transitions of care were documented during the review period.</p>		
<p>10. The RCCO (or designee) documented and communicated necessary information about the member to the providers, institutions, and individuals involved in the transition.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.3</i> <i>Region 2: Exhibit A—6.4.5.1.3</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: No transitions of care were documented during the review period.</p>		



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Care Coordination Program Record Review		Score
Continued Coordination/Follow-up		
11. The documentation clearly indicated that the RCCO’s (or designee’s) provision of care coordination services was responsive to the member’s needs. <i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3, 5 : Exhibit A—6.4.5.2.3</i>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager addressed all needs identified by the member.		
12. The RCCO (or designee) followed up with the member to assess whether the member has received the services needed and/or if the member is on track to reach his or her desired health outcomes. <i>Regions 1, 4, 6, 7 Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Regions 3, 5: Exhibit A—6.4.5.1.7</i>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager checked with the member to ensure expected services were received.		

Recommendations:
 HSAG recommends that Colorado Access develop a mechanism to ensure regular and thorough assessment of members’ health risks and needs as well as non-medical, linguistic, and cultural needs. Care managers need to also assess where members are receiving medical and non-medical services and reach out to those providers and/or agencies to determine if the services provided are sufficient to meet the members’ needs.

Results for Care Coordination Program Record Review—Sample OS #10					
Total	Met	=	<u>5</u>	X	1.00 = <u>5</u>
	Partially Met	=	<u>3</u>	X	0.0 = <u>0</u>
	Not Met	=	<u>1</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>3</u>	X	NA = <u>0</u>
Total Applicable		=	<u>9</u>	Total Score	= <u>5</u>
Total Score ÷ Total Applicable				=	<u>56%</u>

Appendix C. Provider Network Capacity Analysis for Colorado Access (Regions 2, 3, and 5)

The following tables represent the results of an MS Excel Pivot Table analysis of the PCMP network for Region 2, Region 3, and Region 5, based on the PCMP network spreadsheets provided to the Department by the RCCO. The purpose of the analysis was to provide an accurate representation of the number of providers in each RCCO region by eliminating duplicate entries. However, HSAG identified data integrity issues in the source document, which affected the accuracy of the numerical counts of providers. Therefore, these tables are presented only to demonstrate the potential outcomes of using MS Excel pivot tables to analyze the network, with the understanding that data integrity in the source documents would need to be improved to ensure accuracy of future results.

Region 2

Table C-1 illustrates the methodology HSAG used to calculate the number of providers for each region. For the purpose of counting the number of unique providers in each region, the highlighted rows were deleted (e.g., Dr. Allison is counted only one time, regardless of how many practice locations she has).

Table C-1—Example of Duplicate Providers Eliminated Before Calculating Unique Providers by Region				
Provider Location (LINE 1)	Provider Location (CITY)	Provider Location (COUNTY)	Practitioner (LAST NAME)	Practitioner (FIRST NAME)
1011 39th Avenue	Greeley	Weld	Allison	Jennifer
16728 E. Smoky Hill Road	Centennial	Arapahoe	Allison	Jennifer
18890 E. Hampden Avenue	Aurora	Arapahoe	Allison	Jennifer
2144 Main Street	Longmont	Boulder	Allison	Jennifer
4590 W. 121st Avenue	Broomfield	Broomfield	Allison	Jennifer
7450 W. 52nd Avenue	Arvada	Jefferson	Allison	Jennifer

Table C-2—Number of Unique Providers Serving Region 2	
Certified nurse midwife	6
Non-physician provider	1
Nurse practitioner	87
Osteopath	28
Other	10
Physician assistant	110
Physician	244
Grand Total	486

Table C-3—Number of Unique Providers Serving Region 2 Accepting New Medicaid Members	
Certified nurse midwife	5
Non-physician provider	1
Nurse practitioner	78
Osteopath	17
Other	9
Physician assistant	94
Physician	170
Grand Total	374

Table C-4 illustrates the methodology HSAG used to calculate the number of providers by county. For the purpose of counting the number of unique providers in each county, the highlighted rows were deleted (e.g., Dr. Allison is counted only one time in Arapahoe County, though the example shows two locations. She is also counted one time in Weld, Boulder, Broomfield, and Jefferson).

Table C-4—Example of Duplicate Providers Eliminated Before Calculating Unique Providers by County				
Provider Location (LINE 1)	Provider Location (CITY)	Provider Location (COUNTY)	Practitioner (LAST NAME)	Practitioner (FIRST NAME)
1011 39th Avenue	Greeley	Weld	Allison	Jennifer
16728 E. Smoky Hill Road	Centennial	Arapahoe	Allison	Jennifer
18890 E. Hampden Avenue	Aurora	Arapahoe	Allison	Jennifer
2144 Main Street	Longmont	Boulder	Allison	Jennifer
4590 W. 121st Avenue	Broomfield	Broomfield	Allison	Jennifer
7450 W. 52nd Avenue	Arvada	Jefferson	Allison	Jennifer

Table C-5—Region 2 Unique Providers by County	
Adams	69
Arapahoe	90
Boulder	40
Denver	56
Douglas	25
Elbert	1
Jefferson	14
Kit Carson	8
Larimer	64
Logan	15
Morgan	13
Phillips	5
Washington	2
Weld	141
Yuma	7
Grand Total	550

Table C-6—Region 2 Unique Providers by County Accepting New Medicaid Members	
Adams	69
Arapahoe	61
Boulder	40
Denver	56
Douglas	18
Elbert	1
Jefferson	14
Kit Carson	8
Larimer	28
Logan	15
Morgan	13
Phillips	5
Washington	2
Weld	100
Yuma	7
Grand Total	437

Table C-7 illustrates the methodology HSAG used to calculate the number of unique practice locations per county. For the purpose of counting the number of unique practice locations in each county, the highlighted rows were deleted. Each address was counted one time, regardless of how many providers practiced in that location.

Table C-7— Example of Duplicate Locations Eliminated Before Calculating Unique Locations by County					
Provider Location (LINE 1)	Provider Location (LINE 2)	Provider Location (CITY)	Provider Location (COUNTY)	Practitioner (LAST NAME)	Practitioner (FIRST NAME)
1011 39th Avenue	Ste A	Greeley	Weld	Giovanini-Morris	Paula
1011 39th Avenue	Ste A	Greeley	Weld	Gray	John
1011 39th Avenue	Ste A	Greeley	Weld	Hanisch	Corinne
11005 Ralston Rd.	Ste 100G	Arvada	Jefferson	Dufraux	Kimberly
11005 Ralston Rd.	Ste 100G	Arvada	Jefferson	Holder	Michael
11005 Ralston Rd.	Ste 100G	Arvada	Jefferson	Knight	Ruth

Table C-8—Number of Unique Provider Locations Serving Region 2	
Adams	14
Arapahoe	16
Boulder	2
Denver	9
Douglas	5
Elbert	1
Jefferson	6
Kit Carson	3
Larimer	17
Logan	2
Morgan	4
Phillips	1
Washington	1
Weld	24
Yuma	1
Grand Total	106

Region 3

Table C-9 illustrates the methodology HSAG used to calculate the number of providers for each region. For the purpose of counting the number of unique providers in each region, the highlighted rows were deleted (e.g., Dr. Allison is counted only one time, regardless of how many practice locations she has).

Table C-9—Example of Duplicate Providers Eliminated Before Calculating Unique Providers by Region				
Provider Location (LINE 1)	Provider Location (CITY)	Provider Location (COUNTY)	Practitioner (LAST NAME)	Practitioner (FIRST NAME)
1011 39th Avenue	Greeley	Weld	Allison	Jennifer
16728 E. Smoky Hill Road	Centennial	Arapahoe	Allison	Jennifer
18890 E. Hampden Avenue	Aurora	Arapahoe	Allison	Jennifer
2144 Main Street	Longmont	Boulder	Allison	Jennifer
4590 W. 121st Avenue	Broomfield	Broomfield	Allison	Jennifer
7450 W. 52nd Avenue	Arvada	Jefferson	Allison	Jennifer

Table C-10—Number of Unique Providers Serving Region 3	
Certified nurse midwife	5
DDS	1
Non-physician practitioner	1
Nurse practitioner	139
Osteopath	42
Other	27
Physician assistant	155
Physician	923
Grand Total	1,293

Table C-11—Number of Unique Providers Serving Region 3 Accepting New Medicaid Members	
Certified nurse midwife	5
DDS	1
Non-physician practitioner	1
Nurse practitioner	125
Osteopath	26
Other	26
Physician assistant	127
Physician	663
Grand Total	974

Table C-12 illustrates the methodology HSAG used to calculate the number of providers by county. For the purpose of counting the number of unique providers in each county, the highlighted rows were deleted (e.g., Dr. Allison is counted only one time in Arapahoe County, though the example shows two locations. She is also counted one time in Weld, Boulder, Broomfield, and Jefferson).

Table C-12—Example of Duplicate Providers Eliminated Before Calculating Unique Providers by County				
Provider Location (LINE 1)	Provider Location (CITY)	Provider Location (COUNTY)	Practitioner (LAST NAME)	Practitioner (FIRST NAME)
1011 39th Avenue	Greeley	Weld	Allison	Jennifer
16728 E. Smoky Hill Road	Centennial	Arapahoe	Allison	Jennifer
18890 E. Hampden Avenue	Aurora	Arapahoe	Allison	Jennifer
2144 Main Street	Longmont	Boulder	Allison	Jennifer
4590 W. 121st Avenue	Broomfield	Broomfield	Allison	Jennifer
7450 W. 52nd Avenue	Arvada	Jefferson	Allison	Jennifer

Table C-13—Region 3 Unique Providers by County	
Unidentified	54
Adams	273
Arapahoe	264
Boulder	125
Broomfield	25
Denver	260
Douglas	96
Elbert	1
Jefferson	139
Kit Carson	8
Larimer	64
Lincoln	3
Logan	16
Morgan	15
Phillips	5
Washington	2
Weld	141
Yuma	8
Grand Total	1,499

Table C-14—Region 3 Unique Providers by County Accepting New Medicaid Members	
Unidentified	54
Adams	240
Arapahoe	104
Boulder	125
Broomfield	25
Denver	215
Douglas	81
Elbert	1
Jefferson	139
Kit Carson	8
Larimer	28
Lincoln	3
Logan	16
Morgan	15
Phillips	5
Washington	2
Weld	100
Yuma	8
Grand Total	1,169

Table C-15 illustrates the methodology HSAG used to calculate the number of unique practice locations per county. For the purpose of counting the number of unique practice locations in each county, the highlighted rows were deleted. Each address was counted one time, regardless of how many providers practiced in that location.

Table C-15— Example of Duplicate Locations Eliminated Before Calculating Unique Locations by County					
Provider Location (LINE 1)	Provider Location (LINE 2)	Provider Location (CITY)	Provider Location (COUNTY)	Practitioner (LAST NAME)	Practitioner (FIRST NAME)
1011 39th Avenue	Ste A	Greeley	Weld	Giovanini-Morris	Paula
1011 39th Avenue	Ste A	Greeley	Weld	Gray	John
1011 39th Avenue	Ste A	Greeley	Weld	Hanisch	Corinne
11005 Ralston Rd.	Ste 100G	Arvada	Jefferson	Dufraux	Kimberly
11005 Ralston Rd.	Ste 100G	Arvada	Jefferson	Holder	Michael
11005 Ralston Rd.	Ste 100G	Arvada	Jefferson	Knight	Ruth

Table C-16—Number of Unique Provider Locations Serving Region 3	
Unidentified	4
Adams	32
Arapahoe	35
Boulder	9
Broomfield	2
Denver	26
Douglas	12
Elbert	1
Jefferson	13
Kit Carson	5
Larimer	18
Lincoln	1
Logan	2
Morgan	4
Phillips	1
Washington	1
Weld	24
Yuma	1
Grand Total	191

Region 5

Table C-17 illustrates the methodology HSAG used to calculate the number of providers for each region. For the purpose of counting the number of unique providers in each region, the highlighted rows were deleted (e.g., Dr. Allison is counted only one time, regardless of how many practice locations she has).

Table C-17—Example of Duplicate Providers Eliminated Before Calculating Unique Providers by Region				
Provider Location (LINE 1)	Provider Location (CITY)	Provider Location (COUNTY)	Practitioner (LAST NAME)	Practitioner (FIRST NAME)
1011 39th Avenue	Greeley	Weld	Allison	Jennifer
16728 E. Smoky Hill Road	Centennial	Arapahoe	Allison	Jennifer
18890 E. Hampden Avenue	Aurora	Arapahoe	Allison	Jennifer
2144 Main Street	Longmont	Boulder	Allison	Jennifer
4590 W. 121st Avenue	Broomfield	Broomfield	Allison	Jennifer
7450 W. 52nd Avenue	Arvada	Jefferson	Allison	Jennifer

Table C-18—Number of Unique Providers Serving Region 5	
Certified nurse midwife	6
DDS	1
Non-physician practitioner	1
Nurse practitioner	160
Osteopath	41
Other	28
Physician assistant	169
Physician	991
Grand Total	1,397

Table C-19—Number of Unique Providers Serving Region 5 Accepting New Medicaid Members	
Certified nurse midwife	5
DDS	1
Non-physician practitioner	1
Nurse practitioner	146
Osteopath	27
Other	27
Physician assistant	150
Physician	744
Grand Total	1,101

Table C-20 illustrates the methodology HSAG used to calculate the number of providers by county. For the purpose of counting the number of unique providers in each county, the highlighted rows were deleted (e.g., Dr. Allison is counted only one time in Arapahoe County, though the example shows two locations. She is also counted one time in Weld, Boulder, Broomfield, and Jefferson).

Table C-20—Example of Duplicate Providers Eliminated Before Calculating Unique Providers by County				
Provider Location (LINE 1)	Provider Location (CITY)	Provider Location (COUNTY)	Practitioner (LAST NAME)	Practitioner (FIRST NAME)
1011 39th Avenue	Greeley	Weld	Allison	Jennifer
16728 E. Smoky Hill Road	Centennial	Arapahoe	Allison	Jennifer
18890 E. Hampden Avenue	Aurora	Arapahoe	Allison	Jennifer
2144 Main Street	Longmont	Boulder	Allison	Jennifer
4590 W. 121st Avenue	Broomfield	Broomfield	Allison	Jennifer
7450 W. 52nd Avenue	Arvada	Jefferson	Allison	Jennifer

Table C-21—Region 5 Unique Providers by County	
Unidentified	54
Adams	271
Arapahoe	242
Boulder	125
Broomfield	25
Denver	394
Douglas	86
Elbert	1
Jefferson	140
Kit Carson	8
Larimer	64
Logan	16
Morgan	15
Phillips	5
Washington	2
Weld	141
Yuma	8
Grand Total	1,597

Table C-22—Region 5 Unique Providers by County Accepting New Medicaid Members	
Unidentified	54
Adams	240
Arapahoe	104
Boulder	125
Broomfield	25
Denver	347
Douglas	79
Elbert	1
Jefferson	140
Kit Carson	8
Larimer	28
Logan	16
Morgan	15
Phillips	5
Washington	2
Weld	100
Yuma	8
Grand Total	1,297

Table C-23 illustrates the methodology HSAG used to calculate the number of unique practice locations per county. For the purpose of counting the number of unique practice locations in each county, the highlighted rows were deleted. Each address was counted one time, regardless of how many providers practiced in that location.

Table C-23—Example of Duplicate Locations Eliminated Before Calculating Unique Locations by County					
Provider Location (LINE 1)	Provider Location (LINE 2)	Provider Location (CITY)	Provider Location (COUNTY)	Practitioner (LAST NAME)	Practitioner (FIRST NAME)
1011 39th Avenue	Ste A	Greeley	Weld	Giovanini-Morris	Paula
1011 39th Avenue	Ste A	Greeley	Weld	Gray	John
1011 39th Avenue	Ste A	Greeley	Weld	Hanisch	Corinne
11005 Ralston Rd.	Ste 100G	Arvada	Jefferson	Dufraux	Kimberly
11005 Ralston Rd.	Ste 100G	Arvada	Jefferson	Holder	Michael
11005 Ralston Rd.	Ste 100G	Arvada	Jefferson	Knight	Ruth

Table C-24—Number of Unique Provider Locations Serving Region 5	
Unidentified	4
Adams	31
Arapahoe	33
Boulder	9
Broomfield	2
Denver	51
Douglas	10
Elbert	1
Jefferson	14
Kit Carson	5
Larimer	18
Logan	2
Morgan	4
Phillips	1
Washington	1
Weld	24
Yuma	1
Grand Total	211

Appendix D. **Site Review Participants**
for **Colorado Access (Regions 2, 3, and 5)**

Table D-1 lists the participants in the FY 2013–2014 site review of **Colorado Access**.

Table D-1—HSAG Reviewers and RCCO Participants	
HSAG Review Team	Title
Barbara McConnell, MBA, OTR	Director, State & Corporate Services
Katherine Bartilotta, BSN	Project Manager
Rachel Henrichs	Project Coordinator
Colorado Access Participants	Title
Amy Akapo	Director, RCCO Operations
April Abrahamson	Executive Director, Medicaid
Carrie Bandell	Director, Quality Management
Christian Koltonski	Quality Health Improvement Specialist
David Rastatter	Contract Manager, Region 2
Desiree Sanchez	RCCO Care Management Supervision
Drew Kasper	Health Neighborhood Development Manager
Glenda Robertson	Instructional Design Developer
Jenn Conrad	Manager, Care Coordination
Molly Markert	Contract Manager, Region 3
Michelle Pryor	Associate Contract Manager
Department Observers	Title
Camille Harding	Quality and Health Improvement Unit Supervisor
Marty Janssen	RCCO Contract Manager
Russell Kennedy	Quality Compliance Specialist, Quality and Health Improvement Unit