

Colorado
Accountable Care Collaborative

FY 2012–2013 SITE REVIEW REPORT
for
Colorado Access
(Region 3)

August 2013

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



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Background

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

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

Site Review Methodology

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

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

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

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

2. Executive Summary

for Colorado Access (Region 3)

Overall Summary of Findings

Table 2-1—Summary of Scores								
Standard	Total Elements	Total Applicable Elements	# Met	# Substantially Met	# Partially Met	# Not Met	# Not Applicable	Score*
I Care Coordination/ Care Management	6	6	3	3	0	0	0	88%
II Follow-Up: Access to Care/Medical Home	4	4	4	0	0	0	0	100%
Record Reviews	110	97	58	7	17	15	13	74%
Overall Score	120	107	65	10	17	15	13	76%

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

Summary of Findings by Standard

Standard I—Coordination of Care/Care Management

Strengths

Colorado Access' active pursuit to implement integrated behavioral and physical health services in clinics, the development and accomplishment of data-sharing agreements with multiple provider entities, and facilitation of collaborative efforts to improve the provision of integrated care for members proved to be real strengths. **Colorado Access** staff stated that approximately 60 percent of primary care medical provider (PCMP) practices across all three regions (Region 2, Region 3, and Region 5) have some form of integrated behavioral health, including all practices that are delegates for care management. Region 3 had eight large PCMP sites that offer integrated or embedded behavioral health services through community mental health center (CMHC) partners. In addition, several CMHCs had physical health practitioners embedded on-site at the facility. **Colorado Access** and Behavioral Health Inc. (BHI), the behavioral health organization (BHO) for the region, exchanged common member information, enabling behavioral health providers to coordinate with medical providers. **Colorado Access** was working with county Department of Human Services (DHS) and social service agencies to integrate care coordination for foster care children. RCCO staff have provided technical assistance to the Adams County DHS leadership and Mountainland Pediatrics to support their discussions regarding the possibility of Mountainland serving as a high-volume pediatric practice for foster care children in DHS custody. Similar discussions are being considered in Arapahoe and Douglas Counties. **Colorado Access** had signed memorandum of understanding (MOU) data sharing agreements with the community centered boards (CCBs) in all three regions. **Colorado Access** identified approximately 1,000 members who are common to the CCBs and RCCOs and began discussions with the CCBs related to coordination of care management functions.

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

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

Staff stated that social and non-medical needs (particularly food, housing, and transportation) are prevalent, and often dominant, in high-intensity care coordination cases. Region 3 has a high level of needs and corresponding low level of social services, particularly housing. Staff members stated that they are confident in the general level of cultural competency in the provider network, particularly in the larger PCMPs who are highly experienced with serving the Medicaid population, as well as providers who target specific niche populations (e.g., refugees). **Colorado Access** implemented numerous initiatives and was engaged in systemwide planning related to care coordination for various special needs populations.

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

Recommended Actions

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

Colorado Access should ensure that follow-up comprehensive assessment of member needs is performed and documented to guide the interventions in the care coordination plan. Without a comprehensive assessment, the care plan interventions and goals risk becoming reactive to the “need of the moment,” rather than taking a proactive approach to meeting the member’s complex medical and non-medical needs.

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

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

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

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

Strengths

The network adequacy analysis report included all three **Colorado Access** RCCO regions (Region 2, Region 3, and Region 5). Staff stated that the report included all three regions because members frequently seek PCMPs and specialists cross-regionally. **Colorado Access** reported nearly 1,900 individual PCMPs within the three regions, including 1,500 with open practices for RCCO enrollees, compared to 748 PCMPs and 581 open practices in the previous year. RCCO membership also expanded exponentially in the past year. At the time of the site visit, enrollment in Colorado Access' three regions totaled 142,000 members, of which 91,500 resided within Region 3. **Colorado Access** determined that it has sufficient capacity in the existing PCMP network to integrate the expanding RCCO populations into the foreseeable future. **Colorado Access** was targeting recruitment toward dual-eligible providers and pediatric practices. Within Region 3, the focus of recruitment was on multi-practitioner pediatric practices, many of which already operate as children's medical homes. Staff noted several challenges in the continuing development of the network, including closed or limited Medicaid panels in one of the larger practices in the region. HSAG encouraged Region 3 to continue its network development efforts as described, and to monitor the expanding Medicaid membership over time to anticipate changing provider network needs.

Staff stated that RCCO relationships with specialists are primarily managed through the PCMPs, using their pre-established referral networks. Staff explained that formal relationships with specialists through other **Colorado Access** lines of business overlap with the RCCO regions. Those relationships are used to supplement access to specialists in the RCCO when the PCMP or member is experiencing difficulty in obtaining timely access to a specialist. Staff stated that University Physicians Inc. (UPI), Denver Health, and Kaiser Permanente (Kaiser) have particularly good systems for accessing specialists, but access is primarily limited to members who are assigned to those PCMPs. **Colorado Access** was working with the network PCMPs to explore methods of providing performance incentives to stimulate specialists and hospitals to respond to the needs of RCCO members. **Colorado Access** was also reinforcing processes and communications between PCMPs and specialists. HSAG encouraged **Colorado Access** to pursue its proposed analysis of most frequently used specialists for RCCO members in anticipation of more direct relationships with those specialists in the future. HSAG also encouraged the RCCO to continue to work with UPI providers to determine innovative approaches that will open UPI clinics to an increasing number of RCCO members, and to continue to pursue strategies to stimulate access to specialists for RCCO members, including access to specialists through UPI and Denver Health.

The member packet included information to encourage members to use urgent care instead of the emergency room (ER), and to call Customer Services or the Nurse Advice Line to find locations. Metro Community Provider Network (MCPN) opened a new after-hours clinic, available to all Medicaid members on evenings and Saturdays. RCCO staff members were pursuing a relationship with a new multi-location urgent care provider in the region. **Colorado Access** was beginning to evaluate data concerning where PCMPs direct members for after-hours care and the reasons that members seek after-hours care, in order to develop an effective initiative related to the provision of after-hours/urgent care. HSAG recommended that the RCCO continue to pursue accessible alternatives for after-hours and urgent care in the region.

PCMP care coordination capabilities have been the focus of PCMP practice assessments in order to determine the PCMPs' ability to perform delegated care management. Approximately 50 percent of all RCCO members are receiving care through practices that have been delegated for care coordination. Through a close relationship between the RCCO contract manager and individual PCMPs, needs and PCMP readiness for practice assistance and transformation services are being identified, and the RCCO is providing resources accordingly. RCCO staff anticipated that all but two or three currently contracted practices in Region 3 will eventually be capable of performing as a medical home. HSAG recommended that, at some appropriate time in the future, **Colorado Access** consider performing a more formal assessment of PCMPs' medical home functions to ensure that all medical home standards outlined by the Department and the RCCO are being met.

Recommended Actions

HSAG had no recommended actions related to this standard.

Summary of Record Reviews

Strengths

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

Recommended Actions

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

Case review confirmed that comprehensive assessments of member needs were rarely performed or documented. Most of the substantive care planning content was documented in care coordinator notes and was not related to specifically documented member needs or care plan goals. The Altruista system, in particular, documented care plan goals that were not related to assessed needs and interventions. In several cases, care coordination plans were noted to be episodic, addressing the immediate needs of the member but not addressing the member's needs on an ongoing basis. These observations related to both **Colorado Access** and delegated PCMP files. **Colorado Access** should be sure each member's record includes a care plan that reflects the member's assessed needs and appropriate interventions. HSAG also recommended that **Colorado Access** communicate with and educate delegated entities regarding the elements of the care management contract requirements and related observations and recommendations.

Appendix A. **Data Collection Tool**
for Colorado Access (Region 3)

The completed data collection tool for Region 3 follows this cover page.



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Data Collection Tool
for Colorado Access (Region 3)

Standard I—Care Coordination/Care Management

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

Findings:

- ◆ Region 3 Integration Care Report: Described fully integrated on-site behavioral and physical health programs in Region 3, including:
 - Arapahoe Douglas Mental Health Network (ADMHN), which serves many severe mental illness (SMI) patients, has a nurse practitioner on-site to attend to members’ medical needs simultaneously with visits to the behavioral health facility. The nurse practitioner is fully integrated into the flow of services and provider communications. Colorado Access provides a list of PCMP assignments for patients receiving care at ADMHN to further communication and integration of care between behavioral and physical health providers.
 - Mountainland Pediatrics, owned and operated by Community Reach Center, has Community Reach therapists immediately available for on-site consultation of Medicaid patients and families. Colorado Access is exploring the delegation of on-site care management services to Mountainland to help reduce some of the barriers of coordinating both behavioral and medical care for members.
 - Metro Community Provider Network (MCPN) has had a long-standing collaborative relationship with Aurora Mental Health Center (AuMHC). A behavioral health clinician is fully integrated into MCPN’s primary care practice to deal with Medicaid members and families with complex medical and



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<p>behavioral health conditions, as well as those with developmental disabilities. The clinician is available for short-term, solution-focused behavioral health interventions with members and immediate consultation with MCPN medical providers.</p> <ul style="list-style-type: none"> • RCCO staff members meet monthly with BHI, Community Reach Center, AuMHC, and ADMHC to discuss coordination of care, data issues, and timely access to behavioral health care services. • Colorado Access provides lists of unattributed and attributed ACC enrolled members to affiliated mental health centers to improve coordination of behavioral health and medical care, and assist unattributed members with PCMP selection. 	<ul style="list-style-type: none"> ◆ Region 3 BHO Integration Report: Identified eight large PCMP sites that offer integrated or embedded behavioral health services through community mental health center (CMHC) partners. The report stated that Colorado Access provides contracted administrative services to Behavioral Healthcare, Inc. (BHI), the behavioral health organization (BHO) in Region 3, and that BHI and RCCO exchange common member information, enabling behavioral health providers to coordinate with medical providers. The report stated that Colorado Access also engages CMHCs to assist unattributed members to select a PCMP. The report described Colorado Access initiatives to increase smaller PCMPs’ knowledge of available behavioral health services, and to streamline mechanisms for behavioral health referrals and timely bi-directional exchange of clinical information. ◆ Memorandum of Understanding (MOU) between Colorado Access and AuMHC: Agreement for exchange of protected health information (PHI) in a secure manner and in compliance with their mutual Business Associates Agreement with the State. ◆ Care Management Delegation Agreement: Described integrated care characteristics as defined in the requirement and that are not duplicative of other services provided. ◆ Pre-delegation Questionnaire and Pre-delegation Audit tool: Assessed whether the PCMP program “ensures physical, behavioral, long-term, social, and other services are continuous, non-duplicative, and comprehensive, and they communicate with each other.” 	

Additional Discussion:

Staff stated that approximately 60 percent of PCMP practices across all three regions have some form of integrated behavioral health, including all practices that are delegated for care management. The models of integrated behavioral health services vary from fully integrated (therapist is part of the health care team for brief therapy sessions in conjunction with physical health appointments—generally depressive disorders) to collocated (behavioral health therapist on-site, but operating independent scheduling and record-keeping). Colorado Access continues to assist PCMPs to integrate behavioral health into their practices. In addition, several CMHCs have physical health practitioners embedded on-site at the mental health facility. In Region 3, AuMHC and MCPN recently opened an integrated care clinic in Aurora that specializes in serving refugee populations. Staff stated that SMI patients consider the mental health facility as their medical home. The Behavioral Health Care Council submitted a position paper to the Department to advocate that CMHCs with embedded physical health practitioners be designated as PCMPs. Staff stated that hospice/palliative care providers and other special services providers have also expressed interest in being designated as the member’s medical home. At the time of the site review, the Department was still considering these concepts.



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Requirement	Desk Review/Discussion Items	Score
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Staff stated that Colorado Access is working with county Department of Human Services (DHS) and social service agencies targeted at integrating care coordination for foster care children. RCCO staff have provided technical assistance to the Adams County DHS leadership and Mountainland Pediatrics to support their discussions regarding the possibility of Mountainland serving as a high-volume pediatric practice for foster care children in DHS custody. Similar discussions are being considered in Arapahoe and Douglas Counties. Foster care children are now assigned to PCPs throughout the region. Colorado Access designated specific care management staff to focus on partnering with the DHS foster care program personnel and resolve systems issues. In addition, the RCCO is working with Arapahoe County DHS to insert information regarding the RCCO medical home into the benefits orientation conducted by intake personnel, in order to improve PCMP assignment. Region 3 is considering expanding this process to the Douglas County DHS.

Staff stated that Colorado Access has signed MOU data sharing agreements with community centered boards (CCBs) in all three of its regions (Region 2, Region 3, and Region 5). Colorado Access identified approximately 1,000 members who are common to the CCBs and RCCOs and has begun discussions related to coordinating care management functions between the organizations. Colorado Access had unsuccessfully pursued an MOU with the single entry point (SEP) for Region 3; however, Colorado Access expected that the Department would be awarding the SEP contract for this region to Colorado Access effective July 2013. Data sharing MOUs have been signed with four of five CMHCs and two of three BHOs across all three of Colorado Access' regions. Colorado Access views data sharing to support care coordination as evolving into delegated care management agreements with the BHOs and CMHCs.

Staff stated that hospital executives are confused about the relationship with the RCCO because there is no specific financial agreement related to RCCO members (i.e., payment remains Medicaid fee-for-service). However, care managers at the hospitals recognize the need for attention to transition of care (TOC) and emergency room (ER) diversion of Medicaid clients. At the time of the review, Centura Health System was considering participation in a pilot program with the RCCO to incent members to connect to a PCMP rather than using the ER for non-emergent care.

Staff stated that Colorado Access identified that employees in social service agencies were unaware of the RCCO program and began developing an educational Webinar for these employees, to be completed by July 2013.



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Requirement	Desk Review/Discussion Items	Score
<p>2. Comprehensive care coordination characteristics include:</p> <ul style="list-style-type: none"> ◆ Assessing the member’s health and health behavior risks and medical and non-medical needs ◆ Determining if a care plan exists and creating a care plan if one does not exist and is needed. ◆ The ability to link members both to medical services and to non-medical, community-based services, such as child care, food assistance, services supporting elders, housing, utilities assistance, and other non-medical supports. This ability to link may range from being able to provide members with the necessary contact information for the service to arranging the services and acting as a liaison between medical providers, non-medical providers, and the member. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1 Regions 2, 3, 5: Exhibit A—6.4.5.1</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ How members are assessed to identify needs ◆ Policies and procedures regarding stratification/tier levels for care coordination ◆ Care Coordination Plan ◆ Tracking referrals to non-medical services <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ Examples. ◆ Information collected on-site from Care Coordination File Reviews. ◆ The process for identifying members appropriate for care coordination services. <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> ◆ How PCMPs identify members appropriate for complex care management. ◆ Whether the RCCO staff or PCMPs perform the assessment. ◆ Explore the role of non-medical services in providing care coordination to the RCCO’s population. 	<ul style="list-style-type: none"> <input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

Findings:

- ◆ RCCO Formal System of Care Coordination Program Description (4/2012): Described the components of member-focused medical management, which included establishing a primary medical home, ensuring appropriate and timely referrals, establishing care plans to improve access to services (medical, social, community) for members with complex needs, facilitating communication across all providers, monitoring, and follow-up. The program description stated that Colorado Access care managers collaborate with care managers from other programs to ensure there is no duplication. The program description stated that all members will receive a health risk assessment (HRA) upon enrollment and annually thereafter. The HRA is shared with the PCMP. The program description described that the role of the care manager is to determine if additional assessments are needed, document an individualized care plan, coordinate services based on assessed needs, and link members with community resources.



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Requirement	Desk Review/Discussion Items	Score
<ul style="list-style-type: none"> ◆ Adult Health Risk Assessment and the Child Health Risk Assessment: A brief screening tool sent to members to ask questions regarding the health status of the member related to medical and mental health needs and pregnancy. The adult assessment also screens for activities of daily living (ADL) needs and depression. The child assessment screens for immunization status, transportation needs, disabilities, and health habits. Both assessments are member self-administered or may be completed through an outreach call to the member. ◆ Coordination of Care policy (CCS305—applicable to all lines of business): The policy explained that Colorado Access has processes specific to each line of business to identify and screen members for health care needs. Members with complex health care needs may be referred to Care Coordination. The policy described examples of services that may be included in the care plan (e.g., provider referrals, community resource referrals, home and community based services [HCBS], transportation). ◆ The Care Management Desktop Procedure (applicable to all Colorado Access lines of business): Outlined the specific processes for completing care management functions. The procedure did not specify care coordination services in the level of detail outlined in the requirement. ◆ Care Management Delegation Agreement template: A comprehensive description of the responsibilities delegated to PCMPs for care management and/or transitions of care. The agreement outlined responsibilities for completing health risk screenings on all new enrollees, completing an individual health needs assessment, and completing a care plan, as needed, that addresses the coordination of medical, psychosocial, and community support services. The agreement defined these functions as outlined in the requirement. The agreement also defined monthly reporting requirements to measure ongoing care management activities and stated that Colorado Access may audit the delegate every six months to assess how requirements are being performed. PCMPs are reimbursed a per-member-per-month (PMPM) fee for performance of care management. The agreement described support services that may be provided to the PCMP to support delegated care management activities (e.g., Altruista software system, interactive voice response (IVR) messaging, care management consultation, Statewide Data Analytics Contract [SDAC] data). ◆ Pre-delegation Questionnaire and Pre-delegation Audit tool: PCMP self-assessment tools for the presence of components essential to providing care management including care management software system, integration of care, identification of barriers to care, special population needs, cultural values, assignment of a care manager to every member, care planning, involvement of family supports, and HRAs. 		

Additional Discussion:

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



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Requirement	Desk Review/Discussion Items	Score
<p>Staff stated that Colorado Access care managers did not have a good mechanism to identify whether other care managers were involved in the member’s care. The process of identifying involvement of other care managers may begin with the member assessment of needs or may be triggered through informal discussion with the member. The Colorado Access HRA tool does not specifically address this question, and staff stated that members are often not a reliable source for this information. In addition, some care managers in other agencies are very protective of their patients and do not always want to share information. Staff stated that some providers are also concerned about patient stealing between specialists and PCMPs. Therefore, Colorado Access has been positioning to coordinate care across the continuum of physical health, behavioral health, long-term care, and community services by signing data-sharing agreements with all related entities to alleviate HIPAA concerns, sharing lists of RCCO clients to facilitate identification of shared members, designating a contact point person in all agencies, and organizing a collaboration among care managers from various systems to better understand the various roles and levels of expertise offered by diverse care managers and minimize political/competitive concerns. Colorado Access will also enter the shared client list into Altruista to enable coordination of care managers at the member level. Staff stated that the immediate goal is to “coordinate the coordinators” to work together effectively, with the eventual possibility of designing a shared care plan. Colorado Access is bringing parties together in a deliberate way to slowly redesign the care coordination system collectively. Staff stated that organization of care management on a system-wide basis is a long-term, evolving process. Staff stated that CCB representatives will be joining the Colorado Access meeting of delegated PCMPs to discuss cooperative care management operations. In addition, CCBs are sharing their database of care managers in social service entities to assist Colorado Access in identifying and sharing information with other care managers.</p> <p>Staff stated that social and non-medical needs (particularly food, housing, and transportation) are prevalent, and often dominant, in high intensity care coordination cases. Overall, Region 3 has a high level of needs and corresponding low level of social services, particularly housing. One suburb donated vouchers for hotel beds for the homeless due to lack of shelters. Some community collaborative efforts have been initiated to address the needs for social services.</p>		
<p>3. Comprehensive care coordination characteristics include:</p> <ul style="list-style-type: none"> ◆ Providing assistance during care transitions from hospitals or other care institutions to home- or community-based settings or during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care to care in a nursing facility. This assistance shall promote continuity of care and prevent unnecessary re-hospitalizations and document and communicate necessary information about the member to the providers, institutions, and individuals involved in the transition. 	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ Transition of Care policies and procedures or Plans ◆ Examples of “transition of care” cases <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ How are “transition of care” members identified? ◆ How is the transition plan (or processes) communicated to providers and all individuals/entities involved in the transition of members between levels of care? <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> ◆ What is the status of access to real-time data for care 	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Substantially Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> Not Applicable</p>



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Standard I—Care Coordination/Care Management

Requirement	Desk Review/Discussion Items	Score
	coordination follow-up? (hospitalizations, ED visits) ♦ Do you track/evaluate the impact of transition management on readmissions?	

Findings:

- ♦ RCCO Formal System of Care Coordination: Described the Colorado Access Transition Access Program (TAP) designed to assist members with complex needs to transition from one level of care to another. The program description delineated the TOC process as defined in the requirement, and stated that the process may be delegated to providers as a component of care management. TAP provides patients with the tools and support that promote self-management of their condition. Components of the program included medication management, follow-up visits with providers, and member understanding of “red flags” of their condition. The program description stated the role of the TAP care manager is to assist the member with setting appointments, scheduling transportation, and communicating with providers.
- ♦ Continuity and Transitions of Care policy: Described methods to ensure continuity of care for members transitioning into or out of the plan or from one network provider to another. It did not address TOC from one care setting to another.
- ♦ Care Management Delegation Agreement: The agreement stated that the delegate must have a process for assisting with transitions as defined in the requirement. The agreement required a delegate to implement a TAP program and described components of the program including coordinating access to community services, home visits for non-hospital transitions, management of medical conditions to prevent relapse, and assistance with referrals for members with behavioral or developmental disabilities.
- ♦ The Pre-delegation Questionnaire and Pre-delegation Audit tool: Included assessment of the specific components the TAP program outlined in the delegation agreement.

Additional Discussion:

Staff stated that Colorado Access continues to work with hospitals to obtain real-time information concerning member discharge from the hospital in order to perform TOC management. Staff reported that it is difficult for hospitals to differentiate RCCO members from other Medicaid populations. Children’s Hospital and Centura Health hospitals have the ability to identify RCCO members and have agreed to notify Colorado Access. Staff stated that Colorado Access anticipated being linked to the Colorado Regional Health Information Organization (CORHIO) health information exchange within six months, which will greatly improve access to real-time information. Some hospital social workers have indicated willingness to participate in a pilot project to provide manual information to the RCCO to facilitate the TOC process. MCPN and University Physicians Inc. (UPI) collaborated on the Bridges to Care program, in which care managers engage the member prior to discharge from the ER. Some PCMPs are electronically connected to hospitals through electronic health record (EHR) or Web portals. Staff stated that all delegated PCMPs are performing TOC management, and that TOC management is much easier for delegated PCMPs to perform than intensive care management. Pre-delegation audits included an assessment of the PCMP’s TOC process. Staff acknowledged that communication of member information concerning the TOC plan may not be consistently shared with the PCMP. Colorado Access is evaluating the best mechanisms and metrics (e.g., readmissions) for tracking the outcomes of the TOC program.



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

Findings:

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

Additional Discussion:

Staff stated that all Colorado Access staff received formal cultural competency training and training modules are offered online to all providers. Many larger PCMPs, such as the federally qualified health centers (FQHCs), Children’s Hospital providers, and Kaiser, conduct their own cultural competency training. Staff stated that they are confident in the general level of cultural competency in the provider network, particularly in the larger PCMPs who are highly experienced



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with serving the Medicaid population, as well as with providers who target specific niche populations (e.g., refugees, Spanish-speaking populations). The RCCO established a pilot program with the homeless shelters to identify RCCO members and assist in attributing them to a PCMP. This program is especially pertinent to AwDC members.

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

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

- ◆ The Care Management Desktop Procedure and the RCCO Formal System of Care Coordination: Stated that care managers consider the following when developing a care plan:
 - Age-specific needs and abilities (newborn through gerontological)



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<ul style="list-style-type: none"> • Literacy level • Hearing and/or visual impairment and needs • Cultural, psychosocial and socioeconomic needs • Developmental disability • Primary language, linguistic preferences and ability to communicate effectively • Motivation to commit to changes • Complex medical and/or behavioral health diagnoses, clinical history and medications • Evaluation of caregiver resources ◆ The Care Management Delegation Agreement: The agreement stated that the delegate must provide care management that is responsive to the needs of special populations, including those outlined in the requirement. ◆ The Pre-delegation Questionnaire and Pre-delegation Audit tool: Assessed the PCMPs ability to link members from particular populations (physically/developmentally disabled, children/foster children, adults/aged, members with complex physical and/or behavioral health needs) to medical and non-medical services, including community-based services. ◆ Colorado Cross-Disability Coalition (CCDC) Webinar: Educated providers on how to improve communication with persons with disabilities. 		
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Additional Discussion:

Colorado Access assigned a full-time care manager to facilitate partnering with the DHS foster care program personnel and resolve complex systems and communication issues. The RCCO has been identifying PCMPs that provide on-site integrated behavioral health and have significant experience with the foster care children population to serve as magnet practices for foster care children. Colorado Access was analyzing data to determine additional practices that are effective with foster care children.

In January 2013, Medicaid members who were previously care managed through the Colorado Alliance for Health and Independence (CAHI) were transitioned into the Colorado Access care management programs. This population (approximately 200 members with disabilities and complex needs) was primarily transitioned into delegated PCMP practices. Colorado Access assigned all members to intensive care management during the transition process until their needs could be properly evaluated.

Colorado Access had been working with Family Voices of Colorado (representing children and youth with developmental disabilities) to produce educational Webinars for providers/health care professionals, as well as for families/patients regarding how the social services system interfaces with members “transitioning into adulthood.” Colorado Access was also working with community refugee organizations and homeless shelters to identify members who are unattributed and assist them in selecting a PCMP medical home.



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<p>Colorado Access was evaluating the potential of implementing a special program for healthy children to ensure that preventive and wellness services (e.g. immunizations) are delivered to the majority of the RCCO population, who are healthy children. Furthermore, Colorado Access was monitoring key performance indicators (KPI) within special population groups, such as children 0 to 4 and females 20–40 years of age with high ER utilization, to identify contributing factors and determine problem-solving approaches for these groups. Region 3 also began discussions with CMHCs to develop a collaborative pilot program to impact the physical health of high ER utilizers in their mental health population.</p>		
<p>6. The Contractor ensures (and may allow its PCMPs or other subcontractors to provide) care coordination for its members, necessary for the members to achieve their desired health outcomes in an efficient and responsible manner.</p> <p><i>Exhibit A—6.4.1</i></p> <p>The Contractor assesses current care coordination services provided to each of its members to determine if the providers involved in each member’s care are providing necessary care coordination services and which care coordination services are insufficient or are not provided.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 Regions 2, 3, 5: Exhibit A—6.4.4.1</i></p> <p><i>42CFR438.6(l)</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ Tools used for assessing care coordination capabilities of PCMP practices ◆ Communications to PCMPs regarding care coordination requirements ◆ PCMP care coordination oversight tools ◆ Policies and procedures regarding assessment of PCMP or delegation oversight <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ Description of who provides care coordination and how care coordination is shared between the PCMPs and the Contractor. ◆ Does the oversight of care coordination include the elements of comprehensive care coordination as outlined in requirements #2 and #3? ◆ How is oversight performed (e.g., is the PCMP care plan documented in a system accessible to the RCCO? Is an on-site audit being performed?) ◆ How does the RCCO know if the delegated care coordination services are sufficient and consistently provided? 	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable</p>



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Requirement	Desk Review/Discussion Items	Score
	<p>Additional Discussion May include:</p> <ul style="list-style-type: none"> ◆ What is the status of assessing PCMP capabilities for performing care coordination functions? <ul style="list-style-type: none"> • How many have been completed? • What are the results? i.e., network capability? ◆ How are you balancing the efforts to minimize requirements of PCMPs with the need to oversee whether assessments, care plans, and coordination of care are being performed? ◆ As the RCCO prepares to expand the provider/PCMP network to incorporate smaller or less sophisticated practices, is the degree of care coordination support required from the RCCO anticipated to increase? Describe a comparison of activities between the first year of operations and current activities. 	

Findings:

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



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<p>training, and ability to deliver reports. The tool stated that follow-up review and confirmation of the reported processes would be performed by the RCCO.</p> <ul style="list-style-type: none"> ◆ CCHAP Amendment: Subcontractor agreement with Colorado Children's Healthcare Access Program (CCHAP) to provide training to pediatric practices to prepare them for delegation of care management by the RCCO. 		
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Additional Discussion:

Staff stated that approximately 50 percent of members were assigned to PCMPs that are delegated to perform care management services. The remaining 50 percent were being supported through Colorado Access case managers, who are assigned to support specific PCMP practices. All delegated PCMPs were fully delegated for case management services, including routine and intensive case management, TOC, and assessments. Staff reported initial resistance of PCMPs to interfacing with external case managers. PCMPs rarely reached out to Colorado Access care managers. Colorado Access developed a work group for PCMPs with significant high-intensity members, and was meeting one-on-one with providers to engage PCMPs in care management. Staff stated that the performance incentive dollars and the model of assigning Colorado Access care managers to specific PCMPs are positively impacting care manager relationships with PCMPs.

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

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

Colorado Access established a contract with CCHAP to train and prepare pediatric practices to assume delegated care management. CCHAP was also consulting with practices with high emergency department (ED) utilization profiles, to assist them in managing ED utilization by members.



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Recommended Actions:

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

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

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

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

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

Results for Standard I—Care Coordination/Care Management					
Total	Met	=	<u>3</u>	X	1.00 = <u>3</u>
	Substantially Met	=	<u>3</u>	X	.75 = <u>2.25</u>
	Partially Met	=	<u>0</u>	X	.50 = <u>0</u>
	Not Met	=	<u>0</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>0</u>	X	NA = <u>0</u>
Total Applicable		=	<u>6</u>	Total Score	= <u>5.25</u>
Total Score ÷ Total Applicable					= <u>88%</u>



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

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

Findings:

- ◆ Network Adequacy Report (FY 2013, 2nd quarter): The report combined network adequacy for Region 2, Region 3, and Region 5 Medicaid members. Reports reasonable distribution of primary care specialties (family practitioner [FP], internal medicine [IM], pediatrics, nurse practitioner [NP], physician assistant [PA]) concentrated in highest population counties—Adams, Arapahoe/Douglas, Denver, Weld. Analysis stated that the network strategy is to continue to pursue contracts with providers in these areas, contract with high-volume Medicare/Medicaid Eligible Beneficiary providers, and move existing providers from closed practice to open panel for Medicaid.
- ◆ Region 3 Integration Care Report: Stated that the RCCO would propose (March 2013) that the Department consider designating Arapahoe Douglas Mental Health Network (ADMHN) as a PCMP in the ACC program due to their medical home and integrated care capabilities. If approved, the nurse practitioner at ADMHN would be an option for PCMP medical home selection by ACC enrolled members.
- ◆ Duals Non-Contracted Spreadsheet: Listed Medicare/Medicaid providers targeted for recruitment in all three Colorado Access regions (2, 3, and 5).
- ◆ Department of Health Care Policy and Financing Recruitment Brochure: Explained the various Colorado Medical Assistance Programs to providers, why practitioners should consider becoming a Medicaid provider, and how to apply for enrollment as a Medicaid provider.
- ◆ Sales Pitch Letter: A letter from Colorado Access to providers to invite their participation as a PCMP in the RCCO. Emphasized benefits of care management support, availability of SDAC claims data, and participation in Medicaid reform.



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

Requirement	Desk Review/Discussion Items	Score
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- ◆ CCS310—Access to Primary and Specialty Care: Stated that the PCP serves as medical home and is responsible for providing all routine care services, coordinating specialist referrals, and maintaining continuity of care for the member.

Additional Discussion:

Staff reported that the network adequacy analysis report included all three Colorado Access RCCO regions because members frequently seek PCMPs and specialists cross-regionally. Colorado Access experienced rapid growth in the PCMP network and membership within the past year. Colorado Access reported nearly 1,900 individual PCMPs within the three regions, including 1,500 with open practices for RCCO enrollees, compared to 748 PCMPs and 581 open practices in the previous year. RCCO membership also expanded exponentially in the past year, with 142,000 members between the three Colorado Access regions, of which 91,500 reside within Region 3. Staff reported that 75 percent of members were attributed to a medical home at the time of review, and that the number of unattributed had temporarily increased due to the addition of 10,000 members in May 2013, many of whom had not yet been attributed at the time of the site visit. The overall member population was 65 percent adult and 35 percent children. Seventy-five percent were affiliated with Aid to Families with Dependent Children (AFDC).

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

With the exception of the select targeted provider list, Colorado Access temporarily suspended recruitment of non-contracted PCMPs to allow resources to be applied to proper orientation of the large number of PCMPs added over the past year. Staff stated that effective orientation of PCMPs must be done face-to-face by RCCO contract managers. In all three regions, the targeted recruitment had been directed at a listing of dual-eligible providers (provided by the Department) and pediatric practices. Staff reported that approximately 55 percent of pediatric practices were already in the RCCO. Colorado Access engaged CCHAP to convert its member practices to the RCCO, which has been enhanced by elimination of the Medicaid reimbursement favorability previously offered through CCHAP. Staff stated that attempts to recruit the targeted dual-eligible providers have been difficult, as many of these providers desire to reduce Medicaid members in their practices and have previously declined to join the RCCO network. The overall strategy of Colorado Access is to increase the number of practices open to new Medicaid enrollees. Staff stated this is accomplished primarily through education regarding the evolving environment of health reform in Colorado (i.e., expansion of Medicaid populations). In addition, Colorado Access offers to assist practices to minimize the undesirable characteristics of the Medicaid population, such as “no-show” rates. Staff stated that as long as there is at least one selection of a PCMP practice in geographic proximity to members,



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

Requirement	Desk Review/Discussion Items	Score
<p>Colorado Access is continuing to be selective about the types of providers that are appropriate for the RCCO network, citing that some providers are not willing or able to perform as medical homes.</p> <p>Within Region 3, the focus of recruitment had been pediatric practices, many of which are multi-practitioner, multi-location practices that already operate as children’s medical homes. Staff reported that concerns regarding continued network development within Region 3 included the following:</p> <ul style="list-style-type: none"> ◆ UPI has several clinics that are closed to Medicaid members or are inconsistent in the RCCO members they will accept. Many members have expressed a desire to receive care through UPI. RCCO staff has been in frequent communication with UPI to open its practices to an increased number of RCCO members. ◆ Some smaller community clinics that would perform well within the RCCO have a mission to serve the population who are not eligible for Medicaid. These clinics, such as Clinica Colorado, view any stream of income as inconsistent with their mission, and either declined to join the RCCO or severely limit their panels of Medicaid members. ◆ Staff stated that one of the reasons that PCMPs decline to join the RCCO network is that providers do not want Medicaid members or want to self-select which Medicaid members they will accept into their practice. Because selection of PCMP is member-driven in the RCCO program, PCMPs cannot be selective about which members they will accept into their practice. ◆ Region 3 members and providers continue to be impacted by the passive enrollment process, legislatively mandated, which requires that Denver Medicaid enrollees be automatically assigned to the Denver Health network upon enrollment, including each time a member must re-enroll after temporary loss of eligibility. 		
<p>2. The Contractor reasonably ensures that members in the Contractor’s region have access to specialists and other Medicaid providers promptly, without compromising the member’s quality of care or health.</p> <p align="center"><i>Exhibit A—4.2.5 42CFR438.6(k)(3)</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ Tracking documents for referrals to specialists/other providers ◆ Applicable policies and procedures <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ How does the RCCO monitor access to specialists? ◆ What is the RCCO’s assessment of the availability of specialists for RCCO members? <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> ◆ What are the barriers or challenges you have encountered and what responses/approaches have been implemented? 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



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

Requirement	Desk Review/Discussion Items	Score
	<ul style="list-style-type: none"> ◆ Is there a mechanism to assess whether access to specialists or other providers (or lack thereof) compromises the member’s quality of care or health? 	

Findings:

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

Additional Discussion:

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

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

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



*Appendix A. Colorado Department of Health Care Policy and Financing
 FY 2012–2013 Data Collection Tool
 for Colorado Access (Region 3)*

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

Requirement	Desk Review/Discussion Items	Score
<p>Staff stated that the rotating eligibility of Medicaid members on a month-to-month basis also impacts access to care since members may become ineligible between the time a specialist appointment is scheduled and the date of the appointment or completion of a specialist’s plan of care. Staff stated that the recently enrolled AwDC population have particular difficulty getting access to specialists and frequently have complex medical needs. Colorado Access identified a general shortage of the following specialists within its three regions (Regions 2, 3, and 5): pain management, pediatric neurology, pediatric urology, hand surgery, dermatology, and bariatric surgery.</p> <p>Staff stated that UPI, Denver Health, and Kaiser have particularly good systems for access to specialists, but access is primarily limited to those members who are assigned to their PCMPs. Members and network PCMPs are aware that a visit to the ER is sometimes the best mechanism for members to obtain timely access to specialist care.</p>		
<p>3. The Contractor’s PCMP network provides for extended hours on evenings and weekends and alternatives for emergency room visits for after-hours urgent care.</p> <ul style="list-style-type: none"> ◆ At a minimum, the Contractor’s PCMP network provides for 24-hour-a-day availability of information, referral, and treatment of emergency conditions. ◆ The PCMP provides triage by a clinician 24 hours per day, seven days per week (to meet access to care standards). <p align="right"><i>Exhibit A—4.2.2, Exhibit B—2a 42CFR438.6(k)(1)</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ Lists of emergency, urgent care, and after-hours care facilities available to members ◆ Applicable policies and procedures ◆ Provider communications regarding 24/7 access to after-hours clinicians ◆ Results of assessment/monitoring of availability of 24/7 triage by clinician <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ Progress obtained/status in after-hours and urgent care availability since previous review? ◆ How is availability of urgent care/after-hours communicated to members? ◆ What proportion of RCCO members have access to after-hours care (i.e., if PCMPs have after-hours care only for their own patients)? ◆ How is after-hours care availability monitored? 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Data Collection Tool
for Colorado Access (Region 3)

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

Requirement	Desk Review/Discussion Items	Score
	Additional Discussion May Include: <ul style="list-style-type: none"> ◆ Discuss innovative approaches/continuing challenges in provision of urgent/after-hours care. 	

Findings:

- ◆ CCS310—Access to Primary and Specialty Care: Defined urgent care services and stated that prior authorization is not required for urgent care services received in or out of network.
- ◆ Urgent Care Facilities list: Lists urgent/after-hours facilities along Front Range that accept Medicaid.
- ◆ Urgent Care provider letter from the Department: Clarified that ACC members receive the same benefits as Medicaid fee-for-service members and do not require a referral for payment for services.
- ◆ Network Adequacy Report (FY 2nd quarter 2013): Listed 15 provider locations in Region 3 that have evening or weekend hours.
- ◆ ACC Provider Manual: Stated that PCMPs should be able to provide access to care such as after-hours triage services and appointment availability (specified).
- ◆ RCCO Summary—Access to Care: Summarized the multi-year trends in overall compliance rates with access to care requirements conducted through secret shopper calls for high- and low-volume PCMPs.
- ◆ Sample secret shopper reports: Documented monitoring results of routine and symptomatic appointment availability. Access for non-urgent symptomatic appointments performed below standard. The reports noted that many clinics with larger RCCO membership had waiting times of many months or were not taking new patients.

Additional Discussion:

Staff stated that the urgent care facility list was provided to some PCMPs and was being used to guide individual outreach efforts with each urgent care facility to ensure their understanding of the RCCO program. The member packet included information to encourage members to use urgent care instead of the ER, and to call Customer Services or the Nurse Advice Line to find locations. Colorado Access had not distributed a list of urgent care facilities to members via mailings, newsletters, or the member handbook, but stated during the on-site interview that locations of urgent care facilities were being provided to members upon request through customer services. Colorado Access stated that members are encouraged to see the PCMP first. In addition, Colorado Access stated that they feel that PCMPs are reluctant to refer a member to an urgent care facility because of concerns that many urgent care facilities are also PCMPs, and the member may then change PCMPs following the urgent care visit. Other concerns expressed by PCMPs, as reported by Colorado Access staff members, are liability and quality concerns regarding directing the patient to receive care from an unfamiliar provider. Staff noted that the RCCO is also aware of concerns regarding the coding of some urgent care visits as ER visits, which would negatively impact the RCCO’s performance outcome measures. Colorado Access was beginning to evaluate data concerning where PCMPs direct members for after-hours care and the reasons that members seek after-hours care, in order to develop an effective initiative related to the provision of after-hours/urgent care.



*Appendix A. Colorado Department of Health Care Policy and Financing
 FY 2012–2013 Data Collection Tool
 for Colorado Access (Region 3)*

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

Requirement	Desk Review/Discussion Items	Score
<p>MCPN opened a new after-hours clinic within Region 3 that is available to all Medicaid members on evenings and Saturdays. Staff was also working with PCMPs to include open access times in their scheduling system to accommodate urgent care visits during daytime hours. Most FQHCs and CCHAP practices in the network were providing open-access times. Colorado Access management was also working on a long-term relationship with a new urgent care provider in the region that has multiple sites and is available to all members.</p> <p>Staff stated that the RCCO was introducing PCMPs in Region 3 to the Metro Crisis Services 24/7 urgent care hotline for after-hours behavioral health needs, which gives PCMPs one number to call to obtain a referral to the appropriate BHO or triage the member to the ER. This service was well received by PCMPs in Region 5 and was being expanded to Region 3.</p> <p>Colorado Access surveyed PCMPs related to after-hours triage messaging, as well as appointment access standards, as part of secret shopper surveys applicable to all lines of business. The most stringent access standards from any line of business were used as the standard. Staff stated that results of surveys were reviewed with PCMPs to explore why standards were not met and whether the RCCO can offer any assistance to improve performance.</p>		
<p>4. Transition to Medical Home:</p> <p>The contractor has a Practice Support Plan, describing its annual activities. These practice support activities shall be directed at a majority of the PCMPs in the Contractor’s region and may range from disseminating a practice support resource to its PCMP network to conducting formal training classes for PCMPs relating to practice support. These activities shall include at least one activity relating to each of the following topics:</p> <ul style="list-style-type: none"> ◆ Operational practice support ◆ Clinical tools ◆ Client or member materials <p align="right"><i>Exhibit A—5.2.1</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ Practice Support Plan ◆ Practice Assessments for Medical Home Capabilities ◆ Applicable policies and procedures <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ What is the overall network capacity for medical home functions? What are practice assessments results? ◆ How are practice assessments translated into a Support Plan? (Individual/system-wide)? ◆ What has been provided to practices regarding the Medical Home model? <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> ◆ Innovative approaches/significant achievements? ◆ What are foreseeable objectives/achievements in PCMP medical home performance? 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Data Collection Tool
for Colorado Access (Region 3)

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

Requirement	Desk Review/Discussion Items	Score
	<ul style="list-style-type: none"> ◆ How have practice transformation efforts and activities impacted the organization’s resources? 	

Findings:

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

Examples of Provider Support Services:

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



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Data Collection Tool
for Colorado Access (Region 3)

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

Requirement	Desk Review/Discussion Items	Score
<ul style="list-style-type: none"> ◆ Colorado Access Provider Web site: <ul style="list-style-type: none"> ● Tools (not specific to RCCO): Administrative tools (e.g., claims status, eligibility); information on authorizations and referrals; and clinical practice guidelines for behavioral health, physical health, and preventive care. ● RCCO-specific: Numerous links to State Medicaid information, SDAC clinic data (login), Medical Home training module, provider manual, and “weCare” community resource listing. ◆ Provider News Flash: Electronic provider bulletin e-mailed monthly to participating PCMPs. Also have monthly News Flash to specialists and community organizations. ◆ Samples of member communications included HRAs, onboarding calls for PCMP selection and HRA completion, incentives to see PCMP for wellness exam, flyer to call Nurse Advice Line for urgent care needs, IVR messages on various subjects, and flyer on “tips for staying healthy.” ◆ Care Management Delegation Agreement: Outlined support services that may be provided to the PCMP to support delegated care management activities, such as Altruista case management software, IVR messaging, care management consultation and training, and provision of SDAC data. ◆ Pre-delegation Questionnaire and Pre-delegation Audit tool: PCMP self-assessment tools for the specific components of care management and TOCs, as outlined in the Care Management Delegation Agreement. The audit tool also assessed the PCMP risk stratification methods, care management staff training, and ability to deliver reports. The tool described that follow-up review and confirmation of the reported processes would be performed by the RCCO. ◆ CCHAP Amendment: Agreement with CCHAP to provide coaching and training to pediatric practices to prepare them for delegation of care management. 		

Additional Discussion:

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

Staff described the practice tiering system used to define PCMP potential for medical home functions: Tier 1—already performing as medical home; Tier 2—are willing and able to transition to medical home; Tier 3—will never be capable of performing as medical home. Staff stated that higher-volume practices are better positioned to perform as medical homes and are either already performing at that level or are willing to transition. Overall, staff estimated that the majority of members are or will be able to be served through medical homes.



*Appendix A. Colorado Department of Health Care Policy and Financing
 FY 2012–2013 Data Collection Tool
 for Colorado Access (Region 3)*

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

Requirement	Desk Review/Discussion Items	Score
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Staff reported that the status of medical home performance in Region 3 is as follows:

- ◆ All large practices in the region are already performing as medical homes.
- ◆ There are no practices currently engaged in practice transformation.
- ◆ The region has two or three clinics that may never transition to functioning medical homes.

Recommended Actions:

HSAG had no recommended actions related to this standard.

Results for Standard II—Follow-Up: Access to Care/Medical Home					
Total	Met	=	<u>4</u>	X	1.00 = <u>4</u>
	Substantially Met	=	<u>0</u>	X	.75 = <u>0</u>
	Partially Met	=	<u>0</u>	X	.50 = <u>0</u>
	Not Met	=	<u>0</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>0</u>	X	NA = <u>0</u>
Total Applicable		=	<u>4</u>	Total Score	= <u>4</u>

Total Score ÷ Total Applicable		=	<u>100%</u>
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Appendix B. **Record Review Tools**
for Colorado Access (Region 3)

The record review tools for Region 3 follow this cover page.



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Sample Number: 17***** (1)

Reviewer: Kathy Bartilotta

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: This member was identified through data. She has a high-risk pregnancy as well as multiple medical and mental health problems.		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"><i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The Colorado Access care coordinator was located on-site in the mental health clinic. The contact notes in the file demonstrated that the member was aware that this person was assigned as her care coordinator.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>There was no formal assessment included in the file. The assessment of member needs was documented throughout the care coordinator’s progress notes, as reported through frequent member contacts. There was no evidence of involvement of a care coordinator from other organizations.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The health risk assessment (HRA) screening was performed. The HRA did not assess health behavior risks. Much more detailed assessment of needs was documented in the progress notes.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The record documented episodic care plan goals and interventions in response to the member-defined needs expressed through frequent member contacts.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The member had multiple needs in all areas and was frequently requesting the care coordinator to respond to changing priorities. The care coordinator linked and provided resources for some (but not all) needed services. At the time of the review, this very active case appeared to be driven by the member’s immediate priorities.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values?</p> <p align="right"><i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i> <i>Regions 4: Exhibit A—6.4.3.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: There was no evidence of a cultural assessment or related interventions.</p>		
<p>4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.3.3.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member also had many individual barriers to health, including “no shows” for appointments, multiple changes in mental health therapist, and family issues (six children). The record included documentation that the care coordinator worked with the member to address transportation issues.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>1. Were the member and the member’s family, if applicable, active participants in the member’s care, to the extent the member/family were willing and able?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The member was a very active participant in care management, as evidenced by multiple inbound calls to the care coordinator. The member’s compliance with the care coordination plan was erratic.</p>		
<p>2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs?</p> <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3: Exhibit A—6.4.5.2.3</i> <i>Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>Transition of care follow-up after the birth of twins identified multiple needs for family support services (e.g., clothing, glasses, school immunizations, housing), which were not actively coordinated by the care coordinator. The member had multiple therapists and medical providers for multiple ongoing physical and mental health needs. The care coordinator responded to the member’s calls and complaints on a continuous basis to get the member’s needs met, but all needs were not addressed with planned interventions, and the care coordinator did not initiate the development of a cohesive plan of care with the multi-provider team.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

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

Results for Care Management Record Review					
Total	Met	=	<u>6</u>	X	1.00 = <u>6</u>
	Substantially Met	=	<u>2</u>	X	.75 = <u>1.5</u>
	Partially Met	=	<u>2</u>	X	.50 = <u>1</u>
	Not Met	=	<u>1</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>0</u>	X	NA = <u>0</u>
Total Applicable		=	<u>11</u>	Total Score	= <u>8.5</u>
Total Score ÷ Total Applicable					= <u>77%</u>



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Sample Number: L9***** (2)

Reviewer: Kathy Bartilotta

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



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The record did not contain any health assessments. The care coordination documented in notes that she was seeking a plan of care from the mental health center and was working through the mental health center’s care manager.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The record did not include a health risk assessment, screening, or comprehensive assessment of member needs. There was documentation of the member’s current health status in the clinical record, health behaviors applicable to the current encounter, and transportation needs regarding current appointments. The member assessment was problem-specific, related to the member’s physical and mental health encounters.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care plan included in the record addressed anxiety management only. There was no formal care plan with linked interventions.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Notes in the record stated that the care coordinator would arrange transportation for the member, but there was no note of completion. The care coordinator was referred to classes at the mental health center. Also, the care manager met with the PCP and the member regarding anxiety.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values? <p align="center"><i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i> <i>Regions 4: Exhibit A—6.4.3.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The file noted the member’s primary language and ethnicity, but it did not assess for more complete cultural beliefs and values.		
4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member? <p align="center"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.3.3.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member identified transportation as a barrier to care. The care coordinator noted making arrangements for transportation more than once.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

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



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
3. Did the Contractor follow up with the member to assess whether the member has received the services needed and if the member is on track to reach his or her desired health outcomes? <div align="right"> <i>Regions 1, 4, 5, 6, 7: Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Region 3: Exhibit A—6.4.5.1.7</i> </div>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care coordinator conducted regular follow-up over a four-month intervention period, then did not follow up with the member for five months. The member saw her PCP at the end of the five-month period and reported that things were “going well.”		

Results for Care Management Record Review					
Total	Met	=	<u>4</u>	X	1.00 = <u>4</u>
	Substantially Met	=	<u>2</u>	X	.75 = <u>1.5</u>
	Partially Met	=	<u>4</u>	X	.50 = <u>2.0</u>
	Not Met	=	<u>0</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>1</u>	X	NA = <u>0</u>
Total Applicable		=	<u>10</u>	Total Score	= <u>7.5</u>
Total Score ÷ Total Applicable				=	<u>75%</u>



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Sample Number: G6**** (O2)

Reviewer: Kathy Bartilotta

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member was transferred from CAHI and enrolled in the intensive care management program during the transition.		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"> <i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i> </div>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care coordinator made one personal contact with the member’s son—the member does not speak English.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: No assessment was included in the file. The care coordinator mailed a health risk assessment to the member, but the member transferred to a delegated PCMP. The record did not indicate any follow-up care by the delegated care coordinator.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: No assessment was included in the file.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>There was no care plan in the file. Also, there was no follow-up by the Colorado Access care coordinator with the delegated PCMP care manager.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The member was referred to a delegated PCMP. Colorado Access was not able to determine during the review to which PCMP the member was assigned.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

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



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>1. Were the member and the member’s family, if applicable, active participants in the member’s care, to the extent the member/family were willing and able?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: The member’s son (who speaks English) had one discussion with the care coordinator concerning the member’s choice of PCMPs.</p>		
<p>2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs?</p> <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3: Exhibit A—6.4.5.2.3</i> <i>Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care coordinator did not attempt to engage interpretative services to conduct a needs assessment.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
3. Did the Contractor follow up with the member to assess whether the member has received the services needed and if the member is on track to reach his or her desired health outcomes? <div align="right"> <i>Regions 1, 4, 5, 6, 7: Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Region 3: Exhibit A—6.4.5.1.7</i> </div>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care coordinator did not note follow-up with the member or PCMP to determine successful transition to a new PCMP, share information, or track completion of an assessment and/or care plan.		

Results for Care Management Record Review					
Total	Met	=	<u>1</u>	X	1.00 = <u>1</u>
	Substantially Met	=	<u>0</u>	X	.75 = <u>0</u>
	Partially Met	=	<u>1</u>	X	.50 = <u>0.5</u>
	Not Met	=	<u>5</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>4</u>	X	NA = <u>0</u>
Total Applicable		=	<u>7</u>	Total Score	= <u>1.5</u>

Total Score ÷ Total Applicable		=	<u>21%</u>
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Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Sample Number: O1***** (4)

Reviewer: Kathy Bartilotta

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member was identified through data after two hospitalizations as having mental health and substance abuse issues and as being suicidal and homeless.		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"><i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: Notes indicated that the member was aware of the care coordinator.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The assessment identified the member as being involved with multiple programs. The record did not document whether care coordination was provided elsewhere, but the care coordinator contacted the care manager at Aurora Mental Health.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The transition of care assessment evaluated health status, medical and non-medical needs, and substance abuse.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The care coordinator’s notes documented interventions based on the assessment of immediate needs. The Colorado Access care coordinator was working with the member care manager at Aurora Mental Health regarding the member’s immediate needs.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The care coordinator was assisting the member with a Social Security Disability Insurance application. The member was also receiving H-code homeless benefits, was enrolled in a mental health and substance abuse program, and was staying at a mental health facility for shelter.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values?</p> <p align="center"><i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i> <i>Regions 4: Exhibit A—6.4.3.1.2</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>There was no formal assessment of the member’s cultural beliefs and values documented in the record. However, notes in the record indicated the care coordinator did not believe the member wanted a home. The member was receiving homeless benefits and seemed content living on the street. The care coordinator was respectful of the member’s situation.</p>		
<p>4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member?</p> <p align="center"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.3.3.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The care coordinator assisted the member with applications for continued homelessness benefits and Social Security Disability Insurance.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>1. Were the member and the member’s family, if applicable, active participants in the member’s care, to the extent the member/family were willing and able?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member was following recommendations, making appointments, and enrolling in programs.</p>		
<p>2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs?</p> <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3: Exhibit A—6.4.5.2.3</i> <i>Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Notes indicated that the care coordinator was responsive to all of the member’s needs and was coordinating with the care manager at the community mental health center to ensure all the member’s needs were being addressed.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

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

Results for Care Management Record Review					
Total	Met	=	<u>9</u>	X	1.00 = <u>9</u>
	Substantially Met	=	<u>2</u>	X	.75 = <u>1.5</u>
	Partially Met	=	<u>0</u>	X	.50 = <u>0</u>
	Not Met	=	<u>0</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>0</u>	X	NA = <u>0</u>
Total Applicable		=	<u>11</u>	Total Score	= <u>10.5</u>

Total Score ÷ Total Applicable		=	<u>95%</u>
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Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Sample Number: LG***** (5)

Reviewer: Kathy Bartilotta

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



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member had two health risk assessments (HRAs) in the file. Also, notes indicated the member was working with a care manager at the community mental health center (CMHC).</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The HRA screenings addressed physical and mental health and member support systems. The record did not include an assessment of health risks.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>A system-generated care plan was included in the record. The progress notes supplemented the formal care plan with interventions.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The care coordinator was working with multiple medical providers and mental health clinic therapists. The care coordinator was assisting the member with identifying a PCMP. No non-medical support services were requested or required.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing
 FY 2012–2013 Record Review Tool
 for Colorado Access (Region 3)*

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



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>1. Were the member and the member’s family, if applicable, active participants in the member’s care, to the extent the member/family were willing and able?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member lived with her father. The member and father were both involved in the care plan.</p>		
<p>2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs?</p> <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3: Exhibit A—6.4.5.2.3</i> <i>Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record included a mental health assessment and an initial physical health screening. The assessments did not identify any unmet needs.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

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

Results for Care Management Record Review						
Total	Met	=	<u>8</u>	X	1.00 =	<u>8</u>
	Substantially Met	=	<u>1</u>	X	.75 =	<u>0.75</u>
	Partially Met	=	<u>0</u>	X	.50 =	<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>10</u>	Total Score	=	<u>8.75</u>

Total Score ÷ Total Applicable		=	<u>88%</u>
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Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Sample Number: V9***** (6)

Reviewer: Kathy Bartilotta

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The adult member was identified through data. She had high-risk chronic conditions and recent hospitalization. The member had pulmonary hypertension with a cardiac history since age 9 and was receiving care from Children’s/University cardiac clinic.		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"> <i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i> </div>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: It was not apparent in the record that the member was aware that a care coordinator had been assigned to her. The member had a home visit by the nurse practitioner from the PCMP for a post-hospitalization physical assessment. The care coordinator accompanied the nurse on the home visit, but no care coordination interventions were planned. There was only one note from the care coordinator that the member was to be followed through Children’s Cardiac Clinic.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: A HARMS-8 assessment (screening for risk for future hospitalization) was performed, but the assessment was not comprehensive. The clinical record stated that the member was getting most of her care from the cardiology clinic at Children’s Hospital. The care coordinator did not document any attempt to contact the cardiac clinic.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The HARMS-8 screens for hospitalization risk factors (e.g., mental health, substance abuse, ability to follow plan). The clinical records indicated that the health status was assessed through the PCP. The file did not include a comprehensive needs assessment.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The record did not include a comprehensive care plan or coordination of care plan with interventions tied to an assessment. The only plan was to continue medical treatment and medications through Children’s Cardiac Clinic.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The record contained no evidence that the care coordinator arranged for any care or services. The PCP identified that the member was hospitalized because her medications were not filled (not authorized by Medicaid). No intervention or plan was noted, and no needs assessment was performed in response.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values? <div style="text-align: right;"> <i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i> <i>Regions 4: Exhibit A—6.4.3.1.2</i> </div>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The record did not include an assessment of the member’s cultural and/or linguistic needs, beliefs, and values.		
4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member? <div style="text-align: right;"> <i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.3.3.4</i> </div>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
Observations: The record did not identify any regional barriers to care. The barrier identified was a member-specific incident where the member’s medication was not authorized by Medicaid.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>1. Were the member and the member’s family, if applicable, active participants in the member’s care, to the extent the member/family were willing and able?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The member had had a cardiac condition since she was 9 years old. The member determined she would get cardio care through Children’s Clinic and indicated her family and spouse were very supportive.</p>		
<p>2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs?</p> <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3: Exhibit A—6.4.5.2.3</i> <i>Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>There was no post-hospitalization transition of care assessment or specific plan for transitioning or preventing re-hospitalization. Since the member was hospitalized because of her inability to obtain essential medication, the care coordinator should attempt to determine why and take measures to ensure that non-authorization does not happen again.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
3. Did the Contractor follow up with the member to assess whether the member has received the services needed and if the member is on track to reach his or her desired health outcomes? <div align="right"> <i>Regions 1, 4, 5, 6, 7: Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Region 3: Exhibit A—6.4.5.1.7</i> </div>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: There was only one encounter by the care manager. The member was to be followed through the Children’s Cardiac Clinic for her medical condition. There was no follow-up contact by the care coordinator.		

Results for Care Management Record Review					
Total	Met	=	<u>2</u>	X	1.00 = <u>2</u>
	Substantially Met	=	<u>0</u>	X	.75 = <u>0</u>
	Partially Met	=	<u>3</u>	X	.50 = <u>1.5</u>
	Not Met	=	<u>5</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>1</u>	X	NA = <u>0</u>
Total Applicable		=	<u>10</u>	Total Score	= <u>3.5</u>
Total Score ÷ Total Applicable				=	<u>35%</u>



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Sample Number: F3**** (7)

Reviewer: Kathy Bartilotta

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member was identified through claims data after three hospitalizations and two emergency room (ER) visits. The member was new to the Kaiser system (Kaiser is a Colorado Access delegate). A record review indicated that the member had multiple conditions related to hyperthyroidism. The care coordinator’s plan was to conduct a further assessment of the member.		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"><i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: Notes in the record indicated that the member was aware of the care coordinator assigned to her.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record included an assessment and thorough chart review. The assessment did not evaluate whether a care plan might exist in another agency.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The assessment documented the medical status of the member, identified the member as a risk for falling, and evaluated ADLs, transportation needs, language, and mobility needs.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The official care management plan included in the notes stated “keeping appointments” as the only goal. However, interventions in the notes were directed to the assessment of immediate needs and documented calls to the member. The care plan and other interventions were episode-specific. No comprehensive long-term goals were documented.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The care coordinator contacted the PCP regarding pain medications needed by the member to prevent ER visits. The care coordinator also referred the member to home and community based services (HCBS) for assistance with personal care and generated an order for durable medical equipment (DME).</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing
 FY 2012–2013 Record Review Tool
 for Colorado Access (Region 3)*

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



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

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



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
3. Did the Contractor follow up with the member to assess whether the member has received the services needed and if the member is on track to reach his or her desired health outcomes? <div style="text-align: right;"> <i>Regions 1, 4, 5, 6, 7: Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Region 3: Exhibit A—6.4.5.1.7</i> </div>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager conducted periodic follow-up during the initial assessment and coordinated services. However, there was no evidence of ongoing follow-up after the member's initial needs were met.		

Results for Care Management Record Review					
Total	Met	=	<u>6</u>	X	1.00 = <u>6</u>
	Substantially Met	=	<u>0</u>	X	.75 = <u>0</u>
	Partially Met	=	<u>4</u>	X	.50 = <u>2</u>
	Not Met	=	<u>0</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>1</u>	X	NA = <u>0</u>
Total Applicable		=	<u>10</u>	Total Score	= <u>8</u>

Total Score ÷ Total Applicable		=	<u>80%</u>
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Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Sample Number: Y9***** (8)

Reviewer: Barbara McConnell

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: Data indicated that this member had 24 visits to the emergency department (ED) within one year.		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"> <i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: Outreach was attempted via telephone calls, letters, and through the member e-mail system, “@kp.org.” The care coordinator was finally able to connect with the member via telephone call in October 2012 following an ED visit.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: No overall risk assessment was found in the record. The care manager did assess the member’s community resource and behavioral health needs.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Care management contact notes did not address the member’s health status or behaviors and risks.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: A care plan was developed by the Kaiser care coordinator.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care coordinator assessed the member’s need for community resources and specialty care, for which the member declined the need. The care coordinator offered the nurse advice line and the names and locations of clinics with extended hours as alternatives for ED use.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values?</p> <p align="right"><i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i> <i>Regions 4: Exhibit A—6.4.3.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The Kaiser diversity questionnaire included race, ethnicity, and language spoken. The assessment did not address values, beliefs, or spiritual needs as they may affect the member’s health care. The care plan was incident-specific and addressed plans only related to the recent ED visit.</p>		
<p>4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.3.3.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care coordinator assessed transportation needs and access to specialists. The member did not identify any barriers to care.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

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



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
3. Did the Contractor follow up with the member to assess whether the member has received the services needed and if the member is on track to reach his or her desired health outcomes? <div align="right"> <i>Regions 1, 4, 5, 6, 7: Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Region 3: Exhibit A—6.4.5.1.7</i> </div>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member agreed to keep scheduled appointments instead of using the ED. No documentation indicated that the care coordinator followed up to ensure that appointments were kept and that the member received care.		

Results for Care Management Record Review					
Total	Met	=	<u>6</u>	X	1.00 = <u>6</u>
	Substantially Met	=	<u>0</u>	X	.75 = <u>0</u>
	Partially Met	=	<u>3</u>	X	.50 = <u>1.5</u>
	Not Met	=	<u>1</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>1</u>	X	NA = <u>0</u>
Total Applicable		=	<u>10</u>	Total Score	= <u>7.5</u>

Total Score ÷ Total Applicable		=	<u>75%</u>
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Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Sample Number: G7***** (9)

Reviewer: Kathy Bartilotta

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member was identified after a hospitalization.		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"> <i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i> </div>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The record did not contain any evidence of a care coordinator—only medical management. The care coordinator contacted the member once and scheduled a follow-up appointment with the member’s PCP. The member was followed by the nurse practitioner at the clinic post-hospitalization. The member had multiple clinic visits for anticoagulation management before and after hospitalization.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member was a long-term patient of the clinic. The comprehensive assessment of needs was documented by the nurse practitioner after the hospitalization.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The clinic visit assessments only related to physical and medical needs. After hospitalization, the clinical record included a comprehensive needs assessment, as conducted and documented by the PCP.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care plan included in the record pertained to clinical management only.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: No community-based or non-medical services or needs were identified.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

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



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

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



*Appendix B. Colorado Department of Health Care Policy and Financing
 FY 2012–2013 Record Review Tool
 for Colorado Access (Region 3)*

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
3. Did the Contractor follow up with the member to assess whether the member has received the services needed and if the member is on track to reach his or her desired health outcomes? <div align="right"> <i>Regions 1, 4, 5, 6, 7: Exhibit A—6.4.3.1.6 Region 2: Exhibit A—6.4.5.1.6 Region 3: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: This member did not require ongoing tracking by the care coordinator. The member’s periodic visits to a PCP for monitoring were sufficient.		

Results for Care Management Record Review					
Total	Met	=	<u>7</u>	X	1.00 = <u>7</u>
	Substantially Met	=	<u>0</u>	X	.75 = <u>0</u>
	Partially Met	=	<u>0</u>	X	.50 = <u>0</u>
	Not Met	=	<u>1</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>3</u>	X	NA = <u>0</u>
Total Applicable		=	<u>8</u>	Total Score	= <u>7</u>

Total Score ÷ Total Applicable		=	<u>88%</u>
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Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Sample Number: J1***** (10)

Reviewer: Rachel Henrichs

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



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: A thorough assessment was included in the patient record. The assessment indicated the patient had been receiving care at a community mental health center but had not visited there in almost one year.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The assessment included questions about health status and medical and behavioral health needs and risks. The assessment did not address health risks (aside from medical diagnoses).</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The record included a care plan that addressed medical, behavioral, transitions of care, care management, barriers to care, goals, and next steps. Notes in the record indicated the care plan was updated after the initial plan was deemed ineffective.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The care manager assisted the member by researching locations for a magnetic resonance imaging (MRI). After the member requested an open MRI, the care manager researched and found a location offering open MRIs and gave the member contact information for transportation services. The care manager also served as a liaison between the member and the member’s PCP.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

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



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>1. Were the member and the member’s family, if applicable, active participants in the member’s care, to the extent the member/family were willing and able?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member was very engaged with the care manager telephonically but cancelled most doctor appointments and refused doctor orders for behavioral health services and physical therapy.</p>		
<p>2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs?</p> <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3: Exhibit A—6.4.5.2.3</i> <i>Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care manager made every effort to respond to the member’s needs and requests.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 3)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
3. Did the Contractor follow up with the member to assess whether the member has received the services needed and if the member is on track to reach his or her desired health outcomes? <div align="right"> <i>Regions 1, 4, 5, 6, 7: Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Region 3: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care manager called the member weekly. After several months, the care team speculated that the frequency of calls might be enabling the member to refuse care, so the frequency of calls was reduced to once a month.		

Results for Care Management Record Review					
Total	Met	=	<u>9</u>	X	1.00 = <u>9</u>
	Substantially Met	=	<u>0</u>	X	.75 = <u>0</u>
	Partially Met	=	<u>0</u>	X	.50 = <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>10</u>	Total Score	= <u>9</u>

Total Score ÷ Total Applicable		=	<u>90%</u>
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