

Colorado  
Accountable Care Collaborative

**FY 2012–2013 SITE REVIEW REPORT**  
*for*  
**Colorado Community Health Alliance  
(Region 6)**

July 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 Community Health Alliance (CCHA)** began operations as a RCCO in October 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 **CCHA**.

## 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 **CCHA** 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 Community Health Alliance (Region 6)

### 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	1	2	3	0	0	67%
II Follow-Up: Access to Care/Medical Home	4	4	4	0	0	0	0	100%
Record Reviews	110	65	27	3	18	17	45	59%
<b>Overall Score</b>	<b>120</b>	<b>75</b>	<b>32</b>	<b>5</b>	<b>21</b>	<b>17</b>	<b>45</b>	<b>62%</b>

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

## Summary of Findings by Standard

### Standard I—Care Coordination/Care Management

#### Strengths

**CCHA** staff described several efforts underway to develop a relationship with Foothills Behavioral Health Partners (FBHP), the behavioral health organization serving Region 6, on an organizational level. FBHP has placed behavioral health clinicians at five practices that are contracted with **CCHA**. **CCHA** staff stated that they have identified five additional practices interested in such a relationship. FBHP also has behavioral health clinicians collocated at the federally qualified health centers (FQHCs) in Region 6, and some behavioral health sites have physical health providers (such as nurse practitioners or physician assistants) collocated. In addition, **CCHA** staff described a project whereby **CCHA** can share claims data with FBHP for **CCHA** and FBHP to use to further define the risk level stratification process.

**CCHA**'s primary method for identifying members appropriate for care coordination services was analysis of data. Staff reported that **CCHA** has an analytical tool that uses statewide data analytics contractor (SDAC) data as well as utilization data from the State, which is more recent than SDAC data. In addition, **CCHA** receives daily electronic alerts of inpatient admissions and emergency department (ED) visits from Centura and Health One hospitals and facilities.

The Culturally and Linguistically Appropriate Services (CLAS) training **CCHA** submitted was thorough and addressed cultural as well as linguistic needs. **CCHA** staff members reported that the training has been conducted for **CCHA** employees. In addition, 12 practices have used the materials to complete their own CLAS training, and **CCHA** staff provided the CLAS training for 6 additional practices.

**CCHA** described several efforts to identify special populations and build relationships with the agencies serving those populations. **CCHA** has been working with the Department of Human Services in Jefferson County and has developed **CCHA** materials to be placed in the packet for new foster care homes. In Boulder County, **CCHA** has been invited to foster care meetings as an observer to begin the process of relationship building. **CCHA** also stated that staff will be attending Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) meetings at the Department to enhance services for children with special needs. In addition, **CCHA** has been working toward developing a relationship with the county health departments with the goal of obtaining information on members who are pregnant earlier. The data lag when identifying pregnant members means that members are not identified until late in the pregnancy and some members may not have been receiving prenatal care.

#### Recommended Actions

In general, distribution of home visit reports to the assigned PCP or ongoing communication with providers was not documented in the care coordination case records reviewed. **CCHA** may want to consider developing a protocol or policy for ongoing communication with PCPs and specialists and the mechanism for documenting such communication in the care coordination records. HSAG

recommended that **CCHA** evaluate its processes regarding communication with behavioral health providers involved with **CCHA** members and documentation of such communication in the care coordination records.

In one case reviewed on site, **CCHA**'s approach to providing referral information to the member resulted in one member having not followed through with an essential referral need. HSAG recommended that **CCHA** develop a process to evaluate members' ability to follow through, follow up with members immediately following the provision of referral information, and develop a protocol for gradation of the task when necessary to match expectations to member skills.

HSAG recommended that **CCHA** prioritize building relationships with area hospitals to enhance obtaining real-time data regarding ED visits and inpatient admissions. This is a challenge in a major metropolitan area with numerous hospitals and health systems. **CCHA** might also want to consider developing a mechanism to inform PCPs of ED visits and hospital admissions as well as encouraging members to inform the PCP.

HSAG recommended that **CCHA** develop a mechanism to more thoroughly assess members' cultural values and beliefs and ensure that those needs are addressed via care planning with the member.

HSAG recommended that **CCHA** enhance its processes for delegation oversight to include a specific evaluation to ensure that delegated care coordination includes each of the required elements.

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

### **Strengths**

The **CCHA** strategy for building its network included recruitment efforts focused on practices with 50 or more members. The RCCO reported that it had found the incentive for providers to join the RCCO has not so much been the data that would be available to them or the reimbursement; rather, it has been the availability of care management services that is attractive to potential provider practices. As part of its practice support efforts, RCCO staff members reported that **CCHA** practice improvement coaches meet with each practice and engage with them where they are on the continuum, from solo practitioner to NCQA-Certified patient centered medical home. Many of the practices in the **CCHA** network have been affiliated with independent practice associations (IPAs) and are therefore familiar with practice coaching, practice-based data review, and quality improvement teams. For others, using data and practice coaching are new experiences. The Practice Support Plan identified a variety of tools used to provide practice support (office system review, access to care review, cycle time analysis, etc.); it also referenced that **CCHA** supported practices with a variety of clinical tools and guidelines and identified a variety of clinical tools.

Because of **CCHA**'s partnership with Centura Health, Region 6 providers and members have enhanced access to specialists within the Centura network. RCCO staff members reported that their tracking identified that members can access most specialties with only a two-week wait time. **CCHA** tracked claims data to identify specialists being used by members and key specialty areas on which to focus. Furthermore, **CCHA** had developed tracking logs from provider contacts, trying to

identify what specialties its providers needed and what referral patterns had already been established within enrolled practices. Based on these findings, **CCHA** built an internal list of specialists that **CCHA** Health Partners use to facilitate referrals for members. Staff members noted that they carefully manage referrals in order not to over-use any particular specialist.

Additionally, **CCHA** reported that it had partnered with 29 urgent care centers throughout its region. Member materials stated that even if a member's doctor's office was closed, medical providers would be available by telephone 24 hours a day, 7 days a week for urgent issues. When there was a health care concern after hours or on weekends that could not wait, members were advised that visiting an urgent care center was an alternative to waiting in a long line at an emergency room.

### **Recommended Actions**

HSAG encouraged **CCHA** to further enhance its network Web site to include resources such as member reminders, patient education materials, information on motivational interviewing and patient self-management, clinical care guidelines, and best practices.

## **Summary of Record Reviews**

### **Strengths**

On-site review of care coordination records demonstrated that **CCHA** health partners are using SDAC data to identify members for outreach activities. **CCHA** used professional and paraprofessional staff as health partners, assigning members with more complex needs to social worker and/or nurse health partners. Health partners who made the initial contacts with members used a standardized health risk assessment (HRA) form. Social workers and/or nurses attempted home visits following completion of the initial HRA.

### **Recommended Actions**

Assessments completed by nurse health partners or social work health partners via the home visit represented member-reported information only and therefore were not an accurate or complete clinical picture of the member. HSAG recommends that the assessment contain data collected from chart review, data review, and other sources to avoid possible miscommunication or use of inaccurate information by other health partners or team members who may review the assessment to gain knowledge of the member. Remaining member-focused and non-confrontational during the initial interview is possible while still creating an accurate and complete assessment document. In addition, while the HRA assessed linguistic needs and communication barriers, other aspects of culture such as values, beliefs, and spiritual needs were not addressed. HSAG recommends that **CCHA** develop a process to more fully explore all aspects of members' cultural needs.

Care coordination records did not reflect an active care planning process, and comprehensive care plans were not developed using short- and long-term goals. HSAG recommends that **CCHA** health partners proactively engage the member in setting short- and long-term goals, exploring areas of need identified via the health partner's professional judgment, although not initially identified by the member. Motivational interviewing can be used to assist the member with setting long-term

goals to address needs members may not identify initially, or without professional assistance. Member-focused care planning is essential, as well as the use of professional judgment, to explore areas to assess further and gauge member response prior to developing a care plan. Although **CCHA** recognized limitations in its electronic system, contact notes sections and the home visits can be used effectively to document active care planning discussions with the members and outline short- and long-term care plan goals.

During the review period from which the case samples were pulled, **CCHA** was not yet receiving real-time data from hospitals regarding inpatient hospitalizations and emergency department use. This resulted in missed opportunities and reactive rather than proactive activities and attempts at coordinating transitions of care. In addition, documentation demonstrated that health partners were not proactive in visiting members and hospital staff while the member was inpatient and were not actively building relationships during the hospitalization to more effectively manage the transition. Documentation indicated that health partners allowed the hospital staff members to work independently, while the **CCHA** health partner waited until discharge to become re-involved. HSAG recommends that health partners request releases of information be signed by members and more assertively build coordinator-to-coordinator relationships with inpatient facility staff and ED staff to improve notification when other **CCHA** members are admitted. While staff reported that just prior to the site review **CCHA** had gained access to electronic notification with two hospital systems, given **CCHA**'s dense metropolitan region, personal relationship building and significant outreach efforts are recommended for other hospital systems in the region.

For the time period from which the cases were pulled, the method to attempt initial contact with members was via telephone only. Staff reported that since that time, **CCHA** has developed a process to send letters and has begun using letters to assist when health partners have been unable to reach the member by telephone. HSAG recommends that health partners leverage their relationship with the PCPs (or other providers), determine when members may have existing appointments with the PCP, and plan to "catch" members at the office. Health partners might also use a PCP office staff member who may already be acquainted with a member to place an introductory call announcing that a care coordinator may be calling, to more effectively engage members in the care coordination process.

Regular follow-up with members was inconsistent and/or not well documented in some cases. In some instances, if a member could not be reached for a follow-up, another attempt was not made for 30 days. In one case, this resulted in **CCHA** being unaware of hospitalization and resultant loss of home and community-based services (HCBS) benefits. Long intervals between contact with another member resulted in the health partner being unaware that a member had not followed through with contacting a community resource, which could have been essential for the member's and unborn baby's health. HSAG recommends that health partners be less passive in community referrals. Rather than just supplying a list of resources or a telephone number, health partners should offer to be with the member during a home visit while the member places the call or accompany the member to the resource, assisting with application materials. These most vulnerable members of the population are likely to be ill-equipped to perform high-level problem solving and follow-through without interactive assistance.

While care coordination staff reported that PCPs and other providers had been contacted in some cases, there was little and inconsistent documentation as evidence. In addition, if members reported satisfaction with current health care services, health partners did not attempt to contact the PCP, behavioral health, or specialist providers. In some cases, this resulted in missed opportunities to build a relationship with the member and the providers, and to proactively plan transitions of care into (as well as out of) intensive levels of care. HSAG recommends that health partners more assertively build relationships with providers, coordinating all care, not just in response to ED visits and unplanned hospitalizations. Health partners should also document each contact as well as attempts to contact providers and community agencies.

*Appendix A.* **Data Collection Tool**  
*for Colorado Community Health Alliance (Region 6)*

The completed data collection tool for Region 6 follows this cover page.



*Appendix A. Colorado Department of Health Care Policy and Financing  
 FY 2012–2013 Data Collection Tool  
 for Colorado Community Health Alliance (Region 6)*

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"> <li>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.</li> </ul> <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"> <li>Policies or procedures which address integration of services or communication among providers/entities</li> <li>Comprehensive needs assessment documents</li> <li>Written program plans, training materials, or other documents which address comprehensive and integrated care services</li> </ul> <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> <li>Documents reviewed</li> <li>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"> <li>At the individual member level</li> <li>At the delivery system level</li> </ul> </li> </ul> <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> <li>Discussion of continued challenges to sharing/communication of member information among providers. How is this being addressed?</li> </ul>	<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><b>Findings:</b></p> <p>Documents reviewed:</p> <ul style="list-style-type: none"> <li>General Care Coordination Program Policy: The policy described interventions employed for members enrolled in the general care coordination program.</li> <li>Care Coordination Triggers and Referrals Policy: The policy described each type of care coordination program and how members are identified for each program.</li> <li>System of Care Coordination Program Description: The program description defined the medical home model and provided an overview of CCHA’s care coordination programs and metrics used to evaluate the overall care coordination program.</li> <li>Integration Report: The report described CCHA’s philosophical approach to integrated care for specified populations.</li> <li>Member Handbook and Member Brochures: A variety of CCHA materials designed to inform members about the Accountable Care Collaborative (ACC) program, CCHA, and the care coordination program.</li> </ul>		



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Requirement	Desk Review/Discussion Items	Score
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**Additional Discussion:**

During the on-site interview, CCHA described how care managers communicate with providers. Staff stated that care managers work closely with the top 10 to 12 practices that have the most CCHA members. The total number of practices with which CCHA contracts is about 70. Staff members stated that the care coordination staff, known at CCHA as health partners (HPs), send a list of members assigned to a particular practice and targeted for care coordination to that practice (for the 12 to 15 top practices) monthly. Staff also stated that, intermittently, HPs attend the scheduled quality meetings with those primary care providers (PCPs) and discuss the care coordination caseload with the PCP or other designated point person at the office, at that time. For smaller offices with fewer CCHA members, outreach activities occur as needed on a case-by-case basis. Staff reported that once the home visit assessment is completed by the HP, the home visit report is sent to the PCP.

CCHA staff described several efforts underway to develop a relationship with Foothills Behavioral Health Partners (FBHP), the behavioral health organization serving Region 6, on an organizational level. FBHP has placed behavioral health clinicians at five practices that are contracted with CCHA. CCHA staff members stated that they have identified five additional practices interested in such a relationship. FBHP also has behavioral health clinicians collocated at the federally qualified health clinics (FQHCs) in Region 6, and some behavioral health sites have physical health providers (such as nurse practitioners or physician assistants) collocated. In addition, CCHA staff described a project whereby CCHA can share claims data with FBHP for FBHP and CCHA to use to further define the risk level stratification process. A contract for a one-time data-sharing event occurred, and CCHA was, at the time of the site review, working on a contract for ongoing data-sharing. CCHA staff also described a FBHP mini-grant project that identified FBHP members who had either a cardiac or diabetes diagnosis with a co-occurring mental health diagnosis and provided CCHA information to identify unattributed members and members appropriate for care coordination.

Other initiatives CCHA staff members described included a flu vaccination postcard sent to members to help members understand the importance of having a flu shot and how to obtain the shots, since access to flu shots at public health departments was recently discontinued. This initiative also involved providing information to providers regarding how to enroll in the program that allows providers to bill for flu shots.

At the member level, however, CCHA reported struggling to achieve communication between behavioral health clinicians and HPs. In addition, there was not documentation in the case records reviewed that described attempts to contact specific behavioral health providers to communicate regarding specific Region 6 members. Staff reported that CCHA identified a new contact person within Jefferson Center for Mental Health, and is hopeful clinicians at that community mental health center (CMHC) will be more receptive. Mental Health Partners (the other FBHP CMHC) has not been receptive as of yet.



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<p>2. Comprehensive care coordination characteristics include:</p> <ul style="list-style-type: none"> <li>◆ Assessing the member’s health and health behavior risks and medical and non-medical needs</li> <li>◆ Determining if a care plan exists and creating a care plan if one does not exist and is needed.</li> <li>◆ 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.</li> </ul> <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"> <li>◆ How members are assessed to identify needs</li> <li>◆ Policies and procedures regarding stratification/tier levels for care coordination</li> <li>◆ Care Coordination Plan</li> <li>◆ Tracking referrals to non-medical services</li> </ul> <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> <li>◆ Documents reviewed.</li> <li>◆ Examples.</li> <li>◆ Information collected on-site from Care Coordination File Reviews.</li> <li>◆ The process for identifying members appropriate for care coordination services.</li> </ul> <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> <li>◆ How PCMPs identify members appropriate for complex care management.</li> <li>◆ Whether the RCCO staff or PCMPs perform the assessment.</li> <li>◆ Explore the role of non-medical services in providing care coordination to the RCCO’s population.</li> </ul>	<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><b>Findings:</b></p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>◆ CCHA Community Resource Recruitment Policy: The policy described CCHA’s policy to develop relationships with community agencies to provide members with information regarding community resources available.</li> <li>◆ Complex Care Coordination Policy: The policy described interventions used for members enrolled in the Complex Care Coordination program.</li> <li>◆ Maternity Care Coordination Policy: The policy described interventions used for members enrolled in the Maternity Care Coordination program.</li> <li>◆ Unattributed Outbound Call Program Policy. The policy described CCHA’s procedures for conducting outreach calls to unattributed members to assign a PCP.</li> </ul>		



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<ul style="list-style-type: none"> <li>◆ Member Outreach Letter Templates: The templates were recently developed and will be used to assist care coordinators/HPs in reaching members following unsuccessful attempts at telephone contact.</li> <li>◆ Access and Communication Policy: The policy described the availability of after-hours triage services via PCMP coverage and the nurse’s advice line.</li> <li>◆ Assessments:               <ul style="list-style-type: none"> <li>• Health Risk Assessments (HRAs) for each age group (e.g., under 18 years of age, over 18 years of age, maternity assessment).</li> </ul> </li> <li>◆ Referral Report: Report for January 2013 of referrals made to community agencies.</li> <li>◆ Community Outreach Report.</li> </ul>	<p><b>Additional Discussion:</b></p> <p>CCHA’s primary method for identifying members appropriate for care coordination services was analysis of data. Staff reported that CCHA has an analytical tool that uses SDAC data as well as utilization data from the State, which is more recent than SDAC data. In addition, CCHA receives daily electronic alerts of inpatient admissions and emergency department (ED) visits from Centura hospitals and facilities and Health One hospitals and facilities. Staff reported that the Centura mechanism has been in place for approximately one year and Health One for approximately four months. The use of this analytical tool assists CCHA in prioritizing members for outreach activities for enrollment in the care coordination program. Staff reported that a significant percentage of CCHA members remain unattributed to a PCP, and that this element is used for prioritizing members targeted for outreach efforts. Staff members reported that since CCHA has a direct relationship with Centura, Centura has agreed to make its specialists available for CCHA members, with a wait of only two weeks. CCHA also continues to make contact with specialists outside the Centura system due to pre-existing referral patterns and a shortage of specific specialists (pain management, urology, neurology, and dermatology).</p> <p>CCHA described three levels of HP based on qualifications.</p> <ul style="list-style-type: none"> <li>◆ HP1s are paraprofessionals and may or may not have a bachelor’s degree. HP1s conduct initial outreach activities and conduct an initial HRA via a telephone call.</li> <li>◆ HP2s are licensed social workers.</li> <li>◆ HP3s are registered nurses.</li> </ul> <p>Once members are identified as appropriate for care coordination activities, the HP1 calls the member, conducts an HRA, and determines whether the member’s needs require assignment to an HP2 or HP3 (or both for members with both significant medical and psychosocial needs). Staff reported that if a member is assigned to an HP2 or HP3, a home visit is the goal to conduct a more needs-based assessment. Depending on member choice, home visits may be conducted elsewhere in the member’s community, such as a restaurant or the PCP’s office.</p> <p>CCHA stated that a community resource specialist had been hired within the past year, and demonstrated documentation of efforts to identify and build</p>	



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Requirement	Desk Review/Discussion Items	Score
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relationships with specific community-based agencies. During the on-site discussion, staff reported that HPs’ philosophy is to provide members with information to contact community agencies and to coach the member regarding what to discuss when contacting the organization (e.g., the goal is to help the member understand what to do, rather than do the task for them).

<p>3. Comprehensive care coordination characteristics include:</p> <ul style="list-style-type: none"> <li>◆ 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.</li> </ul>	<p>Desk Review:</p> <ul style="list-style-type: none"> <li>◆ Transition of Care policies and procedures or Plans</li> <li>◆ Examples of “transition of care” cases</li> </ul> <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> <li>◆ Documents reviewed.</li> <li>◆ How are “transition of care” members identified?</li> <li>◆ How is the transition plan (or processes) communicated to providers and all individuals/entities involved in the transition of members between levels of care?</li> </ul> <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> <li>◆ What is the status of access to real-time data for care coordination follow-up? (hospitalizations, ED visits)</li> <li>◆ Do you track/evaluate the impact of transition management on readmissions?</li> </ul>	<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>
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**Findings:**  
 Documents reviewed:

- ◆ Care Coordination Programs Policy: The policy described CCHA’s care coordination program and methods used to engage members in care coordination.
- ◆ Transitions of Care Policy: The policy described processes and member engagement, specific to the Transitions of Care coordination program.
- ◆ Transitions of Care Brochure: Member material describing the Transitions of Care program.

**Additional Discussion:**  
 CCHA staff members reported that CCHA has the capability to obtain daily inpatient and ED admission information from the Centura hospital system and from Health One. Staff members described the care coordination ED Recall Program. The goal of the ED Recall Program is that an HP will contact the member by telephone within 48 to 72 hours of the ED visit to educate the member about urgent care facilities and options, discover the reason the member felt it necessary to go to the ED, and encourage the member to call the PCP’s office to follow up There were cases reviewed on-site in which the members had visited the ED or



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had been admitted to a hospital while involved with the care coordination program and the HP had not discovered the ED visit or inpatient admission until weeks later via utilization or SDAC data. Staff explained that in these cases, the member was either at a facility from which CCHA is unable to obtain real-time data, or it was prior to the data availability from Centura or Health One. Staff stated that CCHA provides daily census information received from Centura and Health One to the FQHCs in the region, but does not routinely provide that information to the contracted PCPs due to the labor intensiveness of the process. Staff reported that CCHA is working with its independent practice associations (IPAs) to plan for enrolling in the Colorado Regional Health Information Organization (CORHIO). Real-time hospital census data will be available as the area hospitals enroll. The issue will be with the smaller PCPs who may not be able to afford the fee. CCHA staff members are hopeful to receive grant monies to supplement to PCP’s enrollment fees.

Obtaining information from urgent care facilities remains an issue for tracking and contacting the member for follow-up after an urgent care visit. CCHA staff reported that CCHA identified that a large number of CCHA members receive urgent care within the Rocky Mountain Urgent Care Facility network, and has been working with Rocky Mountain Urgent Care to create a flag for CCHA members in the electronic health record (EHR).

<p>4. Client/Family-Centered characteristics include:</p> <ul style="list-style-type: none"> <li>◆ Providing care and care coordination activities that are linguistically appropriate to the member and are consistent with the member’s cultural beliefs and values.</li> </ul> <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"> <li>◆ Applicable policies and procedures</li> <li>◆ Training materials</li> <li>◆ Evidence of training individuals responsible for care coordination</li> </ul> <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> <li>◆ Documents reviewed.</li> <li>◆ Processes for telephone translation and translation during care coordination activities.</li> <li>◆ How the RCCO ensures that care is culturally sensitive.</li> <li>◆ How the RCCO includes deaf and hard of hearing as a culture and training or case examples that demonstrate.</li> </ul>	<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>
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**Findings:**

Documents reviewed:

- ◆ Member Anti-Discrimination Policy: The policy articulated CCHA’s commitment to prevent member discrimination based on race, color, religion, national origin, age, sex, sexual orientation, disability, health status, or diagnostic condition.
- ◆ CCHA Culturally and Linguistically Appropriate Services (CLAS) Training Policy: The policy described CCHA’s procedures for requiring CCHA staff



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<p>members to participate in CLAS training and to offer such training to contracted providers.</p> <ul style="list-style-type: none"> <li>◆ CLAS Trainer’s Manual: This document was the manual used by trainers when conducting CLAS training.</li> <li>◆ CLAS PowerPoint: Presentation to accompany CLAS training.</li> </ul>		
<p><b>Additional Discussion:</b></p> <p>The CLAS training CCHA submitted was thorough and addressed cultural as well as linguistic needs. CCHA staff members reported that the training has been conducted for CCHA employees. In addition, 12 practices have used the materials to complete their own CLAS training and CCHA staff provided the CLAS training for 6 additional practices. CCHA’s Web site can be viewed in Spanish, and CCHA staff members reported that there are HPs that speak Spanish and that HPs have access to the Language Line for translation needs over the telephone. The on-site care coordination record review, however, revealed that the HRA and home assessments did not adequately address cultural background, beliefs, values, or spiritual needs. The assessments addressed linguistic needs and communication barriers only. Without adequate methods to assess cultural beliefs and values, care planning cannot adequately address the member’s needs in this area.</p>		
<p>5. Client/Family-Centered characteristics include</p> <ul style="list-style-type: none"> <li>◆ Providing care coordination that is responsive to the needs of special populations, including:               <ul style="list-style-type: none"> <li>• The physically or developmentally disabled.</li> <li>• Children and children in foster care.</li> <li>• Adults and older adults.</li> <li>• Non-English speakers.</li> <li>• All expansion populations, as defined in Colorado House Bill 09-1293, the Colorado Health Care Affordability Act.</li> <li>• Members in need of assistance with medical transitions.</li> <li>• Members with complex behavioral or physical health needs.</li> <li>• Transitional aged youth.</li> </ul> </li> </ul> <p align="right"><i>Regions 1, 4, 6: Exhibit A—6.4.3.2</i>  <i>Regions 2, 3, 5: Exhibit A—6.4.5.2</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> <li>◆ Applicable policies and procedures or plans</li> </ul> <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> <li>◆ Documents reviewed.</li> <li>◆ How special populations are identified and served.</li> </ul> <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> <li>◆ Explore how foster children, AwDC, and dual eligible populations are impacting the system.</li> <li>◆ Describe unique needs or approaches used.</li> </ul>	<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:**  
 Documents reviewed:  
 ♦ Policies and procedures reviewed for previous requirements provided information required for this standard.

**Additional Discussion:**  
 CCHA described several efforts to identify special populations and build relationships with the agencies serving those populations. CCHA has been working with the Department of Human Services in Jefferson County and has developed CCHA materials to be placed in the packet for new foster care homes. In Boulder County, CCHA has been invited to foster care meetings as an observer to begin the process of relationship building. CCHA also stated that staff will be attending Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) meetings at the Department to enhance services for children with special needs. In addition, CCHA has been working toward developing a relationship with the county health departments with the goal of obtaining information on members who are pregnant earlier. The data lag when identifying pregnant members means that members are not identified until late in the pregnancy and members may not have been receiving prenatal care.

CCHA staff members stated that when reviewing data to identify members appropriate for care coordination, CCHA is able to identify the adults without dependent children (AwDC) eligibility category and focus outreach efforts for those members. Another population CCHA has been preparing for when the Medicaid expansion occurs is the Dual Eligible/Full Benefit population. Relationships with the community centered boards (CCBs) in Region 6 may be important when this population becomes Medicaid eligible. CCHA staff members have been meeting with the CCBs (Imagine and Developmental Disabilities Resource Center) for several months and have been negotiating business associate agreements to be able to do data sharing to identify members for care coordination.



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Requirement	Desk Review/Discussion Items	Score
<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"> <li>◆ Tools used for assessing care coordination capabilities of PCMP practices</li> <li>◆ Communications to PCMPs regarding care coordination requirements</li> <li>◆ PCMP care coordination oversight tools</li> <li>◆ Policies and procedures regarding assessment of PCMP or delegation oversight</li> </ul> <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> <li>◆ Documents reviewed.</li> <li>◆ Description of who provides care coordination and how care coordination is shared between the PCMPs and the Contractor.</li> <li>◆ Does the oversight of care coordination include the elements of comprehensive care coordination as outlined in requirements #2 and #3?</li> <li>◆ 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?)</li> <li>◆ How does the RCCO know if the delegated care coordination services are sufficient and consistently provided?</li> </ul>	<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><b>Findings:</b></p> <p>Documents reviewed:</p> <ul style="list-style-type: none"> <li>◆ Delegation Agreement: Document used to define the relationship between CCHA and PCMPs.</li> <li>◆ PCMP Assignment/Delegation Oversight Policy: The policy described CCHA’s procedures for identifying providers qualified to perform care coordination on behalf of CCHA and related oversight.</li> <li>◆ ACC Overview PowerPoint: Description of the ACC program and CCHA as an organization.</li> <li>◆ Provider Information Page and Newsletters: Topics include general ACC and Medicaid information as well as CCHA-specific programs and information.</li> </ul>		



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**Additional Discussion:**

During the on-site interview, CCHA staff members reported that their contracted PCMPs generally do not have the infrastructure and technology required to provide care coordination, and that none have expressed interest in providing care coordination. CCHA staff estimated that approximately 50 percent of the PCMPs in the CCHA network have an EHR. CCHA has been working with the smaller practices to encourage enhancing technology, adopting EHRs, and evaluate staffing. One key component of the analysis that the provider support staff do is to evaluate the PCMPs’ processes for identifying and referring members to CCHA for care coordination, with the exception being the FQHCs (Salud, Clinica, and Mountain Family Health Center). CCHA has delegated care coordination to the FQHCs in Region 6. CCHA staff members stated that oversight of the FQHCs has consisted of monthly on-site visits to review care coordination practices, review reports of outreach activities, discuss barriers to providing care coordination, and compare high-risk member lists to ensure that the FQHCs are providing care coordination to members identified as high-risk and in need of care coordination services. CCHA has not yet conducted chart reviews to ensure the care coordination efforts include each of the required elements. CCHA staff members stated that an audit tool will be developed with a target date of conducting the first audits in summer 2013. After-hours availability is monitored annually via a call to a random sample of five providers to ensure a process is in place for after-hours triage and to refresh information about office hours, including extended hours of availability.

Two organizations with which CCHA may consider contracting for delegated care coordination are Denver Health and Hospital Authority (DHHA) and Kaiser. Although DHHA is currently a contracted PCMP, CCHA coordinates care for those members. At the time of the site review, Kaiser was not an option due to its significant involvement with the State’s Primary Care Physician Program.

**Recommended Actions:**

In general, distribution of home visit reports to the assigned PCP or ongoing communication with providers was not documented in the care coordination case records reviewed. CCHA may want to consider developing a protocol or policy for ongoing communication with PCPs and specialists and the mechanism for documenting such communication in the care coordination records. HSAG recommends that CCHA evaluate its processes regarding communication with behavioral health providers involved with CCHA members and documentation of such communication in the care coordination records.

In one case reviewed on site, CCHA’s approach to providing referral information to the member resulted in one member having not followed through with an essential referral need. HSAG recommends that CCHA develop a process to evaluate members’ ability to follow through, follow up with members immediately following the provision of referral information, and develop a protocol for gradation of the task when necessary to match expectations to member skills.

HSAG recommends that CCHA prioritize building relationships with area hospitals to enhance obtaining real-time data regarding ED visits and inpatient admissions. This is a challenge in a major metropolitan area with numerous hospitals and health systems. CCHA might also want to consider developing a mechanism to inform PCPs of ED visits and hospital admissions as well as encouraging members to inform the PCP.



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HSAG recommends that CCHA develop a mechanism to more thoroughly assess members’ cultural values and beliefs and ensure that those needs are addressed via care planning with the member.

HSAG recommends that CCHA enhance its processes for delegation oversight to include a specific evaluation to ensure that delegated care coordination includes each of the required elements.

Results for Standard I—Care Coordination/Care Management					
<b>Total</b>	Met	=	<u>1</u>	X	1.00 = <u>1</u>
	Substantially Met	=	<u>2</u>	X	.75 = <u>1.5</u>
	Partially Met	=	<u>3</u>	X	.50 = <u>1.5</u>
	Not Met	=	<u>0</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>0</u>	X	NA = <u>NA</u>
<b>Total Applicable</b>	=	<u>6</u>	<b>Total Score</b>	=	<u>4</u>

<b>Total Score ÷ Total Applicable</b>	=	<u>67%</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"> <li>◆ Network adequacy report</li> <li>◆ Targeted Provider Recruitment list</li> <li>◆ Applicable policies and procedures</li> </ul> <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> <li>◆ Documents reviewed.</li> <li>◆ Anticipated geographic or capacity issues.</li> </ul> <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> <li>◆ Explore status of PCMP network development and provider recruitment within the entire region.</li> <li>◆ How are gaps being identified?</li> <li>◆ Unique recruitment strategies; responses from targeted providers?</li> </ul>	<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:**  
 Documents reviewed:

- ◆ The RCCO Network Adequacy Report calculated for each county in the region: the number of PCMP locations, the total number of primary care practitioners, the ratio of members to practitioners, and the ratio of practitioners accepting new members to unattributed members.
- ◆ The report indicated there were 92 primary care medical provider practices (10 of which were pediatric and all of those were in Jefferson County). The report documented that 83 of the 92—including all pediatric practices—were accepting new Medicaid members.
- ◆ The Provider Recruitment Policy stated that CCHA targets Medicaid providers in the region who have 50 or more Medicaid members. Providers are contacted by the network manager to educate providers on the ACC and solicit interest. The targeted provider recruitment list listed names/locations of 44 targeted PCMPs.
- ◆ The Unattributed Outbound Call Policy stated that multiple outbound calls are made to unattributed low-risk members by customer service personnel and to high-risk members by health partners, to assist members in selecting a PCMP.

**Additional Discussion:**  
 The CCHA strategy for building its network included recruitment efforts focused on practices with 50 or more members. RCCO staff members reported that they would make outreach efforts to contract with a low-volume provider office if they identified a member who was at risk for high utilization, or if they received a member request for a provider. They also stated that they are targeting Comprehensive Primary Care (CPC) Initiative providers. The RCCO staff



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members stated that given their region’s geographic area, they had adequate provider-members ratios. They reported that the provider and member enrollment process has been variable; for example, in one month they gained over 10,000 children. Pediatric practice recruitment has been impacted by the advantageous reimbursement arrangements many practices have with Colorado Children’s Healthcare Access Program (CCHAP). Provider relations staff members stated they have been in discussion with several children’s medical home practices, encouraging them to initiate the contracting process (which can take several months to complete) so that when the CCHAP enhanced rate ends, the practices can seamlessly transition to the RCCO.

The RCCO reported that it has found the incentive for providers to join the RCCO has not so much been the data that would be available to them or the reimbursement; rather, it has been the availability of care management services that is attractive to potential provider practices.

<p>2. The Contractor reasonably ensures that members in the Contractor’s region have access to specialists and other Medicaid providers promptly, without compromising the member’s quality of care or health.</p> <p align="right"><i>Exhibit A—4.2.5 42CFR438.6(k)(3)</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> <li>◆ Tracking documents for referrals to specialists/other providers</li> <li>◆ Applicable policies and procedures</li> </ul> <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> <li>◆ Documents reviewed.</li> <li>◆ How does the RCCO monitor access to specialists?</li> <li>◆ What is the RCCO’s assessment of the availability of specialists for RCCO members?</li> </ul> <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> <li>◆ What are the barriers or challenges you have encountered and what responses/approaches have been implemented?</li> <li>◆ 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?</li> </ul>	<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:**

Documents reviewed:

- ◆ The CCHA General Delegation Agreement stated that PCMPs may refer members to any specialists enrolled in Medicaid or any other Medicaid provider, including those not associated with the RCCO. Requirements included referring the member to specialty care as appropriate, providing the specialist with the referring provider Medicaid identification number, and communicating the reason for the referral. The agreement listed a number of services which do not require a referral by the PCMP.



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<b>Additional Discussion:</b>		
<p>Because of CCHA’s partnership with Centura Health, Region 6 providers and members have enhanced access to specialists within the Centura network. (The Centura integrated network includes 14 hospitals, 7 senior living communities, medical clinics, affiliated partner hospitals, Flight For Life® Colorado, 13 Colorado Health Neighborhoods, and home care and hospice services.) RCCO staff members reported that their tracking identified that members can access most specialties with only a two-week wait time. The RCCO Health Partners (nurses and social workers) helped facilitate specialist referrals. There was no direct relationship between specialists and the RCCO. CCHA tracked claims data to identify specialists being used by members and key specialty areas on which to focus. Furthermore, CCHA had developed tracking logs from provider contacts, trying to identify what specialties its providers needed and what referral patterns had already been established within enrolled practices. Based on these findings, CCHA built an internal list of specialists that CCHA Health Partners use to facilitate referrals for members. Staff members noted that they carefully manage referrals in order not to over-use any particular specialist. The specialty areas that the RCCO had identified as most needed for its population included pain management, urology, neurology, and dermatology.</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"> <li>◆ At a minimum, the Contractor’s PCMP network provides for 24-hour-a-day availability of information, referral, and treatment of emergency conditions.</li> <li>◆ The PCMP provides triage by a clinician 24 hours per day, seven days per week (to meet access to care standards).</li> </ul> <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"> <li>◆ Lists of emergency, urgent care, and after-hours care facilities available to members</li> <li>◆ Applicable policies and procedures</li> <li>◆ Provider communications regarding 24/7 access to after-hours clinicians</li> <li>◆ Results of assessment/monitoring of availability of 24/7 triage by clinician</li> </ul> <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> <li>◆ Documents reviewed.</li> <li>◆ Progress obtained/status in after-hours and urgent care availability since previous review?</li> <li>◆ How is availability of urgent care/after-hours communicated to members?</li> <li>◆ What proportion of RCCO members have access to after-hours care (i.e., if PCMPs have after-hours care only for their own patients)?</li> <li>◆ How is after-hours care availability monitored?</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Met</li> <li><input type="checkbox"/> Substantially Met</li> <li><input type="checkbox"/> Partially Met</li> <li><input type="checkbox"/> Not Met</li> <li><input type="checkbox"/> Not Applicable</li> </ul>



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

**Findings:**  
 Documents reviewed:

- ◆ CCHA Access and Communications Policy: Stated that CCHA Customer Service and Health Partners would be available 8 a.m. to 5 p.m. Monday through Friday, and the nurse advice line was available 5 p.m. through 8 a.m. to take calls and assist clients with access to PCMPs, urgent, and after-hours care. CCHA monitored office practices at least annually to assess appointment availability (3rd available appointment), 24/7 triage, and PCMP extended office hours.
- ◆ CCHA General Delegation Agreement: Included requirements for 24/7 telephone clinician triage, extended daytime and weekend hours, and appointment scheduling standards.
- ◆ CCHA After-Hours Assessment (Secret Shopper Calls): Documented the results of calls for 24-hour triage services in five randomly selected PCMP locations. The report stated that on-site office systems review assessed practice office hours, after-hours, and triage processes.
- ◆ CCHA Office Hours and After-Hours Report: Displayed information concerning the practice’s daily office hours and after-hours call coverage.
- ◆ Urgent Care Denver Metro Area Map: Displayed the locations of numerous urgent care facilities that were well distributed throughout the Region 6 area.

**Additional Discussion:**  
 Each provider, through its fee-for-service (FFS) contract with the State, agreed to ensure access standards that included 24/7 telephone coverage with access to a triaging clinician. The RCCO provided a spreadsheet indicating that it monitored the days and hours of coverage by contracted providers. Coverage information was solicited annually via the Medical Home Gap Analysis, and limited and random secret shopper surveys were conducted. This included only five practices.

Additionally, CCHA reported that it had partnered with 29 urgent care centers throughout its region. Member materials stated that even if a member’s doctor’s office was closed, medical providers would be available by telephone 24/7 for urgent issues. When there was a health care concern after hours or on weekends that could not wait, members were advised that visiting an urgent care center was an alternative to waiting in a long line at an emergency room. The Web site stated, “We work with urgent care centers in your area that can help you.” The CCHA Web site identified the urgent care centers it had established relationships with and these were located in Arvada, Aurora, Boulder, Broomfield, Centennial, Denver, Evergreen, Golden, Lafayette, Lakewood, Littleton, Longmont, Loveland, Thornton, and Wheat Ridge.



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<p>4. Transition to Medical Home:            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"> <li>◆ Operational practice support</li> <li>◆ Clinical tools</li> <li>◆ Client or member materials</li> </ul> <p align="right"><i>Exhibit A—5.2.1</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> <li>◆ Practice Support Plan</li> <li>◆ Practice Assessments for Medical Home Capabilities</li> <li>◆ Applicable policies and procedures</li> </ul> <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> <li>◆ Documents reviewed.</li> <li>◆ What is the overall network capacity for medical home functions? What are practice assessments results?</li> <li>◆ How are practice assessments translated into a Support Plan? (Individual/system-wide)?</li> <li>◆ What has been provided to practices regarding the Medical Home model?</li> </ul> <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> <li>◆ Innovative approaches/significant achievements?</li> <li>◆ What are foreseeable objectives/achievements in PCMP medical home performance?</li> <li>◆ How have practice transformation efforts and activities impacted the organization’s resources?</li> </ul>	<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:**  
 Documents reviewed:

- ◆ The PCP Agreement stated that the PCMP agrees to collaborate with the RCCO to create and provide medical homes for assigned members.
- ◆ The CCHA General Delegation Agreement outlined the CCHA medical home principles and performance criteria, which are delegated to each PCMP. CCHA monitors PCMPs for performance of these activities. Only FQHCs entered into the delegation agreements.
- ◆ The Practice PCMH Monitor is a practice self-assessment of the PCMP status and progress toward key components of performance as a medical home.
- ◆ The Medicaid Medical Home Gap Analysis tool listed key performance factors within the CCHA medical home standards, including 24/7 triage; appointment availability; provider choice/access; offering member resources—education and community services; staff involvement/training; racial/ethnic diversity; clinical care coordination and follow-up; immunization programs; clinical practice guidelines (CPGs) implemented; medical record standards; and QI activities.
- ◆ Practice Support Plan identified steps in operationalized practice support that included assessment, team building, training, process redesign, and ongoing support.



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Standard II—Follow-Up: Access to Care/Medical Home		
Requirement	Desk Review/Discussion Items	Score
<p><b>Additional Discussion:</b></p> <p><u>Practice Support:</u></p> <p>CCHA had implemented the following practice support activities:</p> <ul style="list-style-type: none"> <li>◆ Initial practice assessment results are reviewed with the practice.</li> <li>◆ Availability of CCHA staff, upon request, to assist practices with identified needs.</li> <li>◆ Specialist referral assistance via the Health Partners.</li> <li>◆ Chief medical officer (CMO) meetings with practices.</li> <li>◆ CCHA Health Partners’ assistance for members with complex care needs.</li> <li>◆ Availability of the community resource directory through the Web site.</li> </ul> <p>RCCO staff members reported that they meet with each practice and engage with them where they are on the continuum, from solo practitioner to NCQA-Certified patient centered medical home. The GAP analysis is administered to a practice shortly after orientation. Training needs, such as providing culturally and linguistic appropriate services (CLAS), are identified and training arranged. Many of the practices in the CCHA network have been affiliated with independent practice associations (IPAs) and are therefore familiar with practice coaching, practice-based data review, and quality improvement teams. For others, using data and practice coaching are new experiences. For example, the quality improvement coach assisted one practice in drafting a basic billing policy and procedure. For practices at that level (tier level 1 on their 4-step scale), the RCCO noted they engage in relationship building, ensuring there is a physician champion, a quality improvement team set up in the office, and that everyone feels invested in the approach.</p> <p>The RCCO’s CMO accompanies the practice improvement coaches on the annual visit to meet with the physician providers and office team. During these visits, SDAC data and key performance indicators (KPIs) are reviewed, as well as the number of care management referrals made by the office and other score card indicators. Nine such visits with the CMO had been conducted. The RCCO staff members reported that their KPIs were all trending positively, providing them with the initial indication that their efforts are being successful.</p> <p>The Practice Support Plan identified a variety of tools used to provide practice support (office system review, access to care review, cycle time analysis, etc.); it also referenced that CCHA supported practices with a variety of clinical tools and clinical guidelines and identified a variety of clinical tools.</p> <p>The RCCO’s Web site had recently been updated; it stated community resources and basic information could be converted to Spanish. The RCCO’s site did not include resources such as member reminders, patient education materials, information on motivational interviewing and patient self-management, clinical care guidelines, or best practices.</p>		



*Appendix A. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Data Collection Tool**  
*for Colorado Community Health Alliance (Region 6)*

**Recommended Actions:**

CCHA is encouraged to further enhance its network Web site to include resources such as member reminders, patient education materials, information on motivational interviewing and patient self-management, clinical care guidelines, and best practices.

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

<b>Total</b>	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>NA</u>
<b>Total Applicable</b>		=		<b>Total Score</b>	=	<u>4</u>	

<b>Total Score ÷ Total Applicable</b>	=	<u>100%</u>
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*Appendix B.* **Record Review Tools**  
*for Colorado Community Health Alliance (Region 6)*

The record review tools for Region 6 follow this cover page.



*Appendix B. Colorado Department of Health Care Policy and Financing  
 FY 2012–2013 Record Review Tool  
 for Colorado Community Health Alliance (Region 6)*

Sample Number: E\*\*\*\*\* (2)

Reviewer: Barbara McConnell/ Diane Somerville

Care Management Program Record Review		Score
<b>Identification</b>		
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	
<b>Observations:</b> The member was identified via SDAC data as a Clinical Risk Group (CRG) level 1 but as a high-risk adult due to new diagnoses. The member was in the adults without dependent children (AwDC) eligibility category.		
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            Regions 2, 3, 4, 5: Exhibit A—6.4.3            (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	
<b>Observations:</b> A care coordinator (health partner 1) attempted to reach the member and left a voice mail. The member returned the call and asked for a provider list to identify a PCMP and a rheumatologist for pain management. The documentation indicated that a PCMP list and a CCHA brochure were mailed to the member.		



*Appendix B. Colorado Department of Health Care Policy and Financing  
 FY 2012–2013 Record Review Tool  
 for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Assessment</b>		
<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            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><b>Observations:</b>            There was no documentation that the health partner attempted to assess whether the member had additional needs (other than a list of providers).</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> <li>◆ Health status?</li> <li>◆ Health behavior/risks?</li> <li>◆ Medical and non-medical needs?</li> </ul> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1            Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input 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><b>Observations:</b>            No assessment was completed.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Development of a Care Treatment Plan</b>		
<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 type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p><b>Observations:</b>            The case was closed before an assessment was attempted; therefore, no care plan was developed.</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><b>Observations:</b>            There was no documentation that indicated whether the health partner attempted to contact the PCMP of record to obtain a clinical picture of this member and determine care coordination needs.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing  
 FY 2012–2013 Record Review Tool  
 for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Development of a Care Treatment Plan</b>		
3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values?  <p align="right"><i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2            Regions 2, 3, 5: Exhibit A—6.4.5.2.2            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	
<b>Observations:</b> There was no care plan developed.		
4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member?  <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4            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	
<b>Observations:</b> The case was closed prior to performing an assessment.		



*Appendix B. Colorado Department of Health Care Policy and Financing  
 FY 2012–2013 Record Review Tool  
 for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Provision of Care/Case Management Services</b>		
<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            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 checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p><b>Observations:</b>            After the PCMP list and CCHA introductory information was sent to the member, there was no further contact initiated to explore the member’s needs related to newly acquired diagnoses and pain management.</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"> <li>◆ Complex behavioral or physical health needs</li> <li>◆ The member has physical or developmental disabilities</li> <li>◆ The member is a child or foster child</li> <li>◆ The member is an adult or is aged</li> <li>◆ The member is non-English-speaking</li> <li>◆ The member was in need of assistance with medical transitions</li> </ul> <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3            Regions 2, 3: Exhibit A—6.4.5.2.3            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><b>Observations:</b>            The case was closed prior to determining needs.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Provision of Care/Case Management Services</b>		
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	
<b>Observations:</b> There was no follow-up documented after the provider list was sent. The health partner did not contact the member to ensure assignment to a PCP.		

Results for Care Management Record Review					
<b>Total</b>	Met	=	<u>2</u>	X	1.00 = <u>2</u>
	Substantially Met	=	<u>0</u>	X	.75 = <u>0</u>
	Partially Met	=	<u>0</u>	X	.50 = <u>0</u>
	Not Met	=	<u>5</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>4</u>	X	NA = <u>NA</u>
<b>Total Applicable</b>		=	<u>7</u>	<b>Total Score</b>	= <u>2</u>

<b>Total Score ÷ Total Applicable</b>		=	<u>29%</u>
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*Appendix B. Colorado Department of Health Care Policy and Financing  
 FY 2012–2013 Record Review Tool  
 for Colorado Community Health Alliance (Region 6)*

Sample Number: Y\*\*\*\*\* (3)

Reviewer: Barbara McConnell/ Diane Somerville

Care Management Program Record Review		Score
<b>Identification</b>		
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	
<b>Observations:</b> The member was identified via SDAC data as a high emergency room utilizer.		
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            Regions 2, 3, 4, 5: Exhibit A—6.4.3            (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	
<b>Observations:</b> Documentation in the electronic system demonstrated that a health partner 1 called the member and completed a health risk assessment (HRA). The member requested help locating a PCP and the health partner sent a PCMP list. The HRA indicated the need for more intensive care coordination, so the member was assigned to a health partner 2 (a social worker). The social worker documented several weekly attempts to reach the member, eventually reaching him three weeks following the HRA. The social worker completed a home visit assessment.		



*Appendix B. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

<b>Care Management Program Record Review</b>		<b>Score</b>
<b>Assessment</b>		
<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><b>Observations:</b>            Documentation stated that the member received food stamps, Section 8 housing, and used the food bank and the Community Action Center (for clothing).</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> <li>◆ Health status?</li> <li>◆ Health behavior/risks?</li> <li>◆ Medical and non-medical needs?</li> </ul> <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><b>Observations:</b>            The HRA assessed health status/medical needs, health risk behaviors, and non-medical needs. Although there were indications that the impetus for seeking a PCP change was seeking pain medication, there was no documentation in the record that this was explored with the member. During the on-site review, staff reported that the care coordination process is driven by the member and starts where the member requests.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing  
 FY 2012–2013 Record Review Tool  
 for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Development of a Care Treatment Plan</b>		
<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            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><b>Observations:</b></p> <p>Although care coordination contact notes and the home visit documented discussions that took place with the member, there was no comprehensive care plan developed with short- and long-term goals. During the on-site review, staff reported that the documentation system has limitations and that that CCHA was researching the market to identify a new care coordination documentation system.</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            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><b>Observations:</b></p> <p>Documentation demonstrated that the member was referred to a community resource where he could obtain clothing for his children, the county workforce center, and an additional food bank resource. The health partner documented that next steps would be determining if the member qualifies for daycare assistance and assistance with home winterization.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Development of a Care Treatment Plan</b>		
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	
<b>Observations:</b> The HRA included questions regarding language spoken and communication barriers. There were no questions that assessed other aspects of cultural or spiritual needs or whether the member had cultural beliefs or values that may impact his health care. Without a thorough assessment, care planning with regard to cultural needs may be incomplete.		
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	
<b>Observations:</b> There were no community barriers identified that the care coordinator was required to address.		



*Appendix B. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Provision of Care/Case Management Services</b>		
<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><b>Observations:</b>            The member participated in care management within the boundaries of obtaining specific referrals for community resources.</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"> <li>◆ Complex behavioral or physical health needs</li> <li>◆ The member has physical or developmental disabilities</li> <li>◆ The member is a child or foster child</li> <li>◆ The member is an adult or is aged</li> <li>◆ The member is non-English-speaking</li> <li>◆ The member was in need of assistance with medical transitions</li> </ul> <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><b>Observations:</b>            The member was identified as an at-risk adult due to complex behavioral and physical health needs. The reviewer was unable to determine whether care coordination was responsive to the member’s needs related to the request for pain medication and associated behaviors as the assessment process did not explore this area with the member.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Provision of Care/Case Management Services</b>		
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	
<b>Observations:</b> There were attempts to contact the member via telephone following the referrals, but the member could not be reached and the case was closed.		

Results for Care Management Record Review					
<b>Total</b>	Met	=	<u>4</u>	X	1.00 = <u>4</u>
	Substantially Met	=	<u>3</u>	X	.75 = <u>2.25</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>1</u>	X	NA = <u>NA</u>
<b>Total Applicable</b>		=	<u>10</u>	<b>Total Score</b>	= <u>7.25</u>
<b>Total Score ÷ Total Applicable</b>				=	<u>73%</u>



*Appendix B. Colorado Department of Health Care Policy and Financing  
 FY 2012–2013 Record Review Tool  
 for Colorado Community Health Alliance (Region 6)*

Sample Number: J\*\*\*\*\* (5)

Reviewer: Barbara McConnell/ Diane Somerville

Care Management Program Record Review		Score
<b>Identification</b>		
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	
<b>Observations:</b> This member was identified via SDAC data for having a new diagnosis and the member’s CRG risk score.		
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            Regions 2, 3, 4, 5: Exhibit A—6.4.3            (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	
<b>Observations:</b> The health partner placed a call to the member and left a message. The member called back and an HRA was completed over the telephone. The member reported that he was using continuous positive airway pressure (CPAP), was seeing a mental health therapist for depression and anxiety, and that he had a PCP and a specialist. The member also reported that he had been seeing a dietician for counseling related to upcoming lap band surgery. The member reported satisfaction with his current health care and mental health therapist; therefore, the health partner closed the case.		



*Appendix B. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Assessment</b>		
<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><b>Observations:</b></p> <p>While the HRA was present in the record, based on the conversation with the member, an essential component of a comprehensive assessment is contact with current providers (i.e., the PCP and the mental health therapist at a minimum) to obtain a complete picture of the member’s needs. There was no documentation that the health partner asked where the member received therapy, or asked the member if he would be willing to sign releases of information so that the health partner could coordinate with the rest of the health care team.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> <li>◆ Health status?</li> <li>◆ Health behavior/risks?</li> <li>◆ Medical and non-medical needs?</li> </ul> <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><b>Observations:</b></p> <p>This case represented a missed opportunity for CCHA. This member was planning an inpatient hospitalization. If the health partner had pursued a relationship at this point, prior to the need to coordinate a transition of care, it is likely that preparations, releases of information, and transition planning could occur before the hospitalization, possibly streamlining the coordination needed during the transition.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing  
 FY 2012–2013 Record Review Tool  
 for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Development of a Care Treatment Plan</b>		
1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?  <p align="center"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1              Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<b>Observations:</b> The health partner closed this member’s case prior to a comprehensive assessment of needs, although the member was engaged in active treatment with a mental health therapist and planning a major surgery.		
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 align="center"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2              Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<b>Observations:</b> There was no documentation that the health partner attempted to contact other providers to determine needs prior to closing the case.		



*Appendix B. Colorado Department of Health Care Policy and Financing  
 FY 2012–2013 Record Review Tool  
 for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Development of a Care Treatment Plan</b>		
3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values?  <p align="right"><i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2            Regions 2, 3, 5: Exhibit A—6.4.5.2.2            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	
<b>Observations:</b> There was no care plan developed.		
4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member?  <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4            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	
<b>Observations:</b> The case was closed prior to the care planning process.		



*Appendix B. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Provision of Care/Case Management Services</b>		
<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><b>Observations:</b>            The case was closed prior to the care planning process.</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"> <li>◆ Complex behavioral or physical health needs</li> <li>◆ The member has physical or developmental disabilities</li> <li>◆ The member is a child or foster child</li> <li>◆ The member is an adult or is aged</li> <li>◆ The member is non-English-speaking</li> <li>◆ The member was in need of assistance with medical transitions</li> </ul> <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><b>Observations:</b>            The member was identified as an adult without dependent children (AwDC), and an at-risk adult due to a new diagnosis and impending major surgery.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing  
 FY 2012–2013 Record Review Tool  
 for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Provision of Care/Case Management Services</b>		
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 type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<b>Observations:</b> The case was closed prior to completing a comprehensive assessment of needs to thoroughly understand the member’s long-term needs.		

Results for Care Management Record Review					
<b>Total</b>	Met	=	<u>2</u>	X	1.00 = <u>2</u>
	Substantially Met	=	<u>0</u>	X	.75 = <u>0</u>
	Partially Met	=	<u>2</u>	X	.50 = <u>1</u>
	Not Met	=	<u>4</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>3</u>	X	NA = <u>NA</u>
<b>Total Applicable</b>		=	<u>8</u>	<b>Total Score</b>	= <u>3</u>
<b>Total Score ÷ Total Applicable</b>				=	<u>38%</u>



*Appendix B. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

Sample Number: T\*\*\*\*\* (6)

Reviewer: Barbara McConnell/ Diane Somerville

Care Management Program Record Review		Score
<b>Identification</b>		
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	
<b>Observations:</b> This member was identified via SDAC data as a high ED utilizer.		
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	
<b>Observations:</b> A health partner called the father, who explained that the member is severely disabled, is receiving services from Imagine (the community centered board [CCB] for Boulder County), and that he did not need care coordination services from CCHA. The father also stated that ED visits had been related to a clogged J tube line. The health partner gave the father her telephone number, sent a CCHA brochure, and closed the case as the ED visits were deemed medically necessary. Six months later, the health partner placed another call to the father who again declined participation.		



*Appendix B. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Assessment</b>		
<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 type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p><b>Observations:</b>            Not applicable.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> <li>◆ Health status?</li> <li>◆ Health behavior/risks?</li> <li>◆ Medical and non-medical needs?</li> </ul> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i>  <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p><b>Observations:</b>            Not applicable.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing  
 FY 2012–2013 Record Review Tool  
 for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Development of a Care Treatment Plan</b>		
1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?  <div 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> </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	
<b>Observations:</b> Not applicable.		
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.  <div 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> </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	
<b>Observations:</b> Not applicable.		



*Appendix B. Colorado Department of Health Care Policy and Financing  
 FY 2012–2013 Record Review Tool  
 for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Development of a Care Treatment Plan</b>		
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 type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<b>Observations:</b> Not applicable.		
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	
<b>Observations:</b> Not applicable.		



*Appendix B. Colorado Department of Health Care Policy and Financing  
 FY 2012–2013 Record Review Tool  
 for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Provision of Care/Case Management Services</b>		
<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            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><b>Observations:</b>            Not applicable.</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"> <li>◆ Complex behavioral or physical health needs</li> <li>◆ The member has physical or developmental disabilities</li> <li>◆ The member is a child or foster child</li> <li>◆ The member is an adult or is aged</li> <li>◆ The member is non-English-speaking</li> <li>◆ The member was in need of assistance with medical transitions</li> </ul> <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3            Regions 2, 3: Exhibit A—6.4.5.2.3            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><b>Observations:</b>            Not applicable.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Provision of Care/Case Management Services</b>		
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 type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<b>Observations:</b> Not applicable.		

Results for Care Management Record Review					
<b>Total</b>	Met	=	<u>2</u>	X	1.00 = <u>2</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>2</u>	X	NA = <u>NA</u>
<b>Total Applicable</b>		=	<u>2</u>	<b>Total Score</b>	= <u>2</u>

<b>Total Score ÷ Total Applicable</b>		=	<u>100%</u>
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*Appendix B. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

Sample Number: O\*\*\*\*\* (8)

Reviewer: Barbara McConnell/ Diane Somerville

Care Management Program Record Review		Score
<b>Identification</b>		
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	
<b>Observations:</b> This member was identified via SDAC data as a high CRG risk level and via multiple hospitalizations. The member was 94 years old and had dementia.		
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	
<b>Observations:</b> A health partner called the member’s home and left a message. The member’s daughter called back and stated the member was being transferred to a long-term care facility. The health partner then closed the case. A few months later, the health partner called the daughter to see if the member was stable. There had been no change, so the case was closed again.		



*Appendix B. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Assessment</b>		
<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 type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p><b>Observations:</b> Not applicable.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> <li>◆ Health status?</li> <li>◆ Health behavior/risks?</li> <li>◆ Medical and non-medical needs?</li> </ul> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i>  <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p><b>Observations:</b> Not applicable.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing  
 FY 2012–2013 Record Review Tool  
 for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Development of a Care Treatment Plan</b>		
<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            Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p><b>Observations:</b>            Not applicable.</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            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><b>Observations:</b>            Not applicable.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

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



*Appendix B. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Provision of Care/Case Management Services</b>		
<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><b>Observations:</b> Not applicable.</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"> <li>◆ Complex behavioral or physical health needs</li> <li>◆ The member has physical or developmental disabilities</li> <li>◆ The member is a child or foster child</li> <li>◆ The member is an adult or is aged</li> <li>◆ The member is non-English-speaking</li> <li>◆ The member was in need of assistance with medical transitions</li> </ul> <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><b>Observations:</b> Not applicable.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing  
 FY 2012–2013 Record Review Tool  
 for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Provision of Care/Case Management Services</b>		
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 type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<b>Observations:</b> Not applicable.		

Results for Care Management Record Review					
<b>Total</b>	Met	=	<u>2</u>	X	1.00 = <u>2</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>9</u>	X	NA = <u>NA</u>
<b>Total Applicable</b>		=	<u>2</u>	<b>Total Score</b>	= <u>2</u>

<b>Total Score ÷ Total Applicable</b>		=	<u>100%</u>
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*Appendix B. Colorado Department of Health Care Policy and Financing  
 FY 2012–2013 Record Review Tool  
 for Colorado Community Health Alliance (Region 6)*

Sample Number: W\*\*\*\*\* (9)

Reviewer: Barbara McConnell/ Diane Somerville

Care Management Program Record Review		Score
<b>Identification</b>		
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	
<b>Observations:</b> This member was identified via SDAC data as being in the eligibility category of foster child. The member was 16 years old and was placed in the maternal grandmother’s home. There were no ED visits or chronic diagnoses.		
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            Regions 2, 3, 4, 5: Exhibit A—6.4.3            (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	
<b>Observations:</b> A health partner called the maternal grandmother who stated that the member had returned to the mother’s home and that there were no health concerns needing coordination of care activities. The case was then closed.		



*Appendix B. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Assessment</b>		
<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 type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p><b>Observations:</b> Not applicable.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> <li>◆ Health status?</li> <li>◆ Health behavior/risks?</li> <li>◆ Medical and non-medical needs?</li> </ul> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i>  <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p><b>Observations:</b> Not applicable.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing  
 FY 2012–2013 Record Review Tool  
 for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Development of a Care Treatment Plan</b>		
1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?  <div 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> </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	
<b>Observations:</b> Not applicable.		
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.  <div 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> </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	
<b>Observations:</b> Not applicable.		



*Appendix B. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Development of a Care Treatment Plan</b>		
3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values?  <p align="center"><i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i>  <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i>  <i>Regions 4: Exhibit A—6.4.3.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<b>Observations:</b> Not applicable.		
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 type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<b>Observations:</b> Not applicable.		



*Appendix B. Colorado Department of Health Care Policy and Financing  
 FY 2012–2013 Record Review Tool  
 for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Provision of Care/Case Management Services</b>		
<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            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><b>Observations:</b>            Not applicable.</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"> <li>◆ Complex behavioral or physical health needs</li> <li>◆ The member has physical or developmental disabilities</li> <li>◆ The member is a child or foster child</li> <li>◆ The member is an adult or is aged</li> <li>◆ The member is non-English-speaking</li> <li>◆ The member was in need of assistance with medical transitions</li> </ul> <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3            Regions 2, 3: Exhibit A—6.4.5.2.3            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><b>Observations:</b>            Not applicable.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing  
 FY 2012–2013 Record Review Tool  
 for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Provision of Care/Case Management Services</b>		
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 type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<b>Observations:</b> Not applicable.		

Results for Care Management Record Review					
<b>Total</b>	Met	=	<u>2</u>	X	1.00 = <u>2</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>9</u>	X	NA = <u>NA</u>
<b>Total Applicable</b>		=	<u>2</u>	<b>Total Score</b>	= <u>2</u>

<b>Total Score ÷ Total Applicable</b>		=	<u>100%</u>
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*Appendix B. Colorado Department of Health Care Policy and Financing  
 FY 2012–2013 Record Review Tool  
 for Colorado Community Health Alliance (Region 6)*

Sample Number: G\*\*\*\*\* (10)

Reviewer: Barbara McConnell/ Diane Somerville

Care Management Program Record Review		Score
<b>Identification</b>		
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	
<b>Observations:</b> This member was identified via a notification from the Centura system that the member had an ED visit.		
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            Regions 2, 3, 4, 5: Exhibit A—6.4.3            (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	
<b>Observations:</b> A health partner called the member to confirm that he had had a follow-up visit with his PCP after the ED visit. The health partner explained CCHA and the care coordination program and provided contact information. The member declined participation in the care coordination program. SDAC data indicated that this member was at low risk.		



*Appendix B. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Assessment</b>		
<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 type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p><b>Observations:</b>            Not applicable.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> <li>◆ Health status?</li> <li>◆ Health behavior/risks?</li> <li>◆ Medical and non-medical needs?</li> </ul> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i>  <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p><b>Observations:</b>            Not applicable.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Development of a Care Treatment Plan</b>		
<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 type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p><b>Observations:</b>            Not applicable.</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><b>Observations:</b>            Not applicable.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Development of a Care Treatment Plan</b>		
3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values?  <p align="center"><i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i>  <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i>  <i>Regions 4: Exhibit A—6.4.3.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<b>Observations:</b> Not applicable.		
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 type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<b>Observations:</b> Not applicable.		



*Appendix B. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Provision of Care/Case Management Services</b>		
<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><b>Observations:</b> Not applicable.</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"> <li>◆ Complex behavioral or physical health needs</li> <li>◆ The member has physical or developmental disabilities</li> <li>◆ The member is a child or foster child</li> <li>◆ The member is an adult or is aged</li> <li>◆ The member is non-English-speaking</li> <li>◆ The member was in need of assistance with medical transitions</li> </ul> <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><b>Observations:</b> Not applicable.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing  
 FY 2012–2013 Record Review Tool  
 for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Provision of Care/Case Management Services</b>		
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 type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<b>Observations:</b> Not applicable.		

Results for Care Management Record Review					
<b>Total</b>	Met	=	<u>2</u>	X	1.00 = <u>2</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>9</u>	X	NA = <u>NA</u>
<b>Total Applicable</b>		=	<u>2</u>	<b>Total Score</b>	= <u>2</u>

<b>Total Score ÷ Total Applicable</b>		=	<u>100%</u>
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*Appendix B. Colorado Department of Health Care Policy and Financing  
 FY 2012–2013 Record Review Tool  
 for Colorado Community Health Alliance (Region 6)*

Sample Number: R\*\*\*\*\* (16)

Reviewer: Barbara McConnell/ Diane Somerville

Care Management Program Record Review		Score
<b>Identification</b>		
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	
<b>Observations:</b> This member was identified via SDAC data due to high emergency department (ED) utilization. The 22-year-old member was pregnant when she was identified for case management by CCHA.		
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            Regions 2, 3, 4, 5: Exhibit A—6.4.3            (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	
<b>Observations:</b> A health partner called the member and left a voice mail. The member returned the call and was assigned to both a nurse health partner and a social worker health partner. An HRA was completed.		



*Appendix B. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

<b>Care Management Program Record Review</b>		<b>Score</b>
<b>Assessment</b>		
<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><b>Observations:</b></p> <p>An HRA was completed by the level 1 health partner, and a home visit was completed by the level 2 health partner (social worker). The member had presented in the ED in July for severe nausea. She did not know she was pregnant until diagnosed in the ED. The member applied for Medicaid at that time and had her first PCP appointment in October. The member was identified via SDAC data in January (eight months pregnant before identified for care coordination). The member is on food stamps and requested help with housing, obtaining clothing, and assistance applying for the energy assistance program. The member also requested that a nurse call her with information about maternity programs.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> <li>◆ Health status?</li> <li>◆ Health behavior/risks?</li> <li>◆ Medical and non-medical needs?</li> </ul> <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><b>Observations:</b></p> <p>The assessment addressed health status/medical needs, behavior and associated risks, and non-medical needs.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing  
 FY 2012–2013 Record Review Tool  
 for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Development of a Care Treatment Plan</b>		
1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?  <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1              Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<b>Observations:</b> Although care coordination contact notes and the home visit documented discussions that took place with the member, there was no comprehensive care plan developed with short- and long-term goals. During the on-site review, staff reported that the documentation system has limitations and that that CCHA was researching the market to identify a new care coordination documentation system.		
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 align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2              Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<b>Observations:</b> The health partner provided the member with a list of pediatricians, referred her to the Nurse-Family Partnership program (a county health program), and explained the Medicaid non-emergency transportation program. The member may have needed to be accompanied to the Nurse-Family Partnership program to ensure successful referral completion. There was no documentation that the health partner contacted the PCP.		



*Appendix B. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Development of a Care Treatment Plan</b>		
<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><b>Observations:</b></p> <p>The HRA included questions regarding language spoken and communication barriers. There were no questions that assessed other aspects of cultural or spiritual needs or whether the member had cultural beliefs or values that may impact her health care. Without a thorough assessment, care planning with regard to the cultural needs may be incomplete.</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><b>Observations:</b></p> <p>No community barriers were identified that the care coordinator was required to address.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Provision of Care/Case Management Services</b>		
<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 checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p><b>Observations:</b>            Contact with this member that was documented was minimal. Increased contact at shorter intervals may have kept this member more engaged.</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"> <li>◆ Complex behavioral or physical health needs</li> <li>◆ The member has physical or developmental disabilities</li> <li>◆ The member is a child or foster child</li> <li>◆ The member is an adult or is aged</li> <li>◆ The member is non-English-speaking</li> <li>◆ The member was in need of assistance with medical transitions</li> </ul> <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><b>Observations:</b>            This member was identified as an at-risk adult due to a first-time pregnancy and lack of prenatal care. The extended time between attempted calls for this member created a missed opportunity to effectively assist this member when she had not followed through with contacting the county family nurse program or calling HealthColorado to become assigned to a PCMP. In March the health partner contacted the member after delivery and discovered that the baby was admitted to the neonatal intensive care unit. The member had lost the telephone number for the Nurse-Family Partnership program. The health partner provided the number again. Subsequent attempts to reach the member have been unsuccessful. The case remains open with monthly attempts to contact. The only method of attempted contact that was documented was telephone. There were no spontaneous home visit attempts documented or visits to the hospital immediately following delivery.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing  
 FY 2012–2013 Record Review Tool  
 for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Provision of Care/Case Management Services</b>		
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 type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<b>Observations:</b> The health partner did not attempt to reach the member again until February, discovering after multiple attempts that the member’s number had changed and CCHA had the wrong number. The health partner used the Centura electronic record system to relocate the member. At that point, the health partner discovered that the member had had trouble getting to the Nurse-Family Partnership program and had chosen a PCP, but data were showing her still unattributed to that provider. The health partner explained how to call HealthColorado to become attributed to her PCP in the system.		

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

<b>Total Score ÷ Total Applicable</b>		=	<u>60%</u>
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*Appendix B. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

Sample Number: G\*\*\*\*\* (17)

Reviewer: Barbara McConnell/ Diane Somerville

Care Management Program Record Review		Score
<b>Identification</b>		
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	
<b>Observations:</b> This member was identified via the ED Super Census (developed from data sources including SDAC data). This 23-year-old member has multiple, complex medical and behavioral health issues including diabetes, seizures, memory loss, ADHD, bipolar disorder, and a history of multiple bicycle accidents after which his seizures exacerbated. The member reports that he takes more than five medications. The member reports that he has had a dislocated shoulder and that he has an upcoming knee surgery (ACL repair).		
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	
<b>Observations:</b> A health partner level 1 completed an HRA, and the member was then assigned to a health partner level 2 (social worker) and a health partner level 3 (nurse). Following multiple attempts to contact the member, a home visit assessment was completed.		



*Appendix B. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Assessment</b>		
<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><b>Observations:</b></p> <p>The home visit documentation (completed 6/11/12) stated that the member does not drink and does not have a history of drug use, despite contact notes between January and June that the member called the health partner intoxicated, that the member was intoxicated at the time of the home visit, and that in March the member was admitted to the hospital with an extremely high blood-alcohol level.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> <li>◆ Health status?</li> <li>◆ Health behavior/risks?</li> <li>◆ Medical and non-medical needs?</li> </ul> <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><b>Observations:</b></p> <p>Although the assessment addressed health status/medical needs, behavior and associated risks, and non-medical needs, the assessment did not represent an accurate or complete clinical picture of the member. While the therapeutic approach not to confront the member while attempting to engage the member in the care coordination process and relationship is valid, documentation must be accurate for other team members who may read the record while working with this member.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing  
 FY 2012–2013 Record Review Tool  
 for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Development of a Care Treatment Plan</b>		
<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            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><b>Observations:</b></p> <p>Although care coordination contact notes and the home visit documented discussions that took place with the member, there was no comprehensive care plan developed with short- and long-term goals. During the on-site review, staff reported that the documentation system has limitations and that CCHA was researching the market to identify a new care coordination documentation system.</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            Regions 2, 3, 5: Exhibit A—6.4.5.1.2</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><b>Observations:</b></p> <p>The health partner helped the member get his food stamps reinstated after he had lost those benefits. The member requested subsidized housing. The health partner sent the member a subsidized housing list. CCHA staff reported that the health partner had scheduled a 3-way call between the member, the health partner, and the Jefferson Center for Mental Health, but that the member canceled. The member also refused substance abuse treatment. The documentation did not indicate whether in-person support or accompanying the member to a mental health intake appointment was offered. There was no documentation that the health partners contacted either of the member’s providers (the PCP following the member for his Coumadin medication or the provider that was prescribing oxycodone), despite a hospital admission for an oxycodone overdose and a hospital admission for a high Coumadin level.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing  
 FY 2012–2013 Record Review Tool  
 for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Development of a Care Treatment Plan</b>		
3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values?  <p align="right"><i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2            Regions 2, 3, 5: Exhibit A—6.4.5.2.2            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	
<b>Observations:</b> The HRA included questions regarding language spoken and communication barriers. There were no questions that assessed other aspects of cultural or spiritual needs or whether the member had cultural beliefs or values that may impact his health care. Without a thorough assessment, care planning with regard to cultural needs may be incomplete.		
4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member?  <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4            Regions 2, 3, 5: Exhibit A—6.4.5.3.3.4</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	
<b>Observations:</b> The member requested subsidized housing. CCHA staff reported that the Section 8 housing list is full and that members may not add their names to the list. The health partner sent the member a subsidized housing list, but there was no documentation that the health partner attempted to reach the programs on the list to assist the member in identifying available programs.		



*Appendix B. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Provision of Care/Case Management Services</b>		
<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 checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p><b>Observations:</b>            The member was resistive to substance abuse and mental health treatment. The health partner was somewhat passive in her approach to assist the member in obtaining these therapies. More personal contact and offers to accompany the member to appointments may have resulted in more positive outcomes.</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"> <li>◆ Complex behavioral or physical health needs</li> <li>◆ The member has physical or developmental disabilities</li> <li>◆ The member is a child or foster child</li> <li>◆ The member is an adult or is aged</li> <li>◆ The member is non-English-speaking</li> <li>◆ The member was in need of assistance with medical transitions</li> </ul> <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><b>Observations:</b>            Although CCHA has worked with the member for over a year, there was little evidence in the record that the health partners proactively sought the member out to engage him in the care coordination or navigated system issues with or for him. Telephone calls and sending lists was the majority of the documentation following the initial home visit (apart from one visit to the hospital).</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Provision of Care/Case Management Services</b>		
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	
<b>Observations:</b> Following the latest hospitalization, the documentation indicated that the health partner verified that the member did obtain a PCP appointment following discharge.		

Results for Care Management Record Review					
<b>Total</b>	Met	=	<u>3</u>	X	1.00 = <u>3</u>
	Substantially Met	=	<u>0</u>	X	.75 = <u>0</u>
	Partially Met	=	<u>6</u>	X	.50 = <u>3</u>
	Not Met	=	<u>2</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>0</u>	X	NA = <u>0</u>
<b>Total Applicable</b>		=	<u>11</u>	<b>Total Score</b>	= <u>6</u>
<b>Total Score ÷ Total Applicable</b>				=	<u>55%</u>



*Appendix B. Colorado Department of Health Care Policy and Financing  
 FY 2012–2013 Record Review Tool  
 for Colorado Community Health Alliance (Region 6)*

Sample Number: H\*\*\*\*\* (18)

Reviewer: Barbara McConnell/ Diane Somerville

Care Management Program Record Review		Score
<b>Identification</b>		
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	
<b>Observations:</b> This member was referred to care coordination by the PCP for assistance obtaining new dentures and glasses. The member has diabetes and mental health issues, with a recent hospitalization for an overdose of Xanax.		
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            Regions 2, 3, 4, 5: Exhibit A—6.4.3            (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	
<b>Observations:</b> The member contacted care coordination at the suggestion of the PCP. A health partner completed the HRA. The member was then assigned to a nurse health partner who conducted a home visit assessment.		



*Appendix B. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

<b>Care Management Program Record Review</b>		<b>Score</b>
<b>Assessment</b>		
<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><b>Observations:</b>            The home visit assessment revealed that the member was being seen at the Jefferson Center for Mental Health for depression and schizoaffective disorder. The member also was receiving supplemental security income (SSI), food stamps, home care service through Home and Community-Based Services (HCBS), and Section 8 housing benefits.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> <li>◆ Health status?</li> <li>◆ Health behavior/risks?</li> <li>◆ Medical and non-medical needs?</li> </ul> <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><b>Observations:</b>            The assessment addressed health status/medical needs, behavior and associated risks, and non-medical needs.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing  
 FY 2012–2013 Record Review Tool  
 for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Development of a Care Treatment Plan</b>		
<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            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><b>Observations:</b></p> <p>Although care coordination contact notes and the home visit documented discussions that took place with the member, there was no comprehensive care plan developed with short- and long-term goals. During the on-site review, staff reported that the documentation system has limitations and that CCHA was researching the market to identify a new care coordination documentation system.</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            Regions 2, 3, 5: Exhibit A—6.4.5.1.2</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><b>Observations:</b></p> <p>At one point, the health partner was unable to locate the member and two weeks later discovered that the member had been hospitalized for an overdose of Xanax. During the hospitalization, the member lost HCBS services. The health partner assisted with the application to reinstate HCBS services. Early in the case when the goal was to obtain dentures and glasses, attempted contact with the member was 30 to 60 days apart, at which time the member’s health declined.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing*  
**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Development of a Care Treatment Plan</b>		
<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><b>Observations:</b></p> <p>The HRA included questions regarding language spoken and communication barriers. There were no questions that assessed other aspects of cultural or spiritual needs or whether the member had cultural beliefs or values that may impact her health care. Without a thorough assessment, care planning with regard to cultural needs may be incomplete.</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 checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p><b>Observations:</b></p> <p>Early in the case, documentation was inconsistent and unclear as to what programs had been researched to obtain glasses and dentures for this member. Contact was 30 to 60 days apart, at which time the member’s health declined and the health partners were unaware.</p>		



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**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Provision of Care/Case Management Services</b>		
<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 checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p><b>Observations:</b>            Contact with this member that was documented was minimal. Increased contact at shorter intervals may have kept this member more engaged, which may have improved CCHA’s ability to become alerted to hospitalizations.</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"> <li>◆ Complex behavioral or physical health needs</li> <li>◆ The member has physical or developmental disabilities</li> <li>◆ The member is a child or foster child</li> <li>◆ The member is an adult or is aged</li> <li>◆ The member is non-English-speaking</li> <li>◆ The member was in need of assistance with medical transitions</li> </ul> <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><b>Observations:</b>            This member had complex physical and behavioral health issues. Following the hospitalization for an overdose of Xanax, the member was again hospitalized, and then admitted to a skilled nursing facility for a broken hip. Care coordination documentation indicated that the health partners were unaware of these events. There was also no documentation that the health partner attempted to coordinate with the hospitals or the skilled nursing facility or requested that the member sign releases of information. At the time of the site review, the member had once again been hospitalized, reasons were not well documented in the care coordination record, and attempts to coordinate with the hospital were not evident.</p>		



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**FY 2012–2013 Record Review Tool**  
*for Colorado Community Health Alliance (Region 6)*

Care Management Program Record Review		Score
<b>Provision of Care/Case Management Services</b>		
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	
<b>Observations:</b> While follow-up with the member was documented, goals and priorities were unclear. Following multiple hospitalizations and hip fracture, a re-assessment and revised care planning may have been warranted to determine the extent of physical disabilities and needs.		

Results for Care Management Record Review					
<b>Total</b>	Met	=	<u>4</u>	X	1.00 = <u>4</u>
	Substantially Met	=	<u>0</u>	X	.75 = <u>0</u>
	Partially Met	=	<u>4</u>	X	.50 = <u>2</u>
	Not Met	=	<u>3</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>0</u>	X	NA = <u>NA</u>
<b>Total Applicable</b>		=	<u>11</u>	<b>Total Score</b>	= <u>6</u>

<b>Total Score ÷ Total Applicable</b>		=	<u>55%</u>
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