

Colorado
Accountable Care Collaborative

FY 2012–2013 SITE REVIEW REPORT
for
**Community Health Partnership
(Region 7)**

June 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. **Community Health Partnership (CHP)** began operations as a RCCO in July 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 **CHP**.

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 **CHP** 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.

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	1	4	0	0	63%
II Follow-Up: Access to Care/Medical Home	4	4	2	2	0	0	0	88%
Record Reviews	110	105	81	10	3	11	5	86%
Overall Score	120	115	84	13	7	11	5	85%

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

Summary of Findings by Standard

Standard I—Care Coordination/Care Management

Strengths

CHP made significant progress toward assessing the capabilities of its PCMPs with regard to case management and care coordination and in understanding where the **CHP** care coordination program needs to supplement the PCMP case management programs. **CHP** has also made significant progress in partnering with PCMPs; assessing their capabilities; and providing practice support, training, and education to enhance the case management and care coordination **CHP** members receive. **CHP**'s five pilot projects were creative and will provide valuable information to **CHP** for continued program development.

Recommended Actions

There is still more work to do in understanding PCMP-specific processes for member assessment and care planning and in developing the role for the **CHP** Care Coordination program. HSAG recommended that **CHP** assess the PCMP member assessment and care planning tools to determine if enhanced PCMP tools or supplemental **CHP** tools will be needed. This decision will be unique for each PCMP and may evolve over time.

CHP should ensure that assessment and care planning tools address community-based or social service benefits the member may already be receiving so that **CHP** can coordinate with other agencies currently providing these services or care to the member. In addition, **CHP** should ensure a comprehensive approach to assessment and care planning that assesses linguistic and translation needs as well as cultural values, beliefs, and spiritual needs. HSAG encouraged **CHP** to evaluate its risk stratification system and processes for identifying members appropriate for case management and care coordination services to ensure that it captures members that may be at high risk for reasons other than high ED utilization.

HSAG encouraged **CHP** to enhance its care coordination contact notes to include more information and to be arranged sequentially so that events and contacts can be easily followed.

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

Strengths

The Region 7 provider network was adequately aligned with the majority of the RCCO population in the region, which is highly concentrated in El Paso County. **CHP** added several additional PCMPs in the past year to supplement the two dominant PCMPs of Peak Vista and CSHP. CSHP provided 50 percent of the specialist care to members. Approximately 25 percent of the individual practitioners in the network were no longer accepting new RCCO members. Overall, there was a shortage of primary care providers in the local community, and many providers wish to limit the size of their Medicaid panels. These dynamics created a challenge to expanding the size and

capacity of the PCMP network for RCCO members. **CHP** targeted all PCMPs with more than 10 Medicaid members for recruitment. Staff stated that the best recruitment strategy is to promote the “free” resources of the RCCO for practice transformation and other services that can benefit all patients in the practice. **CHP** anticipated that focused transformation activities underway in one large PCMP practice will assist in promoting the benefits of participating in the RCCO. **CHP** is also participating in a collaborative effort with other community leaders to increase the number of primary care practices in the area.

All specialist providers within Region 7 were also operating at capacity. **CHP** had an active referral assistance program to enhance the effectiveness of the referral process and increase access to specialist providers. **CHP** was also participating in innovative strategies to develop specialist clinical protocols for PCMPs, which could relieve some of the caseload burden on specialists during the diagnostic phase of patient treatment.

CHP provided a list of urgent and after-hours care facilities to members and providers, although the information was not prominently displayed on the Community Care Web site. Staff stated that the community has been oriented to seeking after-hours and urgent care through emergency rooms (ER). Some hospitals in El Paso County developed urgent care facilities within their emergency departments. **CHP** was engaged in several focused initiatives to divert members from inappropriate use of the ER.

CHP defined and performed a formal comprehensive medical home assessment on all PCMP practices. Results were used to design support strategies appropriate for individual PCMP needs. **CHP** developed a memorandum of understanding (MOU) for use with PCMPs who qualify, based on the medical home assessment. The MOU specified the reimbursement structure, communication and care coordination requirements, and medical home responsibilities. One PCMP was engaged in an intensive medical home transformation project. **CHP** defined a Practice Support Plan outlining specific operational and clinical practice support tools and trainings to be available to all PCMPs. **CHP** recently implemented a revised and improved Community Care Web site for members and providers and was considering a secure provider portal for dissemination of RCCO-specific tools and information.

Recommended Actions

CHP should carefully evaluate the capacity to expand Medicaid enrollment within the existing provider network.

CHP might consider educational sessions for PCMPs regarding the direction of Medicaid under health care reform and the potentially changing characteristics of the traditional Medicaid population as an inducement for additional providers to consider participation in the RCCO or expand their Medicaid panels.

CHP should evaluate the practice support needs of the entire provider network and more aggressively offer productive support activities to more PCMPs.

HSAG recommended that **CHP** more prominently display urgent care information and locations on the Community Care Web site and/or in the provider directory. **CHP** may also need to consider mechanisms to expand after-hours care through PCMPs within the network.

HSAG recommended that **CHP** enhance the Practice Support Plan by defining a specific development and implementation schedule for the activities outlined in the plan.

Summary of Record Reviews

Strengths

CHP had recently implemented its care coordination program and was in the process of assessing the program's procedures and efficacy. **CHP** had processes to use real-time data from the local hospital emergency rooms and data from the statewide data analytics contractor (SDAC) to identify members for the care coordination program. Care coordination case records indicated that the **CHP** care coordinators documented contacts with the member and the PCMP's case managers.

Recommended Actions

HSAG observed that the PCMP case manager assessment and the PCMP/PCP assessment predominantly focused on managing the physical and medical services of the member. Most assessments did not adequately address the need for community-based resources or programs; assessment of psychosocial issues; or the member's cultural or linguistic needs, values, or belief systems. The assessment process appeared to assume that, if a member was White and spoke English, there was no need to further explore cultural or spiritual needs. In addition, it was unclear in several records whether the case manager or care coordinator adequately inquired whether the member was involved with other care systems, social service systems, or community-based agencies with which the care coordinator would need to communicate. On-site, the Peak Vista care coordinator submitted a revised care coordination assessment that included many of the requirements previously omitted, although the cultural/spiritual section remained minimal. HSAG recommended that **CHP** work with Peak Vista to continue developing the revised care coordination assessment and implement a similar assessment region-wide. Since many of **CHP**'s PCMPs have mature case management programs, **CHP** could consider adding a supplemental care coordination "mini assessment" or protocol for including specific information in contact notes that more fully addresses cultural and spiritual needs and other systems or care coordinator/case managers that may be involved.

In one case, the member had not signed a release of information, which hindered care coordination efforts with the behavioral health provider. HSAG recommended that the negotiations with Aspen Point concerning sharing of information essential for care coordination be completed soon and/or that **CHP** more assertively pursue mechanisms to obtain release of information permissions from members.

In one case, the case manager had not followed up with the behavioral health system to ensure the member received care, as recommended. CSHP should conduct regular follow-up with the member after discharge from a treatment facility to track the member's outcomes and determine subsequent needs.

CHP's care coordination program was focused primarily on reducing member ER visits and assessed member needs primarily as they related to the member's number of ER visits. HSAG recommended that **CHP** consider evaluating its care coordination program and practices to ensure that high-risk members with a risk factor related to diagnoses and factors unrelated to ER visits are included for care coordination activities.

Appendix A. **Data Collection Tool**
for **Community Health Partnership (Region 7)**

The completed data collection tool for Region 7 follows this cover page.



*Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Data Collection Tool
for Community Health Partnership (Region 7)*

Standard I—Care Coordination/Care Management		
Requirement	Desk Review/Discussion Items	Score
<p>1. Integrated Care Coordination characteristics include:</p> <ul style="list-style-type: none"> Ensuring that physical, behavioral, long-term care, social, and other services are continuous and comprehensive; and the service providers communicate with one another in order to effectively coordinate care. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3. Regions 2, 3, 5: Exhibit A—6.4.5.3.1</i></p>	<p>Documents:</p> <ul style="list-style-type: none"> Policies or procedures which address integration of services or communication among providers/entities Comprehensive needs assessment documents Written program plans, training materials, or other documents which address comprehensive and integrated care services <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> Documents reviewed Description of current status of processes and how behavioral, social service, and physical care entities are engaged in integrated care: <ul style="list-style-type: none"> At the individual member level At the delivery system level <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> Discussion of continued challenges to sharing/communication of member information among providers. How is this being addressed? 	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>Findings:</p> <p>Documents reviewed:</p> <ul style="list-style-type: none"> Care Management Plan: CHP’s program plan that describes the organization philosophy and foundation for providing care coordination. The plan described member stratification, the care coordination team, essential CHP resources, and strategies for providing care coordination to address member needs. Comprehensive Needs Assessment: Aggregated results of SF-10 and SF-12 assessments completed thus far. CHP had completed 282 SF-12 (adult) assessments and 22 SF-10 (child) assessments at the time of this report. Initial Behavioral Health Integration Report: The report described systemwide activities designed to improve integration between behavioral health and physical health care, such as developing a business associate agreement with the area’s BHO, collocation of behavioral health and physical health providers in CHP’s large PCMP clinics, QI initiatives to address high inappropriate ED utilization, and CHP Service Center support for referrals. Integration Report: The report described the project to assess all members using the SF-10 and the SF-12 and report physical health summary scores and psychosocial summary scores to the PCP to encourage referrals to behavioral health services, when needed. 		



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Additional Discussion:

CHP staff explained that CHP—as the entity who holds the RCCO contract with the State—named its RCCO line of business Community Care of Central Colorado. CHP staff presented and described the Community Care of Central Colorado Care Management Plan. Staff described both ongoing activities and six distinct pilot projects to further the efforts for care coordination. The pilot programs were Emergency Department (ED) Diversion, Member Health Assessment Question, Feet on the Street, PCMP Care Coordination Expectations and Memorandum of Understanding (MOU), Telephonic Disease Management, and Exploring the Role of Specialists in the Accountable Care Collaborative (ACC) Program. Pilot programs were at various levels of implementation. Staff reported that the Care Management Plan was implemented in July 2012 and, to date, has primarily involved using CHP care coordinators to supplement the case management services provided by the PCMPs for the most complex cases. Both Peak Vista and Colorado Springs Health Partners (CSHP) have collocated behavioral health clinicians at some of the clinic sites. In addition, Peak Vista has a PCP embedded in Aspen Pointe, the area’s community mental health center (CMHC). Review of case records on-site indicated that, while CHP strives to accomplish a team concept and sharing of information to achieve case management and care coordination, it continues to struggle with implementation. Behavioral health care and physical health care occurred separately, with no apparent efforts to coordinate the two types of care to ensure best outcomes for the member. Staff discussed the behavioral health clinician community’s reluctance to seek releases of information or share information for care coordination purposes. Although the Health Insurance Portability and Accountability Act (HIPAA) allows sharing of information for care coordination purposes and CHP has conducted trainings for behavioral health staff, the community remains wary and effective care coordination remains somewhat impaired. CHP management has been negotiating with the CMHC for four to five months to develop a HIPAA-compliant business associate agreement to improve the process of sharing information; however, a final agreement had not yet been reached at the time of the site review.



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<p>2. Comprehensive care coordination characteristics include:</p> <ul style="list-style-type: none"> ◆ Assessing the member’s health and health behavior risks and medical and non-medical needs ◆ Determining if a care plan exists and creating a care plan if one does not exist and is needed. ◆ The ability to link members both to medical services and to non-medical, community-based services, such as child care, food assistance, services supporting elders, housing, utilities assistance, and other non-medical supports. This ability to link may range from being able to provide members with the necessary contact information for the service to arranging the services and acting as a liaison between medical providers, non-medical providers, and the member. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1 Regions 2, 3, 5: Exhibit A—6.4.5.1</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ How members are assessed to identify needs ◆ Policies and procedures regarding stratification/tier levels for care coordination ◆ Care Coordination Plan ◆ Tracking referrals to non-medical services <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ Examples. ◆ Information collected on-site from Care Coordination File Reviews. ◆ The process for identifying members appropriate for care coordination services. <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> ◆ How PCMPs identify members appropriate for complex care management. ◆ Whether the RCCO staff or PCMPs perform the assessment. ◆ Explore the role of non-medical services in providing care coordination to the RCCO’s population. 	<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>Findings:</p> <p>Documents reviewed:</p> <ul style="list-style-type: none"> ◆ Care Coordination policy: The policy delineated foundational processes for care coordination. The policy also described activities to be performed by specific team members or departments. ◆ Service Center Referrals Report: Report of referrals made (or assisted) by service center staff. All referrals listed were to medical specialists. No community resource or service agency referrals were included. ◆ Assessments. 		



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<ul style="list-style-type: none"> • SF-10 for Children. • SF-12 for Adults. • Peak Vista Revised Care Coordination Assessment: The revised assessment addressed psychosocial functioning, community services received, and linguistic needs. ◆ Provider Care Coordination Expectations: The MOU represents an agreement on behalf of the signed provider to engage in essential care management activities (identified using the medical home model of care). 	<p>Additional Discussion:</p> <p>Staff described the learning process and realization that the case management services provided by the PCMP case managers has been medically focused and has not adequately assessed the psychosocial, cultural, spiritual, and community-based member needs. On-site, Peak Vista staff shared a recently implemented member care coordination assessment that incorporated many of the requirements to provide a comprehensive assessment of member needs, taking more than medical needs into consideration. Records reviewed on-site were prior to implementation of the revised form. CHP staff members indicated that once the assessment is evaluated and used for a time, they may consider working with the other PCMPs to develop similar assessment tools.</p> <p>CHP described two projects to address assessing member behavioral health and physical health needs.</p> <ul style="list-style-type: none"> ◆ The Service Center (a centralized location where CHP administrative services are performed) staff began contacting members in November to perform the SF-12 (adults) or the SF-10 (children). The project began with contacting unattributed members to perform the assessment and assign the PCP. The second stage of the project was to perform the assessment during any inbound or outbound call contact with a member. At the time of the site review, 282 SF-12s and 22 SF-10s had been completed. The goal of this project is to reassess members annually. CHP staff acknowledged that increased staff may be necessary to complete the number of assessments as planned. ◆ CHP had recently obtained MOUs from all providers that described expectations related to primary care medical home requirements and case management requirements. CHP has asked all providers to ask members the first question on the SF-12 and SF-10, which asks the member or parent to rate his/her/the child's health on a 5-point scale (poor to excellent). This project is one of the pilot programs and is designed to evaluate whether the single question is a valid predictor of health risk while at the same time introducing the idea of member health assessments to PCMPs. <p>In addition to case management provided by the PCMPs and supplemental care coordination initiated by CHP, the Service Center provides navigation at the members' request. CHP described navigation as primarily referral to community-based organizations and non-medical services. Often, navigation occurs via the Customer Services point of contact.</p>	



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<p>3. Comprehensive care coordination characteristics include:</p> <ul style="list-style-type: none"> ◆ Providing assistance during care transitions from hospitals or other care institutions to home- or community-based settings or during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care to care in a nursing facility. This assistance shall promote continuity of care and prevent unnecessary re-hospitalizations and document and communicate necessary information about the member to the providers, institutions, and individuals involved in the transition. 	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ Transition of Care policies and procedures or Plans ◆ Examples of “transition of care” cases <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ How are “transition of care” members identified? ◆ How is the transition plan (or processes) communicated to providers and all individuals/entities involved in the transition of members between levels of care? <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> ◆ What is the status of access to real-time data for care coordination follow-up? (hospitalizations, ED visits) ◆ Do you track/evaluate the impact of transition management on readmissions? 	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>Findings:</p> <p>Documents reviewed:</p> <ul style="list-style-type: none"> ◆ Initial Behavioral Health Integration Report: The report described processes for obtaining ED reports and discharge summaries essential for coordinating transitions of care. ◆ Integration Report: The report described the project to assess all members using the SF-10 and the SF-12. ◆ Care Management Plan: The plan stated that integration of services includes behavioral, social, and physical care. The plan also addressed the multidisciplinary team. ◆ ED Visit Trends Performance Chart: Demonstrates the trends of ED visits for CHP’s two major PCMP organizations, since decreasing ED visits was the primary target for care coordination efforts. 		
<p>Additional Discussion:</p> <p>CHP’s Care Coordination Plan, which began implementation in July 2012, will need time to mature and solidify processes. At the time of the site review, the Care Coordination program was focused on members who were identified via SDAC and other CHP data as having had a high number of ED visits and/or a high number of high-cost imaging procedures. Care coordination processes reviewed in the cases reviewed were limited to decreasing ED visits. To this end,</p>		



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CHP has a variety of methods to identify high ED users. Hospital ED staff can verify RCCO membership when Medicaid members present for services, and staff can send a daily report of RCCO ED usage each day to the care coordination staff at CHP, who then alert the PCMPs as to which members received ED services. CHP also uses SDAC data to stratify members into risk tiers and contact members to initiate care coordination. Staff reported that Peak Vista had recently implemented a procedure that allows PCPs to refer to the case management program.

CHP also described an ED diversion program whereby the ED notifies CHP when a member who is assigned to the RCCO but unattributed to a PCMP visits the ED. Care coordination staff can meet the member at the ED and, following service, assign the member to a PCP and provide informal education about the role of the PCP/PCMP.

<p>4. Client/Family-Centered characteristics include:</p> <ul style="list-style-type: none"> ◆ Providing care and care coordination activities that are linguistically appropriate to the member and are consistent with the member’s cultural beliefs and values. <p align="right"><i>Regions 1, 4, 6: Exhibit A—6.4.3.2 Regions 2, 3, 5: Exhibit A—6.4.5.2</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ Applicable policies and procedures ◆ Training materials ◆ Evidence of training individuals responsible for care coordination <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ Processes for telephone translation and translation during care coordination activities. ◆ How the RCCO ensures that care is culturally sensitive. ◆ How the RCCO includes deaf and hard of hearing as a culture and training or case examples that demonstrate. 	<ul style="list-style-type: none"> <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
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Findings:

Documents reviewed:

- ◆ PCMP Education/Training Chart: CHP’s training plan for PCMPs.
- ◆ PCMP Training Logs: Log of training that CHP provided to PCMPs and PCMP staff. Topics included SDAC use, diversity, Medicaid and the accountable care organization (ACO) program, service integration, and referral processes. The log also documented completion of the practice assessment. Logs were present for CHP’s major PCMPs.
- ◆ PCMP Medical Home Audit Tool: Assessed access, use of data, care planning and management, support of patient self-management, and care tracking and coordination.



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Additional Discussion:

Translation line services are available through the service center. One out of 10 care coordination cases reviewed on-site contained adequate assessment of cultural values and beliefs. CHP staff acknowledged that initial stages of implementing the Care Management Plan were (1) acceptance and (2) working with the PCMPs’ existing case management programs. Peak Vista was working on a revised initial assessment that includes a more comprehensive member assessment and has a case management module to the electronic health record (EHR) in development. The care management module is anticipated to support a more comprehensive approach to case management. In addition, Peak Vista started performing care coordination assessments during home visits to obtain a more complete picture of members’ needs.

<p>5. Client/Family-Centered characteristics include</p> <ul style="list-style-type: none"> ◆ Providing care coordination that is responsive to the needs of special populations, including: <ul style="list-style-type: none"> • The physically or developmentally disabled. • Children and children in foster care. • Adults and older adults. • Non-English speakers. • All expansion populations, as defined in Colorado House Bill 09-1293, the Colorado Health Care Affordability Act. • Members in need of assistance with medical transitions. • Members with complex behavioral or physical health needs. • Transitional aged youth. <p align="right"><i>Regions 1, 4, 6: Exhibit A—6.4.3.2 Regions 2, 3, 5: Exhibit A—6.4.5.2</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ Applicable policies and procedures or plans <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ How special populations are identified and served. <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> ◆ Explore how foster children, AwDC, and dual eligible populations are impacting the system. ◆ Describe unique needs or approaches used. 	<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 Management Plan: The plan described risk categories and identification of members appropriate for care coordination. Tools for managing complex needs of high-risk members included case management, care coordination, navigation, and disease management programs.
- ◆ Member Packet—Feet on the Street Program: The packet included community care member newsletters, Member’s Guide to the Accountable Care Collaborative Program, a personal health record for the member’s use, member assessments for the health coach’s use, and a business card for the Community Para Medicine Program with a telephone number to call instead of 911.



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Additional Discussion:

At the time of the site review, CHP’s Care Coordination program was focused on members with complex medical and behavioral health needs and a history of high ED use. Identification of other special populations appropriate for care coordination was minimal at the time of the site review. CHP staff described the Feet on the Street Program as a pilot project in cooperation with the Colorado Springs Fire Department to provide members with a health coach and an alternative to calling 911 and/or using the emergency room for routine services. Following identification of a member for inclusion in the program (via SDAC data or referral from the fire department that takes 911 calls), a team made up of a fireman and a CHP care coordinator schedules regular visits with the member to provide health coaching, needs assessment, medication reconciliation, patient instruction (particularly after a hospital admission), and education regarding care management processes and alternatives to using 911 and the ED for nonemergent care. The firemen involved in the pilot project are nurses. CHP reported that PCMP case managers are either nurses or clinical social workers. The health coaching team completes the member health record for the member to use in subsequent PCP visits. At the health coaching visits, members are provided a telephone number and encouraged to use that number before using 911, for nonemergent health needs.

<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 align="right"><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 42CFR438.6(l)</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ Tools used for assessing care coordination capabilities of PCMP practices ◆ Communications to PCMPs regarding care coordination requirements ◆ PCMP care coordination oversight tools ◆ Policies and procedures regarding assessment of PCMP or delegation oversight <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ Description of who provides care coordination and how care coordination is shared between the PCMPs and the Contractor. ◆ Does the oversight of care coordination include the elements of comprehensive care coordination as outlined in requirements #2 and #3? ◆ How is oversight performed (e.g., is the PCMP care plan documented in a system accessible to the RCCO? Is an on-site audit being performed?) 	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable</p>
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*Appendix A. Colorado Department of Health Care Policy and Financing
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Standard I—Care Coordination/Care Management

Requirement	Desk Review/Discussion Items	Score
	<ul style="list-style-type: none"> ◆ How does the RCCO know if the delegated care coordination services are sufficient and consistently provided? 	

Findings:
 Documents reviewed:

- ◆ Audit Tool and Protocol: Examples of completed audit tools for CHP’s first two PCMP organizations—CSHP and Peak Vista.
- ◆ Practice Support Plan: The plan described CHP’s trainings available for PCMPs, materials and resources available to PCMPs, and data distributed to PCMPs (e.g., SDAC, ER utilization).
- ◆ Provider Care Coordination Expectations: The MOU represents an agreement on behalf of the signed provider to engage in essential care management activities (identified using the medical home model of care).
- ◆ Memorandum of Understanding for Provider in the Region 7 Pilot Program (with attachments): The MOU provided expectations regarding case management to be performed by the PCMP, provided a reporting structure, and delineated compensation in addition to the per member per month payment structure.

Additional Discussion:
 CHP began the development of its PCMP network with a large federally qualified health center (FQHC) with multiple locations that had the capability of providing case management. In the past year, CHP implemented a PCMP case management assessment and monitoring tool using NCQA’s medical home standards. In July 2012, CHP developed its own care coordination program to provide additional coordination for members with complex needs and to provide coordination not provided by the PCMP case managers. CHP has begun assessing and coaching additional PCMPs to expand the provider network. For new PCMPs, CHP can offer a meeting with CHP’s chief medical officer to meet with the physicians, demonstrate the SDAC data, and discuss benefits of joining the RCCO’s provider network. CHP staff described a pilot project with selected physicians designed to specify case management expectations and provide incentive for providers to care for members with more complex physical and behavioral health needs. CHP management discussed the need to transform the health care system from a volume-based to a value-based system. Intensive care management and accountability for patient outcomes are the first steps in this process.

Recommended Actions:
 Although CHP appeared to have many creative programs to ensure that members are referred back and forth between behavioral health and physical health providers, behavioral health and physical health treatment continued to occur separately, with no apparent efforts to coordinate the two types of care to ensure best outcomes for the member. At the member-specific level, CHP continues to struggle to achieve truly integrated care due to system-level barriers to sharing of information for care coordination purposes. HSAG encouraged CHP to continue to work at both the individual provider level (education) and the system level (business associate agreement, organization level negotiation) to solve these issues.



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HSAG recommended that CHP continue to evaluate and develop tools to ensure a comprehensive assessment of members, whether conducted by the PCMP, the CHP care coordination staff, or a combination of the two. CHP should ensure that the assessment includes a question for the member regarding which community-based or social service benefits the member is already receiving to identify existing service or care coordination with which CHP may need to coordinate.

HSAG encouraged CHP to evaluate its risk stratification system and processes for identifying members appropriate for case management and care coordination services, to ensure that it captures members that may be at high risk for reasons other than high ED utilization.

HSAG encouraged CHP to evaluate its care management assessment processes and ensure a comprehensive approach that assesses not only linguistic and translation needs, but cultural values, beliefs, and spiritual needs as well. Once a comprehensive assessment is in place, care planning will more easily address the whole person. Following evaluation of PCMPs’ assessment processes, CHP may want to consider developing a supplemental “mini care coordination assessment” or continue to work with selected PCMPs to enhance their processes to ensure comprehensive assessment and care planning. As part of the PCMP practice assessment process, CHP may want to consider reviewing assessment and care planning tools and processes to make informed decisions about tools and processes needed at the CHP care coordination level.

Results for Standard I—Care Coordination/Care Management

Total	Met	=	<u>1</u>	X	1.00	=	<u>1</u>
	Substantially Met	=	<u>1</u>	X	.75	=	<u>.75</u>
	Partially Met	=	<u>4</u>	X	.50	=	<u>2</u>
	Not Met	=	<u>0</u>	X	0.0	=	<u>0</u>
	Not Applicable	=	<u>0</u>	X	NA	=	<u>NA</u>
Total Applicable		=	<u>6</u>	Total Score		=	<u>3.75</u>

Total Score ÷ Total Applicable	=	<u>63%</u>
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Standard II—Follow-Up: Access to Care/Medical Home

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

Findings:
 Documents reviewed:

- ◆ Network Adequacy Report: The report included statistics and maps of contracted PCMP practice locations and listed the PCMC practices targeted for recruitment. The report identified PCMPs by location, but it did not clearly state the total number of practitioners available to RCCO members.
- ◆ Network adequacy map: The location of PCMP offices was primarily along the I-25 corridor in El Paso County and several locations in Woodland Park. The map did not display the distribution of members in the region.
- ◆ Provider Enrollment policy: Stated that the top 10 Medicaid practitioners in a county are targeted for recruitment. The policy also stated that CHP acts on referrals from other providers, Colorado Children’s Healthcare Access Program (CCHAP), the Department, and provider self-referrals.
- ◆ Web-site Provider Directory: Indicated that approximately 35 individual PCMPs are not accepting new RCCO members. Many of these PCMPs were CSHP. Several PCMP listings stated that the provider accepted new Medicaid members but not new RCCO members.

Additional Discussion:
 At the time of the site review, there were 131 rendering practitioners in the PCMP network; 126 of those were located in El Paso County. Over 50 percent of the practitioners were in the Peak Vista clinic system. An additional 25 percent were in the CSHP clinic system. Staff stated that 95 percent of members and 96 percent of provider locations were in El Paso County. CHP has reports that verify that most members in outlying areas are receiving care outside the region. For



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Requirement	Desk Review/Discussion Items	Score
<p>example, Limon members are regularly seeking care in Denver or Parker. Staff also reported that many members receive care in the area where they work. For example, residents of outlying areas in the region may work in more populated communities, such as Denver, and receive medical care there.</p> <p>Staff stated that the dynamics of the local medical community present a challenge for PCMP recruitment: there is shortage of primary care providers, not just a shortage of Medicaid providers. CHP staff felt that the general physician community has been biased against Medicaid members. In addition, CHP management expressed fear that local hospitals may begin buying primary care practices, which could further reduce the number of available Medicaid providers. CHP leadership began discussions with local entities regarding development of a local community-based system of care. The RCCO Clinical Advisory Peer Review Committee (chief medical officers from the network organizations) was collaborating with other community entities to develop a community-based residency program for primary care. Staff stated that most CCHAP pediatric providers will not participate in the RCCO until the incentive reimbursement through CCHAP is discontinued.</p> <p>CHP was focusing short-term efforts to increasing the capacity of the existing network to accommodate the projected integration of the expanded Medicaid population. New financial eligibility levels will change the overall characteristics of the Medicaid population. CHP staff stated that the PCMPs that have dominant Medicaid populations tend to be those in a position to absorb new members. Smaller practices are often not well informed about the Accountable Care Collaborative and the future direction of Medicaid. CHP staff reported that CHP attempts to recruit every PCMP with more than 10 attributed Medicaid members, using multiple contacts and a variety of recruitment methods; however, CHP has met with limited success in recruiting these smaller provider offices thus far. The El Paso Medical Society was working with CHP to create connections with potential PCMPs. Staff stated that the best recruitment strategy is to present to practices the additional benefits of participating in the ACC program, such as free assistance through the RCCO to succeed in practice transformation, which benefits all the patients of a practice. CHP is hopeful that practice transformation efforts in the currently targeted PCMP, as well as other RCCO-led collaborative efforts, will result in positive “word of mouth” promotion from peers and community leaders.</p>		
<p>2. The Contractor reasonably ensures that members in the Contractor’s region have access to specialists and other Medicaid providers promptly, without compromising the member’s quality of care or health.</p> <p align="right"><i>Exhibit A—4.2.5 42CFR438.6(k)(3)</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ Tracking documents for referrals to specialists/other providers ◆ Applicable policies and procedures <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ How does the RCCO monitor access to specialists? ◆ What is the RCCO’s assessment of the availability of specialists for RCCO members? 	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable</p>



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

Requirement	Desk Review/Discussion Items	Score
	<p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> ◆ What are the barriers or challenges you have encountered and what responses/approaches have been implemented? ◆ Is there a mechanism to assess whether access to specialists or other providers (or lack thereof) compromises the member’s quality of care or health? Or affects other utilization patterns, such as ER? 	

Findings:
 Documents reviewed:

- ◆ Network Adequacy Report: Included the number of specialists who serve RCCO patients.
- ◆ Network Adequacy Reports Map: Indicated that all of the specialist practices for the region are in the Colorado Springs area (with one being in Woodland Park). There were 30 physician specialists listed.
- ◆ Service Center Referral Report: Documented the number of referrals by month and by specialty that were assisted by the Service Center.
- ◆ Education/Training Schedule: Included provider training sessions concerning referrals to specialists.
- ◆ Provider Care Coordination Expectations: Described expectations for PCMPs to perform coordination, tracking, and follow-up on specialist referrals.
- ◆ Community Care Web site: Provider Processes section included the protocol for making and following up on specialist appointments.

Additional Discussion:

Staff stated that 50 percent of specialist care for RCCO members was provided through CSHP and the other 50 percent through the traditional referral patterns among practitioners. Specialists are at capacity across the board within the region, with particular shortages in orthopedics, endocrinology, pain management, gastroenterology, and neurology. CSHP was recruiting selected additional specialty providers. CHP stated that behavioral health providers are increasingly being embedded in PCMP practices to increase access to behavioral health, and several additional providers have collocation of behavioral health services. The CHP Service Center was a significant resource to assist PCMPs with specialist referrals. In addition, CHP care coordinators will intervene if specialist response is not perceived to be prompt enough to meet member needs. Staff stated that CHP will also arrange for specialist referrals outside the region if necessary.

CHP was participating in a community-wide Medical Neighborhood strategy to try to define standards of care specific to the community. The strategy will involve the development of specialty care clinical protocols for PCMPs. These protocols will define evaluations and interventions that PCMPs can perform prior to a referral to a specialist that will help ease some of burden on specialty providers (e.g., early interventions for back pain). Staff also anticipated that tele-health or similar programs will have to be used in areas with shortages in specific specialties.



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Requirement	Desk Review/Discussion Items	Score
<p>3. The Contractor’s PCMP network provides for extended hours on evenings and weekends and alternatives for emergency room visits for after-hours urgent care.</p> <ul style="list-style-type: none"> ◆ At a minimum, the Contractor’s PCMP network provides for 24-hour-a-day availability of information, referral, and treatment of emergency conditions. ◆ The PCMP provides triage by a clinician 24 hours per day, seven days per week (to meet access to care standards). <p align="right"><i>Exhibit A—4.2.2, Exhibit B—2a 42CFR438.6(k)(1)</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ Lists of emergency, urgent care, and after-hours care facilities available to members ◆ Applicable policies and procedures ◆ Provider communications regarding 24/7 access to after-hours clinicians ◆ Results of assessment/monitoring of availability of 24/7 triage by clinician <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ Progress obtained/status in after-hours and urgent care availability since previous review? ◆ How is availability of urgent care/after-hours communicated to members? ◆ What proportion of RCCO members have access to after-hours care (i.e., if PCMPs have after-hours care only for their own patients)? ◆ How is after-hours care availability monitored? <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> ◆ Discuss innovative approaches/continuing challenges in provision of urgent/after-hours care. 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

Findings:

Documents reviewed:

- ◆ Community Care Web site (Revised 4/2013): Included information on locations for after-hours urgent care and emergency care on the Health Tips member tab. Listed one after-hours care clinic and 12 urgent care facilities in the region.
- ◆ Assessment/Monitoring of Availability of 24/7 Triage by Clinicians policy: Described a secret shopper monitoring program for after-hours triage and appointment availability.
- ◆ After-hours Call Log: Used to record results of CHP monitoring of after-hours triage services at the PCMP.
- ◆ Appointment Scheduling Call Log: Used to record results of CHP monitoring of appointment availability at PCMP offices.



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

Requirement	Desk Review/Discussion Items	Score
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Additional Discussion:

CHP staff stated that CHP monitored all PCMPs for appointment availability and after-hours triage services. Several PCMPs offer same-day or next-day appointments, but few offered extended hours. Peak Vista also had a walk-in convenience care clinic that is open 7 days a week to all RCCO members.

Staff stated that the Colorado Springs population has a systemwide orientation to using EDs for after-hours care. In addition, inappropriate copay incentives (no copay for ED visits) and historical behavior patterns of Medicaid members will continue to drive Medicaid members to the EDs for after-hours care. CHP believes that EDs have to stop delivering nonemergent care before alternative solutions can be successful. Local hospitals have developed urgent care facilities within the ED; however, reimbursement is higher than for free-standing urgent care facilities. In addition, SDAC data do not differentiate between an emergency and an urgent care visit if delivered in a hospital-based urgent care facility. Staff estimated that 25 to 30 percent of the RCCO-documented ED visits are actually hospital-based urgent care visits. CHP’s list of emergency and urgent care facilities is updated quarterly, is shared with PCMPs, and is located on the member pages of the Community Care Web site; however, the list is not easily found under the Health Tips tab.

<p>4. Transition to Medical Home:</p> <p>The contractor has a Practice Support Plan, describing its annual activities. These practice support activities shall be directed at a majority of the PCMPs in the Contractor’s region and may range from disseminating a practice support resource to its PCMP network to conducting formal training classes for PCMPs relating to practice support. These activities shall include at least one activity relating to each of the following topics:</p> <ul style="list-style-type: none"> ◆ Operational practice support ◆ Clinical tools ◆ Client or member materials <p align="right"><i>Exhibit A—5.2.1</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ Practice Support Plan ◆ Practice Assessments for Medical Home Capabilities ◆ Applicable policies and procedures <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ What is the overall network capacity for medical home functions? What are practice assessments results? ◆ How are practice assessments translated into a Support Plan? (Individual/system-wide)? ◆ What has been provided to practices regarding the Medical Home model? <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> ◆ Innovative approaches/significant achievements? ◆ What are foreseeable objectives/achievements in PCMP medical home performance? 	<ul style="list-style-type: none"> <input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
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Requirement	Desk Review/Discussion Items	Score
	<ul style="list-style-type: none"> ◆ How have practice transformation efforts and activities impacted the organization’s resources? 	

Findings:

- ◆ Practice Support Plan: Provided an overview of a number of potential tools and resources to be used by CHP to support practices, including activities related to administrative support, clinical management tools, client materials, performance reporting, and a customized practice transformation plan for individual practices. The plan did not include a scheduled implementation plan.
- ◆ Provider Enrollment Policy: Stated that a medical home readiness review is performed by HealthTeamWorks when a provider applies to the network, and annually thereafter.
- ◆ The Care Coordination Plan and Care Coordination Policy: Defined the multiple approaches for care coordination for varying levels of health risk and complexity of member needs, and the roles of the PCMP and case management services of CHP in managing care for members.
- ◆ Community Care Web site: Included a provider page for a specialist provider search, which was not functional at the time of the site review. The Web site also included Medicaid administrative resources (designed for members), RCCO administrative tools and processes, a community resource directory, provider newsletters, and information for members. A provider log-in area for other resources was also not yet functional.
- ◆ Provider Care Coordination Expectations MOU (pilot project): Defined terms of the agreement for the RCCO to reimburse primary care practices for the performance of complex case management for high-risk/high-cost patients. The MOU specified the objectives, performance expectations, and deliverables of the delegation of RCCO case management to qualified PCMPs. PCMPs must be Level II or above per the Community Care Primacy Care Medical Home requirement to participate.
- ◆ Primary Care Medical Home Audit Tool: Evaluates and scores the six required components of a medical home, including access, population management, care management, self-care, referrals, and quality improvement. CHP provided results of assessments for the PCMPs with the highest volume of attributed members.
- ◆ PCMH Provider Assessment by HealthTeamWorks: Detailed practice assessment tool.
- ◆ Reports from a selected practice involved in practice transformation with HealthTeamWorks (contracted by CHP to work with this practice to achieve practice transformation and Medical Home designation):
 - HealthTeamWorks Report of Initial Audit Findings: Summarized assessment results with a recommendation for an intensive formal program of practice support.
 - HealthTeamWorks Quality Improvement Report: Detailed the plan for implementation of improvements in care coordination and access to care.
 - HealthTeamWorks Report of Progress Audit Findings: Detailed progress monitoring results of the practice transformation program.



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

Requirement	Desk Review/Discussion Items	Score
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<p>Additional Discussion:</p> <p>CHP initiated the Region 7 provider network with certified medical homes (Peak Vista [PV] and CSHP). Within the past year, CHP defined a formal CHP medical home audit tool and performed a comprehensive assessment of these practices. Both CSHP and PV scored 100 percent on the required elements as either a Level 2 or 3 Medical Home. An MOU will be signed with PV and CSHP to ensure that PCMP expectations regarding care coordination and medical home functions are met, and CHP will reimburse the practices for these efforts. The third largest (5000+Medicaid) practice in the network was determined (via a CHP audit) to require intensive assistance to meet medical home standards and was the only practice engaged in practice transformation through HealthTeamWorks (on behalf of CHP) at the time of the site review. CHP defined the RCCO’s development process as evolutionary, outlined as follows:</p> <ol style="list-style-type: none"> 1. CHP established a provider base with certified medical homes. 2. CHP developed its audit tool and conducted audits for the established provider base. 3. CHP established care coordination expectations for providers and an MOU that reflects these expectations. 4. CHP will begin to sign MOUs with practices that have successfully passed the audit. 5. CHP has established practice-specific action plans to assist with practices that have not successfully passed the audit. <p>The medical home assessment tool appeared to be designed primarily to assess the capability for medical case management of medical and behavioral health needs. The tool addressed referral management and transition of care; however, it did not adequately assess the PCMP’s ability to provide a comprehensive care coordination assessment and care plan that addresses more complex psychosocial needs, needs for community-based services, or cultural and spiritual needs.</p> <p>On-site, CHP presented the process being used for the one practice engaged in active practice transformation. The process demonstrated the intensity of issues and resources needed for practice transformation. Staff stated that for the transformation to be effective, the PCMP must express desire to engage in practice transformation. Cultural aspects of the practice, including internal problems and issues, have to be addressed in addition to implementing new processes. CHP stated that successful transformation of this practice will be a significant achievement and may serve as a positive example of what the RCCO can do to assist PCMPs. Staff stated that some PCMPs (such as the Sunrise clinic and Summit) are also using resources outside of RCCO to assist with practice enhancement.</p> <p>CHP also implemented these additional practice support activities:</p> <ul style="list-style-type: none"> ◆ Initial practice assessment results are reviewed with the practice. ◆ CHP offers the availability of CHP staff, upon request, to assist practices with identified needs. ◆ Specialist referral assistance through the CHP Service Center. ◆ Chief medical officer meetings with practices to review SDAC data. ◆ CHP care coordinator assistance for members with complex care needs. ◆ Availability of a comprehensive community resource directory through the Web site. 		
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for Community Health Partnership (Region 7)

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

Requirement	Desk Review/Discussion Items	Score
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CHP recently implemented its revised member and provider Web site. The site was designed for communication of important resources for PCMPs. At the time of the site review, there were several areas of awkward or limited functionality or incomplete information that CHP stated it was working on. Staff stated that it will use analytics to track which areas of the Web site are accessed by providers.

Recommended Actions:

CHP should carefully evaluate the existing provider network, exploring reasons why individual providers who are part of CHP’s primary PCMP network are not accepting new Medicaid and/or RCCO members. CHP should evaluate the resultant capacity of the existing provider network to absorb the anticipated increase in Medicaid enrollment.

CHP might consider educational sessions for PCMPs regarding the direction of Medicaid under health care reform and the potentially changing characteristics of the traditional Medicaid population. This might encourage additional providers to consider participation in the RCCO.

HSAG recommended that CHP evaluate the practice support needs of the entire provider network and more assertively offer productive support activities to more PCMPs. HSAG also recommends that CHP enhance the Practice Support Plan by defining a specific development and implementation schedule for the activities outlined in the plan.

HSAG encouraged CHP to continue pursuing specialty care clinical protocols and other innovative strategies to increase access to specialist care in the region.

HSAG recommended that CHP revise the Community Care (CC) Network Web site so that urgent care information and locations are more prominently displayed or more easily located. CHP should consider publishing urgent care facilities in the provider directory. CHP may also need to consider mechanisms to expand after-hours care through PCMPs within the network. In addition, HSAG recommended that CHP thoroughly review the CC provider Web site information to ensure that the information is appropriate, accurate, and complete (e.g., accuracy of specialist information in the provider search). CHP should also consider using a provider portal on the Web site for distribution of clinical guidelines, tools, and data to providers.



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Results for Standard II—Follow-Up: Access to Care/Medical Home					
Total	Met	=	<u>2</u>	X	1.00 = <u>2</u>
	Substantially Met	=	<u>2</u>	X	.75 = <u>1.5</u>
	Partially Met	=	<u>0</u>	X	.50 = <u>0</u>
	Not Met	=	<u>0</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>0</u>	X	NA = <u>NA</u>
Total Applicable		=	<u>4</u>	Total Score	= <u>3.5</u>

Total Score ÷ Total Applicable		=	<u>88%</u>
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Appendix B. **Record Review Tools**
for **Community Health Partnership (Region 7)**

The record review tools for Region 7 follow this cover page.



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Community Health Partnership (Region 7)

Sample Number: L***** (1)

Reviewer: Katherine Bartilotta

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: CHP review of SDAC data identified that the member had multiple emergency room (ER) visits and high-cost imaging services, as well as a dominant chronic condition of substance abuse.		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"><i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member was assigned to the CSHP case manager. The CHP care coordinator performed the initial assessment and verification of care coordination needs with follow-up and ongoing coordination of services performed by the CSHP case manager.		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>		<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>Observations:</p> <p>The ER records documented a history of medical and behavioral needs related to substance abuse, domestic abuse, and chronic pain. The ER records also documented an ER care plan for the member. The member had also established a pain contract with the PCMP.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>		<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>Observations:</p> <p>The member’s assessment was performed by the PCMP and was integrated into the member’s medical record notes. The assessment was heavily weighted toward the medical/physical health status and needs of the member. Assessment of ER records was focused on identifying reasons for ER visits. The member was referred to Aspen Pointe mental health for substance abuse and assessment of psychosocial needs. The member had been in and out of the ER, in and out of jail, and discharged from multiple PCMPs for lack of compliance with the pain contract.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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for Community Health Partnership (Region 7)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The CHP care coordinator developed the plan of care coordination with the member, which was communicated to the CSHP case manager. The CSHP case manager followed up on the plan. The plan included maintaining the member’s pain contract with the PCMP and referring the member to mental health services.</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 checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>Non-medical community-based service needs were not adequately assessed. The primary focus was on preventing the member from seeking medication in the ER and obtaining substance abuse and mental health treatment for the member. The care coordinator could not act as a liaison with the mental health provider due to lack of patient permission to share information. The member was also very difficult to contact, making it difficult to coordinate care.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing
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Care Management Program Record Review		Score
Development of a Care Treatment Plan		
3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values? <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>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: There were no apparent linguistic or cultural factors pertinent to this member. The PCMP assessment was highly focused on assessment of physical needs and not cultural beliefs and values.		
4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member? <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>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The inability to coordinate with the primary behavioral health provider in the region is a major deterrent to comprehensive care coordination for members with significant mental health needs. CHP was completing a long-term negotiation with the behavioral health provider regarding an information-sharing agreement. The individual member was also noncompliant with the established pain contract, which threatens the member’s ability to maintain a relationship with the PCMP. The member was in and out of jail and changed contact numbers frequently, which made the member difficult to find for follow-up.		



*Appendix B. Colorado Department of Health Care Policy and Financing
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Care Management Program Record Review		Score
Provision of Care/Case Management Services		
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 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member participated in the development of the care coordination plan. The care coordinator conducted follow-up with the member regarding appointments with the PCMP and progress toward meeting needs, although the member was often difficult to contact.		
2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs? <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3 Regions 2, 3: Exhibit A—6.4.5.2.3 Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member had behavioral health needs related to substance abuse and domestic abuse. The member was put on a pain contract with the PCMP and referred to the mental health provider.		



*Appendix B. Colorado Department of Health Care Policy and Financing
 FY 2012–2013 Record Review Tool
 for Community Health Partnership (Region 7)*

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

Results for Care Management Record Review					
Total	Met	=	<u>7</u>	X	1.00 = <u>7</u>
	Substantially Met	=	<u>2</u>	X	.75 = <u>1.5</u>
	Partially Met	=	<u>2</u>	X	.50 = <u>1.0</u>
	Not Met	=	<u>0</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>0</u>	X	NA = <u>NA</u>
Total Applicable		=	<u>11</u>	Total Score	= <u>9.5</u>
Total Score ÷ Total Applicable				=	<u>86%</u>



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Community Health Partnership (Region 7)

Sample Number: Y***** (2)

Reviewer: Barbara McConnell

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member was identified through data. She had 10 or more ER visits in a 1-year period. Her Clinical Risk Group (CRG) level was moderate chronic.		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"><i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member was assigned a case manager at Colorado Springs Health Partners (CSHP). A CHP care coordinator followed up with the member and the CSHP case manager.		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The CHP care coordinator determined that there was a case management assessment through CSHP.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The CSHP intake assessed medical needs and included a social history component that addressed behaviors and risks; however, the need for community-based resources was not adequately assessed.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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for Community Health Partnership (Region 7)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The CSHP case manager developed a care plan. In addition to case management services, this member was being considered for inclusion in a pilot disease management program. The CHP care coordinator also developed an abbreviated care plan as a supplement to the CSHP care plan.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The member was referred to gastroenterology and to physical therapy.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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for Community Health Partnership (Region 7)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values? <div align="right"> <i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i> <i>Regions 4: Exhibit A—6.4.3.1.2</i> </div>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The intake assessment did not include assessment of the cultural or linguistic needs, or beliefs and value systems that may affect how the member accesses health care.		
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 checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: Community-based needs or barriers to accessing care were not assessed.		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>1. Were the member and the member’s family, if applicable, active participants in the member’s care, to the extent the member/family were willing and able?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care coordination record demonstrated that the member was in contact with the CSHP case manager.</p>		
<p>2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs?</p> <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3: Exhibit A—6.4.5.2.3</i> <i>Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member had complex behavioral and physical health needs with multiple ER visits. The record demonstrated that the case manager scheduled follow-up appointments with the PCP, as well as assisted with referrals to specialty care (gastroenterology, physical therapy).</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing
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 for Community Health Partnership (Region 7)*

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
3. Did the Contractor follow up with the member to assess whether the member has received the services needed and if the member is on track to reach his or her desired health outcomes? <div align="right"> <i>Regions 1, 4, 5, 6, 7: Exhibit A—6.4.3.1.6 Region 2: Exhibit A—6.4.5.1.6 Region 3: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The record demonstrated that the CHP care manager did initiate periodic follow-up telephone calls to ensure that the member remained engaged with the PCMP and case manager.		

Results for Care Management Record Review					
Total	Met	=	<u>8</u>	X	1.00 = <u>8</u>
	Substantially Met	=	<u>1</u>	X	.75 = <u>.75</u>
	Partially Met	=	<u>0</u>	X	.50 = <u>0</u>
	Not Met	=	<u>2</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>0</u>	X	NA = <u>NA</u>
Total Applicable		=	<u>11</u>	Total Score	= <u>8.75</u>
Total Score ÷ Total Applicable				=	<u>80%</u>



*Appendix B. Colorado Department of Health Care Policy and Financing
 FY 2012–2013 Record Review Tool
 for Community Health Partnership (Region 7)*

Sample Number: D***** (3)

Reviewer: Barbara McConnell

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member was identified using data. The member had numerous ER visits and a hospital readmission.		
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	
Observations: The member received case management services from Peak Vista. The record demonstrated that the Peak Vista case manager was in contact with the member.		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: There was a PCP assessment in the record, which was focused on medical care and did not assess case management or care coordination needs.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Health status and behavior/risks were assessed; however, community-based, nonmedical, or psychosocial needs were not.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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for Community Health Partnership (Region 7)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The Peak Vista case manager developed a care plan. The CHP care coordinator also developed an abbreviated care plan as a supplement to the Peak Vista care plan.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member was involved with case management at Peak Vista, which the CHP care coordinator followed. The presence of other services or agency involvement was not assessed.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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for Community Health Partnership (Region 7)

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



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>1. Were the member and the member’s family, if applicable, active participants in the member’s care, to the extent the member/family were willing and able?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record demonstrated that the member had frequent contact with the Peak Vista case manager and that the care coordinator made contact with the case manager and the member to follow up.</p>		
<p>2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs?</p> <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3: Exhibit A—6.4.5.2.3</i> <i>Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member had a hospital readmission and was provided a PCP follow-up appointment at discharge.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing
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Care Management Program Record Review		Score
Provision of Care/Case Management Services		
3. Did the Contractor follow up with the member to assess whether the member has received the services needed and if the member is on track to reach his or her desired health outcomes? <div style="text-align: right;"> <i>Regions 1, 4, 5, 6, 7: Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Region 3: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The record demonstrated that the CHP care coordinator followed up with the member and verified that the member had attended the PCP appointment.		

Results for Care Management Record Review					
Total	Met	=	<u>6</u>	X	1.00 = <u>6</u>
	Substantially Met	=	<u>3</u>	X	.75 = <u>2.25</u>
	Partially Met	=	<u>0</u>	X	.50 = <u>0</u>
	Not Met	=	<u>2</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>0</u>	X	NA = <u>NA</u>
Total Applicable		=	<u>11</u>	Total Score	= <u>8.25</u>
Total Score ÷ Total Applicable					= <u>75%</u>



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Community Health Partnership (Region 7)

Sample Number: G***** (4)

Reviewer: Katherine Bartilotta

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member was identified through SDAC data due to 14 ER visits and dominant chronic behavioral health diagnoses (substance abuse, bipolar).		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"> <i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member was assigned to the Peak Vista case manager.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Community Health Partnership (Region 7)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The member’s ER records were reviewed by CHP to identify the ER assessment of member needs and the ER plan of care. CHP care coordinators contacted the ER care coordinators to obtain additional information. The member was receiving services from Aspen Pointe mental health, but the member did not sign a release of information to allow sharing of information with the care coordinator.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The assessment included the member’s physical and behavioral health status, and identified the social support needs as including homelessness due to eviction. High priority needs included assisting the member with finding an apartment and roommate, as well as transportation services.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Community Health Partnership (Region 7)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The Peak Vista care coordination plan was problem-focused and addressed interventions related to substance abuse and homelessness.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The PV care coordinator attempted to engage the member with the PCP as an alternative to ER visits. The care coordinator could not coordinate with the behavioral services provider due to lack of member permission. The care coordinator provided resources to the member regarding housing options and made transportation arrangements for the member to attend PCMP appointments.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Community Health Partnership (Region 7)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values? <p align="right"><i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i> <i>Regions 4: Exhibit A—6.4.3.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The assessment did not include cultural or linguistic needs, or beliefs and value systems that may affect how the member accesses health care.		
4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.3.3.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: Barriers to the member’s health included the member’s substance abuse, noncompliance with arranged appointments, lack of transportation, and homelessness. Transportation and assistance with homelessness were addressed in the care coordination plan. In addition, the inability to coordinate services with the mental health provider in the region results in an incomplete plan of care coordination for the member.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Community Health Partnership (Region 7)

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



*Appendix B. Colorado Department of Health Care Policy and Financing
 FY 2012–2013 Record Review Tool
 for Community Health Partnership (Region 7)*

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
3. Did the Contractor follow up with the member to assess whether the member has received the services needed and if the member is on track to reach his or her desired health outcomes? <div align="right"> <i>Regions 1, 4, 5, 6, 7: Exhibit A—6.4.3.1.6 Region 2: Exhibit A—6.4.5.1.6 Region 3: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member did not comply with arranged medical appointments and did not respond to multiple attempts over a two-month period to contact the member. The member appeared for an urgent-care appointment for back pain with the PCMP, but follow-up calls after the visit were unsuccessful. Due to the inability to successfully contact the member after numerous attempts, the case was closed.		

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

Total Score ÷ Total Applicable		=	<u>91%</u>
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Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Community Health Partnership (Region 7)

Sample Number: G***** (5)

Reviewer: Katherine Bartilotta

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: CHP identified through the SDAC data that the member had 10 visits to the ER and had dominant chronic behavioral health diagnoses (substance abuse and bipolar).		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"> <i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The Peak Vista care coordinator transferred the case to the CSHP case manager when the member requested assignment to the CSHP PCMP.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Community Health Partnership (Region 7)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The CHP care coordination worksheet documented the assessment and outcomes from multiple ER visits, including the plan of care from the ER visit. The PCMP record included a comprehensive medical and psychosocial assessment.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>CHP reviewed ER records that indicated the member was seeking medication for sprains, strains, and minor injuries. The psychosocial assessment identified substance abuse and the member’s desire for detoxification and rehabilitation treatment. The PCMP medical assessment evaluated the member’s medical and psychosocial needs. The member’s non-medical needs were not assessed.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Community Health Partnership (Region 7)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
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 checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The PCMP developed and coordinated a care plan to address the member’s identified behavioral health and medical needs.		
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 checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care coordinator assisted with a referral to the Turning Point substance abuse treatment facility. Non-medical or community-based service needs had not been assessed at the time of admission to the treatment facility.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Community Health Partnership (Region 7)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values?</p> <p align="right"><i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i> <i>Regions 4: Exhibit A—6.4.3.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member’s spoken language was documented in the admitting record upon intake into the CSHP PCMP. Staff members stated that cultural beliefs and values are not routinely assessed.</p>		
<p>4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.3.3.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: There were no regional barriers to the member’s health that were applicable to the member’s needs.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing
 FY 2012–2013 Record Review Tool
 for Community Health Partnership (Region 7)*

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



*Appendix B. Colorado Department of Health Care Policy and Financing
 FY 2012–2013 Record Review Tool
 for Community Health Partnership (Region 7)*

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

Results for Care Management Record Review					
Total	Met	=	<u>7</u>	X	1.00 = <u>7</u>
	Substantially Met	=	<u>1</u>	X	.75 = <u>.75</u>
	Partially Met	=	<u>1</u>	X	.50 = <u>.5</u>
	Not Met	=	<u>1</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>1</u>	X	NA = <u>NA</u>
Total Applicable		=	<u>10</u>	Total Score	= <u>8.25</u>
Total Score ÷ Total Applicable				=	<u>83%</u>



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Community Health Partnership (Region 7)

Sample Number: I***** (8)

Reviewer: Barbara McConnell

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member was identified through data. The member had a high number of ER visits and high-cost imaging.		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"> <i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care coordinator documented attempts to reach the member by telephone. Documentation reflected that the member was not eligible for Medicaid in this region between 10/2012 and 3/2013, then returned to eligibility.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Community Health Partnership (Region 7)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The case manager at the PCMP site performed an assessment when the member presented for a PCP visit.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Medical status and behavior risks were assessed.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Community Health Partnership (Region 7)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The CHP care coordinator developed a care plan, although it was abbreviated due to limited ability to contact the member.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: The member did not remain in care or comply with care coordination while receiving services.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Community Health Partnership (Region 7)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values? <div align="right"> <i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i> <i>Regions 4: Exhibit A—6.4.3.1.2</i> </div>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
Observations: Neither the care coordinator or case manager was able to work with the member long enough to perform a comprehensive assessment.		
4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member? <div align="right"> <i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.3.3.4</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The assessment that was completed addressed transportation needs and family support issues; however, a comprehensive care plan was not developed due to limited contact with the member.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Community Health Partnership (Region 7)

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



*Appendix B. Colorado Department of Health Care Policy and Financing
 FY 2012–2013 Record Review Tool
 for Community Health Partnership (Region 7)*

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

Results for Care Management Record Review					
Total	Met	=	<u>7</u>	X	1.00 = <u>7</u>
	Substantially Met	=	<u>1</u>	X	.75 = <u>.75</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>3</u>	X	NA = <u>NA</u>
Total Applicable		=	<u>8</u>	Total Score	= <u>7.75</u>

Total Score ÷ Total Applicable		=	<u>97%</u>
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Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Community Health Partnership (Region 7)

Sample Number: L***** (9)

Reviewer: Barbara McConnell

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



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Community Health Partnership (Region 7)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The Peak Vista case manager performed an assessment. The assessment did not specifically address whether the member was involved with other systems or service agencies that may provide care coordination.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Health status and behavior/risks were assessed; however, community-based, non-medical, or psychosocial needs were not.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Community Health Partnership (Region 7)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The CHP care coordinator developed a care plan; however, documentation of the plan and its relationship to the assessment was minimal.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member was receiving medical care from Peak Vista. The record indicated that the member had been referred to the Peak Vista dental clinic.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing
 FY 2012–2013 Record Review Tool
 for Community Health Partnership (Region 7)*

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values? <p align="center"><i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2 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	
Observations: The assessment used did not include cultural or linguistic needs, or beliefs and value systems that may affect how the member accesses health care.		
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 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 checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: Community-based needs or barriers to accessing care were not assessed.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Community Health Partnership (Region 7)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>1. Were the member and the member’s family, if applicable, active participants in the member’s care, to the extent the member/family were willing and able?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record indicated that the member actively participated in care.</p>		
<p>2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs?</p> <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3: Exhibit A—6.4.5.2.3</i> <i>Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record indicated that the member had complex medical needs and that the care coordinator worked with the member to make appointments and coach the member regarding alternatives to ER visits. The documentation stated that the member had decreased his ER visits and opiate use and had entered a college program.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Community Health Partnership (Region 7)

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

Results for Care Management Record Review					
Total	Met	=	<u>7</u>	X	1.00 = <u>7</u>
	Substantially Met	=	<u>2</u>	X	.75 = <u>1.5</u>
	Partially Met	=	<u>0</u>	X	.50 = <u>0</u>
	Not Met	=	<u>2</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>0</u>	X	NA = <u>NA</u>
Total Applicable		=	<u>11</u>	Total Score	= <u>8.5</u>
Total Score ÷ Total Applicable					= <u>77%</u>



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Community Health Partnership (Region 7)

Sample Number: M***** (10)

Reviewer: Katherine Bartilotta

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: CHP identified through data monitoring that the member had 17 ER visits and multiple computed tomography (CT) scans for chronic headache pain.		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"><i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The Peak Vista case manager was assigned to the case, and the CHP care coordinator worked collaboratively with the Peak Vista case manager. Both care coordinators interacted with the member.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Community Health Partnership (Region 7)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The member had recently re-entered the State after a temporary absence. CHP obtained and reviewed the ER records to assess the medical history and needs of the member as determined by the ER provider.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>CHP’s review of multiple ER records documented that the member had a history of a cerebral tumor, which may have prompted headaches and CT evaluations. The ER records and the PCMP documented a comprehensive physical history and exam, including a brief behavioral and social assessment. The member required assistance to financially re-qualify for Medicaid benefits.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Community Health Partnership (Region 7)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The plan of care was to encourage the member to seek care from the PCMP rather than the ER. A Pain Contract was developed between the PCMP and the member to help curtail multiple ER visits. Care coordination plans were integrated into the notes in the member's medical record.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The member had previously moved to Wyoming and returned and re-entered Medicaid in Colorado. The care coordinator assisted the member with requalification for Medicaid benefits. In addition, the member was referred to the CATCH program (for the uninsured) to cover the gap in Medicaid benefits.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Community Health Partnership (Region 7)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values?</p> <p align="right"><i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i> <i>Regions 4: Exhibit A—6.4.3.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The assessment did not include cultural or linguistic needs, or beliefs and value systems that may affect how the member accesses health care.</p>		
<p>4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.3.3.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The primary barrier for the individual member was the loss of Medicaid benefits when the member temporarily moved out of state, resulting in a pattern of using the ER for services.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing
 FY 2012–2013 Record Review Tool
 for Community Health Partnership (Region 7)*

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>1. Were the member and the member’s family, if applicable, active participants in the member’s care, to the extent the member/family were willing and able?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.1 Regions 2, 3, 5: Exhibit A—6.4.5.2.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care coordinator had several telephone conversations to engage the member in the development of the care plan. The member stated that she believed that only the ER could treat her headaches appropriately, and she did not want help coordinating her medical needs.</p>		
<p>2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs?</p> <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3 Regions 2, 3: Exhibit A—6.4.5.2.3 Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member had complex behavioral health needs. The care addressed the member’s needs; however, the member was not consistently cooperative with recommendations.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing
 FY 2012–2013 Record Review Tool
 for Community Health Partnership (Region 7)*

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
3. Did the Contractor follow up with the member to assess whether the member has received the services needed and if the member is on track to reach his or her desired health outcomes? <div align="right"> <i>Regions 1, 4, 5, 6, 7: Exhibit A—6.4.3.1.6 Region 2: Exhibit A—6.4.5.1.6 Region 3: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care coordinator did not follow up with the member directly because the member did not desire coordination of medical services. However, CHP monitored the member through ER data, which indicated the member had no ER visits after initiation of the Pain Contract with the PCMP.		

Results for Care Management Record Review					
Total	Met	=	<u>10</u>	X	1.00 = <u>10</u>
	Substantially Met	=	<u>0</u>	X	.75 = <u>0</u>
	Partially Met	=	<u>0</u>	X	.50 = <u>0</u>
	Not Met	=	<u>1</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>0</u>	X	NA = <u>NA</u>
Total Applicable		=	<u>11</u>	Total Score	= <u>10</u>
Total Score ÷ Total Applicable				=	<u>91%</u>



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Community Health Partnership (Region 7)

Sample Number: S***** (13)

Reviewer: Barbara McConnell

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member was identified through data. The member had multiple ER visits and high-cost imaging services.		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"> <i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member was assigned to a case manager as well as a navigator at Peak Vista. The navigator documented calls with the member. The CHP care coordinator communicated with both the navigator and the member to follow the case.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Community Health Partnership (Region 7)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The Peak Vista case manager developed a care plan. The record indicated that several other agencies were involved including the Independence Center (a home health agency) and an oxygen vendor.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The assessment addressed the member’s health status, high-risk behaviors, and medical and non-medical needs.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Community Health Partnership (Region 7)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The Peak Vista case manager developed a care plan. The CHP care coordinator also developed a supplemental care plan.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member received a variety of medical and non-medical services.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing
 FY 2012–2013 Record Review Tool
 for Community Health Partnership (Region 7)*

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



*Appendix B. Colorado Department of Health Care Policy and Financing
 FY 2012–2013 Record Review Tool
 for Community Health Partnership (Region 7)*

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>1. Were the member and the member’s family, if applicable, active participants in the member’s care, to the extent the member/family were willing and able?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.1 Regions 2, 3, 5: Exhibit A—6.4.5.2.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The documentation reflected that the member was reluctant to participate in care coordination activities, but was cooperative, and attended a focus group that addressed ER utilization.</p>		
<p>2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs?</p> <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3 Regions 2, 3: Exhibit A—6.4.5.2.3 Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record indicated that the member had complex medical needs and that the care plan included coordinating with multiple service providers and non-medical service agencies.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing
 FY 2012–2013 Record Review Tool
 for Community Health Partnership (Region 7)*

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

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

Total Score ÷ Total Applicable		=	<u>100%</u>
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Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Community Health Partnership (Region 7)

Sample Number: Y***** (15)

Reviewer: Barbara McConnell

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



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Community Health Partnership (Region 7)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The Peak Vista case manager developed a care plan.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The Peak Vista assessment addressed all the requirements.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The CHP care manager developed a care plan, although documentation was minimal and did not clearly link the care plan to the assessment.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The ER referred the member to Peak Vista for PCP and case management services. The CHP care coordinator also worked with the member and referred the member to Peak Vista Specialty Clinic for a gastrointestinal (GI) consult and to Aspen Pointe for behavioral health services; however, the member did not attend the appointments.</p>		



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



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



Appendix B. Colorado Department of Health Care Policy and Financing
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for Community Health Partnership (Region 7)

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

Results for Care Management Record Review					
Total	Met	=	<u>9</u>	X	1.00 = <u>9</u>
	Substantially Met	=	<u>0</u>	X	.75 = <u>0</u>
	Partially Met	=	<u>0</u>	X	.50 = <u>0</u>
	Not Met	=	<u>2</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>0</u>	X	NA = <u>NA</u>
Total Applicable		=	<u>11</u>	Total Score	= <u>9</u>
Total Score ÷ Total Applicable					= <u>82%</u>