

State of Colorado



Colorado Department of Health Care Policy & Financing

Colorado Medicaid Community
Mental Health Services Program

**2005-2006 External Quality Review
Technical Report**

for

Behavioral Health Organizations

September 2006



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Purpose of Report

The Balanced Budget Act of 1997 (BBA), Public Law 105-33, requires states to prepare an annual technical report that describes the manner in which data from activities conducted in accordance with 42 CFR 438.358 were aggregated and analyzed. The report must describe how conclusions were drawn as to the quality and timeliness of, and access to, care furnished by the states' managed care organizations (MCOs) and prepaid inpatient health plans (PIHPs). The report of results must also contain an assessment of the strengths and weaknesses of the plans with regard to health care quality, timeliness, and access, and must make recommendations for improvement. Finally, the report must assess the degree to which any previous recommendations were addressed by the MCOs and PIHPs. In an effort to meet this requirement, the State of Colorado Department of Health Care Policy and Financing (the Department) contracted with Health Services Advisory Group, Inc. (HSAG), an external quality review organization (EQRO), to prepare a report regarding the external quality review (EQR) activities performed on the State's contracted Behavioral Health Organizations (BHOs).

Scope of EQR Activities Conducted

This EQR technical report focuses on the three federally mandated EQR activities that were conducted. As set forth in 42 CFR 438.352, these mandatory activities included:

- ◆ **Compliance monitoring evaluation.** This evaluation was designed to determine the BHOs' compliance with their contract and with state and federal regulations through review of various compliance monitoring standards and through review of individual records to evaluate implementation of the standards.
- ◆ **Validation of performance measures.** HSAG validated each of the performance measures identified by the Department to evaluate the accuracy of the performance measures reported by or on behalf of a BHO. The validation also determined the extent to which Medicaid-specific performance measures calculated by a BHO followed specifications established by the Department.
- ◆ **Validation of performance improvement projects (PIPs).** For each BHO, two PIPs were reviewed to ensure that the projects were designed, conducted, and reported in a methodologically sound manner, allowing real improvements in care to be achieved and giving confidence in the reported improvements.

The results of these three EQR activities performed by HSAG were reported to the Department and the BHOs in individual activity reports for each BHO. Summary scores and validation findings from the activities for all BHOs are detailed in Appendix G and referenced throughout this report.

Definitions

The BBA states that “each contract with a Medicaid managed care organization must provide for an annual external independent review conducted by a qualified independent entity of the quality outcomes and timeliness of, and access to, the items and services for which the organization is responsible.”¹⁻¹ The domains of quality, access, and timeliness have been chosen by the Centers for Medicare & Medicaid Services (CMS) as keys to evaluating the performance of MCOs and PIHPs. The following definitions were used by HSAG to evaluate and draw conclusions about the performance of the BHOs in each of these domains.

Quality

CMS defines quality in the final rule at 42 CFR 438.320 as follows: “Quality, as it pertains to external quality review, means the degree to which an MCO or PIHP increases the likelihood of desired health outcomes of its recipients through its structural and operational characteristics and through provision of health services that are consistent with current professional knowledge.”¹⁻²

Timeliness

Timeliness is defined by the National Committee for Quality Assurance (NCQA) relative to utilization decisions, as follows: “The organization makes utilization decisions in a timely manner to accommodate the clinical urgency of a situation.”¹⁻³ It further discusses the intent of this standard to minimize any disruption in the provision of health care. HSAG extends this definition of timeliness to include other managed care provisions that impact services to enrollees and that require timely response by the MCO or PIHP, e.g., processing expedited appeals and providing timely follow-up care.

Access

In the preamble to the BBA Rules and Regulations,¹⁻⁴ CMS discusses access and availability of services to Medicaid enrollees as the degree to which MCOs and PIHPs implement the standards set forth by the state to ensure that all covered services are available to enrollees. Access includes availability of an adequate and qualified provider network that considers the needs and characteristics of the enrollees served by the MCO or PIHP.

¹⁻¹ Department of Health and Human Services Centers for Medicare & Medicaid Services. *Legislative Summary: Balanced Budget Act of 1997 Medicare and Medicaid Provisions*. Available at: http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/CC_Section4016_BBA_1997.pdf

¹⁻² Department of Health and Human Services Centers for Medicare & Medicaid Services. *Federal Register. Code of Federal Regulations*. Title 42, Vol 3, October 1, 2005. Available at: <http://frwebgate.access.gpo.gov/cgi-bin/get-cfr.cgi?YEAR=current&TITLE=42&PART=438&SECTION=320&SUBPART=&TYPE=TEXT>

¹⁻³ National Committee on Quality Assurance. 2006 Standards and Guidelines for MBHOs and MCOs.

¹⁻⁴ Department of Health and Human Services Centers for Medicare & Medicaid Services. *Federal Register*, Vol. 67, No. 115, June 14, 2002.

Conclusions

To draw conclusions and make assessments about the quality and timeliness of, and access to, care provided by the BHOs, HSAG categorized the findings from all EQR activities into these three domains.

Following is a statewide summary of the conclusions drawn regarding the BHOs’ strengths, weaknesses, and recommendations with respect to quality, timeliness, and access. For BHO-specific strengths, weaknesses, and recommendations, refer to Section 3 of this report.

Quality

Table 1-1 provides a summary of scores for the overall quality average and the averages for the four quality categories measured for each BHO and for the program overall. The overall quality average score for the BHOs was 84.9 percent, with a range from 81.8 to 88.1 percent. The majority of BHOs showed strong performance in the areas of compliance with standards, record reviews, and PIPs. For each quality category, there was a different BHO that received a substantially lower score. Scores for performance measures were uniformly lower than scores for the other three measures, averaging 72.9 percent across the BHOs and ranging from 64.1 percent to 75.9 percent. Performance on individual performance measures was low for the majority of BHOs with two exceptions: children living in a family-like setting and adults living independently. For both of these performance measures, the BHOs performed exceptionally well; the BHO average exceeded 96 percent for both measures. Appendix G contains the detailed BHO performance measure rates.

Overall, statewide BHO performance in the domain of quality was 84.9 percent. While good, this score indicates some room for improvement in quality of care and services provided by the BHOs. Because all five BHOs’ overall quality averages closely approximated the statewide average, any individual BHO improvements will positively affect the quality average statewide.

Quality Category	ABC	BHI	CHP	FBH	NBH	BHO Average*
Average for Standards	96.5%	96.4%	91.4%	95.8%	77.8%	91.3%
Average for Record Reviews	91.7%	92.0%	96.6%	68.9%	92.0%	88.2%
Average for Performance Measures	64.1%	75.2%	70.4%	72.6%	75.9%	72.9%
Average for PIP Topics	100%	63.7%	89.2%	93.6%	89.8%	87.3%
Overall Quality Average	88.1%	81.8%	86.9%	82.7%	83.9%	84.9%

* The values listed under BHO Average are the averages of the individual measures from the detailed tables for each row in this table, except for the Overall Quality Average row, where each value reflects the average of the percentages above it within this table.

In the area of quality, HSAG recommends:

- ◆ Conducting an analysis as to the causal factors leading to low quality performance measure results, especially in consumer perceptions of outcome and participation, and change in problem severity for children and adults. As a result of this analysis, appropriate interventions should be implemented to remove identified barriers and enhance the provision of quality health care. Consideration should be given to implementation of a mandatory statewide PIP that is aimed at achieving improvements on a statewide basis for one or more of these quality performance measures.
- ◆ Implementing mechanisms at the individual BHO level to ensure the accuracy of the documentation in the medical record of services provided and the use of the correct codes on all encounters submitted to the Department. One strategy may be to provide additional training to individual providers.
- ◆ Resolving all BHO data issues associated with the collection of performance measure data to ensure the validity of the performance measures. As appropriate, technical assistance should be provided to individual BHOs to assist in the resolution of identified data-related issues.
- ◆ Evaluating interventions that have been implemented for the quality-related PIPs to determine the degree to which they are and will be able to lead to true statistically valid improvements in the outcomes of care. As a result of this assessment, additional interventions should be implemented.
- ◆ Developing and implementing appropriate corrective actions to address specific areas of quality identified for improvement at the individual BHO level.

Timeliness

Table 1-2 provides a summary of scores for the overall timeliness average and the averages for the three timeliness categories measured for each BHO and for the program overall. (There were no performance measures that provided data for the evaluation of timeliness.) The overall timeliness average for the BHOs was 89.5 percent, with a range from 83.8 to 93.0 percent. In general, all BHOs performed well in the area of compliance with timeliness standards, although some opportunities for improvement were identified in the compliance area of access and availability, as detailed in Table G–1 (site review scores) in Appendix G. Opportunities for improvement in timeliness also were identified for the majority of BHOs in the record reviews for documentation of services.

Overall, statewide BHO performance in the domain of timeliness was the highest of the three assessed domains (quality, timeliness, and access). The timeliness domain also showed the widest spread of scores between the highest- and lowest-scoring BHOs (a difference of 9.2 percentage points). Improvement in timeliness by the one lowest-scoring BHO will help move the statewide average in a positive direction. While overall performance was strong, some opportunities still exist to improve the timeliness of care and services provided by the BHOs.

Table 1-2—Overall Timeliness for Colorado Mental Health						
Timeliness Category	ABC	BHI	CHP	FBH	NBH	BHO Average*
Average for Standards	89.9%	89.9%	89.9%	94.5%	88.9%	90.6%
Average for Record Reviews	89.0%	89.3%	95.4%	73.1%	96.3%	87.3%
Average for PIPs	100%	N/A	88.9%	N/A	82.7%	90.5%
Overall Timeliness Average	93.0%	89.6%	91.4%	83.8%	89.3%	89.5%

* The values listed under BHO Average are the averages of the individual measures from the detailed tables for each row in this table, except for the Overall Timeliness Average row, where each value reflects the average of the percentages above it within this table.

In the area of timeliness, HSAG recommends:

- ◆ Implementing mechanisms at the individual BHO level to ensure the accuracy and timeliness of the documentation in the medical record of services provided and the use of the correct codes on all encounters submitted to the Department. One strategy may be to provide additional training to individual providers.
- ◆ Continuing to monitor and taking action when trends are identified to ensure all services are provided within timeliness standards under the contract.
- ◆ Developing and implementing appropriate corrective actions to address specific areas of timeliness identified for improvement at the individual BHO level.
- ◆ Considering development of other performance measures that assist in evaluating BHO performance in the areas of access, quality, and timeliness of services rendered. BHO contract requirements for timeliness or access could be measured to ensure these requirements are met. Other national performance measures (such as HEDIS^{® 1-5}) should be evaluated in terms of the ability to collect performance data that are meaningful to Colorado’s mental health program.

Access

Table 1-3 provides a summary of scores for the overall access average and the averages for the four access categories for each BHO and for the program overall. The overall access average score for the BHOs was 84.2 percent, with a range from 81.9 to 90.8 percent. In general, the BHOs showed strong performance in the area of compliance standards related to access, with all of the averages above 90 percent. However, two compliance areas identified for improvement were access and availability, and credentialing, with BHO averages of 86.7 percent and 87.9 percent, respectively. For the majority of BHOs, record reviews were another area of strength, with only two BHOs needing to address areas of deficiency related to recredentialing. Similar to quality, the average access scores for performance measures were uniformly lower than scores for the other three measures, averaging 77.2 percent across the BHOs and ranging from 70.1 percent to 81.5 percent. The BHO average for the two performance measures assessing access was 71.5 percent for

¹⁻⁵ HEDIS[®] refers to the Health Plan Employer Data and Information Set and is a registered trademark of the National Committee for Quality Assurance (NCQA).

consumer perception of access and 82.8 percent for doctor contacts outside of the emergency room. Appendix G contains the BHO-specific scores and rates from all activities.

Overall, statewide BHO performance in the domain of access was good, although access ranked the lowest of the three domains that were assessed (quality, timeliness, and access), scoring below the domain of quality by just 0.7 percentage points. The BHOs have several opportunities to improve access to care and services.

Access Category	ABC	BHI	CHP	FBH	NBH	BHO Average*
Average for Standards	95.7%	93.9%	92.3%	93.9%	90.9%	93.3%
Average for Record Reviews	100%	100%	100%	77.4%	79.2%	87.7%
Average for Performance Measures ¹⁻⁶	70.1%	78.4%	81.3%	74.6%	81.5%	77.2%
Average for PIP Topics	N/A	63.7%	89.5%	N/A	96.9%	78.5%
Overall Access Average	88.6%	84.0%	90.8%	81.9%	87.1%	84.2%

* The values listed under BHO Averages are averages of the individual measures from the detailed tables for each row in this table, except for the Overall Access Average row, where each value reflects the average of the percentages above it within this table.

In the area of access, HSAG recommends:

- ◆ Conducting an analysis as to the causal factors leading to low results for the two performance measures assessing access: consumer perception of access and doctor contacts outside of the emergency room. As a result of this analysis, appropriate interventions should be implemented to remove identified barriers and enhance access to health care services. Consideration should be given to implementation of a mandatory statewide PIP that is aimed at achieving improvements on a statewide basis for one or both of these access performance measures.
- ◆ Evaluating interventions that have been implemented for the access-related PIPs to determine the degree to which they are and will be able to lead to true, statistically valid improvements in outcomes of care. As a result of this assessment, additional interventions should be implemented.
- ◆ Developing and implementing strategies to ensure all services are provided within timeliness standards under the contract.
- ◆ Developing and implementing appropriate corrective actions to address specific areas of access identified for improvement at the individual BHO level.

¹⁻⁶ Penetration rates were not included in the overall performance measure averages because optimal rates were not known and were likely to vary across subpopulations. While penetration rates provide useful information regarding utilization of mental health services, they are not appropriate to use as an evaluation of access in the context of this report.

Introduction

This section of the report describes the manner in which data from the activities conducted in accordance with 42 CFR 438.358 were aggregated and analyzed, and how conclusions were drawn as to the quality and timeliness of, and access to, care furnished by each BHO.

For each of the EQR-related activities that follow, results of the activities are displayed with conclusions drawn from the data. The findings are also categorized as contributing to the overall assessment of health care quality, timeliness, or access.

Compliance Monitoring Site Reviews

Objectives

Private accreditation organizations, state licensing and Medicaid agencies, and the federal Medicare program all recognize that having standards is only the first step in promoting safe and effective health care. Making sure that the standards are followed is the second step. According to 42 CFR 438.358, the state or its EQRO must conduct a review within a three-year period to determine the BHOs' compliance with quality assessment and performance improvement (QAPI) program standards. To complete this requirement, HSAG, through its EQRO contract with the State of Colorado, performed on-site compliance evaluations, i.e., site reviews, of the five BHOs with which the State contracts.

The primary objective of the 2005–2006 site reviews was to determine the BHOs' compliance with federal and State regulations, and with contractual requirements. The review addressed the following 10 compliance areas:

- ◆ Standard I. Delegation
- ◆ Standard II. Provider Issues
- ◆ Standard III. Practice Guidelines
- ◆ Standard IV. Member Rights and Responsibilities
- ◆ Standard V. Access and Availability
- ◆ Standard VI. Utilization Management
- ◆ Standard VII. Continuity-of-Care System
- ◆ Standard VIII. Quality Assessment and Performance Improvement Program
- ◆ Standard IX. Grievances, Appeals, and Fair Hearings
- ◆ Standard X. Credentialing

The BHOs' implementation of a number of these individual compliance standards was also evaluated through associated record reviews. The following record reviews were conducted:

- ◆ Appeals
- ◆ Grievances
- ◆ Documentation of services
- ◆ Coordination of medical and mental health services
- ◆ Recredentialing
- ◆ Denials (conducted at one of the BHOs)

The information and findings from the compliance reviews are being used by the Department and the individual BHOs to:

- ◆ Evaluate the quality and timeliness of, and access to, behavioral health care furnished by the BHOs.
- ◆ Identify, implement, and monitor system interventions to improve quality.
- ◆ Evaluate the current performance processes.
- ◆ Plan and initiate activities to sustain and enhance current performance processes.

This is the second year that HSAG has performed an evaluation of the BHOs' compliance. The results from these site reviews will provide an opportunity to compare current performance to that of last year, and to inform the Department and the BHOs of strengths and any corrective actions needed.

Technical Methods of Data Collection

Prior to beginning site reviews of the BHOs, HSAG developed seven standardized data collection survey tools for use in the reviews. One tool was for evaluating compliance with requirements in each of the 10 standard areas and the other six tools were for conducting record reviews. The content of the tools was based on applicable federal and State laws and regulations, and the requirements set forth in the contract agreement between the Department and the BHOs. HSAG also followed the guidelines set forth in the February 11, 2003, CMS protocols, *Monitoring Medicaid Managed Care Organizations (MCOs) and Prepaid Inpatient Health Plans (PIHPs)*. Once the review tools and processes were approved by the Department, HSAG provided technical assistance to all the BHOs regarding the tools and the site review process.

For each of the BHO site reviews, HSAG followed the same basic steps that included:

- ◆ **Pre-on-site Review Activities.** Activities included scheduling the site review, developing the site review agenda, and holding a pre-on-site conference call with the BHO to answer questions and provide any needed information. The detailed agenda, as well as the data collection survey tools, were provided to the BHO to help facilitate its preparation for the site review. One important pre-on-site review activity was the desk review of key documents and other information that HSAG obtained from the Department and the BHO. This desk review enabled

HSAG surveyors to better understand the BHO's operations, identify areas needing clarification, and begin compiling information before the site review.

In preparation for the on-site review of records, HSAG generated audit samples based on data files provided by either the Department or the BHOs. These files included the following databases: provider recredentialing records, grievance records, appeal records, denial of service records, consumers served by both the medical health plan and BHO (for the review of care coordination), and service encounters (for the review of documentation of services).

From each of these databases a random sample of unduplicated records was selected for review. In general, for each record review, 10 records were selected for the sample and five additional records for the oversample. However, for recredentialing, 30 records were selected with 10 additional records in the oversample.

- ◆ **On-site Review:** The site reviews, which lasted two to two and a half days with three reviewers, included an opening conference to review the agenda and objectives of the review, document and record review processes, interviews with key BHO staff, and a closing conference during which HSAG summarized preliminary findings and required actions. All findings were documented on the data collection survey tools, which now serve as a comprehensive record of the site review activity.

Description of Data Obtained

To assess the BHOs' compliance with federal and State requirements, HSAG obtained information from a wide range of written documents produced by the BHOs, including:

- ◆ Committee meeting agendas, minutes, and handouts.
- ◆ Policies and procedures.
- ◆ The QAPI program plan, work plan, and annual evaluation.
- ◆ Focused study reports.
- ◆ Management/monitoring reports (e.g., grievances, utilization).
- ◆ Quarterly compliance reports.
- ◆ Provider service and delegation agreements and contracts.
- ◆ Clinical review criteria.
- ◆ Practice guidelines.
- ◆ Provider manual and directory.
- ◆ Consumer handbook and informational materials.
- ◆ Staff training materials and documentation of attendance.
- ◆ Consumer satisfaction results.
- ◆ Correspondence.
- ◆ Records or files related to appeals, grievances, denials, documentation of services, recredentialing, and care coordination.

Additional information for the site review was also obtained through interaction, discussions, and interviews with key BHO staff (e.g., the BHO leadership, consumer services staff, medical director).

Table 2-1 lists the BHO data sources used in compliance determinations and the time period to which the data applied.

Table 2-1—Description of BHO Data Sources	
Data Obtained	Time Period to Which the Data Applied
Desk review documentation	1/1/05–12/31/05
Grievance, appeal, and recredentialing files and records	1/1/05–9/30/05
Documentation of services and care coordination records	1/1/05–6/30/05
Information from interviews conducted on-site	1/1/05–on-site review dates

Data Aggregation, Analysis, and How Conclusions Were Drawn

Upon completion of the site review, HSAG aggregated all information obtained. HSAG analyzed the findings from the document and record reviews and from the interviews. Findings were scored using a *Met, Partially Met, Not Met, or Not Applicable* methodology for the standards, and a *Yes, No, Not Applicable* methodology for the record reviews. Each BHO was given three overall compliance scores—one for compliance monitoring standards, one for record reviews, and one for overall compliance. These scores represented the percentage of the applicable elements met by the BHO. This scoring methodology allowed the Department to identify areas of best practice and areas where corrective actions were required or training and technical assistance were needed to improve performance by the BHOs.

After completing data aggregation, analysis, and scoring, HSAG prepared a report of the site review findings and required actions for each BHO. This report was forwarded to the Department and the BHO.

To draw conclusions and make overall assessments in Section 3 about the quality and timeliness of, and access to, care provided by the BHOs using findings from the site reviews, the standards and record reviews were categorized to evaluate each of these three domains. HSAG recognizes the interdependence of quality, timeliness, and access, and has assigned each of the standards and record reviews to one or more of the three domains. The BBA, at 42 CFR 438.204(d) and (g) and at 438.320, provides a framework for using findings from EQR activities to evaluate quality, timeliness, and access. Using this framework, Table 2-2 and Table 2-3 show HSAG’s assignment of standards and record reviews to the three domains of performance.

Table 2-2—Assignment of Standards to Performance Domains			
Standards	Quality	Timeliness	Access
Delegation	✓		
Provider issues	✓		✓
Practice guidelines	✓		
Member rights and responsibilities	✓		
Access and availability		✓	✓
Utilization management			✓

Table 2-2—Assignment of Standards to Performance Domains			
Standards	Quality	Timeliness	Access
Continuity-of-care system	✓		✓
Quality assessment and performance improvement	✓		
Grievances, appeals, and fair hearings	✓	✓	
Credentialing	✓		✓

Table 2-3—Assignment of Record Reviews to Performance Domains			
Record Reviews	Quality	Timeliness	Access
Appeals	✓	✓	
Grievances	✓	✓	
Documentation of services	✓	✓	
Coordination of medical and mental health services	✓		✓
Recredentialing	✓		✓
Denials (conducted for only one BHO)		✓	✓

Conclusions Drawn from the Data

The results from the compliance monitoring activity are shown in Table 2-4 and Table 2-5. The range of the BHOs’ scores for each of the individual standards and record review types is followed by the statewide average score. Also displayed in the last row of the following two tables are the overall ranges of BHO scores and the statewide average scores for both the review of standards and the review of records. The tables are followed by conclusions drawn from the results of the compliance monitoring activity. Appendix G contains detailed site review scores for standards and record reviews for each BHO.

Table 2-4—Summary of Data from Review of Standards		
Standards	Range of Scores	Statewide Average
Delegation	45–100%	82%
Provider issues	96–100%	99%
Practice guidelines	0–100%	80%
Member rights and responsibilities	76–100%	94%
Access and availability	78–89%	87%
Utilization management	100%	100%
Continuity-of-care system	93%	93%
Quality assessment and performance improvement	100%	100%
Grievances, appeals, and fair hearings	91–100%	95%
Credentialing	84–97%	88%
Overall Compliance Score	86–96%	90%

Across the 10 compliance standards, the overall average score for the five BHOs was 90 percent, with the individual BHO overall compliance scores ranging from 86 to 96 percent. In general, the BHOs’ compliance scores for the individual standards improved over the 2004–2005 scores, both in terms of the statewide averages as well as the individual BHO scores for the individual standards.

Compliance in the areas of provider issues, utilization management, the continuity-of-care system, quality assessment and performance improvement, and grievances, appeals, and fair hearings was a statewide strength, with all of the BHOs receiving scores of 90 percent or higher. Opportunities for improvement were identified in the areas of access and availability, and credentialing (except for one BHO). For access and availability, the BHOs did not meet the timeliness standard for the availability of emergency services and for the availability of routine services. Common compliance issues related to credentialing involved: (1) policies that were inconsistent, missing required provisions, or in conflict with NCQA guidelines, and (2) the use of the wrong credentialing and recredentialing dates of decision. Compliance issues related to delegation and practice guidelines were attributable to a single BHO.

Table 2-5—Summary of Data from Review of Records		
Record Review	Range of Scores	Statewide Average
Appeals	82–100%	92%
Grievances	77–100%	91%
Documentation of Services	48–100%	76%
Recredentialing	69–100%	88%
Denials (conducted for only one BHO)	86%	86%
Coordination of medical and mental health services	Not scored (N/S)	N/S
Overall Record Review Score	71–98%	88%

The overall average BHO score for record reviews was 88 percent, with the individual BHO overall scores ranging from 71 to 98 percent. Performance among the BHOs varied considerably, with one BHO receiving scores that were all above 90 percent, and another BHO receiving scores between 48 and 86 percent. For the majority of BHOs, accuracy issues were identified in the area of documentation of services, which had documentation in the medical record that did not match the code used on the related encounter. Other opportunities for improvement for a few of the BHOs included noncompliance with the timeliness standards for processing grievances and for recredentialing providers.

Validation of Performance Measures

Objectives

As set forth in 42 CFR 438.358, validation of performance measures is one of the mandatory EQR activities. The primary objectives of the performance measure validation process are to:

- ◆ Evaluate the accuracy of the performance measure data collected by the BHO.
- ◆ Determine the extent to which the specific performance measures calculated by the BHO (or on behalf of the BHO) followed the specifications established for each performance measure.

The Department, on behalf of the BHOs, calculated 13 performance measures using data submitted by the BHOs.

Technical Methods of Data Collection and Analysis

HSAG conducted the performance measure validation process in accordance with CMS guidelines in Validating Performance Measures, A Protocol for Use in Conducting Medicaid External Quality Review Activities, Final Protocol, Version 1.0, May 1, 2002.

The same process was followed for each performance measure validation conducted by HSAG for each BHO and included the following steps.

- ◆ **Prereview Activities:** Based on the measure definitions and reporting guidelines, HSAG developed:
 - Measure-specific worksheets that were based on the CMS protocol and were used to improve the efficiency of validation work performed on-site.
 - An Information Systems Capabilities Assessment Tool (ISCAT) that was customized to Colorado's service delivery system and was used to collect the necessary background information on the BHOs' policies, processes, and data needed for the on-site performance validation activities. HSAG added questions to address how encounter data were collected, validated, and submitted to the Department and how Colorado Client Assessment Record (CCAR) data were initiated, captured in the system, validated, and submitted to the State.
 - Prior to the on-site reviews, each BHO and the Department were asked to complete the ISCAT. HSAG prepared two different versions of the ISCAT, one that was customized for completion by the BHOs and the other customized for completion by the Department. The BHO version addressed all information systems processes and capabilities related to collection of encounter and CCAR data. The Department version addressed all data integration and performance measure calculation activities. In addition to the ISCAT, other requested documents included source code for performance measure calculation, prior performance measure reports, and supporting documentation. Other prereview activities included scheduling the on-site reviews, preparing the agendas for the on-site visits, and conducting conference calls with the BHOs to discuss the on-site visit activities as well as address any ISCAT-related questions.

- ◆ **On-site Review:** HSAG conducted a site visit to each BHO to validate the processes used to collect performance data (encounter data and CCAR data) and a site visit to the Department to validate the performance measure calculation process.

The on-site reviews, which lasted one day, included:

- An opening meeting to review the purpose, required documentation, basic meeting logistics, and queries to be performed.
- Assessment of information systems compliance, focusing on the processing of claims and encounters, recipient Medicaid eligibility data, and provider data. Additionally, the review evaluated the processes used by the Department to collect and calculate the performance measures, including accurate numerator and denominator identifications and algorithmic compliance to determine if rate calculations were performed correctly.
- Review of ISCAT and supporting documentation, including a review of processes used for collecting, storing, validating, and reporting the performance measure data. This session, which was designed to be interactive with the key BHO and Department staff members, allowed HSAG to obtain a complete picture of the degree of compliance with written documentation. Interviews were conducted to confirm findings from the documentation review, expand or clarify outstanding issues, and ascertain that written policies and procedures were used and followed in daily practice.
- An overview of data integration and control procedures, including discussion and observation of source code logic and a review of how all data sources were combined. The data file was produced for the reporting of the selected performance measures. Primary source verification was performed to further validate the output files. Backup documentation on data integration was reviewed. Data control and security procedures were also addressed during this session.
- A closing conference to summarize preliminary findings based on the review of the ISCAT and the on-site review, and to revisit the documentation requirements for any postreview activities.

Description of Data Obtained

As identified in the CMS protocol, the following key types of data were obtained and reviewed as part of the validation of performance measures:

- ◆ **Information Systems Capabilities Assessment Tool (ISCAT).** This was received from each BHO and the Department. The completed ISCATs provided HSAG with background information on the Department's and BHOs' policies, processes, and data in preparation for the on-site validation activities.
- ◆ **Source Code (Programming Language) for Performance Measures.** This was obtained from the Department and was used to determine compliance with the performance measure definitions.
- ◆ **Previous Performance Measure Reports.** These were obtained from the Department and reviewed to assess trending patterns and rate reasonability.
- ◆ **Supporting Documentation.** This provided additional information needed by HSAG reviewers to complete the validation process, including performance measure definitions, file layouts,

system flow diagrams, system log files, policies and procedures, data collection process descriptions, and file consolidations or extracts.

- ◆ **Current Performance Measure Results.** The calculated results were obtained from the Department for each of the BHOs.
- ◆ **On-site Interviews and Demonstrations.** Information was also obtained through interaction, discussion, and formal interviews with key BHO and Department staff members as well as through system demonstrations.

Table 2-6 displays the data sources used in the validation of performance measures and the time period to which the data applied.

Table 2-6—Description of Data Sources	
Data Obtained	Time Period to Which the Data Applied
ISCAT (From BHOs and the Department)	FY 05–06
Source Code (Programming Language) for Performance Measures (From the Department)	FY 05–06
Performance Measure Reports (From the Department)	FY 04–05
Current Performance Measure Results (From BHOs and the Department)	See note*
Supporting Documentation (From BHOs and the Department)	FY 05–06
On-site Interviews and Demonstrations (From BHOs and the Department)	FY 05–06

*Note: Colorado’s selected performance measures represent data from different time periods, depending on the source of the performance data. The performance measures that derive data from the Mental Health Statistics Improvement Program (MHSIP) survey covered calendar year 2004. Performance measures derived from Colorado Client Assessment Records (CCAR) and encounter data represented the state fiscal year (July 2004 through June 2005).

In addition, a change to Colorado’s mental health care delivery system occurred during FY 05 which impacted the calculation of some of the performance measures. Colorado’s Medicaid mental health services previously were provided through eight Mental Health Assessment and Services Agencies (MHASAs). On January 1, 2005, these eight MHASAs were reorganized into five Behavioral Health Organizations (BHOs). The performance measure data displayed in this report represent results for the entire fiscal year, incorporating both MHASA and BHO data to produce final combined rates.

Data Aggregation, Analysis, and How Conclusions Were Drawn

Based on all validation activities, HSAG determined results for each performance measure. As set forth in the CMS protocol, a validation finding of *Fully Compliant*, *Substantially Compliant*, *Not Valid*, or *Not Applicable* was given for each performance measure. Each validation finding was based on the magnitude of errors detected for the measure’s evaluation elements, not by the number of elements determined to be not met. Consequently, it was possible that an error for a single element resulted in a designation of *Not Valid* because the impact of the error biased the reported performance measure by more than five percentage points. Conversely, it was also possible that several element errors had little impact on the reported rate and the indicator was given a designation of *Substantially Compliant*.

After completing the validation process, HSAG prepared a report of the performance measure review findings and recommendations for each BHO reviewed. These reports, which complied with 42 CFR 438.364, were forwarded to the state and the appropriate BHO. Appendix G contains BHO-specific performance rate information.

To draw conclusions and make overall assessments in Section 3 about the quality and timeliness of, and access to, care provided by the BHOs using findings from the results of performance measures, each measure was categorized to evaluate each of these three domains. HSAG recognizes the interdependence of quality, timeliness, and access, and has assigned each of the performance measures to one or more of the three domains. The BBA, at 42 CFR 438.204(d) and (g) and 438.320, provides a framework for using findings from EQR activities to evaluate quality, timeliness, and access. Using this framework, Table 2-7 shows HSAG’s assignment of performance measures to these domains of performance.

Table 2-7—Assignment of Performance Measures to Performance Domains			
Performance Measures	Quality	Timeliness	Access
Penetration Rate – Children			✓
Penetration Rate – Adults			✓
Consumer Perception of Access	✓		✓
Consumer Perception of Quality/Appropriateness	✓		
Consumer Perception of Outcome	✓		
Consumer Satisfaction	✓		
Consumer Perception of Participation	✓		
Doctor Contacts Outside of the Emergency Room			✓
Children Living in a Family-like Setting	✓		
Adults Living Independently	✓		
Employment	✓		
Change in Problem Severity – Children	✓		
Change in Problem Severity – Adults	✓		

Conclusions Drawn from the Data

The results from the validation of performance measures activity are displayed below in Table 2-8. For each performance measure, the table displays the number and percent of BHOs that were assigned a validation status of *Fully Compliant*, *Substantially Compliant*, and *Not Valid*. The table is followed by conclusions drawn from these results of the performance measure validation activity.

Table 2-8—Summary of Data from Validation of Performance Measures: Percent and Number of BHOs Achieving Each Validation Status by Measure			
Performance Measures	Fully Compliant	Substantially Compliant	Not Valid
Penetration Rate – Children	100% (N=5)		
Penetration Rate – Adults	100% (N=5)		
Consumer Perception of Access	100% (N=5)		
Consumer Perception of Quality/Appropriateness	100% (N=5)		
Consumer Perception of Outcome	100% (N=5)		
Consumer Satisfaction	100% (N=5)		
Consumer Perception of Participation	100% (N=5)		
Doctor Contacts Outside of the Emergency Room	100% (N=5)		
Children Living in a Family-like Setting	40% (N=2)	40% (N=2)	20% (N=1)
Adults Living Independently	40% (N=2)	40% (N=2)	20% (N=1)
Employment	40% (N=2)	40% (N=2)	20% (N=1)
Change in Problem Severity – Children	40% (N=2)	40% (N=2)	20% (N=1)
Change in Problem Severity – Adults	40% (N=2)	40% (N=2)	20% (N=1)

Performance measures that were calculated from BHO encounter data or MHSIP consumer survey data were determined to be *Fully Compliant* with Department specifications for all the BHOs. The validity of the five performance measures that were calculated from CCAR data varied among the BHOs, with only two BHOs receiving a validation status of *Fully Compliant* for all CCAR-related performance measures. Lack of a formal audit/validation process for manual CCAR data entry procedures resulted in two BHOs receiving a validation status of *Substantially Compliant* for these performance measures. Incomplete CCAR data resulting in a significant bias led to a third BHO receiving a validation status of *Not Valid* for five performance measures that rely solely on CCAR as the key data source.

The review of other aspects of the BHOs’ operations crucial to the process for collecting performance measure data showed:

- ◆ The BHOs need to increase oversight of claims and encounter data (e.g., service data) to avoid encounter data submission errors that require the encounter data to be resubmitted.
- ◆ The BHOs’ eligibility and claims/encounter data systems for processing the data used for reporting the performance measures were solid, with sufficient processes in place to ensure data quality.

Validation of Performance Improvement Projects

Objectives

As part of its quality assessment and performance improvement program, each BHO is required by the Department to conduct PIPs in accordance with 42 CFR 438.240. The purpose of the PIPs is to achieve, through ongoing measurements and intervention, significant improvement that is sustained over time in both clinical care and nonclinical areas. This structured method of assessing and improving BHO processes is expected to have a favorable affect on health outcomes and consumer satisfaction. Additionally, as one of the mandatory EQR activities under the BBA, the state is required to validate the PIPs conducted by its contracted MCOs and PIHPs. The Department contracted with HSAG to meet this validation requirement.

The primary objective of PIP validation was to determine each BHO's compliance with requirements set forth in 42 CFR 438.240(b)(1), including:

- ◆ Measurement of performance using objective quality indicators.
- ◆ Implementation of systematic interventions to achieve improvement in quality.
- ◆ Evaluation of the effectiveness of the interventions.
- ◆ Planning and initiation of activities for increasing or sustaining improvement.

For each BHO, HSAG performed validation activities on two PIPs.

Technical Methods of Data Collection and Analysis

The methodology used to validate PIPs was based on CMS guidelines as outlined in the CMS publication *Validating Performance Improvement Projects, A Protocol for Use in Conducting Medicaid External Quality Review Activities, Final Protocol, Version 1.0, May 1, 2002 (CMS PIP Protocol)*. Using this protocol, HSAG, in collaboration with the Department, developed the PIP Summary Form, which each BHO completed and submitted to HSAG for review and evaluation. The PIP Summary Form standardized the process for submitting information regarding PIPs and ensured that all CMS protocol requirements were addressed.

HSAG, with the Department's input and approval, developed a PIP validation tool to ensure uniform validation of PIPs. Using this tool, HSAG reviewed each of the PIPs for the following 10 CMS protocol activities:

- ◆ Activity I. Appropriate Study Topic
- ◆ Activity II. Clearly Defined, Answerable Study Question
- ◆ Activity III. Clearly Defined Study Indicator(s)
- ◆ Activity IV. Correctly Identified Study Population
- ◆ Activity V. Valid Sampling Techniques
- ◆ Activity VI. Accurate/Complete Data Collection
- ◆ Activity VII. Appropriate Improvement Strategies
- ◆ Activity VIII. Sufficient Data Analysis and Interpretation
- ◆ Activity IX. Real Improvement Achieved
- ◆ Activity X. Sustained Improvement Achieved

Description of Data Obtained

The data needed to conduct the PIP validation were obtained from the BHO’s PIP Summary Form. This form provided detailed information about each BHO’s PIP as it related to the 10 activities being reviewed and evaluated.

Table 2-9—Description of BHO Data Sources	
Data Obtained	Time Period to Which the Data Applied
PIP Summary Form (completed by the BHO)	FY 05-06

Data Aggregation, Analysis, and How Conclusions Were Drawn

Each required protocol activity consisted of evaluation elements necessary to complete a valid PIP. The evaluation elements within each activity were scored by the HSAG review team as *Met*, *Partially Met*, *Not Met*, or *Not Applicable*. To ensure a valid and reliable review, some of the elements were designated as critical elements by HSAG. All of the critical elements had to be *Met* for the PIP to produce valid and reliable results.

All PIPs were scored as follows:

- ◆ *Met*: All critical elements were *Met* and 80 to 100 percent of all critical and noncritical elements were *Met*.
- ◆ *Partially Met*: All critical elements were *Met* and 60 to 79 percent of all critical and noncritical elements were *Met* or one critical element or more was *Partially Met*.
- ◆ *Not Met*: All critical elements were *Met* and less than 60 percent of all critical and noncritical elements were *Met* or one critical element or more was *Not Met*.

In addition to the validation status (e.g., *Met*), each PIP was given an overall percentage score for all evaluation elements (including critical elements), which was calculated by dividing the total *Met* by the sum of the total *Met*, *Partially Met*, and *Not Met*. A critical element percentage score was then calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

HSAG assessed the implications of the study’s findings on the likely validity and reliability of the results, as follows:

- ◆ *Met*: Confidence/high confidence in reported PIP results.
- ◆ *Partially Met*: Low confidence in reported PIP results.
- ◆ *Not Met*: Reported PIP results not credible.

After completing the validation review, HSAG prepared a report of the findings and recommendations for each validated PIP. These reports, which complied with 42 CFR 438.364, were forwarded to the Department and the appropriate BHO.

To draw conclusions and make overall assessments in Section 3 about the quality and timeliness of, and access to, care provided by the BHOs using findings from the validation of PIPs, each PIP was categorized to evaluate each of these three domains. HSAG recognizes the interdependence of

quality, timeliness, and access, and has assigned each of the PIPs to one or more of the three domains. The BBA, at 42 CFR 438.204(d) and (g) and 438.320, provides a framework for using findings from EQR activities to evaluate quality, timeliness, and access. Using this framework, Table 2-10 shows HSAG’s assignment of the BHOs’ PIPs to these domains of performance.

Table 2-10—Assignment of PIPs to Performance Domains				
BHO	Topics	Quality	Timeliness	Access
ABC	Improving Follow-Up After An Inpatient Stay	✓	✓	
ABC	Improving Outcomes For High-Risk Youth Through AFFIRM Care Management	✓		
BHI	Access to Initial Medication Evaluations	✓		✓
BHI	Screening for Bipolar Disorder	✓		✓
CHP	Ambulatory Follow-up Within Seven Days of Hospital Discharge for Youth and Adults	✓	✓	
CHP	Identification and Use of Alternative/Crisis Services to Ensure Treatment at the Least Restrictive Level of Care for Medicaid Children and Adolescents	✓		✓
FBH	Improving Use and Documentation of Clinical Guidelines	✓		
FBH	Supporting Recovery	✓		
NBH	Follow-up After Inpatient Discharge	✓	✓	
NBH	Increase Provider Communication/ Coordination with Primary Care Physicians and Other Health Providers	✓		✓

Conclusions Drawn from the Data

The results from the 10 PIP validation activities are shown in Table 2-11. Each of the five BHOs provided two PIPs for validation for a total of 10 PIPs. For each PIP validation activity, the number of PIPs that *Met* all of the evaluation elements and the number that *Met* all critical elements are provided. The total number of PIPs reviewed for each activity is also given because not all PIPs had progressed through all of the activities being validated. The table is followed by conclusions drawn from the results of these PIP validation activities.

Validation Activity	Number of PIPs Meeting All Evaluation Elements/Number Reviewed	Number of PIPs Meeting All Critical Elements/ Number Reviewed
Appropriate Study Topic	9/10	10/10
Clearly Defined, Answerable Study Question	10/10	10/10
Clearly Defined Study Indicator(s)	9/10	9/10
Correctly Identified Study Population	9/10	9/10
Valid Sampling Techniques	8/10	8/10
Accurate/Complete Data Collection	5/10	6/6
Appropriate Improvement Strategies	7/10	N/A
Sufficient Data Analysis and Interpretation	0/4	2/4
Real Improvement Achieved	0/3	N/A
Sustained Improvement Achieved	0/3	N/A

For the 10 PIPs reviewed, seven of the PIPs were given a validation status of *Met*, with the overall compliance scores ranging from 89 to 100 percent. Two PIPs were given a validation status of *Partially Met*, with overall scores of 90 percent and 58 percent. One PIP received a validation status of *Not Met*, with an overall score of 69 percent.

For this validation cycle, the majority of BHOs successfully addressed all of the PIP validation activities for the critical elements. Opportunities for improvement in both critical and noncritical elements were identified in the areas of: (1) accurate/complete data collection (e.g., staff qualifications and a study description in the audit tool were needed), and (2) sufficient data analysis and interpretation (e.g., there were inconsistencies in data analysis).

Of the three PIPs that had completed three remeasurement periods, no statistically significant improvements (i.e., sustained improvement) were achieved.

3. Assessment of Health Care Quality, Timeliness, and Access, and Recommendations for BHOs

Introduction

This section of the report addresses, for the domains of quality, timeliness, and access, an assessment of each BHO’s strengths and weaknesses derived from analysis of the results of the associated EQR activities. Recommendations are made for improving the quality and timeliness of, and access to, health care services furnished by each BHO.

The scores for the measures presented in each table were averaged to yield the overall unweighted scores for the assessment of quality, access, and timeliness for each BHO, and are presented with a comparison to the average scores attained for all BHOs combined.

The BHO-specific scores and rates from the EQR activities conducted are detailed in Appendix G of this report. These results were used in this section to derive the strengths and weaknesses of each BHO related to the quality and timeliness of and access to care and services.

Quality

Access Behavioral Care

Table 3-1 provides a summary of ABC’s scores (the averages for standards, record reviews, performance measures, and PIP topics) and the BHO average scores for quality overall.

Quality Category	Percent	BHO Average
Average for Standards	96.5%	91.3%
Average for Record Reviews	91.7%	88.2%
Average for Performance Measures	64.1%	72.9%
Average for PIP Topics	100%	87.3%
Overall Quality Average	88.1%	84.9%

ABC’s overall quality average at 88.1 percent was 3.2 percentage points higher than the overall BHO average. In the domain of quality, ABC exceeded the BHO average for three of the four quality categories – standards, record reviews, and PIP topics. Both PIP topics related to quality achieved perfect scores, well outperforming the BHO average for PIP topics impacting quality (12.7 percentage points above the BHO average). ABC’s performance measure score related to quality was well below the scores for the other three categories, and 8.8 percentage points below the BHO average for performance measures.

Strengths and Weaknesses Across All Activities

Based on the results of the associated EQR activities, ABC's recognized strengths and weaknesses for the domain of quality include the following:

- ◆ Compliance with the individual standards assessing quality was a demonstrated strength as assessed against the BHO averages, with all scores exceeding 90 percent. In particular, four out of eight quality-related standards received scores of 100 percent—provider issues, practice guidelines, member rights and responsibilities, and quality assessment and performance improvement.
- ◆ While record reviews assessing quality were areas of strength for ABC (with the overall score exceeding the BHO average by 3.5 percentage points), the score for documentation of services showed the greatest opportunity for improvement, at 7.0 percentage points lower than the BHO average.
- ◆ Of all the quality categories, performance measures presented the greatest opportunity for improvement for ABC. Of the 10 performance measures assessing quality, 5 measures were below the BHO averages. The other five measures, which were derived from CCAR data, were determined to be *Not Valid* due to incomplete CCAR data, and, therefore, were not included in the calculation of the quality average for performance measures.
- ◆ ABC's PIP topics proved to be another area of demonstrated strength with its two PIPs, both related to quality, receiving perfect scores.

Recommendations

Recommendations for improving the quality of health care services furnished by ABC include:

- ◆ Ensuring accurate documentation in the medical record of services provided, and accurate encounters submitted to the Department.
- ◆ Addressing the validity and completeness issues associated with the five CCAR-dependent performance measures by implementing a formalized process for tracking outstanding CCAR submissions from external providers. The process should include monitoring provider compliance and documenting reasons for incomplete CCAR submission.
- ◆ Conducting an analysis as to the causal factors leading to low quality performance measure results, especially in consumer perceptions of access, quality/appropriateness, outcome, and participation. As a result of this analysis, ABC should, as appropriate, implement interventions to remove identified barriers and enhance the provision of quality health care. Consideration should be given to implementation of a new PIP that is aimed at achieving improvements for one or more of these quality performance measures.

Behavioral HealthCare, Inc.

Table 3-2 provides a summary of Behavioral HealthCare Inc.’s (BHI’s) scores (the averages for standards, record reviews, performance measures, and PIP topics) and the BHO average scores for quality overall.

Quality Category	Percent	BHO Average
Average for Standards	96.4%	91.3%
Average for Record Reviews	92.0%	88.2%
Average for Performance Measures	75.2%	72.9%
Average for PIP Topics	63.7%	87.3%
Overall Quality Average	81.8%	84.9%

BHI’s overall quality average of 81.8 percent was 3.1 percentage points lower than the overall BHO average. In the domain of quality, BHI exceeded the BHO average for three of the four quality categories – standards, record reviews and performance measures. Averages for standards and record reviews related to quality were more than 90 percent. BHI’s PIP topic score related to quality was well below the scores for the other three categories, and 23.6 percentage points below the BHO average for PIP topics.

Strengths and Weaknesses Across All Activities

Based on the results of the associated EQR activities, BHI’s recognized strengths and weaknesses for the domain of quality include the following:

- ◆ Compliance with individual standards assessing quality was a demonstrated strength as assessed against the BHO averages, with seven out of eight scores exceeding 90 percent. In particular, four quality-related standards received scores of 100 percent—delegation, provider issues, practice guidelines, and member rights and responsibilities.
- ◆ While overall record reviews assessing quality was another area of strength for BHI (with the overall score exceeding the BHO average by 3.8 percentage points), the score for documentation of services, at 77.3 percent, showed the greatest opportunity for improvement.
- ◆ All of BHI’s performance measures received a validation status of *Fully Compliant*. Except for consumer perception of outcome, and employment, BHI’s individual performance measures assessing quality, along with its overall average, were above the BHO averages. Despite these relatively higher scores, BHI’s low performance measure results present opportunities for improvement.
- ◆ Of all the quality measures, PIP topics presented the greatest opportunity for improvement for BHI. One of the BHI PIPs received an overall validation score of *Not Met* and one received a *Partially Met* status, which caused BHI’s average score for PIP topics related to quality to be substantially lower than any other PIP for BHOs in Colorado this year.

Additionally, for the PIP related to access to initial medication evaluations, there was no documentation for improvement in the outcomes of care.

Recommendations

Recommendations to improve the quality of BHI's health care services BHI include:

- ◆ Ensuring providers accurately document services provided and use the appropriate code when submitting encounter codes.
- ◆ Conducting an analysis as to the causal factors leading to low quality performance measure results, especially in consumer perceptions of outcome and participation, employment, and change in problem severity for children and adults. As a result of this analysis, BHI should, as appropriate, implement interventions to remove identified barriers and enhance the provision of quality health care. Consideration should be given to implementation of a new PIP that is aimed at achieving improvements for one or more of these quality performance measures.
- ◆ Ensuring that all evaluation elements for the PIPs that were *Partially Met* or *Not Met* are immediately addressed. In particular, BHI should address noncompliance areas related to clearly and accurately defining its study indicators, study population, and sampling techniques.
- ◆ Assessing the degree to which the interventions for the PIP on access to medication evaluations are contributing to the success of the study, and making revisions as necessary to show an improvement in the outcome of care.

Colorado Health Partnerships, LLC

Table 3-3 provides a summary of Colorado Health Partnerships’ (CHP’s) scores (the averages for standards, record reviews, performance measures, and PIP topics) and the BHO average scores for quality overall.

Table 3-3—Overall Quality for CHP		
Quality Category	Percent	BHO Average
Average for Standards	91.4%	91.3%
Average for Record Reviews	96.6%	88.2%
Average for Performance Measures	70.4%	72.9%
Average for PIP Topics	89.2%	87.3%
Overall Quality Average	86.9%	84.9%

CHP’s overall quality average, at 86.9 percent, was 2.0 percentage points higher than the BHO average. In the domain of quality, CHP exceeded the BHO average for three of the four quality categories—standards, record reviews, and PIP topics. The averages for standards and for record reviews were both more than 90 percent, with the average score for PIP topics at 89.2 percent. CHP’s performance measure score related to quality was the lowest of the four categories and was 2.5 percentage points below the BHO average.

Strengths and Weaknesses Across All Activities

Based on the results of the associated EQR activities, CHP’s recognized strengths and weaknesses for the domain of quality include the following:

- ◆ Compliance with individual standards assessing quality was mixed as assessed against the BHO average. Five out of seven quality-related standards received scores of 90 percent or more, with practice guidelines and quality assessment and performance improvement receiving scores of 100 percent, showing strong performance in these areas. CHP’s weaker performance in the areas of member rights and responsibilities, and credentialing showed the greatest opportunity for improvement, being below the BHO averages for these standards.
- ◆ Overall, record reviews assessing quality was an area of strength for CHP (with the overall score exceeding the BHO average by 8.4 percentage points). The record review scores for appeals and for recredentialing were both 100 percent, and the score for documentation of services exceeded the BHO average by 16.6 percentage points.
- ◆ Of all the quality categories, performance measures presented the greatest opportunity for improvement for CHP. Of the 10 performance measures assessing quality, 4 measures were below the BHO averages, with change in problem severity for children and adults trailing the BHO average by 18.8 and 17.5 percentage points, respectively. Additionally, the five measures that were derived from CCAR data were determined to be *Substantially Compliant*.

- ◆ In the area of PIP topics related to quality, CHP's performance was mixed. Both PIPs assessed quality, with one PIP receiving a validation status of *Met* and the other a validation status of *Partially Met*.

Recommendations

Recommendations to improve the quality of CHP's health care services include:

- ◆ Amending its advance directive policy and consumer materials to reflect program requirements and ensure consistency.
- ◆ Addressing the completeness and accuracy issues associated with the five CCAR-dependent performance measures by formally validating any manual entry of CCAR data and tracking the results to ensure the validity of the data entered.
- ◆ Conducting an analysis of causal factors leading to low-quality performance measure results, especially in consumer perceptions of outcome and participation, and in change in problem severity for children and adults. As a result of this analysis, CHP should, as appropriate, implement interventions to remove identified barriers and enhance the provision of quality health care. Consideration should be given to implementation of a new PIP aimed at achieving improvements for one or more of these quality performance measures.
- ◆ Ensuring that all evaluation elements for both PIPs that were *Partially Met* or *Not Met* are immediately addressed. In particular, CHP should clarify its data analysis plans and continue to assess the need to make revisions to interventions in order to have statistical evidence that improvement is true improvement.

Foothills Behavioral Health, LLC

Table 3-4 provides a summary of Foothills Behavioral Health’s (FBH’s) scores (the averages for standards, record reviews, performance measures, and PIP topics) and the BHO average scores for quality overall.

Quality Category	Percent	BHO Average
Average for Standards	95.8%	91.3%
Average for Record Reviews	68.9%	88.2%
Average for Performance Measures	72.6%	72.9%
Average for PIP Topics	93.6%	87.3%
Overall Quality Average	82.7%	84.9%

FBH’s overall quality average, at 82.7 percent, was 2.2 percentage points lower than the overall BHO average. In the domain of quality, FBH exceeded the BHO average for two of the four quality categories—standards and PIP topics. Both of the averages for standards and PIP topics were more than 90 percent, with the score for standards at 95.8 percent and for PIP topics at 93.6 percent. FBH’s record review score related to quality was the lowest of the four categories and was 19.3 percentage points below the BHO average. The average for quality performance measures approximated the average for the BHOs.

Strengths and Weaknesses Across All Activities

Based on the results of the associated EQR activities, FBH’s recognized strengths and weaknesses for the domain of quality include the following:

- ◆ Compliance with the standards assessing quality was a demonstrated strength for FBH as assessed against the BHO averages, with seven out of eight scores exceeding 90 percent. In particular, four out of eight quality-related standards received scores of 100 percent—provider issues; practice guidelines; quality assessment and performance improvement; and grievances, appeals, and fair hearings.
- ◆ Of all the quality categories, record reviews assessing quality presented the greatest opportunity for improvement for FBH, with appeals being the only record review exceeding 80 percent, at 81.8 percent. While all four record reviews represent substantial opportunities for improvement, documentation of services showed the largest gap between FBH’s score and the BHO average (i.e., 30.3 percentage points).
- ◆ While all of FBH’s performance measures received a validation status of *Fully Compliant*, the scores for FBH’s quality performance measures were mixed. Of the 10 performance measures assessing quality, 3 measures exceeded the BHO average, with measure results for change in problem severity for children and adults substantially exceeding the BHO average

rates. Three measures related to consumer perceptions of access, quality/appropriateness, and participation were more than 5 percentage points below the BHO average.

- ◆ FBH's PIP topics proved to be another area of demonstrated strength, with its two PIPs, both related to quality, receiving scores above 90 percent.

Recommendations

Recommendations to improve the quality of FBH's health care services include:

- ◆ Improving the encounter data submission processes, especially as they relate to timeliness, completeness, duplicates, and statistically valid sampling process.
- ◆ Ensuring that all requirements and time frames are met for processing grievances and appeals, including issuance of notices.
- ◆ Implementing a mechanism by which all providers are recredentialed within 36 months from the previous credentialing or recredentialing date.
- ◆ Conducting an analysis of causal factors leading to low-quality performance measure results, especially in consumer perceptions of access, quality/appropriateness, outcome and participation, and employment. As a result of this analysis, FBH should, as appropriate, implement interventions to remove identified barriers and enhance the provision of quality health care. Consideration should be given to implementation of a new PIP aimed at achieving improvements for one or more of these quality performance measures.

Northeast Behavioral Health, LLC

Table 3-5 provides a summary of Northeast Behavioral Health’s (NBH’s) scores (the averages for standards, record reviews, performance measures, and PIP topics) and the BHO average scores for quality overall.

Quality Category	Percent	BHO Average
Average for Standards	77.8%	91.3%
Average for Record Reviews	92.0%	88.2%
Average for Performance Measures	75.9%	72.9%
Average for PIP Topics	89.8%	87.3%
Overall Quality Average	83.9%	84.9%

NBH’s overall quality average, at 83.9 percent, was 1.0 percentage point lower than the overall BHO average. In the domain of quality, NBH exceeded the BHO average for three of the four quality categories—record reviews, performance measures, and PIP topics. Only the average for record reviews was more than 90 percent, with the average score for PIP topics at 89.8 percent. NBH’s average for standards related to quality was 13.5 percentage points below the BHO average. The average for quality performance measures approximated the average for BHOs.

Strengths and Weaknesses Across All Activities

Based on the results of the associated EQR activities, NBH’s recognized strengths and weaknesses for the domain of quality include the following:

- ◆ NBH’s performance as it related to compliance with standards assessing quality was mixed. NBH’s scores for quality standards exceeded 90 percent for five out of eight quality-related standards, with four of the standards receiving scores of 100 percent—provider issues; member rights and responsibilities; quality assessment and performance improvement; and grievances, appeals, and fair hearings. Substantial opportunities for improvement exist in the area of delegation (37.3 percentage points lower than the BHO average) and practice guidelines (80.0 percentage points lower than the BHO average).
- ◆ While overall record reviews assessing quality was an area of strength for NBH (overall score exceeding the BHO average by 3.8 percentage points), the individual score for the recredentialing record review showed that the area had the weakest performance and the greatest opportunity for improvement, at 10.4 percentage points lower than the BHO average.
- ◆ Except for change in problem severity for children and adults, NBH’s individual performance measures assessing quality, along with its overall average, were at or above the BHO averages. Despite these relatively higher scores, NBH’s low performance measure results present opportunities for improvement. Additionally, the five measures that were derived from CCAR data were determined to be *Substantially Compliant*.

- ◆ NBH's PIP topics proved to be another area of demonstrated strength, with its two PIPs, both related to quality, receiving *Met* validation status.

Recommendations

Recommendations to improve the quality of NBH's health care services include:

- ◆ Amending delegation agreements and revising delegation and credentialing policies and procedures to bring them into compliance with applicable program requirements.
- ◆ Developing a clear process to adopt and disseminate practice guidelines.
- ◆ Developing an effective mechanism to track timeliness of credentialing and recredentialing processes.
- ◆ Implementing a formal audit process for manual CCAR data entry processes.
- ◆ Conducting an analysis of causal factors leading to low-quality performance measure results, especially in consumer perceptions of access, quality/appropriateness, outcome, and participation. As a result of this analysis, NBH should, as appropriate, implement interventions to remove identified barriers and enhance the provision of quality health care. Consideration should be given to implement a new PIP aimed at achieving improvements for one or more of these quality performance measures.

Timeliness

Access Behavioral Care

Table 3-6 provides a summary of Access Behavioral Care’s (ABC’s) scores (the averages for standards, record reviews, and PIP topics) and the BHO average scores for timeliness overall.

Timeliness Category	Percent	BHO Average
Average for Standards	89.9%	90.6%
Average for Record Reviews	89.0%	87.3%
Average for PIP Topics	100%	90.5%
Overall Timeliness Average	93.0%	89.5%

ABC’s overall timeliness average, at 93 percent, was 3.5 percentage points higher than the overall BHO average. In the domain of timeliness, ABC exceeded the BHO average for two of the three timeliness categories—record reviews and PIP topics. The one PIP topic related to timeliness achieved a perfect score, outperforming the BHO average for PIP topics impacting timeliness (9.5 percentage points above the BHO average). ABC’s standards score related to timeliness approximated the average for the BHOs.

Strengths and Weaknesses Across All Activities

Based on the results of the associated EQR activities, ABC’s recognized strengths and weaknesses for the domain of timeliness include the following:

- ◆ The standards and record reviews categories related to timeliness averaged slightly lower and slightly higher than the BHO average, respectively. ABC performed well in terms of timeliness issues related to grievances and appeals, but the record reviews for documentation of services received a score of 71.4 percent. Although ABC’s score for access and availability was above the BHO average, issues related to the timely provision of services were identified.
- ◆ ABC demonstrated strength in the area of PIP topics, with its one PIP related to timeliness receiving a perfect score, exceeding the BHO average.

Recommendations

Recommendations to improve the timeliness of ABC’s services include:

- ◆ Ensuring provision of emergency and routine services that meet the timeliness standards under the contract.

- ◆ Ensuring the accurate documentation in the medical record of services provided and accurate encounter codes submitted to the Department.

Behavioral HealthCare, Inc.

Table 3-7 provides a summary of Behavioral HealthCare’s (BHI’s) scores (the averages for standards, record reviews, and PIP topics) and the BHO average scores for timeliness overall.

Timeliness Category	Percent	BHO Average
Average for Standards	89.9%	90.6%
Average for Record Reviews	89.3%	87.3%
Average for PIP Topics	N/A	90.5%
Overall Timeliness Average	89.6%	89.5%

BHI’s overall timeliness average, at 89.6 percent, was essentially equivalent to the overall BHO average, exceeding it by just 0.1 of a percentage point. In the domain of timeliness, BHI exceeded the BHO average for one of the two applicable timeliness measures—record reviews. Neither of BHI’s PIP topics addressed timeliness. BHI’s standard score related to timeliness approximated the average for the BHOs.

Strengths and Weaknesses Across All Activities

Based on the results of the associated EQR activities, BHI’s recognized strengths and weaknesses for the domain of timeliness include the following:

- ◆ The standards and record reviews categories related to timeliness averaged slightly lower and slightly higher than the BHO average, respectively. BHI performed well in terms of timeliness issues related to grievances and appeals but the record reviews score for documentation of services received a score of 77 percent. Although BHI’s score for access and availability was above the BHO average, issues related to the timely provision of services were identified.

Recommendations

Recommendations to improve the timeliness of BHI services include:

- ◆ Ensuring provision of emergency and routine services that meet the timeliness standards under the contract.
- ◆ Ensuring providers accurately document services provided and use the appropriate code when submitting encounters.

Colorado Health Partnerships, LLC

Table 3-8 provides a summary of Colorado Health Partnerships’ (CHP’s) scores (the averages for standards, record reviews, and PIP topics) and the BHO average scores for timeliness overall.

Timeliness Category	Percent	BHO Average
Average for Standards	89.9%	90.6%
Average for Record Reviews	95.4%	87.3%
Average for PIP Topics	88.9%	90.5%
Overall Timeliness Average	91.4%	89.5%

CHP’s overall timeliness average, at 91.4 percent, exceeded the BHO average by 1.9 percentage points. In the domain of timeliness, CHP exceeded the BHO average for one of the three timeliness categories—record reviews—and fell just short of the BHO average for the other two timeliness measures—standards and PIP topics. The aggregate record reviews score for timeliness was above 90 percent, with the two other aggregate scores being slightly below 90 percent, 89.9 percent for standards and 88.9 percent for PIP topics.

Strengths and Weaknesses Across All Activities

Based on the results of the associated EQR activities, CHP’s recognized strengths and weaknesses for the domain of timeliness include the following:

- ◆ CHP performed well in terms of timeliness issues related to grievances and appeals, as reflected by its individual scores in this area for standards and record reviews.
- ◆ CHP’s performance on the standards assessing access and availability was an area of strength, with scores above the BHO average.
- ◆ Overall, record reviews assessing timeliness were an area of strength for CHP, with all of its individual record reviews scores, including documentation of services, exceeding the BHO average.
- ◆ CHP demonstrated strength in the area of PIP topic, with its one PIP related to timeliness receiving a validation status of *Met*. While the study, which focused on improving ambulatory follow-up care after hospital discharge, demonstrated some improvement, there was no statistically significant improvement in the ambulatory follow-up rates.
- ◆ Issues related to the timely provision of services presented an opportunity for improvement for CHP.

Recommendations

Recommendations to improve the timeliness of CHP services include:

- ◆ Ensuring provision of emergency and routine services that meet the timeliness standards under the contract.

- ◆ Assessing the need to make revisions to interventions in order to have statistical evidence that improvement is true improvement for its PIP related to follow-up care.

Foothills Behavioral Health, LLC

Table 3-9 provides a summary of Foothills Behavioral Health’s (FBH’s) scores (the averages for standards, record reviews, and PIP topics) and the BHO average scores for timeliness overall.

Timeliness Category	Percent	BHO Average
Average for Standards	94.5%	90.6%
Average for Record Reviews	73.1%	87.3%
Average for PIP Topics	N/A	90.5%
Overall Timeliness Average	83.8%	89.5%

FBH’s overall timeliness average, at 83.8 percent, fell short of the overall BHO average by 5.7 percentage points. In the domain of timeliness, FBH exceeded the BHO average for one of the two applicable timeliness categories—standards. The standards score related to timeliness was also above 90 percent. Neither of FBH’s PIP topics addressed timeliness. FBH’s record reviews score related to timeliness was 14.2 percentage points below the BHO average score.

Strengths and Weaknesses Across All Activities

Based on the results of the associated EQR activities, FBH’s recognized strengths and weaknesses for the domain of timeliness include the following:

- ◆ FBH demonstrated strength in the area of compliance standards related to timeliness with its overall average exceeding the BHO average. Its score for grievances, appeals, and fair hearings was 100 percent.
- ◆ Although FBH’s score for access and availability was above the BHO average, issues related to the timely provision of services were identified as an opportunity for improvement.
- ◆ The record reviews assessing timeliness presented the greatest opportunity for improvement for FBH, with only appeals exceeding 80 percent. While all four record reviews measures represented opportunities for improvement, documentation of services was substantially below the BHO average by 30.3 percentage points.

Recommendations

Recommendations to improve the timeliness of FBH services include developing and implementing mechanisms to ensure:

- ◆ The provision of emergency and routine services that meet the timeliness standards under the contract.

- ◆ The submittal of timely, accurate, nonduplicative and complete encounter data.
- ◆ Compliance with time frames for processing grievances and appeals, including issuance of notices.
- ◆ Providers are recredentialed within the required time frames (i.e., 36 months).

Northeast Behavioral Health, LLC

Table 3-10 provides a summary of Northeast Behavioral Health’s (NBH’s) scores (the averages for standards, record reviews, and PIP topics) and the BHO average scores for timeliness overall.

Table 3-10—Overall Timeliness for NBH		
Timeliness Category	Percent	BHO Average
Average for Standards	88.9%	90.6%
Average for Record Reviews	96.3%	87.3%
Average for PIP Topics	82.7%	90.5%
Overall Timeliness Average	89.3%	89.5%

NBH’s overall timeliness average, at 89.3 percent, closely approximated the BHO average. In the domain of timeliness, NBH exceeded the BHO average by 9 percentage points for one of the three timeliness measures—record reviews. NBH’s score for timeliness standards at 88.9 percent was slightly below the BHO average at 90.6 percent. NBH’s PIP topics score related to timeliness was its lowest measure, scoring 7.8 percentage points below the BHO average score.

Strengths and Weaknesses Across All Activities

Based on the results of the associated EQR activities, NBH’s recognized strengths and weaknesses for the domain of timeliness include the following:

- ◆ NBH’s performance for standards assessing timeliness was mixed, with NBH scoring 100 percent for grievances and appeals and fair hearings, but falling short of the BHO average for access and availability by 8.9 percentage points.
- ◆ Overall, record reviews assessing timeliness was an area of strength for NBH, with an impressive average score of 96.3 percent that exceeded the BHO average score by 9.0 percentage points. The scores for appeals and documentation of services were both 100 percent. Despite NBH’s high overall score, issues related to compliance with grievance time standards were identified.
- ◆ PIP topics related to timeliness presented the greatest opportunity for improvement for NBH. Although NBH’s one PIP related to timeliness (i.e., follow-up after discharge) received a validation status of *Met*, NBH scored 7.8 percentage points below the average of the three relevant BHO PIP topics. While the follow-up rates remained above the Medicaid Managed Behavioral Health Care benchmark, the study resulted in no statistically significant improvements.

Recommendations

Recommendations to improve the timeliness of NBH services include:

- ◆ Ensuring the provision of emergency, urgent, and routine services that meet the timeliness standards under the contract.
- ◆ Ensuring issuance of timely acknowledgement of grievances, notices of extension when necessary, and timely grievance resolution letters.
- ◆ Evaluating the need to make revisions to interventions associated with the PIP on follow-up after discharge in order to have statistical evidence that improvement has truly been achieved.

Access

Access Behavioral Care

Table 3-11 provides a summary of Access Behavioral Care’s (ABC’s) scores (the averages for standards, record reviews, performance measures, and PIP topics) and the BHO average scores for access overall.

Access Category	Percent	BHO Average
Average for Standards	95.7%	93.3%
Average for Record Reviews	100%	87.7%
Average for Performance Measures ³⁻¹	70.1%	77.2%
Average for PIP Topics	N/A	78.5%
Overall Access Average	88.6%	84.2%

ABC’s overall access average, at 88.6 percent, was 4.4 percentage points higher than the overall BHO average. In the domain of access, ABC exceeded the BHO average for two of the three applicable timeliness categories—standards and record reviews. These two access measures were also above 90 percent, with ABC achieving a perfect score for record reviews related to access, well outperforming the BHO average for record reviews impacting access. Neither of ABC’s PIP topics addressed access. ABC’s performance measures score related to access was well below the scores for the other two categories and 7.1 percentage points below the BHO average for performance measures.

Strengths and Weaknesses Across All Activities

Based on the results of the associated EQR activities, ABC’s recognized strengths and weaknesses for the domain of access include the following:

- ◆ Compliance standards related to access was a demonstrated strength for ABC, with all of ABC’s scores for standards related to access meeting or exceeding the BHO average scores. Although ABC’s score for access and availability was above the BHO average, issues related to the availability of services within the required time frames were identified.
- ◆ Record reviews was another area of demonstrated strength for ABC. It received a score of 100 percent for its one applicable record review measure related to access—recredentialing.

³⁻¹ Penetration rates were not included in the overall performance measure averages because optimal rates are not known and are likely to vary across sub-populations. While they provide useful information regarding utilization of mental health services, they are not appropriate to use as an evaluation of access in the context of this report.

- ◆ Of the three applicable access categories, performance measures related to access presented the greatest opportunity for improvement. The results of both performance measures related to access were below the BHO average by more than 6 percentage points.
- ◆ Data were considered to be accurate and valid based on the system review; however, not all encounter data submissions were initially accepted by the Department for the third and fourth quarters of FY 04-05. Documentation was submitted to the reviewers indicating that the encounter data submission issues were resolved and complete encounter data were submitted to the Department. Upon resolution, the relevant measures were determined to be *Fully Compliant*.
- ◆ CCAR data were considered to be accurate and valid based on a review of data submission, processing, and validation; however, ABC had numerous outstanding CCARs for FY 04-05, according to the Department, which resulted in significant bias based on incomplete data.

Recommendations

Recommendations to improve access to ABC health care services include:

- ◆ Ensuring provision of emergency and routine services that meet the timely access to care standards under the contract.
- ◆ Conducting an analysis of causal factors leading to low access-related performance measure results in consumer perception of access, as well as doctor contacts outside of the emergency room. As a result of this analysis, ABC should, as appropriate, implement interventions to remove identified barriers and enhance the provision of access to health care services. Consideration should be given to implementing a new PIP aimed at achieving improvements for one or more of these access-related performance measures.
- ◆ For all future encounter data submissions, ABC should include detailed documentation of the submission of encounter data to the Department with any issues identified and subsequent resolutions to ensure that complete and accurate encounter data are submitted.
- ◆ ABC should formalize a process for tracking outstanding CCAR submissions from external providers. ABC should monitor compliance by receiving and reviewing periodic reports from external providers, documenting reasons for incomplete CCAR submissions.
- ◆ ABC should also attempt to reconcile the missing CCAR updates that were not resolved with the Colorado Department of Human Services Division of Mental Health and with the Department. ABC should provide detailed documentation pertaining to how the outstanding CCARs were corrected or created.

Behavioral HealthCare, Inc.

Table 3-12 provides a summary of Behavioral HealthCare’s (BHI’s) scores (the averages for standards, record reviews, performance measures, and PIP topics) and the BHO average scores for access overall.

Access Category	Percent	BHO Average
Average for Standards	93.9%	93.3%
Average for Record Reviews	100%	87.7%
Average for Performance Measures ³⁻²	78.4%	77.2%
Average for PIP Topics	63.7%	78.5%
Overall Access Average	84.0%	84.2%

BHI’s overall access average, at 84 percent, was nearly equivalent to the overall BHO average, being just 0.2 of a percentage point lower. In the domain of access, BHI exceeded the BHO average for three of the four timeliness categories—standards, record reviews, and performance measures. BHI achieved a perfect score for record reviews related to access, well outperforming the BHO average for record reviews impacting access. BHI’s average for standards related to access was also above 90 percent. BHI’s PIP topics average related to access was well below the scores for the other three categories and 14.8 percentage points below the BHO average for PIP topics.

Strengths and Weaknesses Across All Activities

Based on the results of the associated EQR activities, BHI’s recognized strengths and weaknesses for the domain of access include the following:

- ◆ BHI’s performance related to standards assessing access met or exceeded the BHO average score. The scores for two of the standards related to access (i.e., provider issues and utilization management) were 100 percent. Although BHI’s score for access and availability was above the BHO average, issues related to the access to services within the required time frames were identified.
- ◆ Record reviews was an area of demonstrated strength for BHI, as it received a score of 100 percent for its one applicable record reviews measure related to access—recredentialing.
- ◆ Although BHI’s overall score for performance measures related to access was 1.2 percentage points higher than the BHO average score, BHI’s low access-related performance measure results present opportunities for improvement. BHI’s performance results were 75.6 percent for consumer perception of access and 81.2 percent for doctor contacts outside of the emergency room.

³⁻² Penetration rates were not included in the overall performance measure averages because optimal rates are not known and are likely to vary across sub-populations. While they provide useful information regarding utilization of mental health services, they are not appropriate to use as an evaluation of access in the context of this report.

- ◆ Of the four access categories, PIP topics related to access presented the greatest opportunity for improvement for BHI, with an overall score that was 14.8 percentage points lower than the BHO average. Both of the BHI PIPs assessed access and received overall validation scores of *Partially Met* and *Not Met*. As a result, BHI's PIP topics score was substantially lower than the other two BHOs' PIPs related to access for this year.

Recommendations

Recommendations to improve access to BHI health care services include:

- ◆ Ensuring provision of emergency and routine services that meet the timely access standards under the contract.
- ◆ Conducting an analysis of causal factors leading to low access-related performance measure results in consumer perception of access, as well as doctor contacts outside of the emergency room. As a result of this analysis, BHI should, as appropriate, implement interventions to remove identified barriers and enhance access to health care services. Consideration should be given to implementing a new PIP aimed at achieving improvements for one or more of these access-related performance measures.
- ◆ Ensuring that all evaluation elements for both PIPs that were *Partially Met* or *Not Met* are immediately addressed. In particular, BHI should address noncompliance areas related to clearly and accurately defining its study indicators, study population, and sampling techniques.
- ◆ Assessing the degree to which the interventions for the PIP on access to medication evaluations are contributing to the success of the study, and making revisions as necessary in order to show improvement in the outcome of care.

Colorado Health Partnerships, LLC

Table 3-13 provides a summary of Colorado Health Partnerships’ (CHP’s) scores (the averages for standards, record reviews, performance measures, and PIP topics) and the BHO average scores for access overall.

Table 3-13—Overall Access for CHP		
Access Category	Percent	BHO Average
Average for Standards	92.3%	93.3%
Average for Record Reviews	100%	87.7%
Average for Performance Measures ³⁻³	81.3%	77.2%
Average for PIP Topics	89.5%	78.5%
Overall Access Average	90.8%	84.2%

CHP’s overall access average, at 90.8 percent, was higher than the overall BHO average by 6.6 percentage points. In the domain of access, CHP exceeded the BHO average for three of the four timeliness measures—record reviews, performance measures, and PIP topics. Two of the access measures were above 90 percent, with a third at 89.5 percent. CHP achieved a perfect score for record reviews related to access, well outperforming the BHO average for record reviews impacting access. CHP’s average score for PIP topics related to access exceeded the BHO average by 11 percentage points.

Strengths and Weaknesses Across All Activities

Based on the results of the associated EQR activities, CHP’s recognized strengths and weaknesses for the domain of access include the following:

- ◆ CHP’s compliance with individual standards assessing access was mixed compared to the BHO average. Three out of five of CHP’s scores for standards related to access met or exceeded the BHO average scores. The score for utilization management was 100 percent while the score for credentialing was 83.9 percent.
- ◆ Record reviews was an area of demonstrated strength for CHP, as it received a score of 100 percent for its one applicable record reviews measure related to access—recredentialing.
- ◆ Although CHP’s overall score for performance measures related to access was 4.1 percentage points higher than the BHO average score, CHP’s low access-related performance measure results present opportunities for improvement. CHP’s performance measure result for consumer perception of access was 75 percent.

³⁻³ Penetration rates are not included in the overall performance measure averages because optimal rates are not known and are likely to vary across sub-populations. While they provide useful information regarding utilization of mental health services, they are not appropriate to use as an evaluation of access in the context of this report.

- ◆ While the score for CHP's PIP related to access exceeded the average of the other relevant PIPs by 11 percentage points, the PIP (i.e., identification and use of alternative/crisis services) received a validation status of *Partially Met*.

Recommendations

Recommendations to improve CHP's access to health care services include:

- ◆ Ensuring provision of emergency and routine services that meet the timely access standards under the contract.
- ◆ Conducting an analysis of causal factors leading to low access-related performance measure results in consumer perception of access, as well as doctor contacts outside of the emergency room. As a result of this analysis, CHP should, as appropriate, implement interventions to remove identified barriers and enhance the provision of access to health care services. Consideration should be given to implementing a new PIP aimed at achieving improvements for one or more of these access-related performance measures.
- ◆ Ensuring that all evaluation elements for the PIPs that were *Partially Met* or *Not Met* are addressed immediately. In particular, CHP should clarify its data analysis plan and provide consistent results that demonstrate the analysis described.

Foothills Behavioral Health, LLC

Table 3-14 provides a summary of Foothills Behavioral Health’s (FBH’s) scores (the averages for standards, record reviews, performance measures, and PIP topics) and the BHO average scores for access overall.

Table 3-14—Overall Access for FBH		
Access Category	Percent	BHO Average
Average for Standards	93.9%	93.3%
Average for Record Reviews	77.4%	87.7%
Average for Performance Measures ³⁻⁴	74.6%	77.2%
Average for PIP Topics	N/A	78.5%
Overall Access Average	81.9%	84.2%

FBH’s overall access average, at 81.9 percent, fell short of the overall BHO average by 2.3 percentage points. In the domain of access, FBH exceeded the BHO average for one of the three applicable timeliness measures—standards. The average for standards was also above 90 percent. Neither of FBH’s PIP topics addressed access. FBH’s record reviews score related to access was 10.3 percentage points below the BHO average for record reviews.

Strengths and Weaknesses Across All Activities

Based on the results of the associated EQR activities, FBH’s recognized strengths and weaknesses for the domain of access include the following:

- ◆ Compliance with the standards assessing access was a demonstrated strength of FBH, as compared to the BHO averages. Four out of five access-related standards met or exceeded the BHO average scores, and the fifth score was just 0.4 of a percentage point short. In particular, two of the access-related standards received scores of 100 percent—provider issues and utilization management.
- ◆ Record review measures related to access (i.e., recredentialing and denials) represented the greatest opportunity for improvement, falling short of the overall BHO average by 10.3 percentage points.
- ◆ Performance measures related to access was another area that presented opportunities for improvement. FBH’s overall score for performance measures related to access was 2.6 percentage points lower than the BHO average. FBH’s individual performance results for consumer perception of access, at 65.4 percent, was particularly low, being 5.1 percentage points lower than the BHO average score.

³⁻⁴ Penetration rates are not included in the overall topic averages because optimal rates are not known and are likely to vary across sub-populations. While they provide useful information regarding utilization of mental health services, they are not appropriate to use as an evaluation of access in the context of this report.

Recommendations

Recommendations to improve access to FBH's health care services include:

- ◆ Ensuring issuance of timely notices of action, and request extensions when necessary or appropriate to do so.
- ◆ Implementing a mechanism by which all providers are recredentialed within 36 months from the previous credentialing or recredentialed date.
- ◆ Conducting an analysis of causal factors leading to low access-related performance measure results, especially in consumer perception of access. As a result of this analysis, FBH should, as appropriate, implement interventions to remove identified barriers and enhance access to health care services. Consideration should be given to implementing a new PIP aimed at achieving improvements for one or more of these access-related performance measures.

Northeast Behavioral Health, LLC

Table 3-15 provides a summary of Northeast Behavioral Health’s (NBH’s) scores (the averages for standards, record reviews, performance measures, and PIP topics) and the BHO average scores for access overall.

Access Category	Percent	BHO Average
Average for Standards	90.9%	93.3%
Average for Record Reviews	79.2%	87.7%
Average for Performance Measures ³⁻⁵	81.5%	77.2%
Average for PIP Topics	96.9%	78.5%
Overall Access Average	87.1%	84.2%

NBH’s overall access average, at 87.1 percent, exceeded the overall BHO average by 2.9 percentage points. In the domain of access, NBH exceeded the BHO average for two of the four timeliness measures—performance measures and PIP topics. The measure scores for standards and PIP topics were above 90 percent. NBH’s PIP topics, at 96.9 percent, exceeded the BHO average for PIP topics related to access by 18.4 percentage points. NBH’s score for record reviews related to access fell short of the BHO average by 8.5 percentage points.

Strengths and Weaknesses Across All Activities

Based on the results of the associated EQR activities, NBH’s recognized strengths and weaknesses for the domain of access include the following:

- ◆ NBH’s performance as it related to compliance with standards assessing access was mixed. NBH’s scores for access standards exceeded 90 percent for three of five standards. In particular, two of the standards received scores of 100 percent—provider issues and utilization management. Opportunities for improvement exist for the access and availability measure (8.9 percentage points lower than the BHO average), and credentialing (4.0 percentage points lower than the BHO average).
- ◆ Record reviews measures related to access (i.e., recredentialing) represented the greatest opportunity for improvement, falling short of the overall BHO average by 10.4 percentage points.
- ◆ NBH’s performance measures results related to access (consumer perception of access and doctor contacts outside of the emergency room) were higher than the BHO averages. Despite these relatively higher scores, NBH’s low performance measure results, especially for consumer perception of access, present NBH with opportunities for improvement.

³⁻⁵ Penetration rates are not included in the overall topic averages because optimal rates are not known and are likely to vary across sub-populations. While they provide useful information regarding utilization of mental health services, they are not appropriate to use as an evaluation of access in the context of this report.

- ◆ NBH's PIP topics related to access proved to be an area of demonstrated strength, with the one PIP related to access exceeding the average of the other relevant PIPs by 18.4 percentage points, at an impressive 96.9 percent.

Recommendations

Recommendations to improve access to NBH's health care services include:

- ◆ Ensuring the provision of emergency, urgent, and routine services that meet the timely access standards under the contract, and making staff members aware of and supportive of the use of mechanisms to ensure consumer choice of providers to the extent possible and appropriate.
- ◆ Implementing a mechanism by which all providers are recredentialed within 36 months from the previous credentialing or recredentialing date.
- ◆ Conducting an analysis of causal factors leading to low access-related performance measure results, especially in the area of consumer perception of access. As a result of this analysis, NBH should, as appropriate, implement interventions to remove identified barriers and enhance the provision of access to health care services. Consideration should be given to implementing a new PIP aimed at achieving improvements for one or more of these access-related performance measures.

Introduction

This section of the report provides a comparison of all the BHOs’ results, with a statewide average, related to the quality and timeliness of, and access to, care. Individual BHO scores and rates from the EQR activities that were conducted are detailed in Appendix G of this report.

Quality

Table 4-1 provides a comparison of the average scores related to quality for each BHO, and the BHO average. The overall average quality scores for the five BHOs ranged from 81.8 to 88.1 percent. The majority of BHOs showed strong performance in the areas of (1) compliance with standards, (2) record reviews, and (3) PIP topics. A different BHO received a substantially lower score for each quality category. Scores for performance measures related to quality were uniformly lower than scores for the other three categories of quality in the table. Performance measure scores averaged 72.9 percent across the BHOs and ranged from 64.1 to 75.9 percent. The average for PIP topics was the next lowest across the BHOs at 87.3 percent.

Quality Category	ABC	BHI	CHP	FBH	NBH	BHO Average*
Average for Standards	96.5%	96.4%	91.4%	95.8%	77.8%	91.3%
Average for Record Reviews	91.7%	92.0%	96.6%	68.9%	92.0%	88.2%
Average for Performance Measures	64.1%	75.2%	70.4%	72.6%	75.9%	72.9%
Average for PIP Topics	100%	63.7%	89.2%	93.6%	89.8%	87.3%
Overall Quality Average	88.1%	81.8%	86.9%	82.7%	83.9%	84.9%

* The values listed under BHO Average are the averages of the individual measures from the detailed tables for each row in this table, except for the Overall Quality Average row, where each value reflects the average of the percentages above it within this table.

ABC was the only BHO that scored above 90 percent in three of four quality categories. ABC’s quality score for PIP topics, at 100 percent, stands out as a strength for ABC’s program and an example to the other BHOs. All elements reviewed for both ABC PIPs were *Met*. ABC’s score for performance measures, at 64.1 percent, was substantially lower than the scores for the other four BHOs, all of which exceeded 70 percent.

While BHI’s average quality scores for standards and record reviews were high, its score for PIP topics, at 63.7 percent, was substantially lower than the scores for the other four BHOs. For its two PIPs, BHI received a *Partially Met* and a *Not Met* validation status.

In the area of record reviews, FBH's score, at 68.9 percent, was substantially lower than the scores for the other four BHOs, all of which exceeded 90 percent. FBH received the lowest overall compliance scores for each of four record reviews conducted.

Timeliness

Table 4-2 provides a comparison of the average scores related to timeliness for each BHO, and the BHO average. The overall average quality scores for the five BHOs ranged from 83.8 percent to 93.0 percent. Only the average BHO score for record reviews related to timeliness was below 90 percent.

Table 4-2—Overall Timeliness for Colorado Mental Health						
Timeliness Category	ABC	BHI	CHP	FBH	NBH	BHO Average*
Average for Standards	89.9%	89.9%	89.9%	94.5%	88.9%	90.6%
Average for Record Reviews	89.0%	89.3%	95.4%	73.1%	96.3%	87.3%
Average for PIPs	100%	N/A	88.9%	N/A	82.7%	90.5%
Overall Timeliness Average	93.0%	89.6%	91.4%	83.8%	89.3%	89.5%

* The values listed under BHO Average are the averages of the individual measures from the detailed tables for each row in this table, except for the Overall Quality Average row, where each value reflects the average of the percentages above it within this table.

ABC’s timeliness score for its PIP topic, at 100 percent, stands out as a strength for ABC’s program and an example to the other BHOs. All elements reviewed for ABC’s PIP were *Met*. In the area of record reviews, FBH’s score, at 73.1 percent, was substantially below the next lowest BHO score of 89.0 percent. FBH received the lowest overall compliance scores for each of three record reviews related to timeliness.

Access

Table 4-3 provides a comparison of the average scores related to access for each BHO, and the BHO average. The overall average quality scores for the five BHOs ranged from 81.9 to 90.8 percent. All of the BHOs scored above 90 percent in overall compliance with standards related to access. Average scores for performance measures related to access were generally lower, sometimes substantially, than most of the BHOs’ other scores. There were two access-related performance measures:

- ◆ Consumer Perception of Access, for which the BHO average was 71.5 percent, with scores ranging from 63.9 percent to 77.5 percent.
- ◆ Doctor Contacts Outside of the Emergency Room, for which the BHO average was 82.8 percent, with scores ranging from 76.3 percent to 87.5 percent.

For both performance measure scores, ABC’s scores were the lowest.

Access Category	ABC	BHI	CHP	FBH	NBH	BHO Average*
Average for Standards	95.7%	93.9%	92.3%	93.9%	90.9%	93.3%
Average for Record Reviews	100%	100%	100%	77.4%	79.2%	87.7%
Average for Performance Measures ⁴⁻¹	70.1%	78.4%	81.3%	74.6%	81.5%	77.2%
Average for PIP Topics	N/A	63.7%	89.5%	N/A	96.9%	78.5%
Overall Access Average	88.6%	84.0%	90.8%	81.9%	87.1%	84.2%

* The values listed under BHO Average are the averages of the individual measures from the detailed tables for each row in this table, except for the Overall Quality Average row, where each value reflects the average of the percentages above it within this table.

FBH’s and NBH’s overall scores for record reviews related to access (at 77.4 and 79.2 percent, respectively) stand in contrast to the 100 percent scores achieved by ABC, BHI, and CHP. This was due to the low scores that both received for the recredentialing record review—69 percent for FBH and 79.2 percent for NBH.

While BHI’s average access scores for standards and record reviews were high, its score for PIP topics, at 63.7 percent, was well below CHP’s score of 89.5 percent and NBH’s score of 96.9 percent. For its two PIPs, BHI received a *Partially Met* and *Not Met* validation status.

⁴⁻¹ Penetration rates were not included in the overall performance measure averages because optimal rates are not known and are likely to vary across sub-populations. While they provide useful information regarding utilization of mental health services, they are not appropriate to use as an evaluation of access in the context of this report.

5. Assessment of BHO Follow-up on Prior Recommendations

Introduction

The Department required each BHO to address the recommendations made following the EQR activities that were conducted in 2005–2006. In this section of the report, an assessment is made as to the degree to which the BHOs effectively addressed the improvement recommendations made by HSAG during the previous year.

During the review period for the previous year's EQRO report (September 1, 2003, to August 31, 2004), the State had been subdivided into eight geographic service areas. Beginning January 1, 2005, the BHO service areas were reduced from eight to five. Thus, for purposes of assessing BHO follow-up on prior recommendations, HSAG compared, where applicable, the individual BHO results from this year's EQR activities for performance measures and PIPs to the previous year's findings for the BHO in the same service area in which they are operating in now (e.g., ABC results were compared to ABC-Denver findings). For compliance monitoring, any in-depth comparison between the two compliance reviews was more difficult. While there was overlap between compliance areas and record reviews evaluated during the 2005–2006 and 2004–2005 site reviews, some of the specific elements within the standards changed. Therefore, in the area of compliance monitoring, only general trends in the compliance areas and overall compliance achieved are noted for the BHO in the same service area they are serving now.

Access Behavioral Care

For purposes of assessing ABC's follow-up on prior recommendations, ABC is synonymous with ABC-Denver in the previous year's EQRO technical report.

Compliance Standards and Record Reviews

ABC's 2005–2006 compliance scores continued to improve for many of the standards reviewed, an indication that ABC had followed up on the previous year's recommendations and was continuing to make improvements in these areas. Specific standards where scores increased included delegation; quality assessment and performance improvement program; practice guidelines; grievances, appeals, and fair hearings; and utilization management. Compliance scores decreased in the areas of continuity of care system and access and availability, and in record reviews of appeals. These are areas for ABC's continued focus to ensure that all recommendations related to compliance standards receive adequate follow-up and corrective action.

Performance Measures

This year's validation of performance measures indicates that ABC followed up on recommendations that resulted from the previous year's validation study. In the previous year, ABC had received a designation of *Substantially Compliant*. This year, data were considered to be accurate and valid based on the system review. However, not all encounter data submissions were initially accepted by the Department for the third and fourth quarters of FY 04-05. The relevant measures were ultimately determined to be *Fully Compliant* after the BHO submitted documentation that the encounter data submission issues were resolved and complete encounter data were submitted to the Department.

Findings from this year's performance measure validation study also indicate that ABC continues to have opportunities for improvement in the area of CCAR data. ABC continues to have problems with the validity and completeness of the CCAR-generated performance measures. This year, the measures were all found to be *Not Valid* due to incomplete data. There were numerous outstanding CCARs, according to the Department, which resulted in significant bias. Additionally, ABC's data control and performance measure documentation were found to be not acceptable, whereas during the previous year they were found to be acceptable. Finally, a comparison of the performance measure results found ABC's results for this year to be markedly lower than last year for all MHSIP survey data measures except consumer perception of outcome, which increased by 2.8 percentage points. The most substantial drop was in perception of access, from 77 percent last year to 63.9 percent this year.

Performance Improvement Projects

ABC clearly followed up on all prior recommendations related to its PIPs. This year, ABC's two PIPs both received 100 percent, which means there were no noncompliant elements and reflects improvement over the previous year, when one PIP received 99 and the other 96 percent. The latter PIP was also validated this year, and thus a 4 percentage point increase in the overall PIP validation score was achieved by ABC.

Behavioral HealthCare, Inc.

For purposes of assessing BHI's follow-up on prior recommendations, it is noted that BHI's service area remained the same.

Compliance Standards and Record Reviews

BHI's 2005–2006 compliance scores continued to improve for most standards reviewed, an indication that BHI had followed up on previous year's recommendations and was continuing to make improvements in those areas. Specific standards where scores increased included delegation, provider issues, member rights and responsibilities, continuity of care system, quality assessment and performance improvement program, credentialing, and utilization management. Record reviews scores increased in the areas of appeals, grievances, and recredentialing. Scores decreased in the area of access and availability. The latter is an area in which BHI needs continued focus to ensure all recommendations related to compliance standards receive adequate follow-up and corrective action.

Performance Measures

This year's validation of performance measures indicates that BHI had followed up on recommendations made as a result of the previous year's validation study. Measures for the penetration rate of child and adults, and all five CCAR-generated measures, were given an audit designation of *Fully Compliant* this year. In the previous year, BHI had received a designation of *Substantially Compliant*. During 2004–2005, BHI resolved an issue with the submission of encounter data by its vendor. However, this year's validation findings found BHI's data control not acceptable due to oversight issues with the claims and encounter data vendor. During the previous year, this area was found to be acceptable.

BHI's results for this year were markedly lower than last year for three of the five MHSIP survey data measures, with consumer perception of outcome and consumer satisfaction staying the same. The most substantial drop was in consumer perception of participation, from 64.8 percent last year to 56.7 percent this year.

Performance Improvement Projects

BHI's PIP validation findings for this year indicate that BHI needs to continue ensuring that it follows up on all PIP-related recommendations. Last year, one of BHI's PIPs (follow-up post hospitalization) received a score of 90 percent with a validation status of *Met*, and the other PIP (access to initial medication evaluation) received a score of 51 percent with a validation of *Partially Met*. This year, one PIP (screening for bipolar disorder) received a score of 69.4 percent with a validation status of *Not Met*. The other PIP that was validated, which was the same as the PIP validated the previous year (i.e., related to medication evaluation), received a score of 58 percent with a validation status of *Partially Met*. HSAG noted in its findings for this PIP that BHI had not fully addressed issues related to the study population definition as directed from last year's recommendation. Additionally, other opportunities for improvement continued to be reported in the same areas as in the previous year—valid sampling techniques, accurate/complete data collection, sufficient data analysis and interpretation, and real improvement achieved.

Colorado Health Partnerships, LLC

For purposes of assessing CHP's follow-up on prior recommendations, CHP is synonymous with SyCare-Options Colorado Health Networks and West Slope-Options Colorado Health Networks in the previous year's EQRO technical report. CHP also assumed responsibility for the service area that includes El Paso, Park, and Teller Counties, an area that was previously the responsibility of ABC-Pikes Peak.

Compliance Standards and Record Reviews

CHP's 2005–2006 compliance scores continued to improve for many of the standards reviewed, an indication that CHP had followed up on the previous year's recommendations and was continuing to make improvements in these areas. Specific standards where scores increased included provider issues; continuity-of-care system; grievances, appeals and fair hearings; access and availability; and utilization management. Scores decreased in the areas of member rights and responsibilities, credentialing, and record reviews of grievances. These are areas in which CHP needs to continue focusing to ensure that all recommendations receive adequate follow-up and corrective action.

Performance Measures

This year's validation of performance measures indicates that CHP had followed up on recommendations that related to the penetration rate of children and adults. The validation findings for these two rates were *Fully Compliant*, whereas during the previous year the validation status was *Substantially Compliant*. For the five CCAR data-generated measures, CHP continued to receive a validation status of *Substantially Compliant*. Most of the recommendations from the previous year relating to the CCAR measures appeared to have been addressed; however, one of CHP's community mental health centers did not have a formal validation process for manual entry of CCAR data.

No comparison of performance measure results was done due to the significant change in CHP's service area.

Performance Improvement Projects

The validation findings from this year indicate that CHP followed up on prior recommendations related to its PIPs, but that the BHO needs to continue to make improvements in this area. Last year, one of CHP's PIPs (diagnosed-based treatment guidelines) received a score of 52 percent with a validation status of *Partially Met*, and the other PIP (ambulatory follow-up) received a score of 75 percent with a validation of *Partially Met*. This year, one PIP (use of alternative/crisis services) received a score of 89.5 percent with a validation status of *Partially Met*. The other PIP validated, which was the same as the PIP validated the previous year (i.e., related to ambulatory follow-up), received a score of 88.9 percent with a validation status of *Met*. For this latter PIP, CHP had addressed the previous year's recommendations related to providing a clearly defined study question and completely describing the study population. Additional recommendations for improvement were made this year related to clarifying its data analysis plans and continuing to assess the need to make revisions to interventions.

Foothills Behavioral Health, LLC

For purposes of assessing FBH's follow-up on prior recommendations, FBH is synonymous with Jefferson Center for Mental Health (JCMH) and Mental Health Center of Boulder County, Inc. (MHCBC) in the previous year's EQRO technical report.

Compliance Standards and Record Reviews

In 2005–2006, FBH received higher scores for most of the compliance standards reviewed, an indication that FBH had followed up on the previous year's recommendations and was continuing to make improvements in these areas. This is particularly commendable given the very low compliance scores that MHCBC had received the previous year. The only areas of noted decrease were the record reviews scores for grievances and recredentialing.

Performance Measures

This year's validation of performance measures indicates that FBH had followed up on recommendations made as a result of the previous year's validation study. Measures for the penetration rate of children and adults and all five CCAR-generated measures were given an audit designation of *Fully Compliant* this year. In the previous year, FBH had received a designation of *Substantially Compliant*. However, one area of improvement identified was data control. This year's validation findings found FBH's data control to be not acceptable due to oversight issues with its claims and encounter data vendor. During the previous year, this area was found to be acceptable.

No comparison of performance measure results was done due to the change in FBH's service area.

Performance Improvement Projects

FBH clearly followed up on all prior PIP recommendations for both JCMH and MHCBC, substantially improving compliance for the PIPs validated this year. This year, FBH's two PIPs received a *Met* validation status with overall scores of 93.9 percent and 93.3 percent. For the previous year, one JCMH PIP received a *Partially Met* (compliance score of 63 percent) and the other PIP received a *Not Met* (compliance score of 0 percent), and for MHCBC one PIP received a *Met* (compliance score of 87 percent) and the other PIP a *Partially Met* (compliance score of 73 percent).

Northeast Behavioral Health, LLC

For purposes of assessing NBH's follow-up on prior recommendations, NBH's service area remained the same.

Compliance Standards and Record Reviews

NBH substantially increased its 2005–2006 compliance scores over the previous year, an indication that NBH had followed up on the previous year's recommendations and was continuing to make improvements in these areas. Specific standards where scores increased included delegation; provider issues; member rights and responsibilities; continuity-of-care system; quality assessment and performance improvement program; grievances, appeals, and fair hearings; and utilization management. Scores decreased in the areas of access and availability and record reviews of grievances. These are areas in which NBH needs to continue to focus on ensuring that all recommendations receive adequate follow-up and corrective action.

Performance Measures

This year's validation of performance measures indicates that NBH had followed up on recommendations made related to the penetration rate of children and adults. The validation findings for these two rates were *Fully Compliant* whereas during the previous year their validation status was *Substantially Compliant*. For the five CCAR data-generated measures, NBH continued to receive a validation status of *Substantially Compliant*. Most of the recommendations from the previous year appeared to have been addressed; however, manual data entry of CCAR data received from external providers was not being audited formally, but only spot-checked. In addition, this year's validation findings found NBH's data control to be not acceptable due to oversight issues with its claims and encounter data vendor. During the previous year, this area was found to be acceptable.

The comparison of NBH's performance measure results between the two years revealed increases in performance by the BHO. The performance results for all five of the MHSIP survey data measures increased, as well as for two out of five of the CCAR-generated performance measures (employment and change in problem severity for children and adults).

Performance Improvement Projects

NBH's PIP validation findings for this year indicate that NBH needs to continue to ensure that it follows up on all PIP-related recommendations. Last year, one of NBH's PIPs (inpatient readmission rates) received a score of 89 percent with a validation status of *Met*, and the other PIP (follow-up after an inpatient stay) received a score of 86 percent with a validation status of *Met*. This year, one PIP (use of clinical guidelines) received a score of 93.3 percent with a validation status of *Met*. The other PIP validated, which was the same as the PIP validated the previous year (i.e., related to follow-up after an inpatient stay), retained its validation status of *Met* but received a lower overall score (82.7 percent). HSAG noted in its findings for this PIP that the results showed no continued improvement and recommended again that NBH evaluate the need to make revisions to the intervention.

Measures Related to Quality

Standard	Percent	BHO Average
Delegation	90.9%	82.0%
Provider issues	100%	99.1%
Practice guidelines	100%	80.0%
Member rights and responsibilities	100%	94.1%
Continuity-of-care system	92.9%	92.9%
Quality assessment and performance improvement	100%	100%
Grievances, appeals, and fair hearings	90.9%	94.5%
Credentialing	96.9%	87.9%
Quality Average for Standards	96.5%	91.3%

- ◆ For standards assessing quality, ABC equaled or exceeded the BHO average for seven of the eight measures in the table.
- ◆ The scores for four of the eight standards related to quality were 100 percent.
- ◆ Standards assessing quality are a demonstrated strength for ABC, as assessed against the BHO averages as well as by showing all scores exceeding 90 percent. They substantially exceeded the BHO average scores for four of the eight measures.
- ◆ The overall average exceeded the BHO average by 5.2 percentage points.

Table A-2—Record Reviews Assessing Quality <i>for</i> ABC		
Record Review	Percent	BHO Average
Appeals	95.5%	93.6%
Grievances	100%	91.4%
Documentation of services	71.4%	78.4%
Coordination of medical and mental health services	N/S	N/S
Recredentialing	100%	89.6%
Quality Average for Record Reviews	91.7%	88.2%

- ◆ For record reviews assessing quality, ABC exceeded the BHO average for three of the four scored measures in the table.
- ◆ The scores for two of the measures (grievances and recredentialing) were at 100 percent.
- ◆ The score for documentation of services shows the greatest opportunity for improvement, at 7.0 percentage points lower than the BHO average.
- ◆ The overall average for the record reviews assessing quality exceeded the BHO average score by 3.5 percentage points.

Table A-3—Performance Measures Assessing Quality for ABC		
Performance Measure	Percent	BHO Average
Consumer Perception of Access	63.9%	71.5%
Consumer Perception of Quality/Appropriateness	60.8%	69.2%
Consumer Perception of Outcome	62.8%	64.2%
Consumer Satisfaction	75.6%	78.1%
Consumer Perception of Participation	57.1%	63.0%
Children Living in a Family-like Setting	99.0%	97.3%
Adults Living Independently	94.9%	95.9%
Employment	66.7%	76.9%
Change in Problem Severity—Children	72.0%	60.6%
Change in Problem Severity—Adults	59.0%	53.8%
Quality Average for Performance Measures	71.2%	73.0%

- ◆ For performance measures assessing quality, ABC equaled or exceeded the BHO average for three of the 10 measures in the table: Children Living in a Family-like Setting, Change in Problem Severity—Children, and Change in Problem Severity—Adults.
- ◆ The perception measures and the measure for employment present opportunities for improvement for ABC, as assessed against the BHO averages.
- ◆ The overall score for the table was approximately equivalent to the BHO average, at 1.8 percentage point lower.

Table A-4—PIP Topics Assessing Quality for ABC		
PIP Topic	Percent	BHO Average
Improving Follow-Up After An Inpatient Stay	100%	100%
Improving Outcomes For High-Risk Youth Through AFFIRM Care Management	100%	100%
Access to Initial Medication Evaluations (Not from ABC)	N/A	58.0%
Screening for Bipolar Disorder (Not from ABC)	N/A	69.4%
Ambulatory Follow-up Within Seven Days of Hospital Discharge for Youth and Adults (Not from ABC)	N/A	88.9%
Identification and Use of Alternative/Crisis Services to Ensure Treatment at the Least Restrictive Level of Care for Medicaid Children and Adolescents (Not from ABC)	N/A	89.5%
Improving Use and Documentation of Clinical Guidelines (Not from ABC)	N/A	93.9%
Supporting Recovery (Not from ABC)	N/A	93.3%
Follow-up After Inpatient Discharge (Not from ABC)	N/A	82.7%
Increase Provider Communication/Coordination with Primary Care Physicians and Other Health Providers (Not from ABC)	N/A	96.9%
Quality Average for PIP Topics	100%	87.3%

- ◆ Both of ABC’s PIPs related to quality achieved perfect scores.
- ◆ None of the PIPs related to quality from the other BHOs achieved a perfect score, demonstrating the strengths ABC’s PIPs.
- ◆ ABC’s scores for PIPs assessing quality exceeded the BHO average by 12.7 percentage points.

Measures Related to Timeliness

Table A-5—Standards Assessing Timeliness for ABC		
Standard	Percent	BHO Average
Access and availability	88.9%	86.7%
Grievances, appeals, and fair hearings	90.9%	94.5%
Timeliness Average for Standards	89.9%	90.6%

- ◆ Both of ABC’s standards related to timeliness approximated the BHO averages.
- ◆ The score for grievances, appeals, and fair hearings exceeded 90 percent.
- ◆ The overall score for standards related to timeliness for ABC was below the BHO average by 0.7 of a percentage point.

Table A-6—Record Reviews Assessing Timeliness for ABC		
Record Review	Percent	BHO Average
Appeals	95.5%	93.6%
Grievances	100%	91.4%
Documentation of services	71.4%	78.4%
Denials (conducted for only one BHO)	N/S	85.7%
Timeliness Average for Record Reviews	89.0%	87.3%

- ◆ For record reviews related to timeliness, ABC exceeded the BHO average for two of the three scored measures in the table.
- ◆ The grievances measure scored 100 percent, substantially exceeding the BHO average of 91.4 percent.
- ◆ Documentation of services presents the greatest opportunity for improvement by ABC as assessed against the other measures and against the BHO averages.
- ◆ The overall score for record reviews related to timeliness show ABC exceeding the BHO average by 1.7 percentage points.

Table A-7—PIP Topics Assessing Timeliness <i>for</i> ABC		
PIP Topic	Percent	BHO Average
Improving Follow-Up After An Inpatient Stay	100%	100%
Ambulatory Follow-up Within Seven Days of Hospital Discharge for Youth and Adults (Not from ABC)	N/A	88.9%
Follow-up After Inpatient Discharge (Not from ABC)	N/A	82.7%
Timeliness Average for PIP Topics	100%	90.5%

- ◆ ABC’s PIP related to timeliness exceeded scores for both of the other two timeliness PIPs.
- ◆ ABC’s score for the PIP related to timeliness exceeded the overall average BHO score by 9.5 percentage points

Measures Related to Access

Table A-8—Standards Assessing Access for ABC		
Standard	Percent	BHO Average
Provider issues	100%	99.1%
Access and availability	88.9%	86.7%
Utilization management	100%	100%
Continuity-of-care system	92.9%	92.9%
Credentialing	96.9%	87.9%
Access Average for Standards	95.7%	93.3%

- ◆ All of ABC’s scores for standards related to access equaled or exceeded the BHOs’ average scores, demonstrating these measures to be a strength for ABC.
- ◆ ABC’s scores for two of the standards related to access (i.e., provider issues and utilization management) were 100 percent.
- ◆ The scores for four of the five standards related to access exceeded 90 percent.
- ◆ The overall score for ABC exceeded the BHO average by 2.4 percentage points.

Table A-9—Record Reviews Assessing Access for ABC		
Record Review	Percent	BHO Average
Coordination of medical and mental health services	N/S	N/S
Recredentialing	100%	89.6%
Denials (conducted for only one BHO)	N/S	85.7%
Access Average for Record Reviews	100%	87.7%

- ◆ The record reviews measure related to access for ABC (i.e., recredentialing) was scored at 100 percent.
- ◆ The ABC score for recredentialing exceeded the BHO average score for recredentialing by 10.4 percentage points.
- ◆ The ABC score for recredentialing exceeded the overall average score for BHO record reviews measures by 12.3 percentage points.

Table A-10—Performance Measures Assessing Access for ABC		
Performance Measure	Percent	BHO Average
Penetration Rate—Children	6.4%	8.0%
Penetration Rate—Adults	15.3%	14.3%
Consumer Perception of Access	63.9%	71.5%
Doctor Contacts Outside of the Emergency Room	76.3%	82.8%
Access Average for Performance Measures^{A-1}	70.1%	77.2%

- ◆ The penetration scores were approximately similar to the BHO average scores, with ABC’s score for children being 1.6 percentage points lower than the BHO average and the score for adults being 1.0 percentage point higher.
- ◆ Both of the other performance measure scores related to access for ABC were below the BHO averages, suggesting that Consumer Perception of Access and Doctor Contacts Outside of the Emergency Room represent opportunities for improvement for ABC.
- ◆ The overall score for ABC’s performance measures related to access was 7.1 percentage points below the BHO average score.

Table A-11—PIP Topics Assessing Access for ABC		
PIP Topic	Percent	BHO Average
Access to Initial Medication Evaluations (Not from ABC)	N/A	58.0%
Screening for Bipolar Disorder (Not from ABC)	N/A	69.4%
Identification and Use of Alternative/Crisis Services to Ensure Treatment at the Least Restrictive Level of Care for Medicaid Children and Adolescents (Not from ABC)	N/A	89.5%
Increase Provider Communication/Coordination with Primary Care Physicians and Other Health Providers (Not from ABC)	N/A	96.9%
Access Average for PIP Topics	N/A	78.5%

- ◆ Neither of ABC’s PIPs was related to access.

^{A-1} Penetration rates are not included in the overall topic averages because they are likely to be curvilinear, becoming more appropriate as they increase from 0.0 percent to an unknown point and then becoming less appropriate as they continue to increase to 100 percent. Because optimal rates are not known and are likely to vary across sub-populations, there is currently no justifiable methodology for including them in the overall topic averages.

Measures Related to Quality

Standard	Percent	BHO Average
Delegation	100%	82.0%
Provider issues	100%	99.1%
Practice guidelines	100%	80.0%
Member rights and responsibilities	100%	94.1%
Continuity-of-care system	92.9%	92.9%
Quality assessment and performance improvement	100%	100%
Grievances, appeals, and fair hearings	90.9%	94.5%
Credentialing	87.5%	87.9%
Quality Average for Standards	96.4%	91.3%

- ◆ For standards assessing quality, BHI equaled or exceeded the BHO average for six of the eight measures in the table.
- ◆ The scores for five of the eight standards related to quality were at 100 percent.
- ◆ Standards related to quality are a demonstrated strength for BHI, as assessed against the BHO averages as well as by showing all scores but one exceeding 90 percent.
- ◆ The overall BHI average exceeded the BHO average by 5.1 percentage points.

Table B-2—Record Reviews Assessing Quality for BHI		
Record Review	Percent	BHO Average
Appeals	90.5%	93.6%
Grievances	100%	91.4%
Documentation of services	77.3%	78.4%
Coordination of medical and mental health services	N/S	N/S
Recredentialing	100%	89.6%
Quality Average for Record Reviews	92.0%	88.2%

- ◆ For record reviews assessing quality, BHI exceeded the BHO average for two of the four scored measures in the table.
- ◆ The scores for grievances and recredentialing were 100 percent.
- ◆ Documentation of services showed the lowest score, but it was approximately equivalent to the BHO average at only 1.1 percentage point lower.
- ◆ The overall average exceeded the BHO average by 3.8 percentage points.

Table B-3—Performance Measures Assessing Quality for BHI		
Performance Measure	Percent	BHO Average
Consumer Perception of Access	75.6%	71.5%
Consumer Perception of Quality/Appropriateness	75.1%	69.2%
Consumer Perception of Outcome	62.3%	64.2%
Consumer Satisfaction	76.5%	78.1%
Consumer Perception of Participation	64.8%	63.0%
Children Living in a Family-like Setting	98.4%	97.3%
Adults Living Independently	95.5%	95.9%
Employment	71.8%	76.9%
Change in Problem Severity—Children	65.0%	60.6%
Change in Problem Severity—Adults	67.0%	53.8%
Quality Average for Performance Measures	75.2%	73.0%

- ◆ For performance measures assessing quality, BHI equaled or exceeded the BHO average for six of the 10 measures in the table.
- ◆ The scores for two of the performance measures assessing quality exceeded 90 percent, and the same situation exists for the BHO average scores.
- ◆ The measure for employment shows the greatest opportunity for improvement in the table, trailing the BHO average by 5.1 percentage points.
- ◆ The overall BHI average score exceeded the BHO average by 2.2 percentage points.

Table B-4—PIP Topics Assessing Quality for BHI		
PIP Topic	Percent	BHO Average
Improving Follow-Up After An Inpatient Stay (Not from BHI)	N/A	100%
Improving Outcomes For High-Risk Youth Through AFFIRM Care Management (Not from BHI)	N/A	100%
Access to Initial Medication Evaluations	58.0%	58.0%
Screening for Bipolar Disorder	69.4%	69.4%
Ambulatory Follow-up Within Seven Days of Hospital Discharge for Youth and Adults (Not from BHI)	N/A	88.9%
Identification and Use of Alternative/Crisis Services to Ensure Treatment at the Least Restrictive Level of Care for Medicaid Children and Adolescents (Not from BHI)	N/A	89.5%
Improving Use and Documentation of Clinical Guidelines (Not from BHI)	N/A	93.9%
Supporting Recovery (Not from BHI)	N/A	93.3%
Follow-up After Inpatient Discharge (Not from BHI)	N/A	82.7%
Increase Provider Communication/Coordination with Primary Care Physicians and Other Health Providers (Not from BHI)	N/A	96.9%
Quality Average for PIP Topics	63.7%	87.3%

- ◆ BHI posted the two lowest scores for PIPs related to quality.
- ◆ PIPs represent an opportunity for improvement for BHI, as the scores for both of BHI’s PIPs were substantially lower than any other PIP for the BHOs in Colorado this year.
- ◆ BHI’s average score for PIPs related to quality was 23.6 percentage points lower than the BHO average.

Measures Related to Timeliness

Table B-5—Standards Assessing Timeliness <i>for</i> BHI		
Standard	Percent	BHO Average
Access and availability	88.9%	86.7%
Grievances, appeals, and fair hearings	90.9%	94.5%
Timeliness Average for Standards	89.9%	90.6%

- ◆ Both of BHI’s standards related to timeliness approximated the BHO averages.
- ◆ One of the measures somewhat exceeded the BHO average (by 2.2 percentage points) and one of the scores fell short of the BHO average (by 3.6 percentage points).
- ◆ The score for grievances, appeals, and fair hearings exceeded 90 percent.
- ◆ The overall score for standards related to timeliness for BHI was below the BHO average by 0.7 of a percentage point and only 0.1 of a percentage point short of 90 percent.

Table B-6—Record Reviews Assessing Timeliness <i>for</i> BHI		
Record Review	Percent	BHO Average
Appeals	90.5%	93.6%
Grievances	100.0%	91.4%
Documentation of services	77.3%	78.4%
Denials (conducted for only one BHO)	N/S	85.7%
Timeliness Average for Record Reviews	89.3%	87.3%

- ◆ For record reviews related to timeliness, BHI exceeded the BHO average for one of the three scored measures in the table.
- ◆ The grievances measure scored 100 percent, substantially exceeding the BHO average of 91.4 percent.
- ◆ Although the score for documentation of services was below 80 percent (at 77.3 percent), it was only 1.1 percentage point below the BHO average of 78.4 percent.
- ◆ The overall score for record reviews related to timeliness shows BHI exceeding the BHO average by 2.0 percentage points.

Table B-7—PIP Topics Assessing Timeliness <i>for</i> BHI		
PIP Topic	Percent	BHO Average
Improving Follow-Up After An Inpatient Stay (Not from BHI)	N/A	100%
Ambulatory Follow-up Within Seven Days of Hospital Discharge for Youth and Adults (Not from BHI)	N/A	88.9%
Follow-up After Inpatient Discharge (Not from BHI)	N/A	82.7%
Timeliness Average for PIP Topics	N/A	90.5%

- ◆ Neither of BHI’s PIPs was related to timeliness.

Measures Related to Access

Table B-8—Standards Assessing Access <i>for</i> BHI		
Standard	Percent	BHO Average
Provider issues	100%	99.1%
Access and availability	88.9%	86.7%
Utilization management	100%	100%
Continuity-of-care system	92.9%	92.9%
Credentialing	87.5%	87.9%
Access Average for Standards	93.9%	93.3%

- ◆ Four of BHI’s five scores for standards related to access met or exceeded the BHOs’ average scores, with the fifth score trailing the BHO average by just 0.4 of a percentage point.
- ◆ The scores for two standards related to access (i.e., provider issues and utilization management) were 100 percent.
- ◆ The scores for three of the five standards related to access exceeded 90 percent.
- ◆ The overall score for BHI exceeded the BHO average by 0.6 of a percentage point.

Table B-9—Record Reviews Assessing Access <i>for</i> BHI		
Record Review	Percent	BHO Average
Coordination of medical and mental health services	N/S	N/S
Recredentialing	100%	89.6%
Denials (conducted for only one BHO)	N/S	85.7%
Access Average for Record Reviews	100%	87.7%

- ◆ The record reviews measure related to access for BHI (i.e., recredentialing) was scored at 100 percent.
- ◆ The score for recredentialing exceeded the BHO average by 10.4 percentage points.
- ◆ The score for BHI’s relevant measure exceeded the average score for BHO record reviews measures by 12.3 percentage points.

Table B-10—Performance Measures Assessing Access for BHI		
Performance Measure	Percent	BHO Average
Penetration Rate—Children	6.3%	8.0%
Penetration Rate—Adults	12.4%	14.3%
Consumer Perception of Access	75.6%	71.5%
Doctor Contacts Outside of the Emergency Room	81.3%	82.8%
Access Average for Performance Measures^{B-1}	78.4%	77.2%

- ◆ The penetration scores were somewhat lower than the BHO average scores, with BHI’s score for children being 1.7 percentage point lower and the score for adults being 1.9 percentage point lower than the BHO averages.
- ◆ One of the remaining two performance measure scores related to access for BHI was higher than the BHO average (by 4.1 percentage points) and one was lower (by 1.5 percent point).
- ◆ The overall score for BHI’s performance measures related to access was 1.2 percentage point higher than the BHO average score.

Table B-11—PIP Topics Assessing Access for BHI		
PIP Topic	Percent	BHO Average
Access to Initial Medication Evaluations	58.0%	58.0%
Screening for Bipolar Disorder	69.4%	69.4%
Identification and Use of Alternative/Crisis Services to Ensure Treatment at the Least Restrictive Level of Care for Medicaid Children and Adolescents (Not from BHI)	N/A	89.5%
Increase Provider Communication/Coordination with Primary Care Physicians and Other Health Providers (Not from BHI)	N/A	96.9%
Access Average for PIP Topics	63.7%	78.5%

- ◆ BHI posted the two lowest scores for PIPs related to access.
- ◆ PIPs represent an opportunity for improvement for BHI, as the scores for both of BHI’s PIPs were substantially lower than the other two PIPs for the BHOs in Colorado this year.
- ◆ BHI’s average score for PIPs related to access was 14.8 percentage points lower than the BHO average, even with the average score being greatly influenced by BHI’s scores.

^{B-1} Penetration rates are not included in the overall topic averages because they are likely to be curvilinear, becoming more appropriate as they increase from 0.0 percent to an unknown point and then becoming less appropriate as they continue to increase to 100 percent. Because optimal rates are not known and are likely to vary across sub-populations, there is currently no justifiable methodology for including them in the overall topic averages.

Measures Related to Quality

Table C-1—Standards Assessing Quality for CHP		
Standard	Percent	BHO Average
Delegation	N/A	82.0%
Provider issues	95.7%	99.1%
Practice guidelines	100%	80.0%
Member rights and responsibilities	76.5%	94.1%
Continuity-of-care system	92.9%	92.9%
Quality assessment and performance improvement	100%	100%
Grievances, appeals, and fair hearings	90.9%	94.5%
Credentialing	83.9%	87.9%
Quality Average for Standards	91.4%	91.3%

- ◆ For standards assessing quality, CHP equaled or exceeded the BHO average for three of the seven scored measures in the table.
- ◆ The scores for two of the seven scored standards related to quality were at 100 percent.
- ◆ The score for practice guidelines exceeded the BHO average by 20.0 percentage points.
- ◆ Scores for standards related to quality exceeded 90 percent for five of the seven scored measures.
- ◆ The score for member rights and responsibilities showed the greatest opportunity for improvement by being 17.6 percentage points below the BHO average and well below the remaining scores for standards related to quality.
- ◆ The overall average score for CHP exceeded the BHO average by 0.1 of a percentage point.

Table C-2—Record Reviews Assessing Quality for CHP		
Record Review	Percent	BHO Average
Appeals	100%	93.6%
Grievances	91.3%	91.4%
Documentation of services	95.0%	78.4%
Coordination of medical and mental health services	N/S	N/S
Recredentialing	100%	89.6%
Quality Average for Record Reviews	96.6%	88.2%

- ◆ For record reviews assessing quality, CHP exceeded the BHO average for three of the four scored measures in the table and was only 0.1 of a percentage point less than the BHO average on the fourth measure, grievances.
- ◆ The scores for appeals and for recredentialing were both 100 percent.
- ◆ All four scored measures exceeded 90 percent.
- ◆ CHP’s score for documentation of services well exceeded the BHO average by 16.6 percentage points.
- ◆ Record reviews related to quality are a strength for CHP, shown by an average score of 96.6 percent that exceeded the BHO average by 8.4 percentage points.

Table C-3—Performance Measures Assessing Quality for CHP		
Performance Measure	Percent	BHO Average
Consumer Perception of Access	75.0%	71.5%
Consumer Perception of Quality/Appropriateness	72.6%	69.2%
Consumer Perception of Outcome	63.0%	64.2%
Consumer Satisfaction	76.7%	78.1%
Consumer Perception of Participation	65.0%	63.0%
Children Living in a Family-like Setting	97.0%	97.3%
Adults Living Independently	97.7%	95.9%
Employment	82.9%	76.9%
Change in Problem Severity—Children	39.0%	60.6%
Change in Problem Severity—Adults	35.0%	53.8%
Quality Average for Performance Measures	70.4%	73.0%

- ◆ For performance measures assessing quality, CHP equaled or exceeded the BHO average for five of the 10 measures in the table.
- ◆ The scores for two of the performance measures assessing quality exceeded 90 percent, and the same situation exists for the BHO average scores.
- ◆ Change in problem severity (both children and adults) showed the greatest opportunity for improvement, trailing the BHO average by 21.6 percentage points and 18.8 percentage points, respectively.
- ◆ The overall average score in the table was 2.6 percentage points lower than the BHO average.

Table C-4—PIP Topics Assessing Quality for CHP		
PIP Topic	Percent	BHO Average
Improving Follow-Up After An Inpatient Stay (Not from CHP)	N/A	100%
Improving Outcomes For High-Risk Youth Through AFFIRM Care Management (Not from CHP)	N/A	100%
Access to Initial Medication Evaluations (Not from CHP)	N/A	58.0%
Screening for Bipolar Disorder (Not from CHP)	N/A	69.4%
Ambulatory Follow-up Within Seven Days of Hospital Discharge for Youth and Adults	88.9%	88.9%
Identification and Use of Alternative/Crisis Services to Ensure Treatment at the Least Restrictive Level of Care for Medicaid Children and Adolescents	89.5%	89.5%
Improving Use and Documentation of Clinical Guidelines (Not from CHP)	N/A	93.9%
Supporting Recovery (Not from CHP)	N/A	93.3%
Follow-up After Inpatient Discharge (Not from CHP)	N/A	82.7%
Increase Provider Communication/Coordination with Primary Care Physicians and Other Health Providers (Not from CHP)	N/A	96.9%
Quality Average for PIP Topics	89.2%	87.3%

- ◆ CHP posted approximately average scores for its PIPs related to quality, exceeding the BHO average by 1.9 percentage points.
- ◆ Although neither PIP reached 90 percent, one was at 88.9 percent and the other was at 89.5 percent.

Measures Related to Timeliness

Table C-5—Standards Assessing Timeliness for CHP		
Standard	Percent	BHO Average
Access and availability	88.9%	86.7%
Grievances, appeals, and fair hearings	90.9%	94.5%
Timeliness Average for Standards	89.9%	90.6%

- ◆ Both of CHP’s standards related to timeliness approximated the BHO averages.
- ◆ One of the measures somewhat exceeded the BHO average (by 2.2 percentage points) and one of the scores fell short of the BHO average (by 3.6 percentage points).
- ◆ The score for grievances, appeals, and fair hearings exceeded 90 percent.
- ◆ The overall score for standards related to timeliness for CHP was below the BHO average by 0.7 of a percentage point and only 0.1 of a percentage point short of 90 percent.

Table C-6—Record Reviews Assessing Timeliness for CHP		
Record Review	Percent	BHO Average
Appeals	100%	93.6%
Grievances	91.3%	91.4%
Documentation of services	95.0%	78.4%
Denials (conducted for only one BHO)	N/S	85.7%
Timeliness Average for Record Reviews	95.4%	87.3%

- ◆ For record reviews related to timeliness, CHP exceeded the BHO average for two of the three scored measures in the table and fell short only by 0.1 of a percentage point for the third measure.
- ◆ The appeals measure scored 100 percent, substantially exceeding the BHO average of 93.6 percent.
- ◆ All three scored measures exceeded 90 percent.
- ◆ The score for documentation of services substantially exceeded the BHO average score by 16.6 percentage points.
- ◆ The overall score for record reviews related to timeliness shows CHP exceeding the BHO average by 8.1 percentage points, demonstrating these topics to be strengths overall for CHP, especially the documentation of services component.

Table C-7—PIP Topics Assessing Timeliness <i>for</i> CHP		
PIP Topic	Percent	BHO Average
Improving Follow-Up After An Inpatient Stay (Not from CHP)	N/A	100%
Ambulatory Follow-up Within Seven Days of Hospital Discharge for Youth and Adults	88.9%	88.9%
Follow-up After Inpatient Discharge (Not from CHP)	N/A	82.7%
Timeliness Average for PIP Topics	88.9%	90.5%

- ◆ CHP’s PIP related to timeliness scored 1.6 of a percentage point lower than the average of the three relevant BHO PIPs.

Measures Related to Access

Table C-8—Standards Assessing Access <i>for</i> CHP		
Standard	Percent	BHO Average
Provider issues	95.7%	99.1%
Access and availability	88.9%	86.7%
Utilization management	100%	100%
Continuity-of-care system	92.9%	92.9%
Credentialing	83.9%	87.9%
Access Average for Standards	92.3%	93.3%

- ◆ Three of CHP’s five scores for standards related to access met or exceeded the BHOs’ average scores.
- ◆ The score for utilization management was 100 percent.
- ◆ The scores for three of the five standards related to access exceeded 90 percent.
- ◆ The overall score for CHP was below the BHO average by 1.0 percentage point.

Table C-9—Record Reviews Assessing Access <i>for</i> CHP		
Record Review	Percent	BHO Average
Coordination of medical and mental health services	N/S	N/S
Recredentialing	100%	89.6%
Denials (conducted for only one BHO)	N/S	85.7%
Access Average for Record Reviews	100%	87.7%

- ◆ The results for the scored record reviews measure related to access for CHP (i.e., recredentialing) was 100 percent.
- ◆ The score for recredentialing exceeded the BHO average by 10.4 percentage points.
- ◆ The score for CHP’s relevant measure exceeded the average score for BHO record reviews measures by 12.3 percentage points.

Table C-10—Performance Measures Assessing Access for CHP		
Performance Measure	Percent	BHO Average
Penetration Rate—Children	9.6%	8.0%
Penetration Rate—Adults	14.5%	14.3%
Consumer Perception of Access	75.0%	71.5%
Doctor Contacts Outside of the Emergency Room	87.5%	82.8%
Access Average for Performance Measures^{C-1}	81.3%	77.2%

- ◆ All four performance measures scores related to access were higher than the BHO averages.
- ◆ The overall score for CHP’s performance measures related to access was 4.1 percentage points higher than the BHO average score.
- ◆ Performance measures related to access are demonstrated as a strength for CHP.

Table C-11—PIP Topics Assessing Access for CHP		
PIP Topic	Percent	BHO Average
Access to Initial Medication Evaluations (Not from CHP)	N/A	58.0%
Screening for Bipolar Disorder (Not from CHP)	N/A	69.4%
Identification and Use of Alternative/Crisis Services to Ensure Treatment at the Least Restrictive Level of Care for Medicaid Children and Adolescents	89.5%	89.5%
Increase Provider Communication/Coordination with Primary Care Physicians and Other Health Providers (Not from CHP)	N/A	96.9%
Access Average for PIP Topics	89.5%	78.5%

- ◆ The score for CHP’s PIP related to access exceeded the average of the other relevant PIPs by 11.0 percentage points.

^{C-1} Penetration rates are not included in the overall topic averages because they are likely to be curvilinear, becoming more appropriate as they increase from 0.0 percent to an unknown point and then becoming less appropriate as they continue to increase to 100 percent. Because optimal rates are not known and are likely to vary across sub-populations, there is currently no justifiable methodology for including them in the overall topic averages.

Measures Related to Quality

Standard	Percent	BHO Average
Delegation	91.7%	82.0%
Provider issues	100%	99.1%
Practice guidelines	100%	80.0%
Member rights and responsibilities	94.1%	94.1%
Continuity-of-care system	92.9%	92.9%
Quality assessment and performance improvement	100%	100%
Grievances, appeals, and fair hearings	100%	94.5%
Credentialing	87.5%	87.9%
Quality Average for Standards	95.8%	91.3%

- ◆ For standards assessing quality, FBH equaled or exceeded the BHO average for seven of the eight measures in the table, falling only 0.4 of a percentage point short for the eighth.
- ◆ The scores for four of the eight standards related to quality were at 100 percent.
- ◆ The score for practice guidelines exceeded the BHO average by 20.0 percentage points, demonstrating this standard to be an area of strength for FBH.
- ◆ Scores for standards related to quality exceeded 90 percent for seven of the eight measures.
- ◆ At 95.8 percent overall for standards related to quality, FBH demonstrated this domain to be a strength to its program.
- ◆ The overall average score for FBH exceeded the BHO average by 4.5 percentage points.

Table D-2—Record Reviews Assessing Quality for FBH		
Record Review	Percent	BHO Average
Appeals	81.8%	93.6%
Grievances	76.7%	91.4%
Documentation of services	48.1%	78.4%
Coordination of medical and mental health services	N/S	N/S
Recredentialing	69.0%	89.6%
Quality Average for Record Reviews	68.9%	88.2%

- ◆ For record reviews assessing quality, FBH did not equal or exceed the BHO average for any of the four scored measures in the table.
- ◆ No measure scored at least 90 percent.
- ◆ Only appeals exceeded 80 percent, at 81.8 percent.
- ◆ FBH scored substantially below the BHO averages for all four measures.
- ◆ All four measures represent substantial opportunities for improvement, with documentation of services showing the largest gap (i.e., 30.3 percentage points) between FBH’s score and the BHO average.
- ◆ FBH’s average score for the table was 19.3 percentage points below the BHO average.

Table D-3—Performance Measures Assessing Quality for FBH		
Performance Measure	Percent	BHO Average
Consumer Perception of Access	65.4%	71.5%
Consumer Perception of Quality/Appropriateness	62.2%	69.2%
Consumer Perception of Outcome	61.7%	64.2%
Consumer Satisfaction	79.2%	78.1%
Consumer Perception of Participation	57.0%	63.0%
Children Living in a Family-like Setting	93.0%	97.3%
Adults Living Independently	95.5%	95.9%
Employment	77.5%	76.9%
Change in Problem Severity – Children	73.0%	60.6%
Change in Problem Severity – Adults	61.0%	53.8%
Quality Average for Performance Measures	72.6%	73.0%

- ◆ For performance measures assessing quality, FBH exceeded the BHO average for four of the 10 measures in the table.
- ◆ The scores for only two of the performance measures assessing quality exceeded 90 percent, yet the same situation exists for the BHO average scores.
- ◆ Change in problem severity (both children and adults) substantially exceeds the BHO average rates by 12.4 percentage points and 7.2 percentage points, respectively.
- ◆ The overall average score in the table was 0.4 of a percentage point lower than the BHO average.

Table D-4—PIP Topics Assessing Quality for FBH		
PIP Topic	Percent	BHO Average
Improving Follow-Up After An Inpatient Stay (Not from FBH)	N/A	100%
Improving Outcomes For High-Risk Youth Through AFFIRM Care Management (Not from FBH)	N/A	100%
Access to Initial Medication Evaluations (Not from FBH)	N/A	58.0%
Screening for Bipolar Disorder (Not from FBH)	N/A	69.4%
Ambulatory Follow-up Within Seven Days of Hospital Discharge for Youth and Adults (Not from FBH)	N/A	88.9%
Identification and Use of Alternative/Crisis Services to Ensure Treatment at the Least Restrictive Level of Care for Medicaid Children and Adolescents (Not from FBH)	N/A	89.5%
Improving Use and Documentation of Clinical Guidelines	93.9%	93.9%
Supporting Recovery	93.3%	93.3%
Follow-up After Inpatient Discharge (Not from FBH)	N/A	82.7%
Increase Provider Communication/Coordination with Primary Care Physicians and Other Health Providers (Not from FBH)	N/A	96.9%
Quality Average for PIP Topics	93.6%	87.3%

- ◆ The scores for both of FBH’s PIPs exceeded 90 percent.
- ◆ FBH posted relatively high scores on PIPs related to quality, exceeding the BHO average by 6.3 percentage points.

Measures Related to Timeliness

Table D-5—Standards Assessing Timeliness <i>for</i> FBH		
Standard	Percent	BHO Average
Access and availability	88.9%	86.7%
Grievances, appeals, and fair hearings	100%	94.5%
Timeliness Average for Standards	94.5%	90.6%

- ◆ Both of FBH’s standards related to timeliness exceeded the BHO averages.
- ◆ The score for grievances, appeals, and fair hearings was 100 percent.
- ◆ The score for access and availability was only slightly below 90 percent, at 88.9 percent, exceeding the BHO average by 2.2 percentage points.
- ◆ The overall score for standards related to timeliness for FBH was above the BHO average by 3.9 percentage points.

Table D-6—Record Reviews Assessing Timeliness <i>for</i> FBH		
Record Review	Percent	BHO Average
Appeals	81.8%	93.6%
Grievances	76.7%	91.4%
Documentation of services	48.1%	78.4%
Denials (conducted for only one BHO)	85.7%	85.7%
Timeliness Average for Record Reviews	73.1%	87.3%

- ◆ For record reviews related to timeliness, FBH equaled the BHO average for one of the four measures and was below the BHO average scores for the other three.
- ◆ No measure exceeded a score of 90 percent.
- ◆ The scores for all measures, except denials, were substantially below the BHO average scores.
- ◆ The score for documentation of services was substantially below the BHO average by 30.3 percentage points and represents the greatest opportunity for improvement for the measures in the table.
- ◆ The overall score for record reviews related to timeliness show FBH below the BHO average by 14.2 percentage points.

Table D-7—PIP Topics Assessing Timeliness <i>for</i> FBH		
PIP Topic	Percent	BHO Average
Improving Follow-Up After An Inpatient Stay (Not from FBH)	N/A	100%
Ambulatory Follow-up Within Seven Days of Hospital Discharge for Youth and Adults (Not from FBH)	N/A	88.9%
Follow-up After Inpatient Discharge (Not from FBH)	N/A	82.7%
Timeliness Average for PIP Topics	N/A	90.5%

- ◆ Neither of FBH’s PIPs addressed timeliness.

Measures Related to Access

Table D-8—Standards Assessing Access <i>for</i> FBH		
Standard	Percent	BHO Average
Provider issues	100%	99.1%
Access and availability	88.9%	86.7%
Utilization management	100%	100%
Continuity-of-care system	92.9%	92.9%
Credentialing	87.5%	87.9%
Access Average for Standards	93.9%	93.3%

- ◆ Four of FBH’s five scores for standards related to access met or exceeded the BHOs’ average scores, with the fifth score just 0.4 of a percentage point short.
- ◆ The scores for provider issues and utilization management were 100 percent.
- ◆ The scores for three of the five standards related to access exceeded 90 percent.
- ◆ The overall score for FBH exceeded the BHO average by 0.6 of a percentage point.

Table D-9—Record Reviews Assessing Access <i>for</i> FBH		
Record Review	Percent	BHO Average
Coordination of medical and mental health services	N/S	N/S
Recredentialing	69.0%	89.6%
Denials (conducted for only one BHO)	85.7%	85.7%
Access Average for Record Reviews	77.4%	87.7%

- ◆ One of the two scored measures for record reviews related to access for FBH met the BHO average.
- ◆ The score for recredentialing was 20.6 percentage points lower than the BHO average and represents a substantial opportunity for improvement for FBH.
- ◆ FBH’s average score for the two measures was lower than the average BHO score by 10.3 percentage points.

Table D-10—Performance Measures Assessing Access for FBH		
Performance Measure	Percent	BHO Average
Penetration Rate—Children	8.9%	8.0%
Penetration Rate—Adults	15.7%	14.3%
Consumer Perception of Access	65.4%	71.5%
Doctor Contacts Outside of the Emergency Room	83.7%	82.8%
Access Average for Performance Measures^{D-1}	74.6%	77.2%

- ◆ Three of the four performance measures scores related to access were higher than the BHO averages, including both measures of penetration rate.
- ◆ Although FBH’s highest score in the table was 83.7 percent, the applicable BHO average was 82.8 percent.
- ◆ The overall score for FBH’s performance measures related to access was 2.6 percentage points lower than the BHO average score.

Table D-11—PIP Topics Assessing Access for FBH		
PIP Topic	Percent	BHO Average
Access to Initial Medication Evaluations (Not from FBH)	N/A	58.0%
Screening for Bipolar Disorder (Not from FBH)	N/A	69.4%
Identification and Use of Alternative/Crisis Services to Ensure Treatment at the Least Restrictive Level of Care for Medicaid Children and Adolescents (Not from FBH)	N/A	89.5%
Increase Provider Communication/Coordination with Primary Care Physicians and Other Health Providers (Not from FBH)	N/A	96.9%
Access Average for PIP Topics	N/A	78.5%

- ◆ Neither of FBH’s PIPs addressed access.

^{D-1} Penetration rates are not included in the overall topic averages because they are likely to be curvilinear, becoming more appropriate as they increase from 0.0 percent to an unknown point and then becoming less appropriate as they continue to increase to 100 percent. Because optimal rates are not known and are likely to vary across sub-populations, there is currently no justifiable methodology for including them in the overall topic averages.

Measures Related to Quality

Standard	Percent	BHO Average
Delegation	45.5%	82.0%
Provider issues	100%	99.1%
Practice guidelines	0.0%	80.0%
Member rights and responsibilities	100%	94.1%
Continuity-of-care system	92.9%	92.9%
Quality assessment and performance improvement	100%	100%
Grievances, appeals, and fair hearings	100%	94.5%
Credentialing	83.9%	87.9%
Quality Average for Standards	77.8%	91.3%

- ◆ For standards assessing quality, NBH equaled or exceeded the BHO average for five of the eight measures in the table.
- ◆ The scores for four of the eight standards related to quality were at 100 percent.
- ◆ Scores for standards related to quality exceeded 90 percent for five of the eight measures.
- ◆ A substantial opportunity for improvement exists for the delegation standard, which scored 45.5 percent and is 36.5 percentage points lower than the BHO average.
- ◆ The largest opportunity for improvement exists for Practice Guidelines, which scored 0.0 percent compared with the BHO average of 80.0 percent.
- ◆ The overall score for NBH was 13.5 percentage points below the BHO average.

Table E-2—Record Reviews Assessing Quality for NBH		
Record Review	Percent	BHO Average
Appeals	100%	93.6%
Grievances	88.9%	91.4%
Documentation of services	100%	78.4%
Coordination of medical and mental health services	N/S	N/S
Recredentialing	79.2%	89.6%
Quality Average for Record Reviews	92.0%	88.2%

- ◆ For record reviews assessing quality, NBH exceeded the BHO average for two of the four scored measures in the table.
- ◆ Both appeals and documentation of services scored 100 percent.
- ◆ Documentation of services represents a strength for NBH, with a score 21.6 percentage points above the BHO average.
- ◆ The greatest opportunity for improvement in the table was for recredentialing, at 10.4 percentage points below the BHO average.
- ◆ NBH’s average score for the table was 3.8 percentage points above the BHO average.

Table E-3—Performance Measures Assessing Quality for NBH		
Performance Measure	Percent	BHO Average
Consumer Perception of Access	77.5%	71.5%
Consumer Perception of Quality/Appropriateness	75.4%	69.2%
Consumer Perception of Outcome	71.0%	64.2%
Consumer Satisfaction	82.3%	78.1%
Consumer Perception of Participation	71.2%	63.0%
Children Living in a Family-like Setting	99.0%	97.3%
Adults Living Independently	96.0%	95.9%
Employment	85.8%	76.9%
Change in Problem Severity—Children	54.0%	60.6%
Change in Problem Severity—Adults	47.0%	53.8%
Quality Average for Performance Measures	75.9%	73.0%

- ◆ For performance measures assessing quality, NBH exceeded the BHO average for eight of the 10 measures in the table.
- ◆ The scores for only two of the performance measures assessing quality exceeded 90 percent, yet the same situation exists for the BHO average scores.
- ◆ Change in problem severity (both children and adults) represents an opportunity for improvement in those two measures, since they did not reach the BHO average scores by 6.6 percentage points and 6.8 percentage points, respectively.
- ◆ The overall average score in the table was 2.9 percentage points higher than the BHO average.

Table E-4—PIP Topics Assessing Quality for NBH		
PIP Topic	Percent	BHO Average
Improving Follow-Up After An Inpatient Stay (Not from NBH)	N/A	100%
Improving Outcomes For High-Risk Youth Through AFFIRM Care Management (Not from NBH)	N/A	100%
Access to Initial Medication Evaluations (Not from NBH)	N/A	58.0%
Screening for Bipolar Disorder (Not from NBH)	N/A	69.4%
Ambulatory Follow-up Within Seven Days of Hospital Discharge for Youth and Adults (Not from NBH)	N/A	88.9%
Identification and Use of Alternative/Crisis Services to Ensure Treatment at the Least Restrictive Level of Care for Medicaid Children and Adolescents (Not from NBH)	N/A	89.5%
Improving Use and Documentation of Clinical Guidelines (Not from NBH)	N/A	93.9%
Supporting Recovery (Not from NBH)	N/A	93.3%
Follow-up After Inpatient Discharge	82.7%	82.7%
Increase Provider Communication/Coordination with Primary Care Physicians and Other Health Providers	96.9%	96.9%
Quality Average for PIP Topics	89.8%	87.3%

- ◆ The scores for one of NBH’s PIPs exceeded 90 percent (at 96.9 percent), while the other topic scored 82.7 percent.
- ◆ NBH posted an above-average score on PIPs related to quality, exceeding the BHO average by 2.5 percentage points.

Measures Related to Timeliness

Table E-5—Standards Assessing Timeliness <i>for</i> NBH		
Standard	Percent	BHO Average
Access and availability	77.8%	86.7%
Grievances, appeals, and fair hearings	100%	94.5%
Timeliness Average for Standards	88.9%	90.6%

- ◆ One of NBH’s standards related to timeliness exceeded the BHO average by 5.5 percentage points, and one fell short of the BHO average by 8.9 percentage points.
- ◆ The score for grievances, appeals, and fair hearings was 100 percent.
- ◆ The score for access and availability represents an opportunity for improvement, as assessed against the BHO average.
- ◆ The overall score for standards related to timeliness for NBH was below the BHO average by 1.7 percentage points.

Table E-6—Record Reviews Assessing Timeliness <i>for</i> NBH		
Record Review	Percent	BHO Average
Appeals	100%	93.6%
Grievances	88.9%	91.4%
Documentation of services	100%	78.4%
Denials (conducted for only one BHO)	N/S	85.7%
Timeliness Average for Record Reviews	96.3%	87.3%

- ◆ For record reviews related to timeliness, NBH exceeded the BHO average for two of the three scored measures.
- ◆ The scores for appeals and documentation of services were both 100 percent.
- ◆ The overall score for NBH’s record reviews related to timeliness was 96.3 percent.
- ◆ The overall score for record reviews related to timeliness shows NBH substantially above the BHO average by 9.0 percentage points.

Table E-7—PIP Topics Assessing Timeliness <i>for</i> NBH		
PIP Topic	Percent	BHO Average
Improving Follow-Up After An Inpatient Stay (Not from NBH)	N/A	100%
Ambulatory Follow-up Within Seven Days of Hospital Discharge for Youth and Adults (Not from NBH)	N/A	88.9%
Follow-up After Inpatient Discharge	82.7%	82.7%
Timeliness Average for PIP Topics	82.7%	90.5%

- ◆ NBH’s PIP related to timeliness scored 7.8 percentage points below the average of the three relevant BHO PIPs.

Measures Related to Access

Table E-8—Standards Assessing Access <i>for</i> NBH		
Standard	Percent	BHO Average
Provider issues	100%	99.1%
Access and availability	77.8%	86.7%
Utilization management	100%	100%
Continuity-of-care system	92.9%	92.9%
Credentialing	83.9%	87.9%
Access Average for Standards	90.9%	93.3%

- ◆ Three of NBH’s five scores for standards related to access met or exceeded the BHO averages.
- ◆ The scores for provider issues and utilization management were 100 percent.
- ◆ The scores for three of the five standards related to access exceeded 90 percent.
- ◆ Access and availability represents the greatest opportunity for improvement in the table, falling short of the BHO average by 8.9 percentage points.
- ◆ The overall score for NBH was below the BHO average by 2.4 percentage points.

Table E-9—Record Reviews Assessing Access <i>for</i> NBH		
Record Review	Percent	BHO Average
Coordination of medical and mental health services	N/S	N/S
Recredentialing	79.2%	89.6%
Denials (conducted for only one BHO)	N/S	85.7%
Access Average for Record Reviews	79.2%	87.7%

- ◆ The score for recredentialing was 10.4 points lower than the BHO average and represents a substantial opportunity for improvement for NBH.
- ◆ NBH’s score for the single relevant measure in the table was 8.5 percentage points lower than the average BHO score for record reviews related to access.

Table E-10—Performance Measures Assessing Access <i>for</i> NBH		
Performance Measure	Percent	BHO Average
Penetration Rate—Children	8.6%	8.0%
Penetration Rate—Adults	13.6%	14.3%
Consumer Perception of Access	77.5%	71.5%
Doctor Contacts Outside of the Emergency Room	85.4%	82.8%
Access Average for Performance Measures^{E-1}	81.5%	77.2%

- ◆ Three of the four performance measures scores related to access were higher than the BHO averages.
- ◆ Although NBH’s highest score in the table was 85.4 percent, the applicable BHO average was 82.8 percent.
- ◆ The overall score for NBH’s performance measures related to access was 4.3 percentage points higher than the BHO average score.

Table E-11—PIP Topics Assessing Access <i>for</i> NBH		
PIP Topic	Percent	BHO Average
Access to Initial Medication Evaluations (Not from NBH)	N/A	58.0%
Screening for Bipolar Disorder (Not from NBH)	N/A	69.4%
Identification and Use of Alternative/Crisis Services to Ensure Treatment at the Least Restrictive Level of Care for Medicaid Children and Adolescents (Not from NBH)	N/A	89.5%
Increase Provider Communication/Coordination with Primary Care Physicians and Other Health Providers	96.9%	96.9%
Access Average for PIP Topics	96.9%	78.5%

- ◆ The score for NBH’s PIP related to access exceeded the average of the other relevant PIPs by 18.4 percentage points, at 96.9 percent.

^{E-1} Penetration rates are not included in the overall topic averages because they are likely to be curvilinear, becoming more appropriate as they increase from 0.0 percent to an unknown point and then becoming less appropriate as they continue to increase to 100 percent. Because optimal rates are not known and are likely to vary across sub-populations, there is currently no justifiable methodology for including them in the overall topic averages.

Measures Related to Quality

Table F-1—Standards Assessing Quality for Colorado Mental Health						
Standard	ABC	BHI	CHP	FBH	NBH	BHO Average
Delegation	90.9%	100%	N/A	91.7%	45.5%	82.0%
Provider issues	100%	100%	95.7%	100%	100%	99.1%
Practice guidelines	100%	100%	100%	100%	0.0%	80.0%
Member rights and responsibilities	100%	100%	76.5%	94.1%	100%	94.1%
Continuity-of-care system	92.9%	92.9%	92.9%	92.9%	92.9%	92.9%
Quality assessment and performance improvement	100%	100%	100%	100%	100%	100%
Grievances, appeals, and fair hearings	90.9%	90.9%	90.9%	100%	100%	94.5%
Credentialing	96.9%	87.5%	83.9%	87.5%	83.9%	87.9%
Quality Average for Standards	96.5%	96.4%	91.4%	95.8%	77.8%	91.3%

- ◆ The two results that stand out most from the table are NBH’s scores for delegation, at 45.5 percent, and for practice guidelines, at 0.0 percent. These findings suggest that these two areas are important opportunities for improvement for NBH. Scores for all other measures and BHOs are at least 90 percent, except for credentialing scores that are at least 80 percent.
- ◆ All BHOs achieved perfect scores for quality assessment and performance improvement.
- ◆ Four of the five BHOs achieved perfect scores for provider issues and practice guidelines.
- ◆ Almost half of the scores in the table (47.5 percent, 19 of 40) are 100 percent.
- ◆ Even with the two low scores for NBH, the overall average for the BHOs for standards related to quality is 91.3 percent, demonstrating this domain as a strength to the overall BHO programs.

Table F-2—Record Reviews Assessing Quality for Colorado Mental Health						
Record Review	ABC	BHI	CHP	FBH	NBH	BHO Average
Appeals	95.5%	90.5%	100%	81.8%	100%	93.6%
Grievances	100%	100%	91.3%	76.7%	88.9%	91.4%
Documentation of services	71.4%	77.3%	95.0%	48.1%	100%	78.4%
Coordination of medical and mental health services	N/S	N/S	N/S	N/S	N/S	N/S
Recredentialing	100%	100%	100%	69.0%	79.2%	89.6%
Quality Average for Record Reviews	91.7%	92.0%	96.6%	68.9%	92.0%	88.2%

- ◆ None of the BHOs was scored for coordination of medical and mental health services.
- ◆ Four of the five BHOs exceeded 90 percent for appeals, with two BHOs scoring 100 percent and the fifth exceeding 80 percent.
- ◆ Three of the five BHOs scored 100 percent for recredentialing.
- ◆ The two lowest scores in the table are for FBH in documentation of services, at 48.1 percent, and recredentialing, at 69.0 percent.
- ◆ Overall, documentation of services presents an opportunity for improvement for three BHOs (i.e., ABC, BHI, and FBH) for record reviews related to quality.
- ◆ The overall score for record reviews related to quality was 88.2 percent.

Table F-3—Performance Measures Assessing Quality for Colorado Mental Health

Performance Measure	ABC	BHI	CHP	FBH	NBH	BHO Average
Consumer Perception of Access	63.9%	75.6%	75.0%	65.4%	77.5%	71.5%
Consumer Perception of Quality/Appropriateness	60.8%	75.1%	72.6%	62.2%	75.4%	69.2%
Consumer Perception of Outcome	62.8%	62.3%	63.0%	61.7%	71.0%	64.2%
Consumer Satisfaction	75.6%	76.5%	76.7%	79.2%	82.3%	78.1%
Consumer Perception of Participation	57.1%	64.8%	65.0%	57.0%	71.2%	63.0%
Children Living in a Family-like Setting	99.0%	98.4%	97.0%	93.0%	99.0%	97.3%
Adults Living Independently	94.9%	95.5%	97.7%	95.5%	96.0%	95.9%
Employment	66.7%	71.8%	82.9%	77.5%	85.8%	76.9%
Change in Problem Severity—Children	72.0%	65.0%	39.0%	73.0%	54.0%	60.6%
Change in Problem Severity—Adults	59.0%	67.0%	35.0%	61.0%	47.0%	53.8%
Quality Average for Performance Measures	71.2%	75.2%	70.4%	72.6%	75.9%	73.0%

- ◆ On average, performance measures related to quality presented the most challenges for BHOs for any assessed domain, posting an overall BHO average of 73.0 percent.
- ◆ All five BHOs posted average scores between 70.4 percent and 75.9 percent for performance measures related to quality, strongly suggesting that the measures in this domain are opportunities for improvement for the BHOs, with the noted exceptions of Children Living in a Family-like Setting and Adults Living Independently, where scores were all above 90 percent.
- ◆ Change in Problem Severity—Adults presented the greatest challenge in the table for BHOs, with no BHO scoring as high as 70 percent.

Table F-4—PIP Topics Assessing Quality for Colorado Mental Health						
PIP Topic	ABC	BHI	CHP	FBH	NBH	BHO Average
Improving Follow-Up After An Inpatient Stay	100%	N/A	N/A	N/A	N/A	100%
Improving Outcomes For High-Risk Youth Through AFFIRM Care Management	100%	N/A	N/A	N/A	N/A	100%
Access to Initial Medication Evaluations	N/A	58.0%	N/A	N/A	N/A	58.0%
Screening for Bipolar Disorder	N/A	69.4%	N/A	N/A	N/A	69.4%
Ambulatory Follow-up Within Seven Days of Hospital Discharge for Youth and Adults	N/A	N/A	88.9%	N/A	N/A	88.9%
Identification and Use of Alternative/Crisis Services to Ensure Treatment at the Least Restrictive Level of Care for Medicaid Children and Adolescents	N/A	N/A	89.5%	N/A	N/A	89.5%
Improving Use and Documentation of Clinical Guidelines	N/A	N/A	N/A	93.9%	N/A	93.9%
Supporting Recovery	N/A	N/A	N/A	93.3%	N/A	93.3%
Follow-up After Inpatient Discharge	N/A	N/A	N/A	N/A	82.7%	82.7%
Increase Provider Communication/Coordination with Primary Care Physicians and Other Health Providers	N/A	N/A	N/A	N/A	96.9%	96.9%
Quality Average for PIP Topics	100%	63.7%	89.2%	93.6%	89.8%	87.3%

- ◆ The table presents the scores for the two PIPs conducted by each BHO, as all 10 PIPs were related to quality.
- ◆ The PIPs were particularly problematic for BHI, scoring 63.7 percent overall and well below the other four BHOs where the next lowest BHO average was 89.2 percent.
- ◆ Both of ABC’s PIPs scored 100 percent and were the only perfect scores for the BHOs this year.
- ◆ Scores for five of the 10 PIPs exceeded 90 percent.

Measures Related to Timeliness

Table F-5—Standards Assessing Timeliness for Colorado Mental Health						
Standard	ABC	BHI	CHP	FBH	NBH	BHO Average
Access and availability	88.9%	88.9%	88.9%	88.9%	77.8%	86.7%
Grievances, appeals, and fair hearings	90.9%	90.9%	90.9%	100%	100%	94.5%
Timeliness Average for Standards	89.9%	89.9%	89.9%	94.5%	88.9%	90.6%

- ◆ All scores for grievances, appeals, and fair hearings exceeded 90 percent, with FBH and NBH scoring 100 percent.
- ◆ Four of the five scores for access and availability were 88.9 percent, almost reaching 90 percent.
- ◆ The lowest score for grievances, appeals, and fair hearings exceeded the highest score for access and availability for standards related to timeliness.
- ◆ Only FBH’s overall score exceeded 90 percent, at 94.5 percent.
- ◆ The overall score for all five BHOs for the standards related to timeliness was 90.6 percent.

Table F-6—Record Reviews Assessing Timeliness for Colorado Mental Health						
Record Review	ABC	BHI	CHP	FBH	NBH	BHO Average
Appeals	95.5%	90.5%	100%	81.8%	100%	93.6%
Grievances	100%	100.0%	91.3%	76.7%	88.9%	91.4%
Documentation of services	71.4%	77.3%	95.0%	48.1%	100%	78.4%
Denials (conducted for only one BHO)	N/S	N/S	N/S	85.7%	N/S	85.7%
Timeliness Average for Record Reviews	89.0%	89.3%	95.4%	73.1%	96.3%	87.3%

- ◆ Appeals and grievances posted better scores overall than documentation of services and denials (conducted for only one BHO).
- ◆ Four of the five BHOs’ scores exceeded 90 percent for appeals, with CHP and NBH posting perfect scores for the measure.
- ◆ The scores for grievances and for documentation of services for FBH were notably lower than the scores for the other four BHOs for those two measures.
- ◆ The documentation of services scores for CHP and NBH were notably higher than the scores for the other four BHOs.
- ◆ The overall score for record reviews related to timeliness was 87.3 percent.

Table F-7—PIP Topics Assessing Timeliness for Colorado Mental Health						
PIP Topic	ABC	BHI	CHP	FBH	NBH	BHO Average
Improving Follow-Up After An Inpatient Stay	100%	N/A	N/A	N/A	N/A	100%
Ambulatory Follow-up Within Seven Days of Hospital Discharge for Youth and Adults	N/A	N/A	88.9%	N/A	N/A	88.9%
Follow-up After Inpatient Discharge	N/A	N/A	N/A	N/A	82.7%	82.7%
Timeliness Average for PIP Topics	100%	N/A	88.9%	N/A	82.7%	90.5%

- ◆ Only three PIPs were related to timeliness.
- ◆ ABC posted a perfect score for its PIP related to timeliness.
- ◆ Scores for PIPs related to timeliness ranged from 82.7 percent to 100 percent.
- ◆ The overall score for PIPs related to timeliness was 90.5 percent.

Measures Related to Access

Table F-8—Standards Assessing Access for Colorado Mental Health						
Standard	ABC	BHI	CHP	FBH	NBH	BHO Average
Provider issues	100%	100%	95.7%	100%	100%	99.1%
Access and availability	88.9%	88.9%	88.9%	88.9%	77.8%	86.7%
Utilization management	100%	100%	100%	100%	100%	100%
Continuity-of-care system	92.9%	92.9%	92.9%	92.9%	92.9%	92.9%
Credentialing	96.9%	87.5%	83.9%	87.5%	83.9%	87.9%
Access Average for Standards	95.7%	93.9%	92.3%	93.9%	90.9%	93.3%

- ◆ All scores for standards related to access exceeded 80 percent, except the access and availability score for NBH at 77.8 percent.
- ◆ 64.0 percent of the scores (i.e., 16 of 25) exceeded 90 percent.
- ◆ Nine scores (i.e., 36 percent) were 100 percent.
- ◆ All five BHOs scored 100 percent for utilization management.
- ◆ Four of the five BHO scores for provider issues were 100 percent, with the fifth score at 95.7 percent.
- ◆ None of the scores for access and availability exceeded 90 percent, although four of the scores were 88.9 percent.
- ◆ The overall score for standards related to access was 93.3 percent.

Table F-9—Record Reviews Assessing Access for Colorado Mental Health						
Record Review	ABC	BHI	CHP	FBH	NBH	BHO Average
Coordination of medical and mental health services	N/S	N/S	N/S	N/S	N/S	N/S
Recredentialing	100%	100%	100%	69.0%	79.2%	89.6%
Denials (conducted for only one BHO)	N/S	N/S	N/S	85.7%	N/S	85.7%
Access Average for Record Reviews	100%	100%	100.0%	77.4%	79.2%	87.7%

- ◆ None of the BHOs was scored for coordination of medical and mental health services.
- ◆ Only FBH was scored for denials, with a score of 85.7 percent.
- ◆ Three of the five BHOs scored 100 percent for recredentialing.
- ◆ Recredentialing represents an important opportunity for improvement for FBH at 69.0 percent and for NBH at 79.2 percent, although somewhat less for NBH than for FBH.
- ◆ The overall score for record reviews related to timeliness was 87.7 percent.

Table F-10—Performance Measures Assessing Access for Colorado Mental Health						
Performance Measure	ABC	BHI	CHP	FBH	NBH	BHO Average
Penetration Rate—Children	6.4%	6.3%	9.6%	8.9%	8.6%	8.0%
Penetration Rate—Adults	15.3%	12.4%	14.5%	15.7%	13.6%	14.3%
Consumer Perception of Access	63.9%	75.6%	75.0%	65.4%	77.5%	71.5%
Doctor Contacts Outside of the Emergency Room	76.3%	81.3%	87.5%	83.7%	85.4%	82.8%
Access Average for Performance Measures^{F-1}	70.1%	78.4%	81.3%	74.6%	81.5%	77.2%

- ◆ Penetration rates for children ranged from 6.3 percent for BHI to 9.6 percent for CHP.
- ◆ Penetration rates for adults ranged from 12.4 percent for BHI to 15.7 percent for FBH.
- ◆ BHI posted the lowest penetration rates for both children and adults of the five BHOs.
- ◆ Consumer perception of access represents an opportunity for improvement for all five BHOs, as scores ranged from 63.9 percent for ABC to 77.5 percent for NBH.
- ◆ Four of the five scores for doctor contacts outside of the emergency room exceeded 80 percent.
- ◆ The overall score for consumer perception of access and for doctor contacts outside of the emergency room was 77.2 percent (see footnote #1).

^{F-1} Penetration rates are not included in the overall topic averages because they are likely to be curvilinear, becoming more appropriate as they increase from 0.0 percent to an unknown point and then becoming less appropriate as they continue to increase to 100 percent. Because optimal rates are not known and are likely to vary across sub-populations, there is currently no justifiable methodology for including them in the overall topic averages.

Table F-11—PIP Topics Assessing Access for Colorado Mental Health						
PIP Topic	ABC	BHI	CHP	FBH	NBH	BHO Average
Access to Initial Medication Evaluations	N/A	58.0%	N/A	N/A	N/A	58.0%
Screening for Bipolar Disorder	N/A	69.4%	N/A	N/A	N/A	69.4%
Identification and Use of Alternative/Crisis Services to Ensure Treatment at the Least Restrictive Level of Care for Medicaid Children and Adolescents	N/A	N/A	89.5%	N/A	N/A	89.5%
Increase Provider Communication/Coordination with Primary Care Physicians and Other Health Providers	N/A	N/A	N/A	N/A	96.9%	96.9%
Access Average for PIP Topics	N/A	63.7%	89.5%	N/A	96.9%	78.5%

- ◆ Scores for PIPs related to access ranged from 58.0 percent to 96.9 percent.
- ◆ BHI’s overall score of 63.7 percent was well below the score for CHP at 89.5 percent and for NBH at 96.9 percent, representing an opportunity for improvement for BHI for PIPs related to access, and representing a strength for NBH.
- ◆ The overall score for PIPs related to access was 78.5 percent.

Appendix G. External Quality Review Activity Results – All BHOs

The following tables contain the detailed results (scores and rates) for the Colorado BHOs' EQR activities performed for FY 05-06.

Results from Site Reviews

Standard	ABC	BHI	CHP	FBH	NBH	Statewide Average
Delegation	91%	100%	NA	92%	45%	82%
Provider Issues	100%	100%	96%	100%	100%	99%
Practice Guidelines	100%	100%	100%	100%	0%	80%
Member Rights and Responsibilities	100%	100%	76%	94%	100%	94%
Access and Accessibility	89%	89%	89%	89%	78%	87%
Utilization Management	100%	100%	100%	100%	100%	100%
Continuity-of-Care System	93%	93%	93%	93%	93%	93%
Quality Assessment and Performance Improvement Program	100%	100%	100%	100%	100%	100%
Grievances, Appeals, and Fair Hearings	91%	91%	91%	100%	100%	95%
Credentialing	97%	88%	84%	88%	84%	88%
Totals	96%	95%	90%	94%	86%	90%

Record Review	ABC	BHO	CHP	FBH	NBH	Statewide Average
Documentation of Services	71%	77%	95%	48%	100%	76%
Coordination of Medical and Mental Health Services	Not Scored	Not Scored	Not Scored	Not Scored	Not Scored	Not Scored
Grievances	100%	100%	91%	77%	89%	91%
Appeals	95%	90%	100%	82%	100%	92%
Recredentialing	100%	100%	100%	69%	79%	88%
Denials	N/A	N/A	N/A	86%	N/A	86%
Totals	95%	95%	98%	71%	85%	88%

Results from the Validation of Performance Measures

Table G-3—Results for Performance Measures, by BHO					
Performance Measure	ABC	BHI	CHP	FBH	NBH
Penetration Rate—Child	6.4%	6.3%	9.6%	8.9%	8.6%
Penetration Rate—Adult	15.3%	12.4%	14.5%	15.7%	13.6%
MHSIP—Perception of Access (Positive Response)	63.9%	75.6%	75.0%	65.4%	77.5%
MHSIP—Perception of Appropriateness (Positive Response)	60.8%	75.1%	72.6%	62.2%	75.4%
MHSIP—Perception of Outcome (Positive Response)	62.8%	62.3%	63.0%	61.7%	71.0%
MHSIP—Consumer Satisfaction (Positive Response)	75.6%	76.5%	76.7%	79.2%	82.3%
MHSIP—Perception of Participation (Positive Response)	57.1%	64.8%	65.0%	57.0%	71.2%
MHSIP—Consumers Linked to Primary Care	76.3%	81.3%	87.5%	83.7%	85.4%

Table G-4—Z-Score Results for Performance Measures, by BHO					
Performance Measure	ABC	BHI	CHP	FBH	NBH
Children Living in a Family-Like Setting	NV	0.32	1.30	-0.58	-1.04
Adults Living Independently	NV	1.72	-0.94	0.22	-0.36
Employment	NV	-0.72	0.67	0.21	1.25
Change in Problem Severity in Children	NV	0.91	-1.59	1.08	-0.19
Change in Problem Severity in Adults	NV	1.36	-1.58	0.73	-0.32

NV = Not Valid

Results from the Validation of Performance Improvement Projects

Table G-5—Summary of Each BHO’s PIP Validation Scores			
BHO and PIP Study	% of Critical Elements Met	% of All Elements Met	Validation Status
ABC: Follow-Up After Inpatient Stay	100%	100%	Met
ABC: Outcomes for High-Risk Youth	100%	100%	Met
BHI: Access to Initial Medication Evaluations	64%	58%	Partially Met
BHI: Screening for Bipolar Disorder	67%	69%	Not Met
CHP: Alternative/Crisis Services for Children and Adolescents	90%	89%	Partially Met
CHP: Ambulatory Follow-Up Within Seven Days	100%	89%	Met
FBH: Use and Documentation of Clinical Guidelines	100%	94%	Met
FBH: Supporting Recovery	100%	93%	Met
NBH: Follow-Up After Inpatient Discharge	100%	83%	Met
NBH: Coordination with Primary Care Physicians and Other Health Providers	100%	97%	Met