Colorado Medicaid Community
Mental Health Program

2007-2008 External Quality Review Technical Report

for

Behavioral Health Organizations

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

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HSAG HEALTH SERVICES ADVISORY GROUP

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1. Executive Summary

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 Code of Federal Regulations (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 regarding health care quality, timeliness, and access, and must make recommendations for improvement. Finally, the report must assess the degree to which any previous recommendations or required actions were addressed by the BHOs.

To meet this requirement, the State of Colorado Department of Health Care Policy & Financing (the Department) contracted with Health Services Advisory Group, Inc. (HSAG), an external quality review organization (EQRO), to prepare a report describing the external quality review (EQR) activities performed for the State's contracted behavioral health organizations (BHOs), which are behavioral health PIHPs, and the findings derived from the activities. The State contracts with five BHOs: Access Behavioral Care (ABC); Behavioral HealthCare, Inc. (BHI); Colorado Health Partnerships, LLC (CHP), Foothills Behavioral Health, LLC (FBH); and Northeast Behavioral Health, LLC (NBH).

Scope of EQR Activities Conducted

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

- **Compliance monitoring evaluation.** This evaluation was designed to determine the BHOs' compliance with their contract and with State and federal regulations through review of performance in four areas (i.e., components).
- **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 the BHOs. The validation also determined the extent to which Medicaid-specific performance measures calculated by the BHOs followed specifications established by the Department.
- **Validation of performance improvement projects (PIPs).** HSAG reviewed two PIPs for two BHOs and three PIPs for the remaining three BHOs to ensure that the projects were designed, conducted, and reported in a methodologically sound manner, allowing real improvements in care and services and giving confidence in the reported improvements.

HSAG reported the results of the three EQR activities it performed to the Department and the BHOs in individual activity reports for each BHO. Section 3 and tables in Appendix D contain the performance scores and validation findings from the activities for all BHOs.

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

The National Committee for Quality Assurance (NCQA) defines timeliness 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] NCQA further discusses that the intent of this standard is 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 the 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.*

[1-2] Department of Health and Human Services Centers for Medicare & Medicaid Services. *Federal Register. Code of Federal Regulations*. Title 42, Volume 3, October 1, 2005.

[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.

Overall Conclusions and Recommendations

To draw conclusions and make recommendations about the quality and timeliness of, and access to, care provided by the BHOs, HSAG assigned each of the components reviewed for each activity (compliance monitoring, validation of performance measures, and PIPs) to one or more of these three domains as described in Section 3 of this report.

The following is a high-level statewide summary of the conclusions drawn from the findings of the activities regarding the BHOs' strengths and HSAG's recommendations with respect to quality, timeliness, and access. Section 3 describes in detail the BHO-specific findings, strengths, and recommendations or required actions.

Quality

Statewide, performance in the quality domain was very strong. Four of the five components reviewed for compliance monitoring were assigned to the quality domain (Coordination of Care, Oversight and Monitoring of Providers, Member Information, and Review of Fiscal Year [FY] 2006–2007 Corrective Action Plan [CAP]). Particular strengths noted throughout the BHO system in Colorado included evidence that therapists coordinated care with family members, creative colocation and integrated health projects designed to enhance the quality and coordination of care to BHO members, and intricate systems at most of the BHOs to monitor the provider network against contract requirements. In addition, BHO-developed or BHO-run training programs were present in most of the BHOs to ensure the consistency of implementing systems or complying with requirements.

For validation of performance measures, all the BHOs continued to achieve *Acceptable* scores for data integration, data control processes, and performance measure documentation. Additionally, all the BHOs received a score of *Fully Compliant* for all the measures. Although only two of the five quality-related measures improved since last year's validation, the amount of improvement was greater than the decline in the other three measures, which was less than about 1 percentage point. All the BHOs also continued to exert satisfactory efforts in ensuring that their eligibility and claims/encounter data systems were solid for processing the data used for performance measure reporting. Many BHOs had improved data integrity and oversight processes this year via a variety of strategies (e.g., initiating additional edit-check processes, training, and additional staffing).

HSAG gave all 13 of the PIPs reviewed a validation status of *Met*, with scores of 100 percent for critical elements *Met* and scores ranging from 89 to 100 percent for all evaluation elements *Met*. The BHOs' performance remained strong since the previous year, when all 10 of the PIPs reviewed earned a validation status of *Met*. The overall study goal of the BHO's PIPs was to impact the quality of care provided to consumers. Strong performance by the BHOs increases the likelihood of desired health outcomes for their consumers.

In the domain of quality, certain BHOs have the following required actions:

- Increase monitoring of intake processes at subcontracted provider service sites. Although results across BHOs in component areas that assessed quality did not indicate any trends, findings in one BHO service area had a significantly negative impact in the quality domain.
- Reexamine the State's specifications to ensure submitted encounter and claims data fulfill all requirements.
- Conduct an analysis to examine factors associated with quality-related measures with either declining performance from the previous year or below-average performance. These measures include Consumer Perception of Access, Consumer Satisfaction, and Consumer Perception of Participation. Because these quality-related measures are based on consumer perception, an analysis could focus on identifying the extent to which these perceptions are from enrollees with certain demographic or utilization characteristics as well as any behavioral health care processes that may influence these perceptions. The BHOs should develop and implement appropriate interventions based on the findings of the analysis to remove identified barriers and enhance the provision of quality behavioral health care.
- When real or sustained improvement was not achieved for a PIP, conduct additional data and causal barrier analyses to determine whether the interventions are addressing the root causes. If appropriate, the interventions should be revised in order to facilitate statistically significant and sustained improvement for all study indicators.

Timeliness

Performance in the timeliness domain was fair with three BHOs achieving *In Compliance* scores on both components of the assessment of timeliness (Access to Care and Oversight and Monitoring of Providers). However, one BHO received a score if *In Compliance* for only one of the two components, and one BHO did not receive a score of *In Compliance* for either of the two components. A particular strength in the areas that assessed timeliness was BHO involvement in intake processes through either training or monitoring or both. For the two BHOs that were not fully compliant in the components that assessed timeliness, lack of subcontractor oversight was a trend.

In the domain of timeliness, certain BHOs had required actions to develop targeted oversight mechanisms related to timely access to services.

Access

Overall, statewide performance in the access domain was fair. The assessment of access had three compliance components (Access to Care, Oversight and Monitoring of Providers, and Member Information). Three of the five BHOs received a score of *In Compliance* for each of the three components, and all five BHOs scored *In Compliance* for the Member Information component. Particular strengths noted throughout the BHO system in Colorado included BHO-developed intake mechanisms, consumer-friendly and creative methods to help Medicaid members understand the State Medicaid benefits and services available, and BHO-driven consumer satisfaction surveys that provided information in addition to the Youth Services Survey for Families (YSS-F) and the Mental Health Statistics Improvement Program (MHSIP) survey, and provided the BHOs valuable information in monitoring providers. However, one BHO had significant systems and oversight issues that impacted members' ability to access and receive services.

Although statewide averages improved in two of the four access-related performance measures, this improvement was outweighed by declines in the other two measures (see Table D-2). Of note is that the two improved measures were concerned with the proportion of enrollees accessing the behavioral health system via utilization, as evidenced by utilization data. The two measures for which performance declined were consumer perception measures.

In the domain of access, certain BHOs have the following required actions:

- Ensure that Medicaid members are offered hours of operation equal to those available to enrollees of commercial health care plans who seek services from contracted providers.
- Develop provider-specific monitoring mechanisms to assess the performance of providers related to service provision.
- Conduct an analysis to examine factors associated with access-related measures with either declining performance from the previous year or below-average performance. These measures include Penetration Rate (for children and adults), Consumer Perception of Access, and Consumers Linked to Primary Care. Performance on the Consumers Linked to Primary Care measure declined for three BHOs. For the Penetration Rate measures, the analysis could focus on identifying whether performance varies by enrollees' socio-demographic characteristics (such as race/ethnicity and geographic location). The analysis could also examine how the structure of behavioral health care delivery affects access to behavioral health care services and coordination with primary care services. The BHOs should develop and implement appropriate interventions based on the findings of the analysis to remove identified barriers and enhance the provision of quality behavioral health care.

2. External Quality Review Activities

HSAG conducted compliance monitoring site reviews, validation of performance measures required by the State, and validation of PIPs required by the State for each BHO. HSAG conducted each activity in accordance with CMS protocols for determining compliance with Medicaid managed care regulations. Details of how HSAG conducted the compliance monitoring site reviews, validation of performance measures, and validation of PIPs are described in Appendices A–C, respectively, and address:

- Objectives for conducting the activity.
- Technical methods of data collection.
- Descriptions of data obtained.
- Data aggregation and analysis.

Section 3 presents conclusions drawn from the data related to health care quality, timeliness, and access for each BHO and statewide, across the BHOs.

3. Findings, Strengths, and Recommendations With Conclusions Related to Health Care Quality, Timeliness, and Access

Introduction

This section of the report addresses the findings from the assessment of each BHO related to quality, timeliness, and access derived from analysis of the results of the three EQR activities. HSAG makes recommendations for improving the quality and timeliness of, and access to, health care services furnished by each BHO. The BHO-specific findings from the three EQR activities conducted are detailed in the applicable subpart of this section (i.e., Compliance Monitoring Site Reviews, Validation of Performance Measures, and Validation of Performance Improvement Projects). This section also includes for each activity a summary of overall statewide performance related to the quality and timeliness of, and access to, care and services.

Compliance Monitoring Site Reviews

Since all areas of performance were reviewed for compliance with the BBA regulations and contract requirements in FY 2006–2007, the Department chose to focus the FY 2007–2008 compliance site review on five selected areas of performance. The Department requested a more in-depth evaluation of certain aspects of the areas reviewed (components of the review). HSAG developed a review strategy for each of the five components: Access to Care (Component 1), Coordination of Care (Component 2), Oversight and Monitoring of Providers (Component 3), Member Information (Component 4), and Review of Corrective Action Plans (CAPs) and Supporting Documentation for the FY 2006–2007 CAP (Component 5).

HSAG evaluated compliance with selected federal regulations and contract requirements through review of the five components. For each of the components, HSAG conducted a desk review of documents sent by the BHOs prior to the on-site portion of the review, conducted interviews with key BHO staff members on-site, and reviewed key additional documents on-site.

HSAG conducted additional review activities for the Access to Care, Coordination of Care, and Member Information components. For the Access to Care component, HSAG conducted interviews with a random sample of Medicaid members who had accessed services during the review period. Also for the Access to Care component, HSAG conducted telephone assessments of each BHO's intake process by calling each BHO and presenting the intake worker with case scenarios and specific questions regarding the intake process for that BHO. (HSAG callers identified themselves as HSAG staff members calling on behalf of the Department.)

For the Coordination of Care component, HSAG conducted a record review of clinical records for children up to 17 years of age who had a medication management encounter during the review period. For the Member Information component, HSAG compared the answers to selected questions in the member interviews and the telephone assessments to existing policies and procedures and member and provider materials for each BHO.

For each component of the review, the BHOs received a score of *In Compliance, In Partial Compliance,* or *Not In Compliance*. For each component receiving a score of *In Partial Compliance* or *Not In Compliance*, the BHOs were required to submit a CAP to the Department. Due to focused nature of the 2007–2008 compliance site reviews, a comparison to the prior year's scores was not feasible.

Recognizing the interdependence of quality, timeliness, and access, HSAG assigned each of the components to one or more of these three domains as depicted in Table 3-1. By doing so, HSAG was able to draw conclusions and make overall assessments about the quality and timeliness of, and access to, care provided by the BHOs. Following discussion of each BHO's strengths and required actions, as identified during the compliance monitoring site reviews, HSAG evaluates and discusses the sufficiency of that BHO's performance related to quality, timeliness, and access.

Table 3-1—Assignment of Standards to Performance Domains

Standards	Quality	Timeliness	Access
Component 1—Access to Care		✓	✓
Component 2—Coordination of Care	✓		
Component 3—Oversight and Monitoring of Providers	✓	✓	✓
Component 4—Member Information	✓		✓
Component 5—Review of FY 2006–2007 CAP	✓		

Appendix A contains further details about the compliance monitoring site review activities.

Access Behavioral Care

Findings

Table 3-2 presents the score for ABC for each of the five components.

Table 3-2—Results *for* ABC	
Component	**Overall Score**
Component 1—Access to Care	☐ *In Compliance* ☐ *In Partial Compliance* ☒ *Not In Compliance*
Component 2—Coordination of Care	☒ *In Compliance* ☐ *In Partial Compliance* ☐ *Not In Compliance*
Component 3—Oversight and Monitoring of Providers	☐ *In Compliance* ☒ *In Partial Compliance* ☐ *Not In Compliance*
Component 4—Member Information	☒ *In Compliance* ☐ *In Partial Compliance* ☐ *Not In Compliance*
Component 5—Review of FY 2006–2007 CAP	☐ *In Compliance* ☒ *In Partial Compliance* ☐ *Not In Compliance*

Strengths

ABC received scores of *In Compliance* for Component 2—Coordination of Care and Component 4—Member Information. ABC's policies and procedures complied with Medicaid managed care regulations and Medicaid contract requirements. The record review conducted by HSAG to evaluate coordination of care for children demonstrated that primary therapists coordinated with prescribers and family members regularly (10 of 10 records). Additionally, ABC had conducted a PIP designed to improve coordination of care between emergency service providers and outpatient therapy providers and had initiated a statewide PIP designed to improve communication between physical and behavioral health care professionals.

While evaluating Component 4—Member Information, HSAG found that ABC's written materials for members were well-developed and contained easily understood information about benefits and services. During HSAG's assessment calls to the ABC access line, the customer service staff members were professional and helpful. ABC's written materials (the member handbook and member newsletters) and the customer service staff's ability to respond to calls and requests met the requirement to help members understand the benefits and requirements of the plan.

While ABC had mixed results for Component 3—Oversight and Monitoring of Providers and Component 5—Review of FY 2006–2007 CAP, these components demonstrated strengths. For Component 3—Oversight and Monitoring of Providers, ABC had mechanisms in place to monitor services provided and the service delivery system via aggregate measures (e.g., the use of

systemwide utilization data and performance measures). For the Review of FY 2006–2007 CAP, ABC satisfactorily completed 18 of 22 required actions from the FY 2006–2007 site review process, completing all required actions in Standard I—Delegation, Standard IV—Member Rights and Responsibilities, Standard V—Access and Availability, Standard VI—Utilization Management, Standard VIII—Quality Assessment and Performance Improvement, and Standard X—Credentialing. During the FY 2006–2007 site review process ABC had received 100 percent scores for Standard III—Practice Guidelines and Standard VII—Continuity of Care System and, therefore, had no required actions for these two standard areas as a result of the FY 2006–2007 site review.

Recommendations

ABC received a score of *Not in Compliance* for Component 1—Access to Care and a score of *In Partial Compliance* for Component 3—Oversight and Monitoring of Providers and Component 5—Review of FY 2006–2007 CAP. Based on these scores, ABC was required to submit a CAP to address the following required actions:

Access to Care

- ABC must immediately submit a plan of correction to the Department that describes ABC's plan to train its organizational providers and the content of that training. The plan of correction must also include ABC's performance expectations for providers and how ABC will monitor its providers for compliance with access standards. The plan of correction must ensure that ABC offers Medicaid members hours of operation equal to those available to enrollees of commercial health care plans who seek services from ABC's providers. Further, ABC must work directly with the Department regarding completion of this required action and respond to the Department's feedback and requirements as appropriate.[3-1]
- ABC must ensure that measurement of compliance with access standards captures data based on Medicaid members' initial request for services.
- ABC must also describe what facilities are part of its urgent care network, how ABC informs Medicaid members in its service area of the procedures for accessing urgent care services, and how ABC will ensure that its members receive urgent care services, if needed.

Oversight and Monitoring of Providers

- While ABC used several aggregate measures to evaluate its service delivery system, there was minimal evidence that ABC monitored the performance of individual and organizational providers regarding specific requirements for the provision of services, documentation of services, or specific contract requirements. ABC must develop provider-specific monitoring mechanisms to assess the performance of providers related to service provision.
- ABC must develop a mechanism for monitoring providers that ensures that members receive an assessment.

[3-1] The Department required an immediate corrective action plan (CAP) of **ABC** for the Access to Care component due to the serious nature of the findings. In response, **ABC** submitted a CAP directly to the Department that was approved by the Department on April 25, 2008.

Review of FY 2006–2007 Corrective Action Plan

- While revising ABC's process for monitoring providers for medical record requirements, ABC must ensure that each of its medical record requirements is monitored.
- While revising its process and procedures for monitoring the Mental Health Center of Denver (MHCD) for compliance with requirements related to grievance processing, ABC must have mechanisms to ensure that members receive reasonable assistance with filing grievances. In addition, ABC must ensure that individuals who make grievance decisions were not involved in any previous level of review and that grievances are processed according to all Medicaid managed care requirements.

Summary Assessment Related to Quality, Timeliness, and Access

The following is a summary assessment of ABC's compliance monitoring results related to each of the three domains.

Quality

The components of the FY 2007–2008 compliance site review that assessed quality were Coordination of Care, Oversight and Monitoring of Providers, Member Information, and the Review of FY 2006–2007 Corrective Action Plan. ABC's findings related to Quality were mixed. ABC received a score of *In Compliance* for Coordination of Care and Member Information, and a score of *In Partial Compliance* for Oversight and Monitoring of Providers and the Review of FY 2006–2007 Corrective Action Plan.

The Coordination of Care record review demonstrated strong evidence that therapists, prescribers, and families communicated frequently about the services provided to children.

Overall, however, ABC's performance related to quality was affected by the underlying opportunity for improvement in evaluating and assessing the systems, processes, and requirements of subcontractors. ABC had mechanisms to communicate and provide information to providers, but minimal mechanisms designed to receive information from providers or verify that they complied with the requirements of the contract with ABC.

While ABC had made significant progress in developing systems to monitor grievance processing by its delegate and monitoring providers for compliance with medical record requirements, ABC had determined that both processes needed revisions. ABC, however, had not yet implemented those revisions.

Timeliness

The components that addressed timeliness were Access to Care and Oversight and Monitoring of Providers. ABC's scores for these components were *Not in Compliance* and *In Partial Compliance,* respectively, indicating a significant need for improvement in the timeliness domain. ABC had been unaware that the intake processes of its largest organizational providers (MHCD, the University Hospital Outpatient Psychiatric Services, and the Denver Health and Hospital Authority) created significant barriers for Medicaid members to receive timely services.

Access

The components that assessed the access domain were Access to Care, Oversight and Monitoring of Providers, and Member Information. While ABC's score for Member Information was *In Compliance*, the scores for Oversight and Monitoring of Providers and for Access to Care were *In Partial Compliance* and *Not in Compliance,* respectively. The findings for ABC's Access to Care component indicated that ABC was substantially out of compliance with requirements related to this domain. ABC's score appeared to be related to its lack of understanding of the intake processes for its largest organizational providers. The intake processes for ABC's primary organizational providers for outpatient services created substantial barriers for Medicaid members to access services. ABC responded immediately to these findings, working with the Department to develop corrective action and monitoring plans designed to improve member access to outpatient services.

Behavioral HealthCare, Inc.

Findings

Table 3-3 presents the score for BHI for each of the five components.

Table 3-3—Results *for* BHI	
Component	**Overall Score**
Component 1—Access to Care	☒ *In Compliance* ☐ *In Partial Compliance* ☐ *Not In Compliance*
Component 2—Coordination of Care	☒ *In Compliance* ☐ *In Partial Compliance* ☐ *Not In Compliance*
Component 3—Oversight and Monitoring of Providers	☒ *In Compliance* ☐ *In Partial Compliance* ☐ *Not In Compliance*
Component 4—Member Information	☒ *In Compliance* ☐ *In Partial Compliance* ☐ *Not In Compliance*
Component 5—Review of FY 2006–2007 CAP	☒ *In Compliance* ☐ *In Partial Compliance* ☐ *Not In Compliance*

Strengths

BHI received a score of *In Compliance* for all five components of the FY 2007–2008 compliance site review. Overall, BHI's policies and procedures were well written and comprehensive. While reviewing Component 1—Access to Care, HSAG found that community mental health center (CMHC) and BHI staff members were well versed in BHI's policies and procedures, demonstrating effective training mechanisms. The results of the telephone assessment calls and the member interviews conducted by HSAG further demonstrated that CMHC and BHI staff members were both knowledgeable of and compliant with BHI's requirements.

BHI preformed equally well in Component 2—Coordination of Care. BHI had a variety of creative methods to enhance the quality of care coordination. BHI's integrated projects included colocation of mental health center staff at federally qualified health centers (FQHCs), schools, and pediatrician offices. BHI used peer specialist positions and consumer-run programs to empower members to participate in care. Specialty programs such as the Bipolar Education and Skills Training (BEST) program and the Developmental Disabilities/Mental Illness (DDMI) center of excellence used peer support and feedback as well as therapist expertise to enhance coordination of care. The Coordination of Care record review demonstrated that therapists documented communication with family members of children in services (10 of 10 records) and that generally the communication included discussion of medications (8 of 10 records).

BHI's effective training mechanisms were apparent again during review of Component 3—Oversight and Monitoring of Providers. Training occurred in various formats (in-person, online, in groups, and independent study) to accommodate different learning styles. BHI administered tests related to the content of training staff members received and used the test results to redesign future training. The delegation oversight process included monitoring CMHC providers related to performance of selected Medicaid contract requirements for the provision of services as well as for the performance of delegated activities. BHI used a variety of monitoring processes, including review of CMHC reports and policies, audits, and peer review discussions.

During review of compliance with Component 4—Member Information, HSAG learned that BHI had several mechanisms in place to help Medicaid members understand the benefits of the State plan and services available through BHI. BHI's collaboration with community organizations and peer-run service programs, and the colocation of peer specialists within nursing homes and hospital units, were methods to assist members transitioning to outpatient services and to help members understand services after they were admitted to the outpatient system of care. Member materials, including the handbook and member newsletters, were easy to understand and had a consumer-friendly appearance.

BHI received a score of *In Compliance* for Component 5—Review of FY 2006–2007 Corrective Action Plan. BHI successfully completed nine of nine required actions from the FY 2006–2007 site review process. BHI completed all required actions in Standard I—Delegation; Standard II—Provider Issues; Standard V—Access and Availability; Standard VI—Utilization Management; Standard IX—Grievances, Appeals, and Fair Hearings; and Standard X—Credentialing. During the FY 2006–2007 site review process, BHI had received a score of 100 percent for Standard III—Practice Guidelines, Standard IV—Member Rights and Responsibilities, Standard VII—Continuity of Care System, and Standard VIII—Quality Assessment and Performance Improvement and, therefore, had no required actions for those standards based on the FY 2006–2007 site review.

Recommendations

HSAG did not recommend any required actions for BHI as a result of the FY 2007–2008 compliance site reviews.

Summary Assessment Related to Quality, Timeliness, and Access

The following is a summary assessment of BHI's compliance monitoring results related each of these three domains.

Quality

The components of the FY 2007–2008 compliance site review that assessed quality were Coordination of Care, Oversight and Monitoring of Providers, Member Information, and the Review of FY 2006–2007 Corrective Action Plan. BHI received a score of *In Compliance* for each of these components. Evidence of ongoing and two-way communication with BHI's organizational providers and aggressive mechanisms to involve members in the therapeutic process positively affected BHI's ability to provide quality services, as evidenced by the Coordination of Care record review.

Timeliness

The components that addressed timeliness were Access to Care and Oversight and Monitoring of Providers. As stated above BHI received a score of *In Compliance* for both of these components. BHI's mechanisms to track timeliness, request corrective action, and follow up on corrective action plans related to timeliness of access to the CMHCs proved to be effective.

Access

The components that assessed the access domain were Access to Care, Oversight and Monitoring of Providers, and Member Information. BHI received a score of *In Compliance* for each of these components. During HSAG's assessment of these components, it was evident that BHI played an active role in the intake processes for its organizational providers, including training of staff, open houses for members new to Medicaid eligibility, and oversight of intake personnel by BHO utilization management staff.

Colorado Health Partnerships, LLC

Findings

Table 3-4 presents the score for CHP for each of the five components.

Table 3-4—Results *for* CHP	
Component	**Overall Score**
Component 1—Access to Care	☒ *In Compliance* ☐ *In Partial Compliance* ☐ *Not In Compliance*
Component 2—Coordination of Care	☒ *In Compliance* ☐ *In Partial Compliance* ☐ *Not In Compliance*
Component 3—Oversight and Monitoring of Providers	☒ *In Compliance* ☐ *In Partial Compliance* ☐ *Not In Compliance*
Component 4—Member Information	☒ *In Compliance* ☐ *In Partial Compliance* ☐ *Not In Compliance*
Component 5—Review of FY 2006–2007 CAP	☐ *In Compliance* ☒ *In Partial Compliance* ☐ *Not In Compliance*

Strengths

CHP received a score of *In Compliance* for four out of five components of the FY 2007–2008 compliance site review (all except Review of FY 2006–2007 CAP). During the telephone assessment calls used, in part, to evaluate Component 1—Access to Care, all CHP and CMHC staff members were aware of the required time frames for timely access to services and were able to describe the processes used by the BHO or the CMHC to schedule the member for services.

For Component 2—Coordination of Care, CHP had several projects that enhanced the quality of care coordination: the use of utilization management (UM) data to identify members appropriate for CHP's Enhanced Clinical Management Program, PIPs in addition to those required by the Department, and additional quality studies that evaluated the impact of suicidal thinking and member-shared decision-making on member outcomes. CHP's providers documented numerous instances of communication with family members of children in the clinical record, including discussions of medications (10 of 10 records). In addition, CHP's annual chart audits monitored specifically for, among other elements, whether medical records contained evidence of coordination and communication and for the completeness and quality of that documentation.

Review of Component 3—Oversight and Monitoring of Providers indicated that CHP had comprehensive mechanisms for monitoring the partner CMHCs and individual providers, which included evaluation of clinical performance as well as performance related to Medicaid contract compliance. CHP requested CAPs when performance fell below benchmarks or required standards. CHP also used an independent contractor to conduct a consumer satisfaction survey in addition to the surveys conducted by the Department of Human Services, Division of Behavioral Health.

For Component 4—Member Information, CHP exhibited a variety of means designed to help Medicaid members understand the benefits of the State plan and services available from CHP, which included written materials and Office of Consumer and Family Affairs (OCFA) support of peer specialists. HSAG conducted telephone assessment calls regarding members' choice of providers and accessing services for members eligible within another BHO service area. Responses from each of the CMHCs contacted were consistent with CHP access line staff members' responses.

For Component 5—Review of FY 2006–2007 Corrective Action Plan, CHP successfully completed 14 of 15 required actions from the FY 2006–2007 site review process. CHP completed all required actions in Standard I—Delegation; Standard II—Provider Issues; Standard IV—Member Rights and Responsibilities; Standard IX—Grievances, Appeals, and Fair Hearings; and Standard X—Credentialing. CHP completed one of two required actions in Standard VI—Utilization Management. During the FY 2006–2007 site review process, CHP had received a score of 100 percent in Standard III—Practice Guidelines, Standard V—Access and Availability, Standard VII—Continuity of Care System, and Standard VIII—Quality Assessment and Performance Improvement. Therefore, CHP had no required actions for those standards based on the FY 2006–2007 site review.

Recommendations

CHP received a score of *In Partial Compliance* for Component 5—Review of FY 2006–2007 CAP. Based on this score, CHP was required to submit a CAP to address the following required action:

- The CHP Policy 203L—Medical Necessity Determination contained language regarding authorization of emergency services that did not comply with Medicaid managed care regulations. CHP management staff members confirmed that the authorization language in the emergency services section of the policy was in error and occurred inadvertently during the latest revision of the policy. CHP must revise its Medical Necessity Determination policy to ensure that the policy complies with all Medicaid managed care regulations and the Colorado BHO Medicaid contract.

Summary Assessment Related to Quality, Timeliness, and Access

The following is a summary assessment of CHP's compliance monitoring results related to each of the three domains.

Quality

The components of the FY 2007–2008 compliance site review that assessed quality were Coordination of Care, Oversight and Monitoring of Providers, Member Information, and the Review of the FY 2006–2007 Corrective Action Plan. CHP received a score of *In Compliance* for three of the four components that assessed quality and a score of *In Partial Compliance* for the Review of FY 2006–2007 CAP. While CHP continued to struggle to revise one policy originally written to comply with CHP's Utilization Review Accreditation Commission (URAC) accreditation, which did not comply with Medicaid managed care regulations, CHP performed well in all areas that assessed quality. Review of CHP's practices and documents demonstrated that CHP conducted quality-related activities and projects beyond those required by the Medicaid contract.

Timeliness

The components that addressed timeliness were Access to Care and Oversight and Monitoring of Providers. CHP received a score of *In Compliance* for both components that assessed timeliness. CHP's mechanisms to communicate requirements and determine compliance with those requirements by CHP's providers positively affected CHP's performance in both domains. CHP's oversight of providers was designed to evaluate not only the performance of the requirement, but also the content and quality of the performance.

Access

The components that assessed the access domain were Access to Care, Oversight and Monitoring of Providers, and Member Information. CHP received a score of *In Compliance* for each of these components. Again, CHP's interactive relationship with its providers, as well as the close support and oversight provided to peer specialists by members of the OCFA committee was evident during the assessment of these components.

Foothills Behavioral Health, LLC

Findings

Table 3-5 presents the score for FBH for each of the five components.

Table 3-5—Results *for* FBH	
Component	**Overall Score**
Component 1—Access to Care	☐ *In Compliance* ☒ *In Partial Compliance* ☐ *Not In Compliance*
Component 2—Coordination of Care	☒ *In Compliance* ☐ *In Partial Compliance* ☐ *Not In Compliance*
Component 3—Oversight and Monitoring of Providers	☒ *In Compliance* ☐ *In Partial Compliance* ☐ *Not In Compliance*
Component 4—Member Information	☒ *In Compliance* ☐ *In Partial Compliance* ☐ *Not In Compliance*
Component 5—Review of FY 2006–2007 CAP	☒ *In Compliance* ☐ *In Partial Compliance* ☐ *Not In Compliance*

Strengths

FBH received a score of *In Compliance* for four of the five components of the FY 2007–2008 compliance site review. Although FBH had mixed results in Component 1—Access to Care, HSAG found strengths in this area. FBH relied on its organizational providers to administer the intake process for member access to services, and FBH used frequent training and monitoring of that process to ensure compliance with the requirements for timely access to services.

When reviewing Component 2—Coordination of Care, HSAG found that FBH had a variety of creative methods to enhance the quality of care coordination, which included several collaborative and integrated projects designed to provide care on-site at a variety of locations (schools, service agencies, medical provider offices, and clinics). Other projects included a depression screening project located in a medical provider facility and the development of a survey administered to assess that a "recovery-oriented system of care" existed at FBH's organizational provider facilities. The Coordination of Care record review indicated that therapists consistently documented communication with families of children receiving services (eight of eight applicable records).

For Component 3—Oversight and Monitoring of Providers, HSAG found that FBH used both aggregate data measures and peer review processes as well as reviewed the organizational providers' evaluation of their individual provider staff to evaluate the performance of organizational and individual providers. Many of FBH performance indicators were based on outcomes. In addition to the MHSIP and YSS-F surveys administered by the Department of Human Services,

Division of Behavioral Health, FBH administered these satisfaction surveys quarterly to obtain more timely information and a larger sample size. FBH approved and tracked required training (based on Medicaid contracts requirements) provided by the CMHCs and completed follow-up surveys and reassessments of providers to determine the effectiveness of training. FBH also reviewed a number of CMHC policies, procedures, reports, and program plans to determine that the CMHC documents aligned with FBH's Medicaid managed care and State Medicaid contract requirements.

For Component 4—Member Information, FBH used several mechanisms to ensure that members received accurate information about rights, benefits and services. These included written materials and the practice of provider discussion of the required topics at the intake session. FBH tracked the distribution of member materials via peer review and medical record audits.

FBH received a score of *In Compliance* for Component 5—Review of FY 2006–2007 Corrective Action Plan. FBH successfully completed seven of seven required actions from the FY 2006–2007 site review process. FBH completed all required actions in Standard I—Delegation, Standard II—Provider Issues, Standard IV—Member Rights and Responsibilities, Standard VI—Utilization Management, and Standard X—Credentialing. During the FY 2006–2007 site review process, FBH had received a score of 100 percent in Standard III—Practice Guidelines, Standard V—Access and Availability, Standard VII—Continuity of Care System, Standard VIII—Quality Assessment and Performance Improvement, and Standard IX—Grievances, Appeals, and Fair Hearings. Therefore, FBH had no required actions for those standards based on the FY 2006–2007 site review.

Recommendations

FBH received a score of *In Partial Compliance* for Component 1—Access to Care. Based on this score, FBH was required to submit a CAP to address the following required action:

- FBH must review its access policies and procedures and evaluate how the FBH network CMHC staff members have been implementing those policies regarding services for Medicaid members who reside in nursing facilities. FBH must clarify Medicaid managed care regulations regarding access to services with the CMHCs and ensure that, while responding to requests from nursing facilities, the CMHCs do not require processes that delay access to services for members residing in nursing facilities.

Summary Assessment Related to Quality, Timeliness, and Access

The following is a summary assessment of FBH's compliance monitoring results related to each of the three domains.

Quality

The components of the FY 2007–2008 compliance site review that assessed quality were Coordination of Care, Oversight and Monitoring of Providers, Member Information, and the Review of FY 2006–2007 Corrective Action Plan. FBH received a score of *In Compliance* for each of these components. Significant emphasis by FBH on collaborative treatment venues had a positive impact on FBH's performance in the quality domain. In addition, review of FBH's consumer-

oriented projects (the depression screening project and the recovery-oriented system of care study) indicated a proactive approach to enhancing quality of care.

Timeliness

The components that addressed timeliness were Access to Care and Oversight and Monitoring of Providers. FBH received a score of *In Compliance* for Oversight and Monitoring of Providers and a score of *In Partial Compliance* for the Access to Care domain. The findings in the Access to Care domain were related to the potential issue of providing timely access to services for members residing in nursing facilities. FBH's performance was strong in the Oversight and Monitoring of Providers component, including oversight of the organizational providers' access processes, other aggregate and specific provider-related performance indicators, and requiring corrective action plans, as needed.

Access

The components that assessed the access domain were Access to Care, Oversight and Monitoring of Providers, and Member Information. CHP received a score of *In Compliance* for each of these components. FBH received a score of *In Compliance* for two of the three components that assessed access, and a score of *In Partial Compliance* in the Access to Care component. Despite the score of *In Partial Compliance* for the Access to Care component, FBH performed well in the access domain. The findings in the Access to Care component that drove its score negatively impacted the timeliness domain rather than the access domain.

Northeast Behavioral Health, LLC

Findings

Table 3-6 presents the score for NBH for each of the five components.

Table 3-6—Results *for* NBH	
Component	**Overall Score**
Component 1—Access to Care	☒ *In Compliance* ☐ *In Partial Compliance* ☐ *Not In Compliance*
Component 2—Coordination of Care	☒ *In Compliance* ☐ *In Partial Compliance* ☐ *Not In Compliance*
Component 3—Oversight and Monitoring of Providers	☒ *In Compliance* ☐ *In Partial Compliance* ☐ *Not In Compliance*
Component 4—Member Information	☒ *In Compliance* ☐ *In Partial Compliance* ☐ *Not In Compliance*
Component 5—Review of FY 2006–2007 CAP	☐ *In Compliance* ☒ *In Partial Compliance* ☐ *Not In Compliance*

Strengths

NBH scored *In Compliance* for four out of the five components reviewed. (All components except Component 5—Review of FY 2006–2007 CAP received a score of *In Compliance*.) For Component 1—Access to Care, among the processes NBH used to ensure timely access to services was BHO-developed provider training regarding timeliness and access requirements used to train CMHC providers as well as independent providers. In addition, NBH used an online tracking mechanism to determine which CMHC or independent providers had completed the required training.

For Component 2—Coordination of Care, NBH used clinical chart audits to monitor for evidence of documented coordination of care and consumer involvement in the treatment process. Mandatory online training for CMHC and independent providers included policies and procedures regarding coordinating with medical providers and the involvement of members and their families in service provision as well as member rights. NBH was also able to monitor provider completion of required training related to coordination of care. The Coordination of Care record review indicated that therapists consistently documented communication with families of children receiving services (seven of seven applicable records).

During review of Component 3—Oversight and Monitoring of Providers, NBH demonstrated a variety of methods used to monitor the services provided by its contractors. Collaboration between the utilization management and quality management departments resulted in development of appropriate training for providers. In addition, NBH conducted an internal consumer satisfaction

survey on a statistically valid sample of members (voluntary survey) and used the data in the development of NBH's quality assessment and performance improvement plan. NBH also reviewed a number of CMHC policies, procedures, reports, and program plans to determine that the CMHC documents aligned with NBH's Medicaid managed care and State Medicaid contract requirements.

When reviewing for compliance with Component 4—Member Information, HSAG found that NBH's outreach to community partners and to consumers at community venues positively impacted NBH's ability to help consumers understand the services available and benefits of the State Medicaid plan.

For Component 5—Review of FY 2006–2007 Corrective Action Plan, NBH successfully completed 13 of 14 required actions from the FY 2006–2007 site review process. NBH completed all required actions in Standard I—Delegation; Standard IV—Member Rights and Responsibilities; Standard IX—Grievances, Appeals, and Fair Hearings; and Standard X—Credentialing. NBH completed three of four required actions for Standard II—Provider Issues. During the FY 2006–2007 site review process, NBH had received a score of 100 percent in Standard III—Practice Guidelines, Standard V—Access and Availability, Standard VI—Utilization Management, Standard VII—Continuity of Care System, and Standard VIII—Quality Assessment and Performance Improvement. Therefore, NBH had no required actions for those standards based on the FY 2006–2007 site review.

Recommendations

NBH received a score of *In Partial Compliance* for Component 5—Review of FY 2006–2007 CAP. Based on this score, NBH was required to submit a CAP to address the following required action:

- NBH must: (1) report all instances of possible Medicaid fraud to the Department within 10 days of receipt of the information, (2) submit quarterly reports to the Department's Quality Improvement section summarizing compliance committee meetings, (3) develop a CAP designed to implement a mechanism to ensure reporting of all instances of possible Medicaid fraud, and (4) work with the Department to obtain technical assistance regarding expectations and the definition of possible Medicaid fraud.

Summary Assessment Related to Quality, Timeliness, and Access

The following is a summary assessment of NBH's compliance monitoring results related to each of the three domains.

Quality

The components of the FY 2007–2008 compliance site review that assessed quality were Coordination of Care, Oversight and Monitoring of Providers, Member Information, and Review of FY 2006–2007 Corrective Action Plan. NBH received a score of *In Compliance* for three of the four components that assessed quality. Evidence of proactive communication with NBH's organizational providers and aggressive outreach programs for members positively affected NBH's ability to provide quality services, as evidenced by the Coordination of Care record review. NBH's one continued required action was related to the need for technical assistance regarding reporting of possible instances of Medicaid fraud.

Timeliness

The components that addressed timeliness were Access to Care and Oversight and Monitoring of Providers. NBH performed well in this domain, receiving a score of *In Compliance* for both of the components in this domain. Again, NBH's proactive methods of monitoring the performance of providers through provider-specific outcomes measures and NBH's design and implementation of an internal consumer satisfaction survey in addition those required by the Medicaid contract positively impacted NBH's performance in this domain.

Access

The components that assessed the access domain were Access to Care, Oversight and Monitoring of Providers, and Member Information. NBH performed well in the access domain, receiving a score of *In Compliance* in each of the components that assessed access. As was the case in the timeliness domain, NBH's outreach to members and potential members, as well as provider monitoring that evaluated not only the performance of the requirement but also the content and quality of the performance, contributed to strong performance in the access domain.

Overall Statewide Performance Related to Quality, Timeliness, and Access for the Compliance Monitoring Site Reviews

Table 3-7 shows the overall statewide results from the compliance monitoring activity.

Table 3-7—Overall Statewide Results

Component	ABC	BHI	CHP	FBH	NBH
Component 1—Access to Care	*Not in Compliance*	*In Compliance*	*In Compliance*	*In Partial Compliance*	*In Compliance*
Component 2—Coordination of Care	*In Compliance*	*In Compliance*	*In Compliance*	*In Compliance*	*In Compliance*
Component 3—Oversight and Monitoring of Providers	*In Partial Compliance*	*In Compliance*	*In Compliance*	*In Compliance*	*In Compliance*
Component 4—Member Information	*In Compliance*	*In Compliance*	*In Compliance*	*In Compliance*	*In Compliance*
Component 5—Review of FY 2006–2007 CAP	*In Partial Compliance*	*In Compliance*	*In Partial Compliance*	*In Compliance*	*In Partial Compliance*

The following is a statewide summary of the conclusions drawn from the BHO compliance monitoring activities with respect to quality, timeliness, and access.

Quality

The components of the FY 2007–2008 compliance site review that assessed quality were Coordination of Care, Oversight and Monitoring of Providers, Member Information, and Review of

FY 2006–2007 Corrective Action Plan. One BHO (ABC) received a score of *In Partial Compliance* for the Oversight and Monitoring of Providers component. Three BHOs (ABC, CHP, and NBH) received a score of *In Partial Compliance* for the Review of FY 2006–2007 CAP component. The rest of the scores that contributed to the assessment of the quality domain were *In Compliance*. In particular, it is important to note that all five BHOs received a score of *In Compliance* for both the Coordination of Care component and the Member Information component. In most cases, the central feature that contributed to scores of *In Compliance* for the components that assessed quality was BHO-driven processes. In other words, if the task was performed by a subcontractor (i.e., an organizational provider), the successful BHOs either developed the materials for the task or had extensive training and monitoring mechanisms to determine whether the subcontractor was performing the task, as required by the Medicaid contract.

For the three scores of *In Partial Compliance* for Review of FY 2006–2007 CAP there was no pattern or trend regarding the content of corrective action that was continued across BHOs. Two BHOs (BHI and FBH) had no continuing required actions from the FY 2006–2007 site review process. Two BHOs (CHP and NBH) each had one continuing required action from the FY 2006–2007 site review process and one BHO (ABC) had four continuing required actions from the FY 2006–2007 site review process. For CHP and NBH, the required action related to a specific inconsistency between a policy and practice and staff misunderstanding of the requirement. For ABC, each of the continued required actions related to lack of oversight of processes performed by subcontractors.

Timeliness

The components that addressed timeliness were Access to Care and Oversight and Monitoring of Providers. For the Access to Care component, three BHOs (BHI, CHP, and NBH) received a score of *In Compliance*, one BHO (FBH) received a score of *In Partial Compliance*, and one BHO (ABC) received a score of *Not In Compliance*. For Oversight and Monitoring of Providers, four BHOs (BHI, CHP, FBH, and NBH) received a score of *In Compliance* and one BHO (ABC) received a score of *In Partial Compliance*. For components scoring less than *In Compliance*, the statewide trend in this domain was that the task in question was performed by subcontractors on behalf of the BHO. This trend suggests the importance of monitoring the performance of specific tasks by subcontractors.

Access

The components that assessed the access domain were Access to Care, Oversight and Monitoring of Providers, and Member Information. For Access to Care three BHOs (BHI, CHP, and NBH) received a score of *In Compliance*, one BHO (FBH) received a score of *In Partial Compliance*, and one BHO (ABC) received a score of *Not In Compliance*. For Oversight and Monitoring of Providers, four BHOs (BHI, CHP, FBH, and NBH) received a score of *In Compliance* and one BHO (ABC) received a score of *In Partial Compliance*. All five BHOs received a score of *In Compliance* for the Member Information component. Given the specific content of the focused review during the FY 2007–2008 compliance review, the timeliness domain and the access domain were closely related and in some ways a predictor of performance in each of the other domains. The additional component that assessed access that did not also assess timeliness resulted in a score of *In Compliance* for all five BHOs. Therefore, the statewide trend noted in the timeliness domain (importance of oversight for subcontractor performance of specific tasks) held true, as well, for the access domain.

Validation of Performance Measures

The Department, on behalf of the BHOs, calculated eight performance measures using data submitted by the BHOs. Each BHO followed the same performance measure validation process, including both pre-review and on-site activities. An Information Systems Capabilities Assessment Tool (ISCAT), customized to Colorado's service delivery system, was used to collect the necessary background information on the BHOs' policies, processes, and data needed for the on-site performance measure validation activities. HSAG also added questions as to how the BHOs collected, validated, and submitted encounter data to the Department. As identified in the CMS protocol, HSAG obtained and reviewed six key types of data as part of the validation of performance measures. Table 3-8 displays these data sources used in the validation of performance measures and the time period to which the data applied. Per the Department, HSAG did not validate Colorado Client Assessment Record (CCAR)-based measures for FY 2006–2007.

Table 3-8—Description of Data Sources

Data Obtained	Time Period to Which the Data Applied
ISCAT (from BHOs and the Department)	FY 2006–2007
Source code (programming language) for performance measures (from the Department)	FY 2006–2007
Previous year's performance measure reports	FY 2006–2007
Current performance measure results (from BHOs and the Department)	See note*
Supporting documentation (from BHOs and the Department)	FY 2006–2007
On-site interviews and demonstrations (from BHOs and the Department)	FY 2006–2007

***Note:** The eight performance measures selected for validation of performance measures may cover data from different time periods. For example, the performance measures that derived data from the MHSIP survey covered the period from December 2006 to April 2007 instead of FY 2006–2007.

Based on all validation activities, HSAG determined results for each performance measure. As set forth in the CMS protocol, HSAG gave a validation finding of *Fully Compliant*, *Substantially Compliant*, *Not Valid*, or *Not Applicable* for each performance measure. HSAG based each validation finding 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* (*NV*) because the impact of the error biased the reported performance measure by more than 5 percentage points. Conversely, it was also possible that several element errors had little impact on the reported rate and HSAG gave the indicator a designation of *Substantially Compliant*.

To draw conclusions and make overall assessments about the quality and timeliness of care and access to care provided by the BHOs using findings from the validation of performance measures, HSAG assigned each of the measures to one or more of these three domains as depicted in Table 3-9.

Table 3-9—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 Access)	✓		✓
Consumer Perception of Quality and Appropriateness (Consumer Perception of Quality/Appropriateness)	✓		
Consumer Perception of Outcomes of Services (Consumer Perception of Outcome)	✓		
Consumer General Satisfaction (Consumer Satisfaction)	✓		
Consumer Perception of Participation in Treatment Planning (Consumer Perception of Participation)	✓		
Consumers Linked to Physical Health (Consumers Linked to Primary Care)			✓

Appendix B contains further details about the activities for the validation of performance measures.

Access Behavioral Care

Findings

Table 3-10 displays the review results and audit designations for ABC for each performance measure.

Table 3-10—Review Results and Audit Designation *for* ABC				
Performance Measures	Rate		Audit Designation	
	FY 2006–2007	Prior Year	FY 2006–2007	Prior Year
Penetration Rate—Children	8.3%	6.8%	*Fully Compliant*	*Fully Compliant*
Penetration Rate—Adults	20.5%	17.2%	*Fully Compliant*	*Fully Compliant*
Consumer Perception of Access	69.8%	76.4%	*Fully Compliant*	*Fully Compliant*
Consumer Perception of Quality/Appropriateness	72.6%	72.7%	*Fully Compliant*	*Fully Compliant*
Consumer Perception of Outcome	66.3%	50.4%	*Fully Compliant*	*Fully Compliant*
Consumer Satisfaction	75.6%	77.9%	*Fully Compliant*	*Fully Compliant*
Consumer Perception of Participation	60.0%	61.6%	*Fully Compliant*	*Fully Compliant*
Consumers Linked to Primary Care	78.4%	75.8%	*Fully Compliant*	*Fully Compliant*

Strengths

HSAG determined that ABC's data integration processes, data control processes, and performance measure documentation included in the calculation of performance measures were *Acceptable* in FY 2006–2007. This result was similar to the result in the prior year's study. In addition, HSAG identified no issues in ABC's eligibility data system and claims/encounter data systems and processes. The staff at ABC maintained a strong commitment to improving ABC's data integrity. The most notable efforts included implementing a full quality assurance check on the encounter file prior to its submission to the Department, enhancing the 411 audit report structure to allow evaluation of accuracy across audits, and preparing proactively for the 837 submission process with the Department.

Like the prior measurement year, ABC received a *Fully Compliant* status in its audit for all eight of its performance measures.

Four of the eight performance measures had improved rates from the previous year (i.e., Penetration Rate—Children, Penetration Rate—Adults, Consumer Perception of Outcome, and Consumers Linked to Primary Care), with three of these measures being access-related. In addition, ABC's rates were above the statewide average (see Table 3-16) in three of the eight measures (i.e.,

Penetration Rate—Adults, Consumer Perception of Quality/Appropriateness, and Consumer Perception of Outcome).

Recommendations

The performance measure validation results presented some opportunities for improvement for ABC. Four measures showed a decline in the rates from the prior measurement year, one of which (Consumer Perception of Access) decreased by 6.6 percentage points. Additionally, ABC's 411 encounter data audit showed procedure code accuracy of less than 100 percent, with several instances where submitted services were not documented in the medical records.

Based on the results of the performance measure validation findings for FY 2006–2007, suggestions for improving ABC's performance include:

- Continuing its efforts in overseeing and monitoring encounter data submission from CMHCs and to the Department.
- Performing interrater reliability throughout the medical record review process to help identify training issues during the abstraction process.
- Continuing the process of documenting all system conversions and transitional changes that occurred during the measurement year to facilitate smooth auditing for subsequent years.
- Conducting an analysis to identify causal factors for performance measure results that have declined or fallen below the statewide average, especially for Consumer Perception of Access, Consumer Satisfaction, and Consumer Perception of Participation. Based on the results of this analysis, ABC should design appropriate interventions to remove identified barriers, thereby improving consumer perception of the services provided.

Summary Assessment Related to Quality, Timeliness, and Access

The following is a summary assessment of ABC's validation of performance measure results related to the domains of quality and access. (None of the performance measures was assigned to the domain of timeliness.)

- **Quality**: Overall, ABC's rates in the domain of quality declined from the prior measurement year, indicating some room for improvement. Rates improved for only one of the five quality-related measures (i.e., Consumer Perception of Outcome), which had a rate that increased 15.9 percentage points from the prior measurement year (50.4 percent) to FY 2006–2007 (66.3 percent). The other four quality-related measures all experienced a decline in rates, with three having rates that were below this statewide average rate in FY 2006–2007. Consumer Perception of Access had the greatest decline in rates among these four measures; the rate decreased by 6.6 percentage points from 76.4 percent to 69.8 percent. This measure was also the only Access-related measure that experienced a decline from the prior measurement year.
- **Access**: ABC's performance in the domain of access was mixed, with only three of the four access-related measures (i.e., Penetration Rate—Children, Penetration Rate—Adult, and Consumers Linked to Primary Care) experiencing an improvement from the prior measurement year's performance. The rate for Penetration Rate—Adults (20.5 percent) was also higher than the statewide average (17.3 percent). Of note is that although ABC had improved its rates in having more of its enrollees receiving the BHO-managed services as well as seeing a medical care

professional outside the emergency room, ABC's rate for the enrollees' perception of access measure had declined. ABC's rate for Consumer Perception of Access (69.8 percent) decreased from the prior year's rate of 76.4 percent and was slightly below the statewide average (69.9 percent).

Behavioral HealthCare, Inc.

Findings

Table 3-11 displays the review results and audit designations for BHI for each performance measure.

Table 3-11—Review Results and Audit Designation *for* BHI				
Performance Measures	Rate		Audit Designation	
	FY 2006–2007	Prior Year	FY 2006–2007	Prior Year
Penetration Rate—Children	7.2%	6.6%	*Fully Compliant*	*Fully Compliant*
Penetration Rate—Adults	13.4%	12.2%	*Fully Compliant*	*Fully Compliant*
Consumer Perception of Access	75.3%	67.0%	*Fully Compliant*	*Fully Compliant*
Consumer Perception of Quality/Appropriateness	69.9%	64.7%	*Fully Compliant*	*Fully Compliant*
Consumer Perception of Outcome	62.9%	54.9%	*Fully Compliant*	*Fully Compliant*
Consumer Satisfaction	82.0%	70.6%	*Fully Compliant*	*Fully Compliant*
Consumer Perception of Participation	66.1%	58.4%	*Fully Compliant*	*Fully Compliant*
Consumers Linked to Primary Care	81.0%	80.2%	*Fully Compliant*	*Fully Compliant*

Strengths

Similar to the prior year's results, HSAG determined that BHI's data integration processes, data control processes, and performance measure documentation included in the calculation of performance measures were *Acceptable* in FY 2006–2007. HSAG identified no issues in BHI's eligibility data system and claims/encounter data systems and processes. BHI's continual commitment to ensuring data quality and accuracy was evident in its hiring of a full-time, BHI-only data analyst to explore ways to improve business processes and client outcomes. Other notable strengths included BHI's ongoing review of coding crosswalks for the mental health centers, adequate preparation and easily accessible training materials for implementing a new electronic medical record system for one CMHC, and the use of a time clock-type process for capturing dates/times used for consumers from the drop-in centers.

As in the previous year, BHI received a *Fully Compliant* status in its audit for all eight performance measures. All eight performance measures had improved rates from the previous year, with five performing above the statewide average (see Table 3-16) for the BHOs (i.e., Consumer Perception of Access, Consumer Perception of Outcome, Consumer Satisfaction, Consumer Perception of Participation, and Consumers Linked to Primary Care).

Recommendations

BHI's 411 encounter data audit found an accuracy rate of less than 100 percent in multiple fields in the encounter data when compared with the medical record. In addition, the audit identified several cases in which clinician notes were not present for encounter claims in the sample.

Although all eight of the performance measures experienced an improvement from the prior year's results, three (Penetration Rate—Children, Penetration—Adults, and Consumer Perception of Quality/Appropriateness) were below statewide averages.

Based on the results of performance measure validation findings for FY 2006–2007, suggestions for improving BHI's performance include:

- Continuing its efforts in overseeing and monitoring encounter data submission from CMHCs and to the Department.
- Continuing its efforts in the 837 file conversion process.
- Initiating cross-year comparative analyses for 411 audit activities to better assess implemented corrective actions.
- Continuing its efforts in identifying and documenting eligibility errors for tracking any issues that may arise on the backend.
- Conducting an analysis to identify causal factors for the three performance measures with results below the statewide average (i.e., Penetration Rate—Children, Penetration Rate—Adults, and Consumer Perception of Quality/Appropriateness). Based on the results of this analysis, BHI should design appropriate interventions to remove identified barriers, thereby improving consumer access and consumer perception of the services provided.

Summary Assessment Related to Quality, Timeliness, and Access

The following is a summary assessment of BHI's validation of performance measure results related to the domains of quality and access. (None of the performance measures was assigned to the domain of timeliness.)

- **Quality**: BHI's performance in the domain of quality showed considerable improvement from the prior year. All five quality-related measures had an increase of more than 5 percentage points. In particular, the rate for Consumer Satisfaction increased by 11.4 percentage points, from 70.6 percent to 82.0 percent. In addition, BHI's performance on four of the five quality-related measures was above the statewide averages for all the BHOs. Consumer Perception of Quality/Appropriateness was the only measure that was below the statewide average (69.9 percent versus 71.9 percent, respectively).
- **Access**: BHI's performance in the domain of access also demonstrated improvement from the prior year's results. Although the magnitude of improvement was not as substantial as the quality-related measures, all four access-related measures increased their rates from the prior year's results. Of note is that Consumer Perception of Access improved by 8.3 percentage points, from 67.0 percent last year to 75.3 percent in FY 2006–2007.

Colorado Health Partnerships, LLC

Findings

Table 3-12 displays the review results and audit designations for CHP for each performance measure.

Table 3-12—Review Results and Audit Designation *for* CHP				
	Rate		Audit Designation	
Performance Measures	FY 2006–2007	Prior Year	FY 2006–2007	Prior Year
Penetration Rate—Children	10.0%	9.4%	*Fully Compliant*	*Fully Compliant*
Penetration Rate—Adults	17.3%	15.5%	*Fully Compliant*	*Fully Compliant*
Consumer Perception of Access	72.2%	73.1%	*Fully Compliant*	*Fully Compliant*
Consumer Perception of Quality/Appropriateness	71.9%	73.8%	*Fully Compliant*	*Fully Compliant*
Consumer Perception of Outcome	59.6%	60.6%	*Fully Compliant*	*Fully Compliant*
Consumer Satisfaction	78.3%	79.0%	*Fully Compliant*	*Fully Compliant*
Consumer Perception of Participation	64.8%	63.6%	*Fully Compliant*	*Fully Compliant*
Consumers Linked to Primary Care	80.4%	83.8%	*Fully Compliant*	*Fully Compliant*

Strengths

Similar to the prior year's results, HSAG determined that CHP's data integration processes, data control processes, and performance measure documentation included in the calculation of performance measures were *Acceptable* in FY 2006–2007. As in the previous year's results, HSAG identified no issues in CHP's eligibility data system and claims/encounter data systems and processes. CHP's proactive approach to data completeness and accuracy was evident in its implementation of a second eligibility verification process, its markedly improved 411 audit process across the audit firms and the CMHCs, and its eligibility training on the use of the State's eligibility Web site. CHP's eligibility training was considered a best practice for encouraging feedback to the Department and ultimately contributing to a more accurate and reliable online system.

As in the previous year, HSAG scored all of CHP's performance measures as *Fully Compliant.* Three of the eight performance measures improved from the previous year (Penetration Rate—Children, Penetration Rate—Adults, and Consumer Perception of Participation). In addition, six of the eight performance measures were either at or above statewide averages (see Table 3-16) in FY 2006–2007.

Recommendations

CHP's 411 encounter data audit found some issues regarding the accuracy of the required fields. In addition, the audit identified several cases in which clinician notes were not present for the encounter claims identified in the sample.

Although five of the eight performance measure rates decreased between measurement years, none of the declines were greater than 5 percentage points. The rate for Consumers Linked to Primary Care had the largest decline, decreasing from 83.8 percent the prior year to 80.4 percent in FY 2006–2007 (a decrease of 3.4 percentage points).

Based on the results of performance measure validation findings for FY 2006–2007, suggestions for improving CHP's performance include:

- Continuing its efforts in overseeing and monitoring encounter data submission from CMHCs and to the Department.
- Continuing its efforts in monitoring encounter reporting in, and resolving issues related to, data submission to the Department.
- Adding a column to the 411 spreadsheet to demonstrate progress in evaluating the most current adjusted claims.
- Creating a process of tracking and documenting the transition to the 837 submission process.
- Conducting an analysis to identify causal factors for the performance measures with results that declined or were below the statewide average, especially for Consumer Perception of Quality/Appropriateness and Consumers Linked to Primary Care, which had decreases of more than 1.5 percentage points. Based on the results of this analysis, CHP should design appropriate interventions to remove identified barriers, thereby improving consumer access to physical health and consumer perception of the services provided.

Summary Assessment Related to Quality, Timeliness, and Access

The following is a summary assessment of CHP's validation of performance measure results related to the domains of quality and access. (None of the performance measures was assigned to the domain of timeliness.)

- **Quality**: CHP's performance in the domain of quality needed improvement. Although most of the five quality-related measures performed better than the statewide average, only Consumer Perception of Participation had an increase of 1.2 percentage points from the prior year's result. All the other measures experienced a decline in rates ranging from 0.7 percent points (Consumer Satisfaction) to 1.9 percentage points (Consumer Perception of Quality/ Appropriateness).
- **Access**: CHP's performance in the domain of access was mixed. Two of the four rates for access-related measures improved and two decreased between measurement years. The two measures that improved since the prior measurement year were Penetration Rate—Children and Penetration Rate—Adults. Measures that experienced a decline were Consumer Perception of Access and Consumers Linked to Primary Care. In particular, the rate for Consumers Linked to Primary Care declined 3.4 percentage points since the prior year and was below the statewide average for the BHOs.

Foothills Behavioral Health, LLC

Findings

Table 3-13 displays the review results and audit designations for FBH for each performance measure.

Table 3-13—Review Results and Audit Designation *for* FBH

Performance Measures	Rate		Audit Designation	
	FY 2006–2007	Prior Year	FY 2006–2007	Prior Year
Penetration Rate—Children	10.6%	9.8%	*Fully Compliant*	*Fully Compliant*
Penetration Rate—Adults	19.6%	17.5%	*Fully Compliant*	*Fully Compliant*
Consumer Perception of Access	61.7%	63.5%	*Fully Compliant*	*Fully Compliant*
Consumer Perception of Quality/Appropriateness	74.5%	68.3%	*Fully Compliant*	*Fully Compliant*
Consumer Perception of Outcome	63.0%	62.1%	*Fully Compliant*	*Fully Compliant*
Consumer Satisfaction	79.1%	80.8%	*Fully Compliant*	*Fully Compliant*
Consumer Perception of Participation	58.8%	67.3%	*Fully Compliant*	*Fully Compliant*
Consumers Linked to Primary Care	83.8%	86.5%	*Fully Compliant*	*Fully Compliant*

Strengths

Similar to the prior year's results, HSAG determined that FBH's data integration processes, data control processes, and performance measure documentation included in the calculation of performance measures were *Acceptable* in FY 2006–2007. As in the previous year's results, HSAG identified no issues in FBH's eligibility data system and claims/encounter data systems and processes. FBH's strong commitment to data quality and integrity was recognized in at least four areas: (1) its internal use of encounter/claims data to monitor quality and identify potential data issues prior to submission to the Department, (2) its proactive approach of implementing a quarterly encounter data validation process, (3) its development of a CMHC-level crosswalk system, and (4) its provider education via the use of the coding documentation validation manual.

As in the previous year, HSAG scored all of FBH's performance measures as *Fully Compliant.* Rates improved from the previous year for four of the eight performance measures (Penetration Rate—Children, Penetration Rate—Adults, Consumer Perception of Quality/Appropriateness, and Consumer Perception of Outcome). Of these four measures, Consumer Perception of Quality/Appropriateness improved substantially from 68.3 percent the prior year to 74.5 percent in

FY 2006–2007. In addition, six of the eight performance measures were above statewide averages (see Table 3_16) in FY 2006–2007.

Recommendations

FBH's 411 encounter data audit found some issues regarding data completeness for multiple fields. In addition, although four of the eight performance measure rates decreased between measurement years, only Consumer Perception of Participation experienced a decline of greater than 5 percentage points (from 67.3 percent the prior year to 58.8 percent in FY 2006–2007).

Based on the results of this year's performance measure validation findings, suggestions for improving FBH's performance include:

- Continuing its efforts in overseeing and monitoring encounter data submission from the CMHCs and to the Department. In particular, the CMHC-level crosswalk system should assist in monitoring the submitted encounters/claims and minimize postsubmission edits.
- Conducting an analysis to identify causal factors for performance measure rates that are declining or below the statewide average, especially for Consumer Perception of Participation, which had a rate that decreased by more than 5 percentage points (from 67.3 percent to 58.8 percent). Based on the results of this analysis, FBH should design appropriate interventions to remove identified barriers, thereby improving consumer access to physical health and consumer perception of the services provided.

Summary Assessment Related to Quality, Timeliness, and Access

The following is a summary assessment of FBH's validation of performance measure results related to the domains of quality and access. (None of the performance measures were assigned to the domain of timeliness.)

- **Quality:** FBH's performance in the domain of quality for FY 2006–2007 was mixed. Two of the quality-related measures demonstrated improved rates from the prior year's results. Consumer Perception of Quality/Appropriateness showed substantial improvement (an increase of 6.2 percentage points) and performed above the statewide average (see Table 3-16) for the BHOs (2.6 percentage points above the statewide average). Rates for the remaining three quality-related measures (i.e., Consumer Perception of Access, Consumer Satisfaction, and Consumer Perception of Participation) declined from the prior year's results. Of particular concern was the decline of 8.5 percentage points for Consumer Perception of Participation, the lowest rate for all the quality-related measures for FBH as well as for all the BHOs.
- **Access:** FBH's performance in the domain of access was also mixed. Two of the four rates for access-related measures improved since the prior year but the other two decreased between measurement years: Consumer Perception of Access and Consumers Linked to Primary Care. In particular, the rate for Consumers Linked to Primary Care decreased by 2.7 percentage points since the prior year. Nonetheless, only one measure (Consumer Perception of Access) performed below the statewide average for the BHOs.

Northeast Behavioral Health, LLC

Findings

Table 3-14 displays the review results and audit designations for NBH for each performance measure.

Table 3-14—Review Results and Audit Designation *for* NBH

Performance Measures	Rate		Audit Designation	
	FY 2006–2007	Prior Year	FY 2006–2007	Prior Year
Penetration Rate—Children	10.7%	9.4%	*Fully Compliant*	*Fully Compliant*
Penetration Rate—Adults	15.6%	15.1%	*Fully Compliant*	*Fully Compliant*
Consumer Perception of Access	70.7%	74.5%	*Fully Compliant*	*Fully Compliant*
Consumer Perception of Quality/Appropriateness	70.5%	73.7%	*Fully Compliant*	*Fully Compliant*
Consumer Perception of Outcome	61.3%	59.1%	*Fully Compliant*	*Fully Compliant*
Consumer Satisfaction	74.3%	85.2%	*Fully Compliant*	*Fully Compliant*
Consumer Perception of Participation	66.4%	66.4%	*Fully Compliant*	*Fully Compliant*
Consumers Linked to Primary Care	80.9%	87.2%	*Fully Compliant*	*Fully Compliant*

Strengths

Similar to the prior year's results, HSAG determined that NBH's data integration processes, data control processes, and performance measure documentation included in the calculation of performance measures were *Acceptable* in FY 2006–2007. In addition, HSAG did not identify any concerns with NBH's eligibility data system and claims/encounter data systems and processes. NBH's strong commitment to collecting and reporting quality data was manifested in several areas, including its collaborative relationship with the CMHCs and InNET, Inc., adequate communications via several committees to address emerging data accuracy issues, the use of similar information system software across all CMHCs to ensure data consistency, sufficient internal edit checks for eligibility data errors, and generation of claims/encounter data edit reports prior to billing and reporting to ensure timely data processing.

As in the previous year, HSAG scored all of NBH's performance measures as *Fully Compliant.* Four of the eight measures (Penetration Rate—Children, Penetration Rate—Adults, Consumer Perception of Outcome, and Consumer Perception of Participation) had either the same or an improvement in rates compared to the prior year's results. In addition, four of the eight performance measures were either at or above the statewide averages (see Table 3-16) in FY 2006–2007.

Recommendations

NBH's 411 encounter data audit identified some issues related to data accuracy and completeness. NBH's accuracy rate was less than 100 percent in multiple fields. Several other data fields also exhibited data completeness issues.

Four of the eight performance measure rates decreased between measurement years, with two declining more than 5 percentage points. The rate for Consumer Satisfaction decreased from 85.2 percent to 74.3 percent and the rate for Consumers Linked to Primary Care decreased from 87.2 percent to 80.9 percent.

Based on the results of performance measure validation findings in FY 2006–2007, suggestions for improving NBH's performance include:

- Continuing its efforts in overseeing and monitoring encounter data submission from the CMHCs and to the Department.
- Continuing its efforts to perform regular reasonability and edit checks for identifying potential data errors.
- Continuing its efforts to ensure data completeness and accuracy in the 411 audit.
- Conducting an analysis to identify causal factors for performance measure rates that are declining or below statewide average results (see Table 3-16), especially for Consumer Satisfaction and Consumers Linked to Primary Care, both of which had rates that decreased more than 5 percentage points (10.9 and 6.3 percentage points, respectively). Based on the results of this analysis, NBH should design appropriate interventions to remove identified barriers, thereby improving consumer access to physical health and consumer satisfaction.

Summary Assessment Related to Quality, Timeliness, and Access

The following is a summary assessment of NBH's validation of performance measure results related to the domains of quality and access. (None of the performance measures were assigned to the domain of timeliness.)

- **Quality:** NBH's performance in the domain of quality was mixed. Although two of the five quality-related measures (Consumer Perception of Access and Consumer Perception of Participation) demonstrated rates better than the statewide averages, the rates did not improve much from the prior year's performance. The improvement observed in one of these measures was outweighed by the decline in rates in the other three measures. The percentage decline for the three measures ranged from 3.2 to 10.9 percentage points. These findings suggest room for improvement for NBH.
- **Access**: NBH's performance in the domain of access was also mixed. Two of the four access-related measures improved since the prior year and the other two declined. In addition, the magnitude of improvement was not substantial, ranging from increases of 0.6 to 1.3 percentage points. Conversely, the magnitude of decline in the other two measures ranged from 3.8 to 6.3 percentage points. Nonetheless, only one measure (Penetration Rate—Adults) demonstrated a rate below the statewide average for the BHOs.

Overall Statewide Performance Related to Quality, Timeliness, and Access for the Validation of Performance Measures

Table 3-15 presents the statewide number and percentage of BHOs achieving each validation status for each performance measure for FY 2006–2007 and the prior year.

Table 3-15—Summary of Data From Validation of Performance Measures: Number and Percent of BHOs Achieving Each Validation Status by Measure

Performance Measures	FY 2006–2007 *Fully Compliant*	Prior Year *Fully Compliant*	FY 2006–2007 *Substantially Compliant*	Prior Year *Substantially Compliant*	FY 2006–2007 *Not Valid*	Prior Year *Not Valid*
Penetration Rate—Children	5/100%	5/100%	0/0%	0/0%	0/0%	0/0%
Penetration Rate—Adults	5/100%	5/100%	0/0%	0/0%	0/0%	0/0%
Consumer Perception of Access	5/100%	5/100%	0/0%	0/0%	0/0%	0/0%
Consumer Perception of Quality/Appropriateness	5/100%	5/100%	0/0%	0/0%	0/0%	0/0%
Consumer Perception of Outcome	5/100%	5/100%	0/0%	0/0%	0/0%	0/0%
Consumer Satisfaction	5/100%	5/100%	0/0%	0/0%	0/0%	0/0%
Consumer Perception of Participation	5/100%	5/100%	0/0%	0/0%	0/0%	0/0%
Consumers Linked to Primary Care	5/100%	5/100%	0/0%	0/0%	0/0%	0/0%

Table 3-16 provides a summary of the statewide averages for the performance measure rates for FY 2006–2007 and the prior year.

Table 3-16—Statewide Average Rates for the Performance Measures

Performance Measures	Rate	
	FY 2006–2007	Prior Year
Penetration Rate—Children	9.4%	8.4%
Penetration Rate—Adults	17.3%	15.5%
Consumer Perception of Access	69.9%	70.9%
Consumer Perception of Quality/Appropriateness	71.9%	70.6%
Consumer Perception of Outcome	62.6%	57.4%
Consumer Satisfaction	77.9%	78.7%
Consumer Perception of Participation	63.2%	63.5%
Consumers Linked to Primary Care	80.9%	82.7%

Based on the data presented above, the following is a statewide summary of the conclusions drawn from the performance measure results regarding the BHOs' strengths, opportunities for improvement, and suggestions related to quality, timeliness, and access. For additional information, please see Table D-2 in Appendix D.

Strengths

Overall, statewide BHO performance in safeguarding data integrity and quality and in reporting performance measures continued to improve from the prior year. First, all the BHOs continued to exert satisfactory efforts in ensuring that their eligibility and claims/encounter data systems were solid for processing the data used for performance measure reporting. Second, like the prior year, all the BHOs continued to receive *Acceptable* scores for data integration, data control processes, and performance measure documentation. Many BHOs had improved data integrity and oversight processes in FY 2006–2007 via a variety of strategies (e.g., initiating additional edit-check processes, training, and additional staffing). Nonetheless, all of the BHOs' 411 encounter data audits reported some inaccuracies in fields from the encounter data when compared with the medical record.

Like the prior year, all of the performance measures for all BHOs received a score of *Fully Compliant*. In addition, the rate for four of the eight measures increased from the prior year's results, especially for Consumer Perception of Outcome, which had an increase of 5.2 percentage points.

Quality

Statewide BHO performance in the domain of quality for performance measures was mixed, with improved rates for two of the five quality-related measures and declining rates for three measures. The two measures with improvement were Consumer Perception of Quality/Appropriateness and Consumer Perception of Outcome. One of the two measures with improved rates, Consumer Perception of Outcome, demonstrated a substantial increase from the prior year's results (i.e., from 57.4 percent to 62.6 percent—an increase of 5.2 percentage points). Conversely, the change for the measures with a decline in rates was no more than 1 percentage point. Nonetheless, the BHOs had room for improvement.

HSAG suggests that, where applicable, the BHOs:

- Continue to actively oversee and monitor the timely receipt of complete and accurate encounter data from their providers by holding them accountable to the submission standards and placing any providers who fail to meet the standards on a plan of corrective action. HSAG also recommends more education about data collection during the medical record review.
- Reexamine the State's specifications to ensure that submitted encounter and claims data fulfill all requirements.
- Conduct an analysis to examine factors related to the low rates for quality-related performance measures. Appropriate interventions based on the analysis findings should be developed and implemented to remove identified barriers and enhance the provision of quality behavioral health care.

Access

Overall, statewide BHO performance in the domain of access for performance measures was mixed, with improved rates between measurement years for two of the four rates for access-related measures and a decline in rates for the other two. Of note is that the two measures with improved rates were related to the proportion of enrollees accessing the behavioral health system, as indicated by utilization data. The two measures with rates that declined were consumer perception measures.

HSAG suggests that, where applicable, the individual BHOs conduct an analysis to investigate factors leading to a lack of improvement in the consumer-perceived, access-related performance measures. As a result of this analysis, the BHOs should develop and implement appropriate interventions to remove identified barriers to enhance the provision of quality behavioral health care.

Additional Statewide Recommendations

In addition to the suggestions provided to the BHOs, HSAG also identified statewide areas for improvement. These suggestions are specific to the Department and include the following:

- The Department should add a service code editor/scrubber (valid service codes) to the process for determining the penetration rate
- The Department should consider creating a survey methodology that would allow only one (MHSIP) survey to be completed by a single consumer

Validation of Performance Improvement Projects

In recent years the Department has focused on an initiative to improve coordination of care between Medicaid behavioral and physical health providers. As part of this initiative, the Department assigned a collaborative PIP across all BHOs with the goal of improving consumer health, functionality, and satisfaction with the health care delivery system by developing interventions that increase coordination of care and communication between providers.

All of the BHOs submitted a collaborative PIP in FY 2007–2008. Because the BHOs' PIPs were in different stages, HSAG performed validation activities on three PIPs for three BHOs. For the remaining two BHOs, HSAG performed validation activities on two PIPs.

HSAG, in collaboration with the Department, developed the PIP Summary Form, which each BHO completed and submitted to HSAG for review and evaluation. HSAG obtained the data needed to conduct the PIP validation from the BHO's PIP Summary Form. This form provided detailed information about each BHO's PIP as it related to the 10 CMS protocol activities reviewed and evaluated. The HSAG PIP Review Team scored the evaluation elements within each activity as *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA).* 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.

In addition to giving a validation status, HSAG gave each PIP a percentage score for critical elements *Met* and an overall percentage score for all evaluation elements (including critical elements). 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 the reported PIP results
- *Partially Met*: Low confidence in the reported PIP results
- *Not Met*: Reported PIP results were not credible

The BHOs had an opportunity to resubmit additional documentation after the first HSAG review to improve their scores prior to the finalization of the FY 2007–2008 PIP Validation Report. This process became available to the BHOs in the FY 2006–2007 validation cycle.

Although a BHO's purpose for conducting a PIP may have been to improve performance in an area related to quality and/or timeliness and/or access to care and services, the purpose of EQR activities related to PIPs was to evaluate the validity and quality of the BHO's processes in conducting PIPs. Therefore, to draw conclusions and make overall assessments about each BHO's performance in conducting valid PIPs, HSAG assigned all PIPs to the quality domain.

Appendix C contains further details about the EQR validation of PIP activities.

Access Behavioral Care

Findings

ABC conducted two PIPs (i.e., *Coordination of Care Between Psychiatric Emergency Services and Outpatient Treatment* and *Coordination of Care Between Medicaid Physical and Behavioral Health Providers*). Both studies were new in FY 2007–2008.

For the first PIP, HSAG reviewed Activities I through V. Table 3-17 and Table 3-18 show ABC's scores based on HSAG's evaluation of *Coordination of Care Between Psychiatric Emergency Services and Outpatient Treatment*. HSAG reviewed and scored each activity according to HSAG's validation methodology.

Table 3-17—PIP Validation Scores
for Coordination of Care Between Psychiatric Emergency Services and Outpatient Treatment
for ABC

Review Activity	Total Possible Evaluation Elements (Including Critical Elements)	Total *Met*	Total *Partially Met*	Total *Not Met*	Total *N/A*	Total Possible Critical Elements	Total Critical Elements *Met*	Total Critical Elements *Partially Met*	Total Critical Elements *Not Met*	Total Critical Elements *N/A*
I. Appropriate Study Topic	6	6	0	0	0	1	1	0	0	0
II. Clearly Defined, Answerable Study Question	2	2	0	0	0	1	1	0	0	0
III. Clearly Defined Study Indicator(s)	7	6	0	0	1	3	3	0	0	0
IV. Use a Representative and Generalizable Study Population	3	2	0	0	1	2	2	0	0	0
V. Valid Sampling Techniques	6	0	0	0	6	1	0	0	0	1
VI. Accurate/Complete Data Collection	11	Not Assessed				2	Not Assessed			
VII. Appropriate Improvement Strategies	4	Not Assessed				No Critical Elements				
VIII. Sufficient Data Analysis and Interpretation	9	Not Assessed				1	Not Assessed			
IX. Real Improvement Achieved	4	Not Assessed				No Critical Elements				
X. Sustained Improvement Achieved	1	Not Assessed				No Critical Elements				
Totals for All Activities	**53**	**16**	**0**	**0**	**8**	**11**	**7**	**0**	**0**	**1**

Table 3-18—FY 2007–2008 PIP Overall Validation Scores and Validation Status *for* Coordination of Care Between Psychiatric Emergency Services and Outpatient Treatment *for* ABC	
Percentage Score of Evaluation Elements *Met**	**100%**
Percentage Score of Critical Elements *Met***	**100%**
Validation Status***	***Met***

* The percentage score for all evaluation elements is calculated by dividing the total evaluation elements *Met* by the sum of the elements *Met*, *Partially Met*, and *Not Met*.

** The percentage score for critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

*** *Met* equals confidence/high confidence that the PIP was valid.
Partially Met equals low confidence that the PIP was valid.
Not Met equals reported PIP results that were not valid.

ABC's second PIP was the collaborative PIP. HSAG reviewed Activities I through IV. Table 3-19 and Table 3-20 show ABC's scores based on HSAG's evaluation of *Coordination of Care Between Medicaid Physical and Behavioral Health Providers*. HSAG reviewed and scored each activity according to HSAG's validation methodology.

Table 3-19—PIP Validation Scores
***for* Coordination of Care Between Medicaid Physical and Behavioral Health Providers**
***for* ABC**

Review Activity	Total Possible Evaluation Elements (Including Critical Elements)	Total *Met*	Total *Partially Met*	Total *Not Met*	Total *N/A*	Total Possible Critical Elements	Total Critical Elements *Met*	Total Critical Elements *Partially Met*	Total Critical Elements *Not Met*	Total Critical Elements *N/A*
I. Appropriate Study Topic	6	6	0	0	0	1	1	0	0	0
II. Clearly Defined, Answerable Study Question	2	2	0	0	0	1	1	0	0	0
III. Clearly Defined Study Indicator(s)	7	5	0	0	2	3	3	0	0	0
IV. Use a Representative and Generalizable Study Population	3	3	0	0	0	2	2	0	0	0
V. Valid Sampling Techniques	6	Not Assessed				1	Not Assessed			
VI. Accurate/Complete Data Collection	11	Not Assessed				1	Not Assessed			
VII. Appropriate Improvement Strategies	4	Not Assessed				No Critical Elements				
VIII. Sufficient Data Analysis and Interpretation	9	Not Assessed				2	Not Assessed			
IX. Real Improvement Achieved	4	Not Assessed				No Critical Elements				
X. Sustained Improvement Achieved	1	Not Assessed				No Critical Elements				
Totals for All Activities	**53**	**16**	**0**	**0**	**2**	**11**	**7**	**0**	**0**	**0**

Table 3-20—FY 2007–2008 PIP Overall Validation Scores and Validation Status *for* ***Coordination of Care Between Medicaid Physical and Behavioral Health Providers*** *for* **ABC**	
Percentage Score of Evaluation Elements *Met**	**100%**
Percentage Score of Critical Elements *Met***	**100%**
Validation Status***	***Met***

* The percentage score for all evaluation elements is calculated by dividing the total evaluation elements *Met* by the sum of the elements *Met*, *Partially Met*, and *Not Met*.

** The percentage score for critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

*** *Met* equals confidence/high confidence that the PIP was valid.
Partially Met equals low confidence that the PIP was valid.
Not Met equals reported PIP results that were not valid.

Strengths

ABC's scores of 100 percent for both of its PIPs demonstrated a strong understanding of how to conduct a valid PIP. For both studies, ABC presented a well-defined study topic and study population and had answerable study questions that stated the problem in simple terms and set the focus of the study. The study indicators were well designed to address CMS' requirements.

Recommendations

There were no required actions for ABC's PIPs.

Summary Assessment Related to Quality, Timeliness, and Access

As discussed previously, HSAG assigned all PIPs to the quality domain. Therefore, the following summary assessment of ABC's PIP validation results relate to the domain of quality.

Overall, ABC's performance regarding its PIPs and the quality domain was strong. The goal of both studies was to impact the quality of care provided to ABC consumers by improving coordination of care between providers. ABC will increase the likelihood of desired health outcomes for its consumers by improving coordination of care between behavioral and physical health providers and between psychiatric emergency services and outpatient treatment providers. Both PIPs received a validation status of *Met*, with overall scores and critical element scores of 100 percent. For both PIPs, ABC developed a solid study design in compliance with CMS protocols.

For this validation cycle, *Coordination of Care Between Psychiatric Emergency Services and Outpatient Treatment* and *Coordination of Care Between Medicaid Physical and Behavioral Health Providers* were Year 1 submissions, with no data reported. Therefore, this report cannot provide a comparison of PIP validation cycles at this time.

Behavioral HealthCare, Inc.

Findings

BHI conducted three PIPs. The *Screening for Bipolar Disorder* and *Access to Initial Medication Evaluations* PIPs were continued from the prior year. The *Coordination of Care Between Medicaid Physical and Behavioral Health Providers* PIP was new in FY 2007–2008.

For the first PIP, HSAG reviewed Activities I through IX. Table 3-21 and Table 3-22 show BHI's scores based on HSAG's evaluation of *Screening for Bipolar Disorder*. HSAG reviewed and scored each activity according to HSAG's validation methodology.

Table 3-21—PIP Validation Scores *for* Screening for Bipolar Disorder *for* BHI

Review Activity	Total Possible Evaluation Elements (Including Critical Elements)	Total *Met*	Total *Partially Met*	Total *Not Met*	Total *N/A*	Total Possible Critical Elements	Total Critical Elements *Met*	Total Critical Elements *Partially Met*	Total Critical Elements *Not Met*	Total Critical Elements *N/A*
I. Appropriate Study Topic	6	6	0	0	0	1	1	0	0	0
II. Clearly Defined, Answerable Study Question	2	2	0	0	0	1	1	0	0	0
III. Clearly Defined Study Indicator(s)	7	5	0	0	2	3	3	0	0	0
IV. Use a Representative and Generalizable Study Population	3	3	0	0	0	2	2	0	0	0
V. Valid Sampling Techniques	6	6	0	0	0	1	1	0	0	0
VI. Accurate/Complete Data Collection	11	11	0	0	0	1	1	0	0	0
VII. Appropriate Improvement Strategies	4	4	0	0	0	No Critical Elements				
VIII. Sufficient Data Analysis and Interpretation	9	9	0	0	0	2	2	0	0	0
IX. Real Improvement Achieved	4	3	1	0	0	No Critical Elements				
X. Sustained Improvement Achieved	1	Not Assessed				No Critical Elements				
Totals for All Activities	**53**	**49**	**1**	**0**	**2**	**11**	**11**	**0**	**0**	**0**

Table 3-22—FY 2007–2008 and FY 2006–2007 PIP Overall Validation Scores and Validation Status *for Screening for Bipolar Disorder* *for* BHI

	FY 2007–2008	Prior Year FY 2006–2007
Percentage Score of Evaluation Elements *Met**	**98%**	**96%**
Percentage Score of Critical Elements *Met***	**100%**	**100%**
Validation Status***	***Met***	***Met***

* The percentage score for all evaluation elements is calculated by dividing the total evaluation elements *Met* by the sum of the elements *Met*, *Partially Met*, and *Not Met*.

** The percentage score for critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

*** *Met* equals confidence/high confidence that the PIP was valid.
Partially Met equals low confidence that the PIP was valid.
Not Met equals reported PIP results that were not valid.

For the second PIP, HSAG reviewed all 10 activities. Table 3-23 and Table 3-24 show BHI's scores based on HSAG's evaluation of *Access to Initial Medication Evaluations*. HSAG reviewed and scored each activity according to HSAG's validation methodology.

Table 3-23—PIP Validation Scores *for Access to Initial Medication Evaluations* *for* BHI

Review Activity	Total Possible Evaluation Elements (Including Critical Elements)	Total *Met*	Total *Partially Met*	Total *Not Met*	Total *N/A*	Total Possible Critical Elements	Total Critical Elements *Met*	Total Critical Elements *Partially Met*	Total Critical Elements *Not Met*	Total Critical Elements *N/A*
I. Appropriate Study Topic	6	6	0	0	0	1	1	0	0	0
II. Clearly Defined, Answerable Study Question	2	2	0	0	0	1	1	0	0	0
III. Clearly Defined Study Indicator(s)	7	5	0	0	2	3	3	0	0	0
IV. Use a Representative and Generalizable Study Population	3	3	0	0	0	2	2	0	0	0
V. Valid Sampling Techniques	6	0	0	0	6	1	0	0	0	1
VI. Accurate/Complete Data Collection	11	10	0	0	1	1	1	0	0	0
VII. Appropriate Improvement Strategies	4	3	0	0	1	No Critical Elements				
VIII. Sufficient Data Analysis and Interpretation	9	8	0	0	1	2	1	0	0	1
IX. Real Improvement Achieved	4	1	0	3	0	No Critical Elements				
X. Sustained Improvement Achieved	1	0	1	0	0	No Critical Elements				
Totals for All Activities	**53**	**38**	**1**	**3**	**11**	**11**	**9**	**0**	**0**	**2**

Table 3-24—FY 2007–2008 and FY 2006–2007 PIP Overall Validation Scores and Validation Status *for Access to Initial Medication Evaluations* *for* BHI		
	FY 2007–2008	Prior Year FY 2006–2007
Percentage Score of Evaluation Elements *Met**	**90%**	**90%**
Percentage Score of Critical Elements *Met***	**100%**	**100%**
Validation Status***	***Met***	***Met***

* The percentage score for all evaluation elements is calculated by dividing the total evaluation elements *Met* by the sum of the elements *Met*, *Partially Met*, and *Not Met*.
** The percentage score for critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.
*** *Met* equals confidence/high confidence that the PIP was valid.
Partially Met equals low confidence that the PIP was valid.
Not Met equals reported PIP results that were not valid.

For the third PIP, HSAG reviewed Activities I through IV. Table 3-25 and Table 3-26 show BHI's scores based on HSAG's evaluation of *Coordination of Care Between Medicaid Physical and Behavioral Health Providers*. HSAG scored and reviewed each activity according to HSAG's validation methodology.

Table 3-25—PIP Validation Scores *for Coordination of Care Between Medicaid Physical and Behavioral Health Providers* *for* BHI										
Review Activity	Total Possible Evaluation Elements (Including Critical Elements)	Total *Met*	Total *Partially Met*	Total *Not Met*	Total *N/A*	Total Possible Critical Elements	Total Critical Elements *Met*	Total Critical Elements *Partially Met*	Total Critical Elements *Not Met*	Total Critical Elements *N/A*
I. Appropriate Study Topic	6	6	0	0	0	1	1	0	0	0
II. Clearly Defined, Answerable Study Question	2	2	0	0	0	1	1	0	0	0
III. Clearly Defined Study Indicator(s)	7	6	0	0	1	3	3	0	0	0
IV. Use a Representative and Generalizable Study Population	3	3	0	0	0	2	2	0	0	0
V. Valid Sampling Techniques	6	Not Assessed				1	Not Assessed			
VI. Accurate/Complete Data Collection	11	Not Assessed				1	Not Assessed			
VII. Appropriate Improvement Strategies	4	Not Assessed				No Critical Elements				
VIII. Sufficient Data Analysis and Interpretation	9	Not Assessed				2	Not Assessed			
IX. Real Improvement Achieved	4	Not Assessed				No Critical Elements				
X. Sustained Improvement Achieved	1	Not Assessed				No Critical Elements				
Totals for All Activities	**53**	**17**	**0**	**0**	**1**	**11**	**7**	**0**	**0**	**0**

Table 3-26—FY 2007–2008 PIP Overall Validation Scores and Validation Status *for Coordination of Care Between Medicaid Physical and Behavioral Health Providers* *for* BHI

Percentage Score of Evaluation Elements *Met**	**100%**
Percentage Score of Critical Elements *Met***	**100%**
Validation Status***	***Met***

* The percentage score for all evaluation elements is calculated by dividing the total evaluation elements *Met* by the sum of the elements *Met*, *Partially Met*, and *Not Met*.

** The percentage score for critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

*** *Met* equals confidence/high confidence that the PIP was valid.
Partially Met equals low confidence that the PIP was valid.
Not Met equals reported PIP results that were not valid.

Strengths

BHI received a *Met* validation status for all three PIPs, with 100 percent scores for all critical elements. BHI's overall scores were 98 percent for *Screening for Bipolar Disorder*, with 49 out of 50 applicable elements *Met*; 90 percent for *Access to Initial Medication Evaluations*, with 38 out of 42 applicable elements *Met*; and 100 percent for *Coordination of Care Between Medicaid Physical and Behavioral Health Providers*, with 17 out of 17 applicable elements *Met*.

For all three studies, BHI presented a well-defined study topic that had the potential to affect consumer health, answerable study questions, and well-designed study indicators. The *Screening for Bipolar Disorder* and *Access to Initial Medication Evaluations* studies documented data analyses conducted according to the study plans, and BHI presented the study results in a clear and easily understood format, accompanied by detailed interpretations of the findings.

Recommendations

There were no required actions for BHI's PIPs.

Summary Assessment Related to Quality, Timeliness, and Access

As discussed previously, HSAG assigned all PIPs to the quality domain. Therefore, the summary assessment of BHI's PIP validation results relate to the domain of quality.

Overall, BHI's performance regarding its PIPs and the quality domain was generally strong with some opportunities for improvement. The goal of BHI's PIPs was to impact quality of care. By increasing the number of consumers screened for bipolar disorder, reducing wait times for initial medication evaluations, and coordinating care between behavioral and physical health providers BHI will increase the likelihood of desired health outcomes for its consumers. All three of BHI's PIPs received a *Met* validation status, with the *Coordination of Care Between Medicaid Physical and Behavioral Health Providers* PIP receiving an overall score and critical element score of 100 percent. For this validation cycle, BHI successfully addressed all of the PIP validation activities for critical elements. For the *Access to Initial Medication Evaluations* PIP, BHI received *Not Met* scores for three noncritical elements and a *Partially Met* score for one noncritical element because the study indicators did not demonstrate improvement from the first to the second remeasurement.

For the *Screening for Bipolar Disorder* PIP, BHI received a *Partially Met* for one noncritical element because there was statistical evidence that demonstrated improvement was true improvement for some, but not all, of the study indicators.

A comparison of the PIP validation cycles for each of BHI's PIPs yielded the following:

- *Screening for Bipolar Disorder* (Years 1 through 3): For the Year 1 validation cycle, only baseline data analysis was completed at the time of the submission. For Year 2, the study had completed a baseline and first remeasurement at the time of the submission. BHI showed statistically significant improvement in the rates of adults, children, and adolescents screened for bipolar disorder between Year 1 and Year 2. For Year 3, there was statistical evidence that demonstrated improvement was true improvement for some, but not all, of the study indicators.
- *Access to Initial Medication Evaluations* (Years 1 through 4): For Year 1 BHI's four study indicators were at different stages of evaluation. The indicator for access to initial medication evaluations within 30 days only had baseline data, the indicators for consumer satisfaction showed no statistical differences in survey scores between measurement periods, and the indicator for clinician satisfaction showed a statistically significant decrease in satisfaction by clinicians. For Year 2 there were no significant improvements in the rates for three of the study indicators. For Year 3 BHI had only two study indicators (access to initial medication evaluations and clinician satisfaction). BHI observed improvement in access to initial medication evaluations within 30 days; however, BHI clinicians overall reported less satisfaction with appointment scheduling for initial medication evaluations than the previous year. For Year 4 both study indicators did not demonstrate improvement from the first to the second remeasurement. Study Indicator 1 (access to initial medication evaluations) demonstrated improvement from baseline to the first remeasurement and had a nonstatistically significant decline from the first to the second remeasurement. Study Indicator 4 (clinician satisfaction) did not demonstrate improvement from baseline to the first remeasurement or from the first to the second remeasurement.
- *Coordination of Care Between Medicaid Physical and Behavioral Health Providers*: This validation cycle was a Year 1 submission, with no data reported. Therefore, this report cannot provide a comparison of PIP validation cycles at this time.

Colorado Health Partnerships, LLC

Findings

CHP conducted two PIPs. *The Identification and Use of Alternative and/or Crisis Services to Ensure Treatment at the Least Restrictive Level of Care for Medicaid Children and Adolescents* PIP was continued from the prior year. The *Coordination of Care Between Medicaid Physical and Behavioral Health Providers* PIP was new for this validation cycle.

For the first PIP, HSAG reviewed Activities I through X. Table 3-27 and Table 3-28 show CHP's scores based on HSAG's evaluation of *The Identification and Use of Alternative and/or Crisis Services to Ensure Treatment at the Least Restrictive Level of Care for Medicaid Children and Adolescents*. HSAG reviewed and scored each activity according to HSAG's validation methodology.

Table 3-27—PIP Validation Scores
***for* The Identification and Use of Alternative and/or Crisis Services to Ensure Treatment at the Least Restrictive Level of Care for Medicaid Children and Adolescents**
***for* CHP**

Review Activity	Total Possible Evaluation Elements (Including Critical Elements)	Total *Met*	Total *Partially Met*	Total *Not Met*	Total *N/A*	Total Possible Critical Elements	Total Critical Elements *Met*	Total Critical Elements *Partially Met*	Total Critical Elements *Not Met*	Total Critical Elements *N/A*
I. Appropriate Study Topic	6	6	0	0	0	1	1	0	0	0
II. Clearly Defined, Answerable Study Question	2	2	0	0	0	1	1	0	0	0
III. Clearly Defined Study Indicator(s)	7	5	0	0	2	3	3	0	0	0
IV. Use a Representative and Generalizable Study Population	3	3	0	0	0	2	2	0	0	0
V. Valid Sampling Techniques	6	0	0	0	6	1	0	0	0	1
VI. Accurate/Complete Data Collection	11	6	0	0	5	1	0	0	0	1
VII. Appropriate Improvement Strategies	4	3	0	0	1	No Critical Elements				
VIII. Sufficient Data Analysis and Interpretation	9	8	0	0	1	2	1	0	0	1
IX. Real Improvement Achieved	4	1	3	0	0	No Critical Elements				
X. Sustained Improvement Achieved	1	0	0	1	0	No Critical Elements				
Totals for All Activities	**53**	**34**	**3**	**1**	**15**	**11**	**8**	**0**	**0**	**3**

Table 3-28—FY 2007–2008 and FY 2006–2007 PIP Overall Validation Scores and Validation Status *for The Identification and Use of Alternative and/or Crisis Services to Ensure Treatment at the Least Restrictive Level of Care for Medicaid Children and Adolescents* *for* CHP

	FY 2007–2008	Prior Year FY 2006–2007
Percentage Score of Evaluation Elements *Met**	**89%**	**89%**
Percentage Score of Critical Elements *Met***	**100%**	**100%**
Validation Status***	***Met***	***Met***

* The percentage score for all evaluation elements is calculated by dividing the total evaluation elements *Met* by the sum of the elements *Met*, *Partially Met*, and *Not Met*.

** The percentage score for critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

*** *Met* equals confidence/high confidence that the PIP was valid.
Partially Met equals low confidence that the PIP was valid.
Not Met equals reported PIP results that were not valid.

For the second PIP, HSAG reviewed Activities I through IV. Table 3-29 and Table 3-30 show CHP's scores based on HSAG's evaluation of CHP's *Coordination of Care Between Medicaid Physical and Behavioral Health Providers* PIP. HSAG reviewed and scored each activity according to HSAG's validation methodology.

Table 3-29—PIP Validation Scores
***for* Coordination of Care Between Medicaid Physical and Behavioral Health Providers**
***for* CHP**

Review Activity	Total Possible Evaluation Elements (Including Critical Elements)	Total *Met*	Total *Partially Met*	Total *Not Met*	Total *N/A*	Total Possible Critical Elements	Total Critical Elements *Met*	Total Critical Elements *Partially Met*	Total Critical Elements *Not Met*	Total Critical Elements *N/A*
I. Appropriate Study Topic	6	6	0	0	0	1	1	0	0	0
II. Clearly Defined, Answerable Study Question	2	2	0	0	0	1	1	0	0	0
III. Clearly Defined Study Indicator(s)	7	5	0	0	2	3	3	0	0	0
IV. Use a Representative and Generalizable Study Population	3	3	0	0	0	2	2	0	0	0
V. Valid Sampling Techniques	6	Not Assessed				1	Not Assessed			
VI. Accurate/Complete Data Collection	11	Not Assessed				1	Not Assessed			
VII. Appropriate Improvement Strategies	4	Not Assessed				No Critical Elements				
VIII. Sufficient Data Analysis and Interpretation	9	Not Assessed				2	Not Assessed			
IX. Real Improvement Achieved	4	Not Assessed				No Critical Elements				
X. Sustained Improvement Achieved	1	Not Assessed				No Critical Elements				
Totals for All Activities	**53**	**16**	**0**	**0**	**2**	**11**	**7**	**0**	**0**	**0**

Table 3-30—FY 2007–2008 PIP Overall Validation Scores and Validation Status *for* Coordination of Care Between Medicaid Physical and Behavioral Health Providers *for* CHP	
Percentage Score of Evaluation Elements *Met**	**100%**
Percentage Score of Critical Elements *Met***	**100%**
Validation Status***	***Met***

* The percentage score for all evaluation elements is calculated by dividing the total evaluation elements *Met* by the sum of the elements *Met*, *Partially Met*, and *Not Met*.

** The percentage score for critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

*** *Met* equals confidence/high confidence that the PIP was valid.
Partially Met equals low confidence that the PIP was valid.
Not Met equals reported PIP results that were not valid.

Strengths

CHP received a *Met* validation status for both PIPs, with 100 percent scores for all applicable critical elements. CHP's overall scores were 89 percent for *The Identification and Use of Alternative and/or Crisis Services to Ensure Treatment at the Least Restrictive Level of Care for Medicaid Children and Adolescents,* with 34 out of 38 applicable elements *Met,* and 100 percent for the *Coordination of Care Between Physical and Behavioral Health Providers,* with all applicable elements being *Met*.

For both studies, CHP presented a well-defined study topic and had answerable study questions that stated the problem in simple terms and set the focus of the study. The study indicators were well designed to address CMS' requirements. For *The Identification and Use of Alternative and/or Crisis Services to Ensure Treatment at the Least Restrictive Level of Care for Medicaid Children and Adolescents* study, data analysis was conducted according to the data analysis plan and the study results were presented in a clear and easily understood format, accompanied by a detailed interpretation of the findings.

Recommendations

There were no required actions for either of CHP's PIPs.

Summary Assessment Related to Quality, Timeliness, and Access

As discussed previously, HSAG assigned all PIPs to the quality domain. Therefore, the following summary of CHP's PIP validation results relate to the domain of quality.

Overall, CHP's performance regarding its PIPs and the quality domain was good. The goal of both studies was to impact the quality of care provided to CHP consumers. By improving the identification and use of alternative and/or crisis services for children and adolescents and coordinating care between behavioral and physical health providers, CHP will increase the likelihood of desired health outcomes for its consumers. Both of CHP's PIPs received a *Met* validation status with the *Coordination of Care Between Medicaid Physical and Behavioral Health Providers* PIP receiving an overall score and critical element score of 100 percent. For this validation cycle, CHP successfully addressed all of the PIP validation activities for critical

elements. For *The Identification and Use of Alternative and/or Crisis Services to Ensure Treatment at the Least Restrictive Level of Care for Medicaid Children and Adolescents* PIP, CHP received a *Not Met* score for one noncritical element and a *Partially Met* score for three noncritical elements related to lack of statistically significant and sustained improvement.

A comparison of the PIP validation cycles for each of CHP's PIPs yielded the following:

- *The Identification and Use of Alternative and/or Crisis Services to Ensure Treatment at the Least Restrictive Level of Care for Medicaid Children and Adolescents* (Years 1 through 3): For the Year 1 validation cycle the study had only completed intervention implementation and the early phases of data analysis. For Year 2, from the first to the second remeasurement, there were statistically significant increases in youth admission rates per 1,000 consumers and in bed day rates per 1,000 admissions. For Year 3 there was documented improvement in some, but not all, of the study indicators across measurement periods. None of the study indicators demonstrated sustained improvement over comparable time periods.
- *Coordination of Care Between Medicaid Physical and Behavioral Health Providers:* This validation cycle was a Year 1 submission, with no data reported. Therefore, this report cannot provide comparison of PIP validation cycles at this time.

Foothills Behavioral Health, LLC

Findings

FBH conducted three PIPs. The *Improving Use and Documentation of Clinical Guidelines* and *Supporting Recovery* PIPs were continued from the prior year. The *Coordination of Care Between Medicaid Physical and Behavioral Health Providers* PIP was new in FY 2007–2008.

For the first PIP, HSAG reviewed all 10 activities. Table 3-31 and Table 3-32 show FBH's scores based on HSAG's evaluation of *Improving Use and Documentation of Clinical Guidelines*. HSAG reviewed and scored each activity according to HSAG's validation methodology.

Table 3-31—PIP Validation Scores
for Improving Use and Documentation of Clinical Guidelines
***for* FBH**

Review Activity	Total Possible Evaluation Elements (Including Critical Elements)	Total *Met*	Total *Partially Met*	Total *Not Met*	Total *N/A*	Total Possible Critical Elements	Total Critical Elements *Met*	Total Critical Elements *Partially Met*	Total Critical Elements *Not Met*	Total Critical Elements *N/A*
I. Appropriate Study Topic	6	6	0	0	0	1	1	0	0	0
II. Clearly Defined, Answerable Study Question	2	2	0	0	0	1	1	0	0	0
III. Clearly Defined Study Indicator(s)	7	6	0	0	1	3	3	0	0	0
IV. Use a Representative and Generalizable Study Population	3	3	0	0	0	2	2	0	0	0
V. Valid Sampling Techniques	6	6	0	0	0	1	1	0	0	0
VI. Accurate/Complete Data Collection	11	9	0	0	2	1	1	0	0	0
VII. Appropriate Improvement Strategies	4	4	0	0	0	No Critical Elements				
VIII. Sufficient Data Analysis and Interpretation	9	9	0	0	0	2	2	0	0	0
IX. Real Improvement Achieved	4	2	2	0	0	No Critical Elements				
X. Sustained Improvement Achieved	1	1	0	0	0	No Critical Elements				
Totals for All Activities	**53**	**48**	**2**	**0**	**3**	**11**	**11**	**0**	**0**	**0**

Table 3-32—FY 2007–2008 and FY 2006–2007 PIP Overall Validation Scores and Validation Status *for Improving Use and Documentation of Clinical Guidelines* *for* FBH

	FY 2007–2008	Prior Year FY 2006–2007
Percentage Score of Evaluation Elements *Met**	**96%**	**100%**
Percentage Score of Critical Elements *Met***	**100%**	**100%**
Validation Status***	***Met***	***Met***

* The percentage score for all evaluation elements is calculated by dividing the total evaluation elements *Met* by the sum of the elements *Met*, *Partially Met*, and *Not Met*.

** The percentage score for critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

*** *Met* equals confidence/high confidence that the PIP was valid.
Partially Met equals low confidence that the PIP was valid.
Not Met equals reported PIP results that were not valid.

For the second PIP, HSAG reviewed all 10 activities. Table 3-33 and Table 3-34 show FBH's scores based on HSAG's evaluation of *Supporting Recovery*. HSAG reviewed and scored each activity according to HSAG's validation methodology.

Table 3-33—PIP Validation Scores *for Supporting Recovery* *for* FBH

Review Activity	Total Possible Evaluation Elements (Including Critical Elements)	Total *Met*	Total *Partially Met*	Total *Not Met*	Total *N/A*	Total Possible Critical Elements	Total Critical Elements *Met*	Total Critical Elements *Partially Met*	Total Critical Elements *Not Met*	Total Critical Elements *N/A*
I. Appropriate Study Topic	6	6	0	0	0	1	1	0	0	0
II. Clearly Defined, Answerable Study Question	2	2	0	0	0	1	1	0	0	0
III. Clearly Defined Study Indicator(s)	7	6	0	0	1	3	3	0	0	0
IV. Use a Representative and Generalizable Study Population	3	3	0	0	0	2	2	0	0	0
V. Valid Sampling Techniques	6	6	0	0	0	1	1	0	0	0
VI. Accurate/Complete Data Collection	11	6	0	0	5	1	0	0	0	1
VII. Appropriate Improvement Strategies	4	3	0	0	1	No Critical Elements				
VIII. Sufficient Data Analysis and Interpretation	9	9	0	0	0	2	2	0	0	0
IX. Real Improvement Achieved	4	1	3	0	0	No Critical Elements				
X. Sustained Improvement Achieved	1	0	1	0	0	No Critical Elements				
Totals for All Activities	**53**	**42**	**4**	**0**	**7**	**11**	**10**	**0**	**0**	**1**

Table 3-34—FY 2007–2008 and FY 2006–2007 PIP Overall Validation Scores and Validation Status
for Supporting Recovery
***for* FBH**

	FY 2007–2008	Prior Year FY 2006–2007
Percentage Score of Evaluation Elements *Met**	**91%**	**100%**
Percentage Score of Critical Elements *Met***	**100%**	**100%**
Validation Status***	***Met***	***Met***

* The percentage score for all evaluation elements is calculated by dividing the total evaluation elements *Met* by the sum of the elements *Met*, *Partially Met*, and *Not Met*.
** The percentage score for critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.
*** *Met* equals confidence/high confidence that the PIP was valid.
Partially Met equals low confidence that the PIP was valid.
Not Met equals reported PIP results that were not valid.

For the third PIP, HSAG reviewed Activities I through IV. Table 3-35 and Table 3-36 show FBH's scores based on HSAG's evaluation of *Coordination of Care Between Medicaid Physical and Behavioral Health Providers*. HSAG reviewed and scored each activity according to HSAG's validation methodology.

Table 3-35—PIP Validation Scores
for Coordination of Care Between Medicaid Physical and Behavioral Health Providers
***for* FBH**

Review Activity	Total Possible Evaluation Elements (Including Critical Elements)	Total *Met*	Total *Partially Met*	Total *Not Met*	Total *N/A*	Total Possible Critical Elements	Total Critical Elements *Met*	Total Critical Elements *Partially Met*	Total Critical Elements *Not Met*	Total Critical Elements *N/A*
I. Appropriate Study Topic	6	6	0	0	0	1	1	0	0	0
II. Clearly Defined, Answerable Study Question	2	2	0	0	0	1	1	0	0	0
III. Clearly Defined Study Indicator(s)	7	6	0	0	1	3	3	0	0	0
IV. Use a Representative and Generalizable Study Population	3	3	0	0	0	2	2	0	0	0
V. Valid Sampling Techniques	6	Not Assessed				1	Not Assessed			
VI. Accurate/Complete Data Collection	11	Not Assessed				1	Not Assessed			
VII. Appropriate Improvement Strategies	4	Not Assessed				No Critical Elements				
VIII. Sufficient Data Analysis and Interpretation	9	Not Assessed				2	Not Assessed			
IX. Real Improvement Achieved	4	Not Assessed				No Critical Elements				
X. Sustained Improvement Achieved	1	Not Assessed				No Critical Elements				
Totals for All Activities	**53**	**17**	**0**	**0**	**1**	**11**	**7**	**0**	**0**	**0**

Table 3-36—FY 2007–2008 PIP Overall Validation Scores and Validation Status *for Coordination of Care Between Medicaid Physical and Behavioral Health Providers* *for* FBH	
Percentage Score of Evaluation Elements *Met**	**100%**
Percentage Score of Critical Elements *Met***	**100%**
Validation Status***	***Met***

* The percentage score for all evaluation elements is calculated by dividing the total evaluation elements *Met* by the sum of the elements *Met*, *Partially Met*, and *Not Met*.

** The percentage score for critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

*** *Met* equals confidence/high confidence that the PIP was valid.
Partially Met equals low confidence that the PIP was valid.
Not Met equals reported PIP results that were not valid.

Strengths

FBH scored a *Met* validation status for all three of its PIPs and 100 percent scores for all applicable critical elements. For all studies, FBH presented a well-defined study topic and study population and had answerable study questions that stated the problem in simple terms and set the focus of the study. The study indicators were also well designed to answer the study question and appropriately measure outcomes. The sampling techniques used for the *Improving Use and Documentation of Clinical Guidelines* and *Supporting Recovery* studies ensured that a representative sample of the eligible population was selected. FBH used the findings from its causal/barrier analyses to develop planned interventions for each PIP. The subsequent data analyses were conducted according to the study plan, and the study results were presented in a clear and easily understood format, accompanied by a detailed interpretation of the data for each measurement period.

Recommendations

There were no required actions for any of FBH's PIPs.

Summary Assessment Related to Quality, Timeliness, and Access

As discussed previously, HSAG assigned all PIPs to the quality domain. Therefore, the summary assessment of FBH's PIP validation results relate to the domain of quality.

Overall, FBH's performance regarding its PIPs and the quality domain was generally strong with some opportunities for improvement. The goal of FBH's PIPs was to impact the quality of care provided to FBH's consumers. HSAG gave all three PIPs a validation status of *Met,* with the *Coordination of Care Between Medicaid Physical and Behavioral Health Providers* PIP receiving an overall score and critical element score of 100 percent. FBH successfully addressed all of the PIP validation activities for critical elements. FBH received a *Partially Met* score for four noncritical elements in the *Supporting Recovery* study related to a lack of statistically significant and sustained improvement for all study indicators and a *Partially Met* score for two noncritical elements in the *Improving Use and Documentation of Clinical Guidelines* study related to a study indicator showing a nonstatistically significant decline from the first to the second remeasurement.

A comparison of the PIP validation cycles for each of FBH's PIPs yielded the following:

- *Improving Use and Documentation of Clinical Guidelines* (Years 1 through 3): For the Year 1 validation cycle FBH had completed only baseline data analysis at the time of the submission. For Year 2 there were statistically significant improvements in provider documentation and provider perception of clinical guidelines from baseline to the first remeasurement. For Year 3 there was sustained improvement for both study indicators over comparable time periods and the declines noted were not statistically significant.
- *Supporting Recovery* (Years 1 through 3): For the Year 1 validation cycle FBH had only collected baseline data at the time of the submission. For Year 2, FBH collected a second baseline measurement because the survey responses were from consumers receiving services before the formation of FBH. For Year 3 there was statistically significant improvement for one study indicator from baseline to the first remeasurement; however, all other improvements noted were not statistically significant.
- *Coordination of Care Between Medicaid Physical and Behavioral Health Providers:* This validation cycle was a Year 1 submission, with no data reported. Therefore, this report cannot provide a comparison of PIP validation cycles at this time.

Northeast Behavioral Health, LLC

Findings

NBH conducted three PIPs. NBH continued the *Increase NBH Center Provider Communication/Coordination With Primary Care Physicians and Other Health Providers* PIP from the prior year. The *Therapy With Children and Adolescents: Increasing Caregiver Involvement* and *Coordination of Care Between Medicaid Physical and Behavioral Health Providers* PIPs were new for this validation cycle.

For the first PIP, HSAG reviewed all 10 activities. Table 3-37 and Table 3-38 show NBH's scores based on HSAG's evaluation of *Increase NBH Center Provider Communication/Coordination With Primary Care Physicians and Other Health Providers*. HSAG reviewed and scored each activity according to HSAG's validation methodology.

Table 3-37—PIP Validation Scores
for Increase NBH Center Provider Communication/Coordination With Primary Care Physicians and Other Health Providers
***for* NBH**

Review Activity	Total Possible Evaluation Elements (Including Critical Elements)	Total *Met*	Total *Partially Met*	Total *Not Met*	Total *N/A*	Total Possible Critical Elements	Total Critical Elements *Met*	Total Critical Elements *Partially Met*	Total Critical Elements *Not Met*	Total Critical Elements *N/A*
I. Appropriate Study Topic	6	6	0	0	0	1	1	0	0	0
II. Clearly Defined, Answerable Study Question	2	2	0	0	0	1	1	0	0	0
III. Clearly Defined Study Indicator(s)	7	5	0	0	2	3	3	0	0	0
IV. Use a Representative and Generalizable Study Population	3	3	0	0	0	2	2	0	0	0
V. Valid Sampling Techniques	6	6	0	0	0	1	1	0	0	0
VI. Accurate/Complete Data Collection	11	9	0	0	2	1	1	0	0	0
VII. Appropriate Improvement Strategies	4	4	0	0	0	No Critical Elements				
VIII. Sufficient Data Analysis and Interpretation	9	9	0	0	0	2	2	0	0	0
IX. Real Improvement Achieved	4	4	0	0	0	No Critical Elements				
X. Sustained Improvement Achieved	1	1	0	0	0	No Critical Elements				
Totals for All Activities	**53**	**49**	**0**	**0**	**4**	**11**	**11**	**0**	**0**	**0**

Table 3-38—FY 2007–2008 and FY 2006–2007 PIP Overall Validation Scores and Validation Status *for Increase NBH Center Provider Communication/Coordination With Primary Care Physicians and Other Health Providers* for NBH

	FY 2007–2008	Prior Year FY 2006–2007
Percentage Score of Evaluation Elements *Met**	**100%**	**100%**
Percentage Score of Critical Elements *Met***	**100%**	**100%**
Validation Status***	***Met***	***Met***

* The percentage score for all evaluation elements is calculated by dividing the total evaluation elements *Met* by the sum of the elements *Met*, *Partially Met*, and *Not Met*.

** The percentage score for critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

*** *Met* equals confidence/high confidence that the PIP was valid.
Partially Met equals low confidence that the PIP was valid.
Not Met equals reported PIP results that were not valid.

For the second PIP, HSAG reviewed Activities I through VIII. Table 3-39 and Table 3-40 show NBH's scores based on HSAG's evaluation of *Therapy With Children and Adolescents: Increasing Caregiver Involvement*. HSAG reviewed and scored each activity according to HSAG's validation methodology.

Table 3-39—PIP Validation Scores *for Therapy With Children and Adolescents: Increasing Caregiver Involvement* for NBH

Review Activity	Total Possible Evaluation Elements (Including Critical Elements)	Total *Met*	Total *Partially Met*	Total *Not Met*	Total *N/A*	Total Possible Critical Elements	Total Critical Elements *Met*	Total Critical Elements *Partially Met*	Total Critical Elements *Not Met*	Total Critical Elements *N/A*
I. Appropriate Study Topic	6	6	0	0	0	1	1	0	0	0
II. Clearly Defined, Answerable Study Question	2	2	0	0	0	1	1	0	0	0
III. Clearly Defined Study Indicator(s)	7	6	0	0	1	3	3	0	0	0
IV. Use a Representative and Generalizable Study Population	3	3	0	0	0	2	2	0	0	0
V. Valid Sampling Techniques	6	0	0	0	6	1	0	0	0	1
VI. Accurate/Complete Data Collection	11	6	0	0	5	1	0	0	0	1
VII. Appropriate Improvement Strategies	4	2	0	0	2	No Critical Elements				
VIII. Sufficient Data Analysis and Interpretation	9	4	0	0	5	2	1	0	0	1
IX. Real Improvement Achieved	4	Not Assessed				No Critical Elements				
X. Sustained Improvement Achieved	1	Not Assessed				No Critical Elements				
Totals for All Activities	**53**	**29**	**0**	**0**	**19**	**11**	**8**	**0**	**0**	**3**

Table 3-40—FY 2007–2008 PIP Overall Validation Scores and Validation Status *for Therapy With Children and Adolescents: Increasing Caregiver Involvement* *for* NBH	
Percentage Score of Evaluation Elements *Met**	**100%**
Percentage Score of Critical Elements *Met***	**100%**
Validation Status***	***Met***

* The percentage score for all evaluation elements is calculated by dividing the total evaluation elements *Met* by the sum of the elements *Met*, *Partially Met*, and *Not Met*.
** The percentage score for critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.
*** *Met* equals confidence/high confidence that the PIP was valid.
Partially Met equals low confidence that the PIP was valid.
Not Met equals reported PIP results that were not valid.

For the third PIP, HSAG reviewed Activities I through IV. Table 3-41 and Table 3-42 show NBH's scores based on HSAG's evaluation of *Coordination of Care Between Medicaid Physical and Behavioral Health Providers*. HSAG reviewed and scored each activity according to HSAG's validation methodology.

Table 3-41—PIP Validation Scores
for Coordination of Care Between Medicaid Physical and Behavioral Health Providers
***for* NBH**

Review Activity	Total Possible Evaluation Elements (Including Critical Elements)	Total *Met*	Total *Partially Met*	Total *Not Met*	Total *N/A*	Total Possible Critical Elements	Total Critical Elements *Met*	Total Critical Elements *Partially Met*	Total Critical Elements *Not Met*	Total Critical Elements *N/A*
I. Appropriate Study Topic	6	6	0	0	0	1	1	0	0	0
II. Clearly Defined, Answerable Study Question	2	2	0	0	0	1	1	0	0	0
III. Clearly Defined Study Indicator(s)	7	6	0	0	1	3	3	0	0	0
IV. Use a Representative and Generalizable Study Population	3	3	0	0	0	2	2	0	0	0
V. Valid Sampling Techniques	6	Not Assessed				1	Not Assessed			
VI. Accurate/Complete Data Collection	11	Not Assessed				1	Not Assessed			
VII. Appropriate Improvement Strategies	4	Not Assessed				No Critical Elements				
VIII. Sufficient Data Analysis and Interpretation	9	Not Assessed				2	Not Assessed			
IX. Real Improvement Achieved	4	Not Assessed				No Critical Elements				
X. Sustained Improvement Achieved	1	Not Assessed				No Critical Elements				
Totals for All Activities	**53**	**17**	**0**	**0**	**1**	**11**	**7**	**0**	**0**	**0**

Table 3-42—FY 2007–2008 PIP Overall Validation Scores and Validation Status *for Coordination of Care Between Medicaid Physical and Behavioral Health Providers* *for* NBH	
Percentage Score of Evaluation Elements *Met**	**100%**
Percentage Score of Critical Elements *Met***	**100%**
Validation Status***	***Met***

* The percentage score for all evaluation elements is calculated by dividing the total evaluation elements *Met* by the sum of the elements *Met*, *Partially Met*, and *Not Met*.

** The percentage score for critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

*** *Met* equals confidence/high confidence that the PIP was valid.
Partially Met equals low confidence that the PIP was valid.
Not Met equals reported PIP results that were not valid.

Strengths

NBH scored a *Met* validation status for all three of its PIPs and 100 percent scores for all applicable critical and noncritical evaluation elements. This demonstrated compliance with CMS' protocols and a strong understanding of how to conduct a valid PIP.

For all studies, NBH presented a well-defined study topic and study population and had answerable study questions that stated the problem in simple terms and set the focus of the study. Also, the study indicators were well designed to answer the study question and appropriately measure outcomes. The sampling techniques used for the *Increase NBH Center Provider Communication/Coordination With Primary Care Physicians and Other Health Providers* study ensured that a representative sample of the eligible population was selected. For the two studies that had progressed to intervention implementation, NBH used the findings from its causal/barrier analyses to develop planned interventions. The subsequent data analyses were conducted according to the study plan, and the study results were presented in a clear and easily understood format, accompanied by a detailed interpretation of the data for each measurement period.

Recommendations

There were no required actions for any of NBH's PIPs.

Summary Assessment Related to Quality, Timeliness, and Access

As discussed previously, HSAG assigned all PIPs to the quality domain. Therefore, the summary assessment of NBH's PIP validation results relate to the domain of quality.

Overall, NBH's performance regarding its PIPs and the quality domain was strong. The goal of NBH's PIPs was to impact the quality of care provided to NBH's consumers. By increasing caregiver involvement in therapy sessions for children and adolescents, increasing NBH provider communication with primary care and other health providers, and coordinating care between behavioral and physical health providers, NBH will increase the likelihood of desired health outcomes for its consumers. HSAG gave all three PIPs a validation status of *Met,* with overall

scores and critical element scores of 100 percent. NBH successfully addressed all of the PIP validation activities for critical and noncritical elements for all three PIPs.

A comparison of the PIP validation cycles for each of NBH's PIPs yielded the following:

- *Therapy With Children and Adolescents*: *Increasing Caregiver Involvement:* This validation cycle was a Year 1 submission, with only baseline data reported. Therefore, this report cannot provide a comparison of PIP validation cycles at this time.
- *Increase NBH Center Provider Communication/Coordination With Primary Care Physicians and Other Health Providers* (Years 1 through 3): For the Year 1 validation cycle NBH had only completed a baseline measurement at the time of the submission. For Year 2 the rate of communication between all three NBH centers and their consumers' primary care providers improved significantly from baseline to the first remeasurement. The results demonstrated that all NBH centers surpassed the benchmark of 62.4 percent. For Year 3 there was statistical evidence that demonstrated improvement was true improvement and the PIP demonstrated sustained improvement over comparable time periods.
- *Coordination of Care Between Medicaid Physical and Behavioral Health Providers:* This validation cycle was a Year 1 submission, with no data reported. Therefore, this report cannot provide a comparison of PIP validation cycles at this time.

Overall Statewide Performance Related to Quality, Timeliness, and Access for the Validation of Performance Improvement Projects

Table 3-43—Summary of Each BHO's PIP Validation Scores and Validation Status

BHO	PIP Study	% of All Elements *Met*	% of Critical Elements *Met*	Validation Status
ABC	*Coordination of Care Between Psychiatric Emergency Facilities and Outpatient Providers*	100%	100%	*Met*
ABC	*Coordination of Care Between Medicaid Physical and Behavioral Health Providers*	100%	100%	*Met*
BHI	*Screening for Bipolar Disorder*	98%	100%	*Met*
BHI	*Access to Initial Medication Evaluation*	90%	100%	*Met*
BHI	*Coordination of Care Between Medicaid Physical and Behavioral Health Providers*	100%	100%	*Met*
CHP	*Identification and Use of Alternative/Crisis Services to Ensure Treatment at the Least Restrictive Level of Care for Medicaid Children and Adolescents*	89%	100%	*Met*
CHP	*Coordination of Care Between Medicaid Physical and Behavioral Health Providers*	100%	100%	*Met*
FBH	*Improving Use and Documentation of Clinical Guidelines*	96%	100%	*Met*
FBH	*Supporting Recovery*	91%	100%	*Met*
FBH	*Coordination of Care Between Medicaid Physical and Behavioral Health Providers*	100%	100%	*Met*
NBH	*Increase NBH Center Provider Communication/Coordination With Primary Care Physicians and Other Health Providers*	100%	100%	*Met*
NBH	*Therapy With Children and Adolescents: Increasing Caregiver Involvement*	100%	100%	*Met*
NBH	*Coordination of Care Between Medicaid Physical and Behavioral Health Providers*	100%	100%	*Met*

As discussed previously, HSAG assigned all PIPs to the quality domain. Therefore, the summary assessment of the PIP validation results relate to the domain of quality.

Overall, the BHOs' PIPs demonstrated strong performance. HSAG gave all 13 of the PIPs reviewed a validation status of *Met*, with scores of 100 percent for critical elements *Met* and scores ranging from 89 to 100 percent for all evaluation elements *Met*. The BHOs' performance remained strong from the previous year, when HSAG gave all 10 of the PIPs reviewed a validation status of *Met*. The overall study goal of the BHOs' PIPs was to impact the quality of care provided to their consumers. The PIP scores show compliance with CMS' PIP protocol. This strong performance by the BHOs increases the likelihood of desired health outcomes for its consumers.

Table 3-44—Summary of Data From Validation of Performance Improvement Projects

Validation Activity	FY 2007–2008 Number of PIPs Meeting All Evaluation Elements/ Number Reviewed	Prior Year (FY 2006–2007) Number of PIPs Meeting All Evaluation Elements/ Number Reviewed	FY 2007–2008 Number of PIPs Meeting All Critical Elements/ Number Reviewed	Prior Year (FY 2006–2007) Number of PIPs Meeting All Critical Elements/ Number Reviewed
I. Appropriate Study Topic	13/13	10/10	13/13	10/10
II. Clearly Defined, Answerable Study Question	13/13	10/10	13/13	10/10
III. Clearly Defined Study Indicator(s)	13/13	10/10	13/13	10/10
IV. Use a Representative and Generalizable Study Population	13/13	10/10	13/13	10/10
V. Valid Sampling Techniques	8/8	10/10	8/8	10/10
VI. Accurate/Complete Data Collection	7/7	8/10	7/7	10/10
VII. Appropriate Improvement Strategies	7/7	10/10	No Critical Elements	
VIII. Sufficient Data Analysis and Interpretation	7/7	10/10	7/7	10/10
IX. Real Improvement Achieved	1/6	5/9	No Critical Elements	
X. Sustained Improvement Achieved	2/5	2/5	No Critical Elements	

For this validation cycle HSAG assessed Activities I through VIII as meeting the validation criteria for every element in all of the PIPs. All critical evaluation elements reviewed for each PIP received a *Met*, following results from the prior year, when all critical evaluation elements reviewed for each PIP received a *Met*. Across all BHOs, study design and study implementation of the PIPs were areas of strength.

For the BHOs that were assessed for Activity IX, Real Improvement Achieved, and Activity X, Sustained Improvement Achieved, there continued to be opportunities for improvement. Activity IX assesses whether there was improvement in the study indicator results and Activity X assesses whether the improvement has been maintained. For this validation cycle only one out of six PIPs reviewed for Activity IX received a *Met* for all evaluation elements in that activity and only two out of five PIPs reviewed for the evaluation element in Activity X received a *Met* for that evaluation element. Only one PIP assessed for both Activity IX and Activity X received a *Met* for all evaluation elements in those activities, indicating there was statistically significant and sustained improvement over comparable time periods for all study indicators.

Based on CMS protocols, HSAG requires that, where applicable, the individual BHOs:

- When real or sustained improvement was not achieved for a PIP, conduct additional data and causal barrier analyses to determine whether the interventions are addressing the root causes. If appropriate, the interventions should be revised in order to facilitate statistically significant and sustained improvement for all study indicators.

4. Assessment of BHO Follow-up on Prior Recommendations

Introduction

The Department required each BHO to address the recommendations and required actions the BHO had following the EQR activities that were conducted in FY 2006–2007. In this section of the report, HSAG assesses the degree to which the BHOs effectively addressed the improvement recommendations or required actions from the previous year.

Access Behavioral Care

Compliance Standards and Record Review

ABC successfully followed up and addressed most of the previous year's required actions related to compliance standards. As a result of the FY 2006–2007 compliance site review process, ABC received a score of *Partially Met* for 18 compliance elements in the areas of delegation; provider issues; member rights and responsibilities; access and availability; utilization management; quality assessment and performance improvement program; grievances, appeals, and fair hearings; and credentialing. ABC received a score of *Not* Met for one element in the area of provider issues. In addition, ABC was required to submit a CAP for three items as a result of record reviews (documentation of services, denials, and grievances) for a total of 22 required actions. As a follow-up to the FY 2006–2007 site review report, ABC was required to submit a CAP to the Department to improve these areas. As a component of the FY 2007–2008 compliance site review process, HSAG reviewed the FY 2006–2007 CAP and associated documents submitted by ABC and continued to work with ABC until the time of the on-site portion of ABC's FY 2007–2008 compliance site review. ABC successfully completed 18 of its 22 required actions. (See Section 3 of this report for the content of completed and continued required actions.)

Performance Measures

This year's validation of performance measures indicated that ABC had made a deliberate effort to follow up on recommendations from the previous year's study. ABC made improvements in monitoring its encounter data submission to the Department via a full quality check on the encounter file prior to its submission. This effort represented ABC's approach to a formal, documented process for tracking submission of the encounter data file to the Department.

ABC also addressed the recommendations concerning the covered time period for the encounter data audit. HSAG identified no recurring issues this year. ABC appeared to have reorganized the structure of the 411 audit report to allow a comparison between audit years and the ability to identify improvements in accuracy.

ABC also addressed recommendations concerning data completeness and accuracy issues with the CMHCs. HSAG identified no recurring issues this year.

ABC addressed the recommendation that it reexamine the specifications set by the Department. ABC submitted all files to the Department on time and none was rejected.

Because CCAR-based measures were not validated for the current measurement year, ABC's efforts in following up on prior recommendations were not evaluated.

Performance Improvement Projects

For this validation cycle, both of ABC's PIPs (i.e., *Coordination of Care Between Psychiatric Emergency Services and Outpatient Treatment* and *Coordination of Care Between Medicaid Physical and Behavioral Health Providers*) were first-year submissions with no prior requirements or recommendations. ABC's two PIPs submitted the previous validation cycle were validated through Activity X, Sustained Improvement Achieved, and received a validation status of *Met*. The *Improving Follow-Up After an Inpatient Stay* PIP achieved statistically significant and sustained improvement and will no longer be submitted for validation. ABC will no longer submit the *Improving Outcomes for High Risk Youth Through AFFIRM Care Management* PIP for validation, as approved by the Department. Therefore, ABC had no prior requirements or recommendations requiring follow-up for this PIP validation cycle.

Behavioral HealthCare, Inc.

Compliance Standards and Record Reviews

BHI successfully followed up and addressed all of the previous year's improvement required actions related to compliance standards. As a result of the FY 2006–2007 site review process, BHI received a score of *Partially Met* for six compliance elements in the areas of delegation; provider issues; access and availability; grievances, appeals, and fair hearings; and credentialing. In addition, BHI was required to submit a CAP for three items as a result of record reviews (documentation of services, denials, and grievances) for a total of nine required actions. As a follow-up to the FY 2006–2007 site review report, BHI was required to submit a CAP to the Department to improve these areas. As a component of the FY 2007–2008 compliance site review process, HSAG reviewed the FY 2006–2007 CAP and associated documents submitted by BHI and determined that BHI successfully completed each of the nine required actions. (See Section 3 of this report for the content of completed required actions.)

Performance Measures

This year's validation of performance measures indicated that BHI had made some efforts in following up on the recommendations made in last year's report. A full-time data analyst was hired by BHI, whose focus was to explore ways to improve data quality and improve business processes and client outcomes. BHI's ongoing review of coding crosswalks was another effort to ensure data completeness.

BHI also addressed recommendations concerning data completeness and accuracy issues with the CMHCs. HSAG identified no recurring issues this year. In addition, BHI seamlessly implemented a new electronic medical record system for one CMHC as a result of BHI's efforts in providing staff training and easily accessible training materials.

BHI addressed the recommendation that it reexamine specifications set by the Department. Sufficient policies, procedures, and edits were in place this year to ensure that data submitted to the Department were complete and accurate.

BHI addressed recommendations concerning its tracking of encounter data completeness and timely submission of data by providers and mental health centers. HSAG identified no recurring issues in this year's validation activities. BHI addressed the issue of including the entire 12-month period in audit sampling.

BHI addressed the recommendation that it reexamine the specifications set by the Department. HSAG identified no issues in this year's validation.

Because CCAR-based measures were not validated for the current measurement year, BHI's efforts in following up on prior recommendations were not evaluated.

Performance Improvement Projects

BHI addressed all of the prior requirements from the previous submission of the *Screening for Bipolar Disorder* PIP. The overall evaluation element score increased slightly to 98 percent from 96 percent. The critical element percentage score remained 100 percent. One evaluation element in Activity IX, Real Improvement Achieved, was *Met* the prior year and *Partially Met* for this validation cycle because true improvement was demonstrated for some, but not all, study indicators. BHI will no longer submit this PIP for validation, according to the Department's approval.

For the *Access to Initial Medication Evaluations* PIP, BHI addressed the prior requirements from the previous submission; however, both study indicators did not demonstrate improvement from the first to the second remeasurement, resulting in three *Not Met* scores in Activity IX, Real Improvement Achieved, and one *Partially Met* score in Activity X, Sustained Improvement Achieved. The score for this validation cycle remained the same as the prior year's score: 90 percent of evaluation elements *Met* and 100 percent of critical elements *Met*. BHI will no longer submit this PIP for validation, according to the Department's approval.

For BHI's third PIP, *Coordination of Care Between Medicaid Physical and Behavioral Health Providers*, this was a first-year submission with no prior requirements or recommendations.

Colorado Health Partnerships, LLC

Compliance Standards and Record Reviews

CHP successfully followed up on and addressed the majority of the previous year's required actions related to compliance standards. As a result of the FY 2006–2007 compliance site review process, CHP received a score of *Partially Met* for nine compliance elements in the areas of delegation, provider issues, member rights and responsibilities, and utilization management. CHP received a score of *Not Met* for four elements in the areas of delegation and credentialing. In addition, CHP was required to submit a CAP for two items as a result of record reviews (denials and grievances) for a total of 15 required actions. As a follow-up to the FY 2006–2007 site review report, CHP was required to submit a CAP to the Department to improve these areas. As a component of the FY 2007–2008 compliance site review process, HSAG reviewed the CAP and associated documents submitted by CHP and continued to work with CHP until the time of the on-site portion of the CHP's review. CHP successfully completed 14 of its 15 required actions. (See Section 3 of this report for the content of completed and continued required actions.)

Performance Measures

This year's validation of performance measures indicated that CHP had made some efforts in following up on the recommendations made in last year's report. CHP has implemented a secondary eligibility verification process to further verify eligibility at the point of contact. CHP's 411 audit process also revealed a high level of completeness and improvement in accuracy since last year. All these activities indicated that CHP had put forth a good effort in following up on the last year's recommendations.

This year CHP had communicated and worked with the Department to resolve rejected duplicate encounter submissions. CHP should continue to monitor this activity while submitting encounter data to the Department.

CHP addressed last year's recommendations regarding monitoring the data completeness and accuracy of its mental health centers assisting provider networks whose performance is outside of the encounter completeness and accuracy threshold. HSAG identified no recurring issues this year.

CHP also followed up on the recommendation to use one audit firm to ensure consistency across the reviews. Although multiple audit firms were still used, the BHO implemented the use of a uniform data capture tool across the audit firms, resulting in a markedly improved 411 audit process.

CHP addressed the recommendation to reexamine the specifications set by the Department. HSAG identified no issues in this year's validation.

Because CCAR-based measures were not validated for the current measurement year, CHP's efforts in following-up on prior recommendations were not evaluated.

Performance Improvement Projects

CHP followed up on prior requirements for the PIP, *The Identification and Use of Alternative and/or Crisis Services to Ensure Treatment at the Least Restrictive Level of Care for Medicaid Children and Adolescents*. Three *Not Met* scores in Activity IX, Real Improvement Achieved, improved to *Partially Met* this validation cycle; however, the *Not Met* score for Activity X, Sustained Improvement Achieved, remained *Not Met* because none of the study indicators demonstrated sustained improvement over comparable time periods.

For CHP's second PIP, *Coordination of Care Between Medicaid Physical and Behavioral Health Providers*, this was a first-year submission with no prior requirements or recommendations.

Foothills Behavioral Health, LLC

Compliance Standards and Record Reviews

FBH successfully followed up on and addressed all of the previous year's required actions related to compliance standards. As a result of the FY 2006–2007 compliance site review process, FBH received a score of *Partially Met* for five compliance elements in the areas of delegation, provider issues, member rights and responsibilities, and utilization management. In addition, FBH was required to submit a CAP for two items as a result of record reviews (denials and grievances) for a total of seven required actions. As a follow-up to the FY 2006–2007 site review report, FBH was required to submit a CAP to the Department to improve these areas. As a component of the FY 2007–2008 compliance site review process, HSAG reviewed the CAP and associated documents submitted by FBH and determined that FBH successfully completed each of the seven required actions. (See Section 3 of this report for the content of completed required actions.)

Performance Measures

This year's validation of performance measures indicated that FBH has dedicated some efforts in following up on prior recommendations identified in last year's validation. FBH had initiated a quarterly quality monitoring process to anticipate potential data issues prior to submission of data to the Department. In addition, instead of cross-training staff to ensure continuous oversight of encounter data, FBH took a proactive approach to ensure data accuracy via the development and distribution of a coding documentation validation manual for providers.

FBH also increased its monitoring of mental health centers' encounter data submissions to ensure that it submitted complete and accurate data to the Department. FBH implemented policies and procedures related to encounter data submission. These would allow formal CAPs to be assigned to mental health centers or providers for failure to submit complete and accurate encounter data, reducing the likelihood of data errors in the future.

FBH followed up on several specific recommendations based on last year's 411 audit results. Although several fields had some issues surrounding data completeness, FBH either resolved or was in the process of resolving all of the issues.

FBH addressed the recommendation that it reexamine the specifications set by the Department. HSAG identified no issues in this year's validation.

Because CCAR-based measures were not validated for the current measurement year, FBH's efforts in following-up on prior recommendations were not evaluated.

Performance Improvement Projects

FBH's PIPs had no required actions from the prior year. FBH's *Partially Met* and *Not Met* scores for this validation cycle were in Activity IX, Real Improvement Achieved, and Activity X, Sustained Improvement Achieved.

For the *Supporting Recovery* PIP, the score decreased from 100 to 91 percent of evaluation elements *Met*. One indicator had statistically significant improvement from baseline to the first remeasurement; however, all other improvement noted was not statistically significant.

For the *Improving Use and Documentation of Clinical Guidelines* PIP, the score decreased from 100 to 96 percent of evaluation elements *Met*. Both study indicators had documented improvement from baseline to the first and second remeasurements; however, Study Indicator 2 demonstrated nonstatistically significant declines in performance from the first to the second remeasurement period. Because there was sustained improvement over comparable time periods and the declines noted were not statistically significant, FBH will no longer submit this PIP for validation.

For FBH's third PIP, *Coordination of Care Between Medicaid Physical and Behavioral Health Providers,* this was a first-year submission with no prior requirements or recommendations.

Northeast Behavioral Health, LLC

Compliance Standards and Record Reviews

NBH successfully followed up on and addressed the majority of the previous year's required actions related to compliance standards. As a result of the FY 2006–2007 compliance site review process, NBH received a score of *Partially Met* for 12 compliance elements in the areas of delegation; provider issues; member rights and responsibilities; grievances, appeals, and fair hearings; and credentialing. NBH received a score of *Not Met* for two compliance elements in the areas of provider issues and credentialing. As a follow-up to the FY 2006–2007 site review report, NBH was required to submit a CAP to the Department to improve these areas. As a component of the FY 2007–2008 compliance site review process, HSAG reviewed the CAP and associated documents submitted by NBH and continued to work with NBH until the time of the on-site portion of NBH's review. NBH successfully completed 13 of its 14 required actions. (See Section 3 of this report for the content of completed and continued required actions.)

Performance Measures

This year's validation of performance measures indicated that NBH had made some efforts in following up on the recommendations listed in last year's report. The use of similar information system software across all CMHCs had helped ensure data consistency. Nonetheless, NBH did not yet have a formal process or policies in place for encounter data submission and reconciliation. In addition to continuing its effort to work with InNET to identify and verify errors, NBH should consider developing formal policies and procedures related to encounter data submission and reconciliation.

While HSAG identified some minor issues with data completeness and accuracy during this year's 411 audit, NBH followed up on last year's recommendation concerning using the correct 12-month review period in its audit sample. HSAG identified no recurrence of this particular issue in this year's validation.

NBH addressed the recommendation that it reexamine the specifications set by the Department. HSAG identified no issues in this year's validation.

Because CCAR-based measures were not validated for the current measurement year, NBH's efforts in following-up on prior recommendations were not evaluated.

Performance Improvement Projects

NBH's PIP, *Increase NBH Center Provider Communication/Coordination With Primary Care Physicians and Other Health Providers,* had no required actions from the prior year. The score of 100 percent of evaluations elements *Met* from the previous validation cycle remained for this year's validation. NBH will no longer submit this PIP for validation because the PIP demonstrated sustained improvement over comparable time periods.

NBH's other two PIPs, *Therapy With Children and Adolescents: Increasing Caregiver Involvement* and *Coordination of Care Between Medicaid Physical and Behavioral Health Providers,* were first-year submissions with no prior requirements or recommendations.

Appendix A. Compliance Monitoring Site Reviews

Introduction

This appendix describes the manner in which, in accordance with 42 CFR 438.358, the compliance monitoring site review activities were conducted and the resulting data were aggregated and analyzed.

This is the fourth year that HSAG has performed compliance monitoring reviews of the BHOs. For the FY 2007–2008 site review process the Department requested a focused review of five areas of performance. HSAG developed a review strategy consisting of five components for review that corresponded with the five areas identified by the Department for a focused review. These were: Access to Care (Component 1), Coordination of Care (Component 2), Oversight and Monitoring of Providers (Component 3), Member Information (Component 4), and Review of FY 2006–2007 Corrective Action Plan and Supporting Documentation (Component 5). HSAG evaluated compliance with federal regulations and contract requirements through review of the five components.

In developing the data collection tools and in reviewing the five components, HSAG used the BHOs' contract requirements and regulations specified by the BBA with revisions that were issued on June 14, 2002, and effective on August 13, 2002. The site review processes were consistent with the February 11, 2003, CMS final protocol, *Monitoring Medicaid Managed Care Organizations (MCOs) and Prepaid Inpatient Health Plans (PIHPs)*.

Objectives

Private accreditation organizations, state licensing agencies, 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 an MCO's and PIHP's 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 objective of the site review was to provide meaningful information to the Department and the BHOs regarding:

- The BHO's compliance with federal regulations and contract requirements in the five areas of review.
- The quality and timeliness of, and access to, mental health care furnished by the BHO as assessed by the specific areas reviewed.
- Possible interventions to improve the quality of the area reviewed.
- Activities to sustain and enhance performance processes.

To accomplish these tasks, HSAG:

- Collaborated with the Department to determine the review and scoring methodologies for each component of the review, data collection methods, the schedule, the agenda, and other issues as needed.
- Collected and reviewed documents before and during the on-site portion of the review.
- Conducted interviews of key BHO personnel.
- Conducted interviews with a random sample of Medicaid members.
- Analyzed the data and information collected.
- Prepared a report of findings (the 2007–2008 Site Review Report) for each BHO.

Throughout the review process, HSAG worked closely with the Department and the BHOs to ensure a coordinated and supportive approach to completing the site review activities.

Technical Methods of Data Collection

Component 1—Access to Care

HSAG conducted member interviews and telephone assessments of each BHO's access processes and compared the results with the BHO's policies and practices and with information obtained from interviews with key BHO staff members.

HSAG reviewed for compliance with the following contract requirements:

- *Exhibit C.1:* "The Contractor shall assess the need for services."
- *II.F.1.a.5*: "The Contractor shall meet the standards for timeliness of service for routine, urgent, and emergency care."
- *II.F.1.f:* "The Contractor shall allow, to the extent possible and appropriate, each Member to choose his or her health professional."

Member Interviews: The Department provided HSAG with a sample of 10 Medicaid members (with an oversample of 25 Medicaid members) who received or attempted to receive services between the dates of January 1, 2007, and December 31, 2007. The intended sample mix for each BHO was as follows: three Medicaid members who received only an intake visit during the review period, three Medicaid members who received an intake and subsequent services during the review period, and four Medicaid members who were identified by various stakeholder groups.[A-1]

Telephone Assessment of the BHO's Access Processes: HSAG conducted five calls per BHO to assess the processes and practices at each BHO for providing access or intake services to Medicaid members in the BHO's service area. The HSAG caller identified himself/herself as an HSAG representative calling on behalf of the Department. The caller then asked a series of situational and standard questions about policies and processes for providing access to services. Each caller recorded the answers, which were summarized in site review reports. The caller worksheets

[A-1] The stakeholder groups were the Mental Health Planning and Advisory Council, the Mental Health Advisory Committee, and the Office of the Ombudsman for Medicaid Managed Care.

(Appendix B of the site review reports) included scripts with a set of situations to present to the BHO intake worker. The situations presented to the BHO intake worker were different for each of the four calls. The caller worksheets also included a set of policy or process questions, which were standard questions to be asked during each call. Each scripted call was made to each BHO simultaneously. That is, Call Script 1 was made to each BHO on Tuesday, January 8, 2008, at 2 p.m.; Call Script 2 was made to each BHO on Saturday, January 12, 2008, at 3 p.m. and repeated on Monday, January 28, 2008, at 12:30 p.m.; Call Script 3 was made to each BHO on Wednesday, January 23, 2008, at 9:30 a.m.; and Call Script 4 was made to each BHO on Tuesday, January 29, 2008, at 4 p.m.

Component 2—Coordination of Care

Care coordination (as defined in the FY 2007–2008 BHO contract) means the process of identifying, screening, and assessing members' needs; identification of and referral to appropriate services; and coordinating and monitoring an individualized treatment plan. This treatment plan should also include a strategy to ensure that all members and/or authorized family members or guardians are involved in treatment planning and consent to the medical treatment. The focus of the FY 2007–2008 Coordination of Care record review was to use the clinical record to identify and assess the BHO's and providers' practices related to including primary care physicians and parents or guardians of children receiving services in care coordination, specifically with respect to medication management. The Department provided HSAG with a sample of 10 Medicaid members (with an oversample of 5) who were children (0–17 years of age) and who received a medication management visit between January and September 2007. A reference period of 45 days prior to, and 45 days following, the medication management encounter date was used for review of each record. The purpose of the record review was to identify instances of care coordination between mental health provider(s) and the family (parent or guardian) and between mental health provider(s) and the primary care physician (PCP) related to medication management. Mental health providers may have included the prescriber or the therapist.

HSAG reviewed for compliance with the following contract requirements:

- *II.F.1.g.3:* "The Contractor shall coordinate with the Member's medical health providers to facilitate the delivery of health services, as appropriate."
- *II.G.1.c:* "The Member has the right to participate in decisions regarding his or her health care."
- *II.G.5:* "The Contractor shall encourage involvement of the Member, family members, and advocates in service planning."

Component 3—Oversight and Monitoring of Providers

HSAG conducted a desk review of policies and an on-site review of documentation with an interview of key BHO personnel. This component of the compliance monitoring review was designed to examine the BHOs' processes for directly monitoring independently contracted providers and to examine the BHOs' processes for monitoring the CMHCs regarding supervising and training of their providers. Specific attention was paid to the BHOs' practices related to identifying and responding to issues during its monitoring of the CMHCs. The review period for this component of the review was January 1 through December 31, 2007.

HSAG reviewed for compliance with the following contract requirements:

- *II.F:* "The Contractor shall ensure that required and alternative services are provided through a well-organized service delivery system. The service delivery system shall include mechanisms for ensuring access to quality, specialized care from a comprehensive provider network."
- *II.G.4.h.3:* "Additional Member rights include the right to have an independent advocate, request that a provider be considered for inclusion in the network, and receive culturally appropriate and competent services from participating providers."
- *II.H.10.a.1:* "The Contractor shall be responsible for all work performed under this Contract, but may enter into Provider agreements for the performance of work required under this Contract. No provider agreements, which the Contractor enters into with respect to performance under the Contract, shall in any way relieve the Contractor of any responsibility for the performance of duties required under this Contract."
- *II.H.10.a.3:* "The Contractor shall monitor Covered Services rendered by provider agreements for quality, appropriateness, and patient outcomes. In addition, the Contractor shall monitor for compliance with requirements for Medical Records, data reporting and other applicable provisions of this Contract."

Component 4—Member Information

HSAG compared results of the member interviews and the telephone assessments to BHO policies and to documentation provided to members in writing. This component assessed the accuracy of information provided verbally during the intake process at the BHO and at facilities designated by the BHO to perform the intake function on behalf of the BHO.

HSAG reviewed for compliance with the following contract requirements:

- *II.G.4.b:* "The Contractor shall have in place a mechanism to help Members and potential Members understand the requirements and benefits of the plan."
- *II.G.1.d:* "The Contractor shall establish and maintain written policies and procedures for treating all Members in a manner that is consistent with the right to receive information on available treatment options and alternatives, presented in a manner appropriate to the Member's condition and ability to understand."

Component 5—Corrective Action Plan and Document Review

As a follow-up to the FY 2006–2007 site review, each BHO was required to submit a CAP to the Department addressing all elements for which it received a score of *Partially Met* or *Not Met*. The plan was to include interventions to achieve compliance and the timeline. HSAG reviewed the CAP and associated documents submitted by the BHO and determined whether the BHO successfully completed each of the required actions. HSAG and the Department continued to work with the BHO until HSAG and the Department determined that the BHO completed each of the required actions from the FY 2006–2007 compliance monitoring site review, or until the time of the on-site portion of the BHO's review.

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.
- The provider manual and directory.
- The consumer handbook and informational materials.
- Staff training materials and documentation of attendance.
- Consumer satisfaction results.
- Correspondence.
- Records or files related to grievances, denials, and care coordination.

HSAG obtained additional information for the site review through interaction, discussions, and interviews with key BHO staff members (e.g., the BHO leadership, consumer services staff, intake/access staff, the medical director) and with randomly selected members during telephone interviews.

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

Table A-1—Description of BHO Data Sources	
Data Obtained	**Time Period to Which the Data Applied**
Desk review documentation	1/1/07–dates of the BHO on-site review
Grievance, appeal, and denial logs	1/1/07– dates of the BHO on-site review
Coordination-of-care records	1/1/07–9/30/07
Information from interviews conducted on-site	1/1/07–dates of the BHO on-site review
Information from member interviews conducted via telephone	7/1/06—12/31/07
Information from interviews with intake staff conducted via telephone	1/1/07–dates of the BHO on-site review

Data Aggregation and Analysis

HSAG assigned each component of the review an overall score of *In Compliance, In Partial Compliance,* or *Not In Compliance* based on conclusions drawn from the review activities. HSAG assigned required actions to any component receiving a score of *In Partial Compliance* or *Not In Compliance*. HSAG identified opportunities for improvement, as appropriate, for some components regardless of the score. While HSAG provided suggestions for enhancement of BHO processes based on the opportunities for improvement, these suggestions (as differentiated from required actions) did not represent noncompliance with contract or BBA regulations at this time.

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

Appendix B. Validation of Performance Measures

Introduction

This appendix describes the manner in which, in accordance with 42 CFR 438.358, the validation of performance measure activities was conducted and how the resulting data were aggregated and analyzed.

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 eight 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.

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

- **Pre-review 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 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.
  - Prior to the on-site reviews, HSAG asked each BHO and the Department to complete the ISCAT. HSAG prepared two different versions of the ISCAT: one that was customized for completion by the BHOs and another that was customized for completion by the Department. 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 pre-review activities included scheduling and

preparing the agendas for the on-site visits and conducting conference calls with the BHOs to discuss the on-site visit activities and to address any ISCAT-related questions.

- **On-site Review Activities**: HSAG conducted a site visit to each BHO to validate the processes used to collect performance data (encounter 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 key BHO and Department staff members, allowed HSAG to obtain a complete picture of the degree of compliance with written documentation. HSAG conducted interviews 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 from the review of the ISCAT and the on-site review, and to revisit the documentation requirements for any post-review activities.

Description of Data Obtained

As identified in the CMS Protocol, HSAG obtained and reviewed the following key types of data 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:** HSAG obtained the calculated results from the Department for each of the BHOs.
- **On-site Interviews and Demonstrations:** HSAG obtained information through interaction, discussion, and formal interviews with key BHO and Department staff members as well as through system demonstrations.

Table B-1 displays the data sources used in the validation of performance measures and the time period to which the data applied.

Table B-1—Description of Data Sources

Data Obtained	Time Period to Which the Data Applied
ISCAT (from BHOs and the Department)	FY 2006–2007
Source code (programming language) for performance measures (from the Department)	FY 2006–2007
Previous year's performance measure reports	FY 2006–2007
Current performance measure results (from BHOs and the Department)	See note*
Supporting documentation (from BHOs and the Department)	FY 2006–2007
On-site interviews and demonstrations (from BHOs and the Department)	FY 2006–2007

***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 MHSIP survey covered the period from December 2006 to April 2007.

Data Aggregation and Analysis

Based on all validation activities, HSAG determined results for each performance measure. As set forth in the CMS Protocol, HSAG gave a validation finding of *Fully Compliant*, *Substantially Compliant*, *Not Valid,* or *Not Applicable* for each performance measure. HSAG based each validation finding 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 5 percentage points. Conversely, it was also possible that errors for several elements 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 validation findings and recommendations for each BHO reviewed. HSAG forwarded these reports to the State and the appropriate BHO. Section 3 contains information about BHO-specific performance measure rates and validation status.

Appendix C. Validation of Performance Improvement Projects

Introduction

This appendix describes the manner in which, in accordance with 42 CFR 438.358, the validation of PIP activities was conducted and how the resulting data were aggregated and analyzed.

Objectives

As part of its QAPI program, each BHO was required by the Department to conduct PIPs in accordance with 42 CFR 438.240. The purpose of the PIPs was to achieve, through ongoing measurements and intervention, significant, sustained improvement in both clinical and nonclinical areas. This structured method of assessing and improving BHO processes was designed to have a favorable affect on health outcomes and consumer satisfaction. Additionally, as one of the mandatory EQR activities under the BBA, the State was 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.

HSAG performed validation activities on two PIPs for two of the BHOs and three PIPs for the remaining three BHOs.

Technical Methods of Data Collection and Analysis

The methodology used to validate PIPs was based on CMS guidelines as outlined in *Validating Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities, Final Protocol*, Version 1.0, May 1, 2002.[C-1] 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.

[C-1] U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. Validating Performance Improvement Projects: A protocol for use in conducting Medicaid external quality review activities. *Protocols for External Quality Review of Medicaid Managed Care Organizations and Prepaid Inpatient Health Plans*. Final Protocol, Version 1.0, May 1, 2002. Available at: http://www.cms.hhs.gov/MedicaidSCHIPQualPrac/, downloadable within EQR Managed Care Organization Protocol.

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. Use a Representative and Generalizable 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

HSAG obtained the data needed to conduct the PIP validation from the BHO's PIP Summary Form. This form provided detailed information about each BHO's PIP as it related to the 10 CMS protocol activities reviewed and evaluated.

Table C-1—Description of BHO Data Sources

Data Obtained	Time Period to Which the Data Applied
PIP Summary Form (completed by the BHO)	FY 2007–2008

Data Aggregation and Analysis

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 PIP Review Team as *Met*, *Partially Met*, *Not Met*, or *Not Applicable*. To ensure a valid and reliable review, HSAG designated some of the elements as critical elements. All of the critical elements had to be *Met* for the PIP to produce valid and reliable results.

Additionally, some of the evaluation elements may include a *Point of Clarification*. A *Point of Clarification* indicates that while an evaluation element may have the basic components described in the narrative of the PIP to meet the evaluation element, enhanced documentation would demonstrate a stronger understanding of the CMS protocol.

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*.
- *Not Applicable (NA)*: Elements that were *NA* were removed from all scoring (including critical elements if they were not assessed.

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 the reported PIP results.
- *Partially Met*: Low confidence in the reported PIP results.
- *Not Met*: Reported PIP results were not credible.

The BHOs had an opportunity to resubmit additional documentation after the first HSAG review to improve their scores prior to the finalization of the FY 2007–2008 PIP Validation Report.

After completing the validation re-review, HSAG prepared a report of the findings with requirements and recommendations for each validated PIP. HSAG forwarded these reports to the Department and the appropriate BHO.

Appendix D. Summary Tables of External Quality Review Activity Results—All BHOs

Introduction

This appendix presents the following tables with the detailed findings for all BHOs for each of the EQR activities performed for FY 2007–2008.

Results From Compliance Monitoring Site Reviews

Table D-1—Overall Statewide Results					
Component	**ABC**	**BHI**	**CHP**	**FBH**	**NBH**
Component 1—Access to Care	*Not in Compliance*	*In Compliance*	*In Compliance*	*In Partial Compliance*	*In Compliance*
Component 2—Coordination of Care	*In Compliance*	*In Compliance*	*In Compliance*	*In Compliance*	*In Compliance*
Component 3—Oversight and Monitoring of Providers	*In Partial Compliance*	*In Compliance*	*In Compliance*	*In Compliance*	*In Compliance*
Component 4—Member Information	*In Compliance*	*In Compliance*	*In Compliance*	*In Compliance*	*In Compliance*
Component 5—Review of FY 2006–2007 CAP	*In Partial Compliance*	*In Compliance*	*In Partial Compliance*	*In Compliance*	*In Partial Compliance*

Results From the Validation of Performance Measures

Table D-2—Rates for Performance Measures by BHO

Performance Measure	ABC	BHI	CHP	FBH	NBH	Statewide Average
Penetration Rate—Children	8.3%	7.2%	10.0%	10.6%	10.7%	9.4%
Penetration Rate—Adults	20.5%	13.4%	17.3%	19.6%	15.6%	17.3%
Consumer Perception of Access	69.8%	75.3%	72.2%	61.7%	70.7%	69.9%
Consumer Perception of Quality/Appropriateness	72.6%	69.9%	71.9%	74.5%	70.5%	71.9%
Consumer Perception of Outcome	66.3%	62.9%	59.6%	63.0%	61.3%	62.6%
Consumer Satisfaction	75.6%	82.0%	78.3%	79.1%	74.3%	77.9%
Consumer Perception of Participation	60.0%	66.1%	64.8%	58.8%	66.4%	63.2%
Consumers Linked to Primary Care	78.4%	81.0%	80.4%	83.8%	80.9%	80.9%

Table D-3—Audit Designations for Performance Measures by BHO

Performance Measure	ABC	BHI	CHP	FBH	NBH
Penetration Rate—Children	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*
Penetration Rate—Adults	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*
Consumer Perception of Access	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*
Consumer Perception of Quality/Appropriateness	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*
Consumer Perception of Outcome	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*
Consumer Satisfaction	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*
Consumer Perception of Participation	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*
Consumers Linked to Primary Care	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*

Results From the Validation of Performance Improvement Projects

Table D-4—Summary of Each BHO's PIP Validation Scores and Validation Status				
BHO	PIP Study	% of All Elements *Met*	% of Critical Elements *Met*	Validation Status
ABC	*Coordination of Care Between Psychiatric Emergency Facilities and Outpatient Providers*	100%	100%	*Met*
ABC	*Coordination of Care Between Medicaid Physical and Behavioral Health Providers*	100%	100%	*Met*
BHI	*Screening for Bipolar Disorder*	98%	100%	*Met*
BHI	*Access to Initial Medication Evaluation*	90%	100%	*Met*
BHI	*Coordination of Care Between Medicaid Physical and Behavioral Health Providers*	100%	100%	*Met*
CHP	*Identification and Use of Alternative/Crisis Services to Ensure Treatment at the Least Restrictive Level of Care for Medicaid Children and Adolescents*	89%	100%	*Met*
CHP	*Coordination of Care Between Medicaid Physical and Behavioral Health Providers*	100%	100%	*Met*
FBH	*Improving Use and Documentation of Clinical Guidelines*	96%	100%	*Met*
FBH	*Supporting Recovery*	91%	100%	*Met*
FBH	*Coordination of Care Between Medicaid Physical and Behavioral Health Providers*	100%	100%	*Met*
NBH	*Increase NBH Center Provider Communication/Coordination With Primary Care Physicians and Other Health Providers*	100%	100%	*Met*
NBH	*Therapy With Children and Adolescents: Increasing Caregiver Involvement*	100%	100%	*Met*
NBH	*Coordination of Care Between Medicaid Physical and Behavioral Health Providers*	100%	100%	*Met*