

# Substance Use Disorder Utilization Management Quarterly Report

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Data from: Fiscal Year 2020-2021, Fourth Quarter

Reporting: January 1, 2022



## I. Introduction

In accordance with Colorado House Bill 18-1136, the Department of Health Care Policy & Financing (Department) expanded its substance use disorder (SUD) benefit to provide services across the full continuum of levels of care (LOC) as defined by the American Society of Addiction Medicine (ASAM). The expansion required an 1115 SUD demonstration waiver to cover services rendered in institutions for mental disease and a State Plan Amendment to cover services in other settings.

As a point of reference, the following is an excerpt from The ASAM Criteria book summarizing the ASAM Level of Care Definitions Colorado is following for Residential SUD services:

Level of Care	Adolescent Title	Adult Title	Description
3.1	Clinically Managed Low-intensity Residential	Clinically Managed Low-intensity Residential	24-hour structure with available trained personnel; at least 5 hours of clinical service/week
3.3	*This Level of Care not designated for adolescent populations	Clinically Managed Population-specific High-intensity Residential	24-hour care with trained counselors to stabilize multidimensional imminent danger; less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community
3.5	Clinically Managed Medium-intensity Residential	Clinically Managed High-intensity Residential	24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment; able to tolerate and use full active milieu or therapeutic community
3.7	Medically Monitored High-intensity Inpatient	Medically Monitored Intensive Inpatient	24-hour nursing care with physician availability for significant problems in Dimensions 1, 2 or 3; sixteen hour/day counselor ability
3.2WM	*This Level of Care not designated for adolescent populations	Clinically Managed Residential Withdrawal Management	Moderate withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery
3.7WM	*This Level of Care not designated for adolescent populations	Medically Monitored Inpatient Withdrawal Management	Severe withdrawal and needs 24-hour nursing care and physician visits as necessary; unlikely to complete withdrawal management without medical, nursing monitoring

In 2021, the Colorado General Assembly passed Senate Bill 21-137<sup>1</sup> that mandated the Department consult with the Office of Behavioral Health, Residential Treatment Providers, and Managed Care Entities (RAEs) to develop standardized utilization management processes for residential and inpatient SUD treatment and a methodology for reporting utilization management statistics. The following 16 metrics were agreed upon as data points to provide an overview of utilization management of SUD residential and inpatient services:

1. Average length of initial authorizations for each RAE (and provider) by LOC
2. Average response time for initial authorization for each RAE by LOC in hours
3. Total number of initial authorizations that met the response time standard
4. Total number of initial authorizations that exceeded the response time standard
5. Percentage of initial authorizations needing additional clinical documentation. (An initial authorization only counts as needing additional clinical documentation if it needs additional clinical documentation past the response time standard)\*
6. Percentage of initial authorizations that were incomplete. An initial authorization only counts as incomplete if it is incomplete past the response time standard\*
7. Percentage of initial authorizations that were issued retroactively\*
8. Total initial denials broken down by reason for each RAE (and provider) by LOC
9. Average length of continued authorization for each RAE (and provider) by LOC
10. Average response time for continued authorization for each RAE by LOC
11. Number of Continued Authorization appeals by LOC
12. Number of Continued Authorization appeals that overturned denials per LOC
13. Number of peer-to-peer (P2P) requests
14. Average response time for P2P decisions after request submitted. Measured from the day/hour the request is received till the day/hour an answer is given
15. Percent of P2P requests that overturned denials
16. Average length of stay per LOC (captured by claims days paid)

\*Metrics 5, 6 and 7 are mutually exclusive categories.

If an initial authorization falls in multiple categories, use the following hierarchy: Retroactivity (this category takes priority), needs additional clinical documentation, incomplete.

Some of the data to be included in these reports has not been systematically collected across all RAEs to date. The Department continues to work with the RAEs to build systems to capture this information. All data will be required to be collected beginning in January 2022, however due to the lag time of quarterly reporting full data from all RAEs is not certain before July of 2022. This report reflects all currently available key data points as defined above.

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<sup>1</sup> Colorado Senate Bill 21-137: <https://leg.colorado.gov/bills/sb21-137>

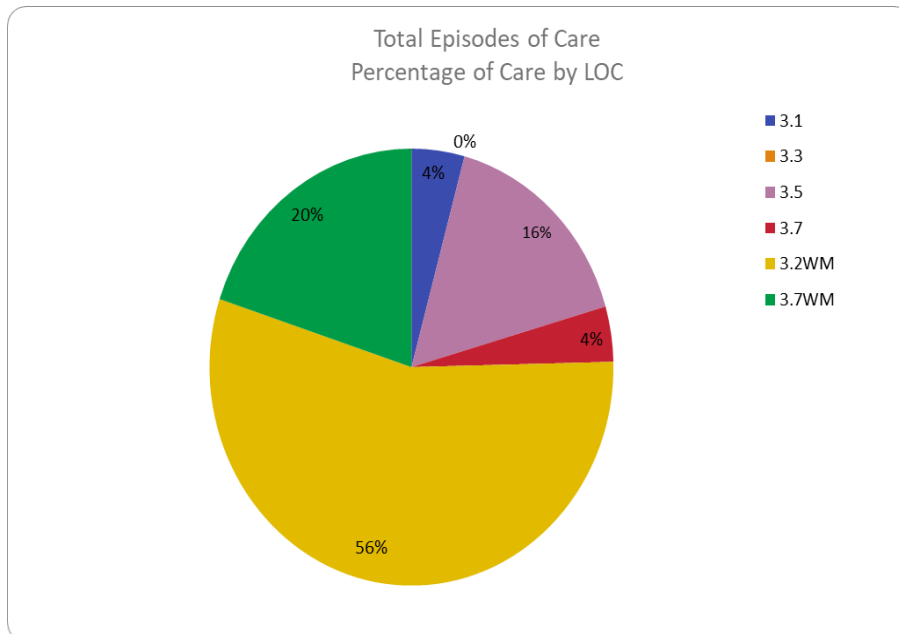
## II. Data

This report reflects self-reported data from the RAEs for the second quarter of the expanded SUD benefit: April 1 to June 30, 2021.

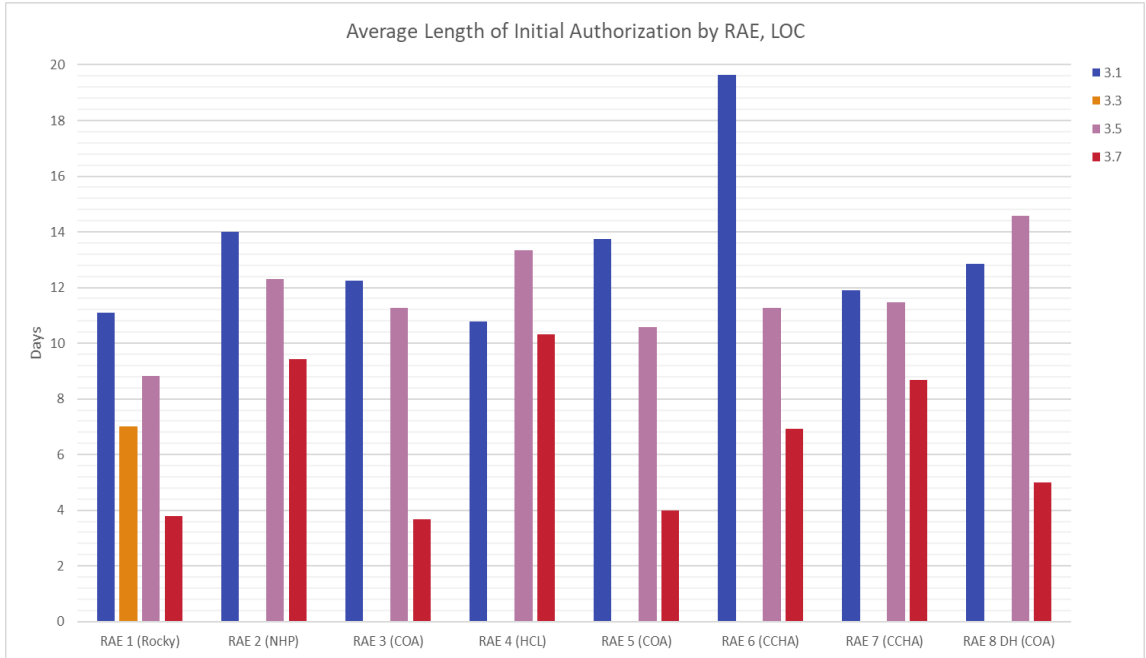
The following table summarizes Episodes of Care provided under the SUD Residential and Inpatient Services Benefit provided to members in Q4 of FY 2020-2021. Note: Each time a member enters a facility and receives services it is counted as an episode of care. Therefore, a single member may have multiple episodes of care reported.

75% of all Episodes of Care provided were for Withdrawal Management. Colorado Access (COA- RAEs 3, 5, DH) provided no episodes of care for ASAM 3.2WM.

ASAM Level of Care	Total Episodes of Care
3.1	120
3.3	-
3.5	462
3.7	116
<b>Residential Subtotal</b>	<b>698</b>
3.2WM	1,572
3.7WM	566
<b>WM Subtotal</b>	<b>2,138</b>
<b>Total Episodes of Care</b>	<b>2,836</b>



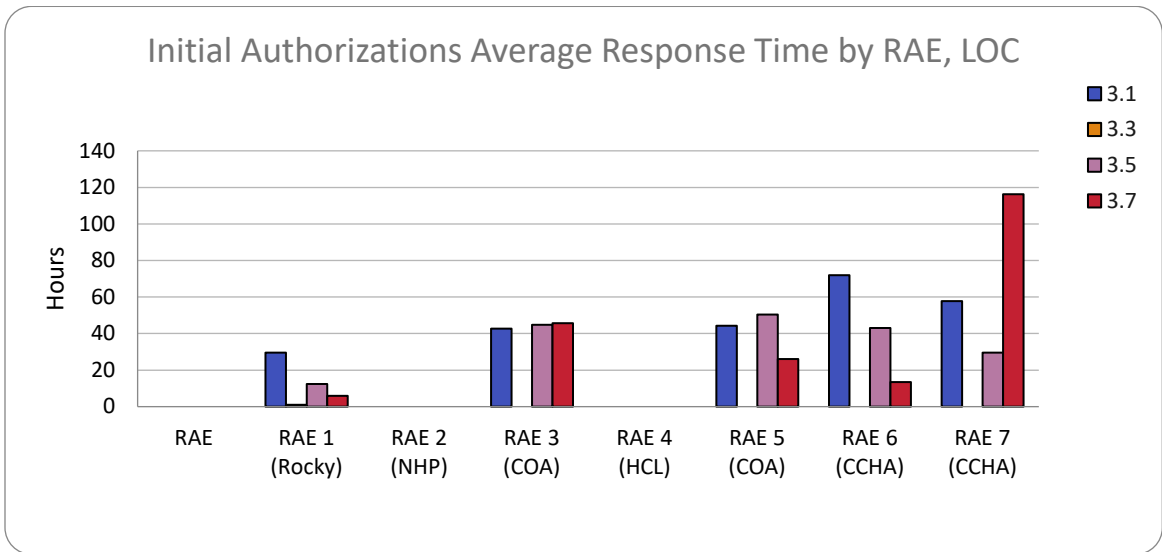
**Average Initial Authorization by LOC Beginning in January 2022 standard initial authorizations will be implemented.**



**Initial Authorizations (IAs)**

Total Number of IAs	716 *
Total Number of IAs that met response time standard	695
Total Number of IAs that exceeded response time standard	21

\*Total Number of IAs does not include additional 2138 Withdrawal Management (WM) services which do not require IA.



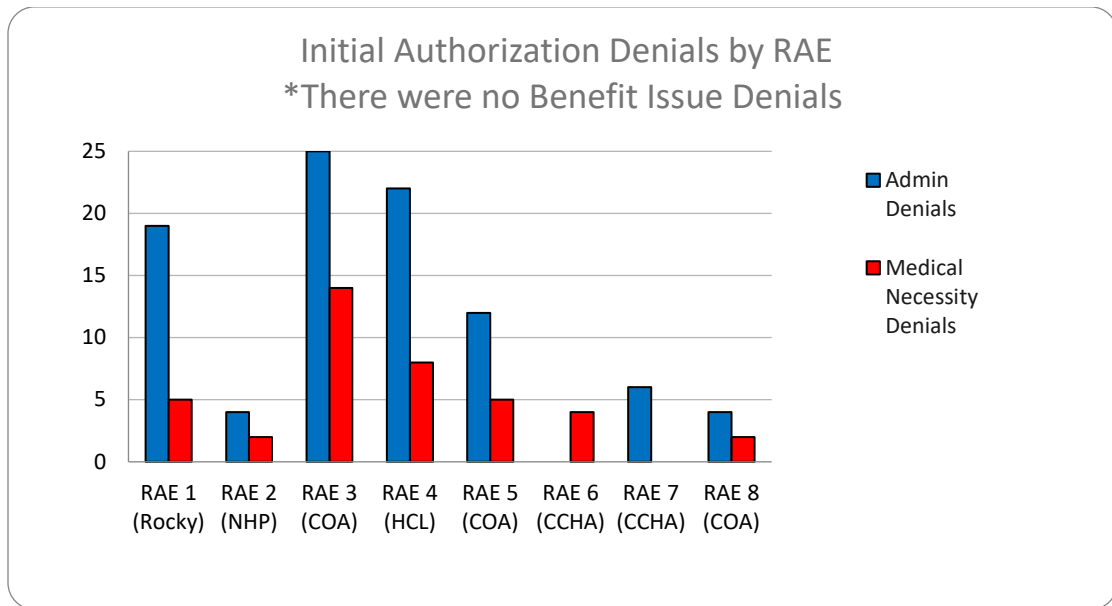
5.5% of IAs required additional clinical documentation, as evidenced by 40 initial denials due to insufficient documentation to support medical necessity. Only RAE 1 provided documentation of extensions to IAs to allow for the submission of clinical documentation. 16 extensions were granted.

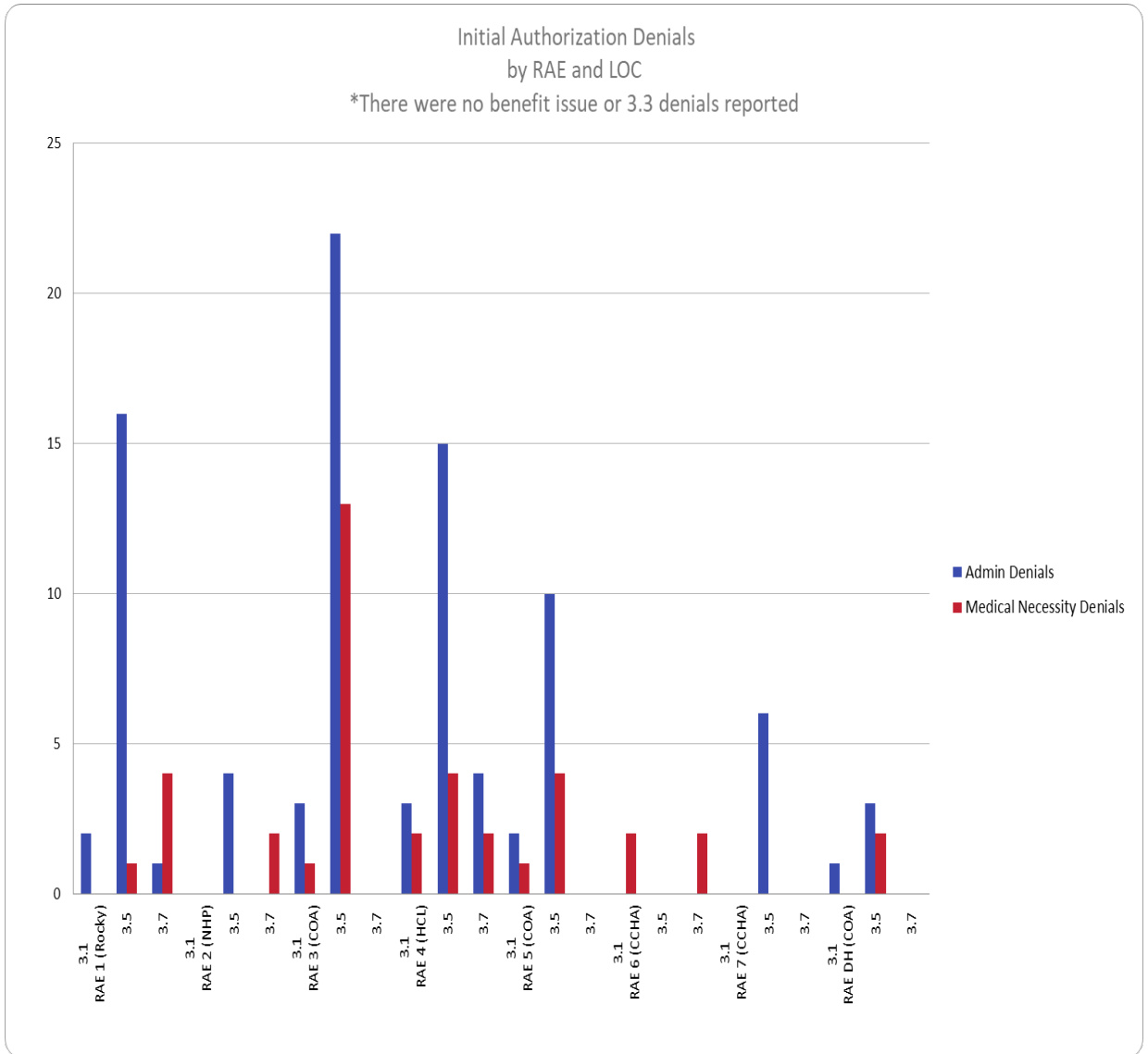
13% of total IAs required additional information as evidenced by 92 initial denials due to incomplete information for administrative approval.

2% (17) of total IAs were issued retroactively.

**Initial Authorization Denials**

Total number of IA Denials	132 (91=69% from 2 providers)
Benefit Issue	0
Administrative Issue	92 (69.7%)
Medical Necessity	40 (30.3%)





## Initial Authorization Denials By Provider

Of 37 providers offering SUD residential services 18 had no denials.

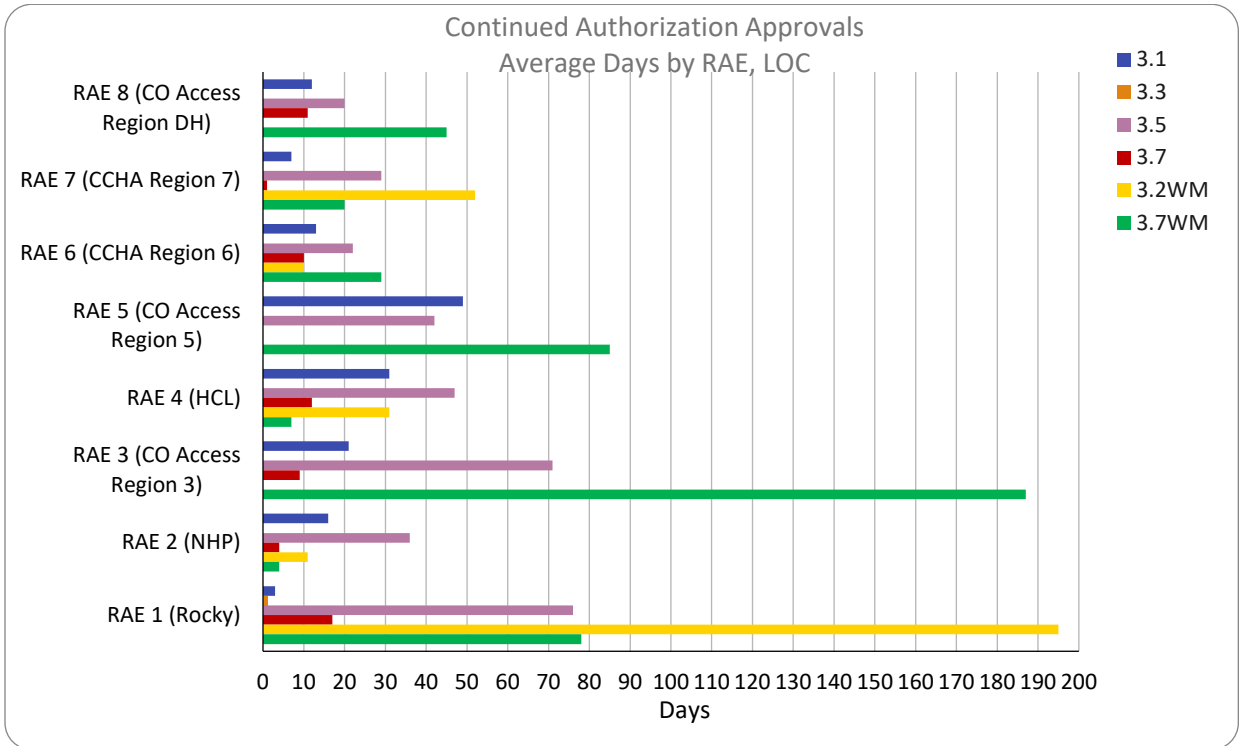
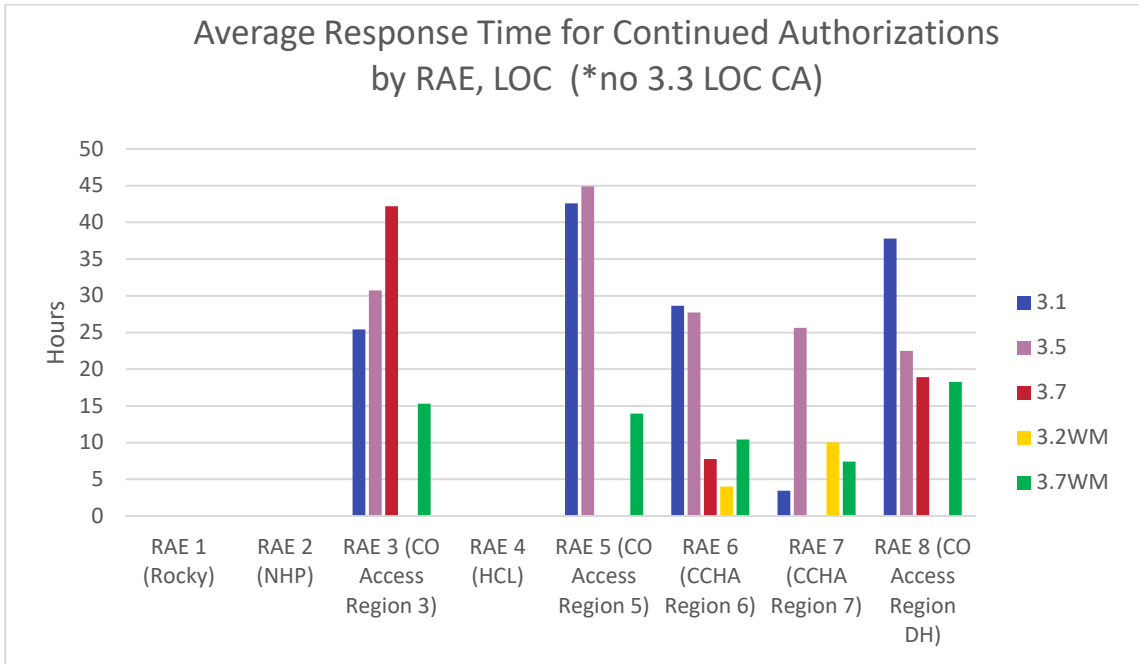
11 providers had administrative denials. 2 providers accounted for 69 of the total 92 administrative denials.

14 providers had medical necessity denials. 2 providers accounted for 22 of the total 40 medical necessity denials.

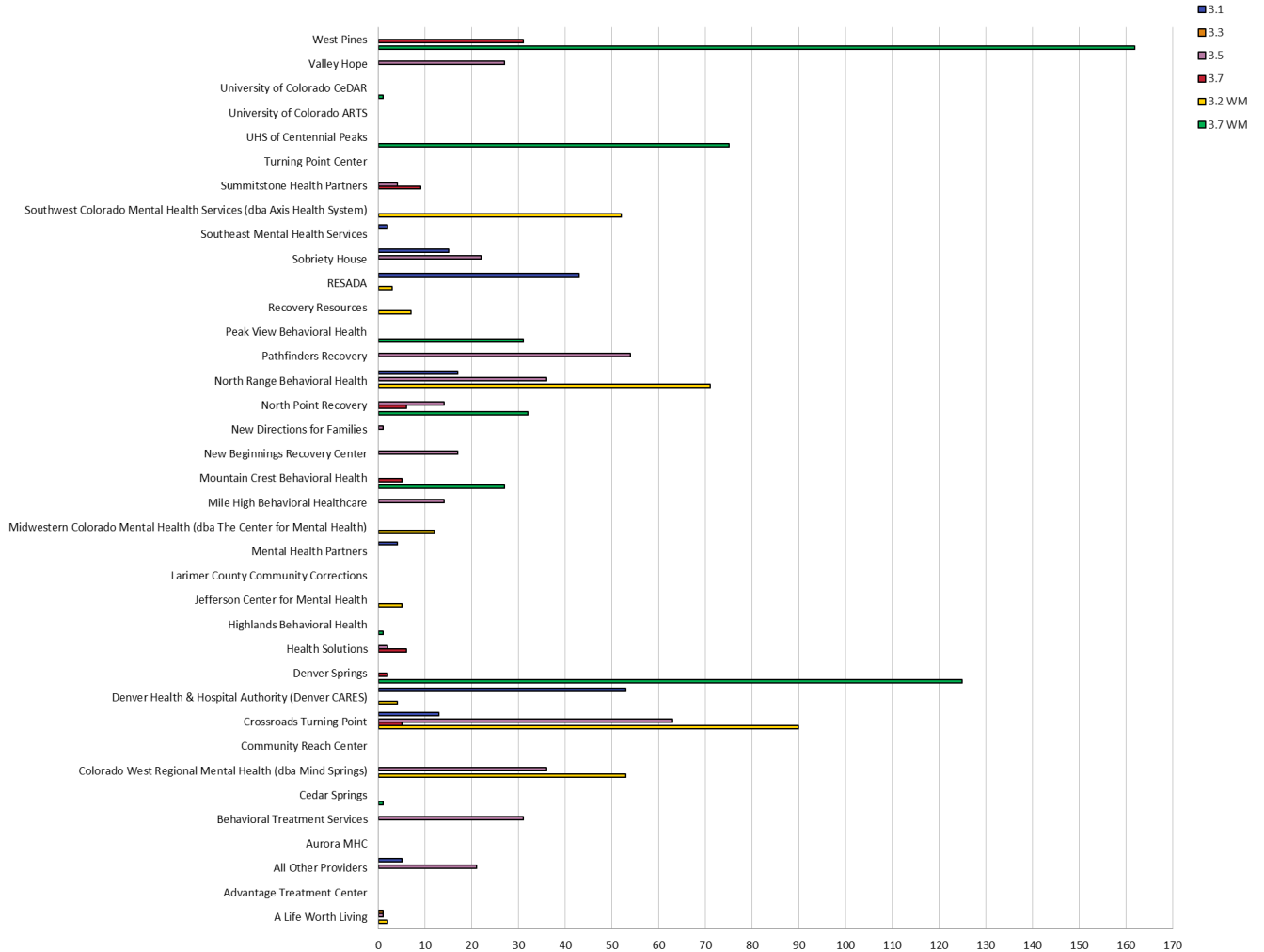
Provider	Admin Denials	Medical Necessity Denials
West Pines	0	0
Valley Hope	1	1
University of Colorado CeDAR	0	0
University of Colorado ARTS	0	0
UHS of Centennial Peaks	0	0
Turning Point Center	0	0
Summitstone Health Partners	0	1
Southwest Colorado Mental Health Services (dba Axis Health System)	0	0
Southeast Mental Health Services	0	0
Sobriety House	1	1
RESADA	2	2
Recovery Resources	0	0
Peak View Behavioral Health	0	0
Pathfinders Recovery	38	16
North Range Behavioral Health	1	0
North Point Recovery	0	2
New Directions for Families	0	0
New Beginnings Recovery Center	1	0
Mountain Crest Behavioral Health	0	1
Mile High Behavioral Healthcare	0	0
Midwestern Colorado Mental Health (dba The Center for Mental Health)	0	0
Mental Health Partners	0	1
Larimer County Community Corrections	0	0
Jefferson Center for Mental Health	0	0
Highlands Behavioral Health	0	0
Health Solutions	0	1
Denver Springs	0	1
Denver Health & Hospital Authority (Denver CARES)	7	0
Crossroads Turning Point	31	6
Community Reach Center	0	0
Colorado West Regional Mental Health (dba Mind Springs)	3	0
Cedar Springs	0	0
Behavioral Treatment Services	6	4
Aurora MHC	0	0
All Other Providers	0	2
Advantage Treatment Center	1	1
A Life Worth Living	0	0
<b>Total</b>	<b>92</b>	<b>40</b>



## Continued Authorizations

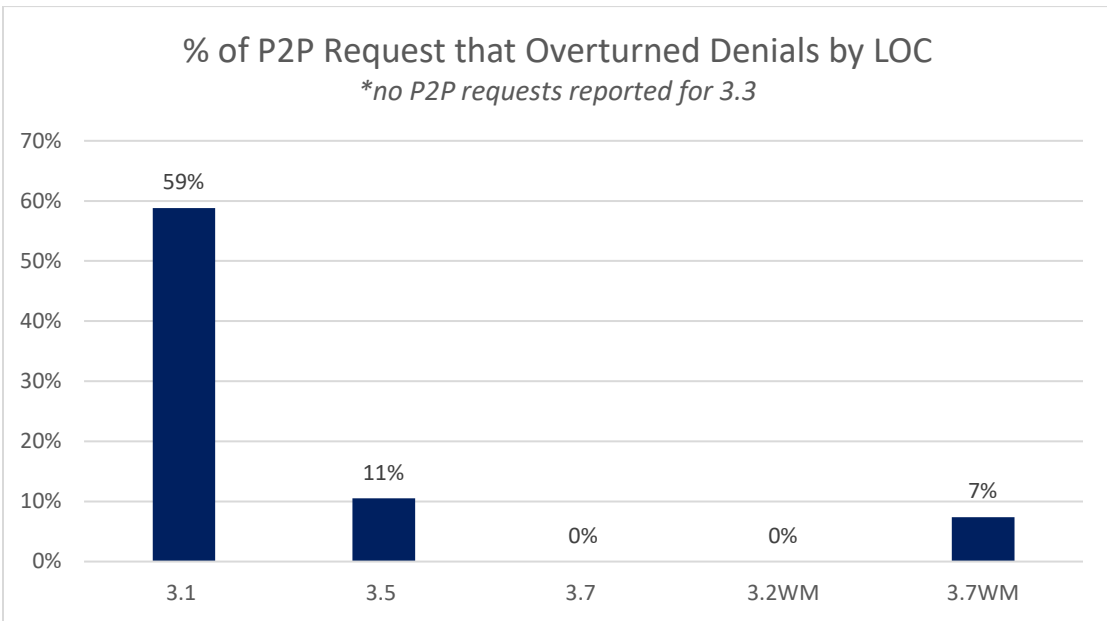
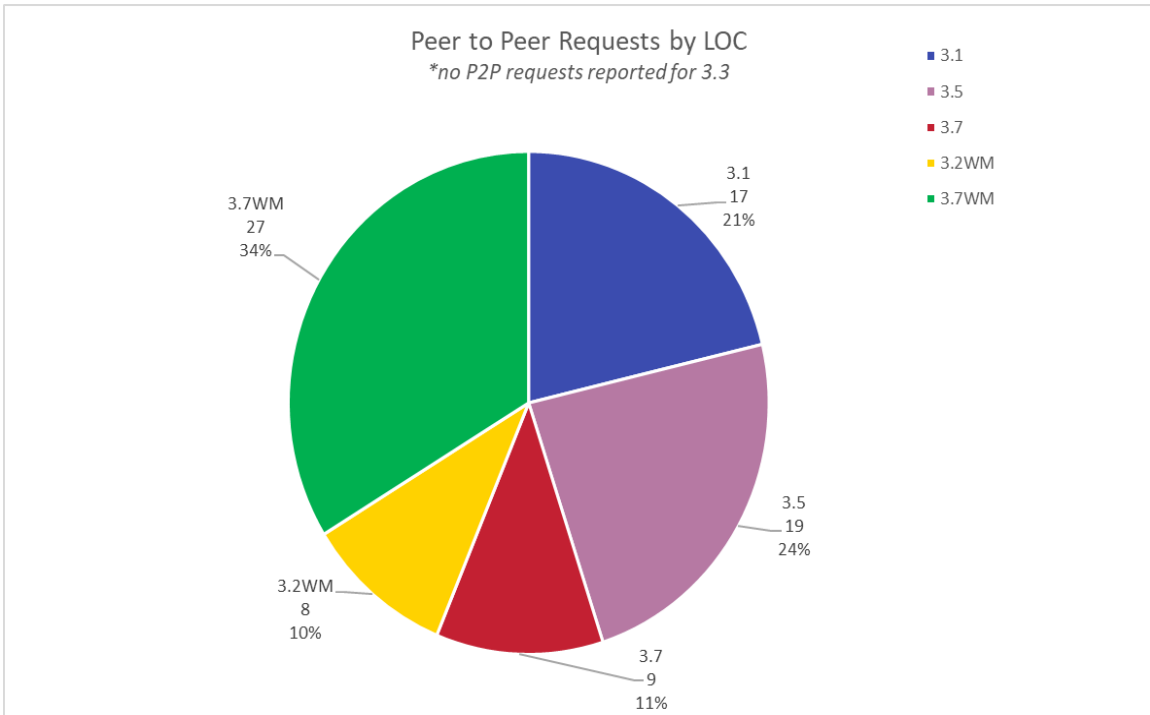


Continued Authorization Approvals  
by Provider and LOC

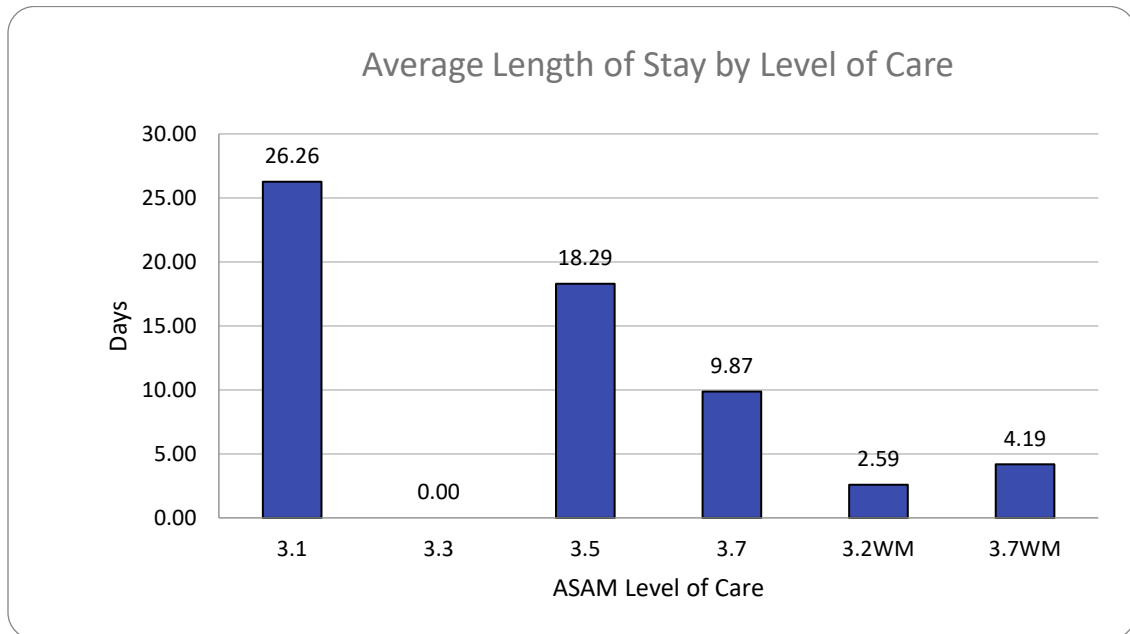


There were a total of 6 appeals for Continued Authorizations (3 at the ASAM 3.5 level, 1 at the ASAM3.7 level and 1 at the ASAM 3.7WM level) of these, 1 denial (ASAM level 3.5) was overturned.

Due to limited data available from only 2 RAEs Q4 regarding Peer-to-Peer response time, summary information cannot be reported for this quarter.



## Average Length of Stay data for episodes of care



### III. Closing

A few high-level observations from this quarter's data:

- Episodes of care increased to 2836 Q4 from 2579 in Q3 (9%).
- Withdrawal Management (WM) episodes of care decreased from 78% in Q3 to 75% in Q4, however withdrawal management continues to account for at least three-quarters of all episodes of care delivered demonstrating continued high need of withdrawal management services.

As the Department continues to work with the RAEs to refine data collection and utilization management processes more robust data will be available, providing the Department more opportunities to identify trends across the SUD continuum.