Substance Use Disorder Utilization Management Quarterly Report

Demonstration Year 1 Quarter 3

Data from: Fiscal Year 2021 – 2022, First Quarter

Reporting: April 1, 2022

Introduction

In accordance with Colorado House Bill 18-1136, the Department of Health Care Policy & Financing (HCPF) 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) Table 1. The expansion required an 1115 SUD Demonstration Waiver to cover services rendered in Institutions for Mental Disease (IMDs) and a State Plan Amendment to cover services in other settings.

In 2021, the Colorado General Assembly passed Senate Bill (SB) 21-137[1] that mandated HCPF consult with the Office of Behavioral Health (OBH), residential treatment Providers, and Managed Care Entities (MCEs) to develop standardized utilization management processes for residential and inpatient SUD treatment and a methodology for reporting utilization management data on a quarterly basis.

Standardized processes for defining and collecting data for each of the defined metrics were phased in over the period of the first demonstration year of the 1115 waiver (January 1, 2021-December 31, 2021).

As of January 2022, all data points are being collected and reported across all MCEs, following standard processes. However, due to the lag time of quarterly reporting, full data from all MCEs is not certain before July of 2022. This report includes all currently available data points defined in SB 21-137[1].

A few key observations, primarily in the form of notes, are offered to provide clarification and are not intended to present conclusions. This report provides summary data but does not include statistical analysis of the data and therefore is intended as a broad programmatic overview only.

As a note of caution, the reader should be aware that some of this data includes very small sample sizes which can distort averages and percentages. Full data submitted by each entity is included for informational purposes but is presented without interpretation or analysis. Readers should be aware of data points that have been marked with an asterisk (*), indicating a small sample size. Interpretation of such data should be made with caution and conclusions should not be drawn based on this data alone.

[1] Colorado Senate Bill 21-137: https://leg.colorado.gov/bills/sb21-137

The current report covers the third Quarter of the first demonstration year, which aligns with FY 2022 Quarter 1 (July 2021–September 2021), and includes the 16 metrics outlined in SB21-137. The report is organized with an overview of each section followed by the numbered metrics.

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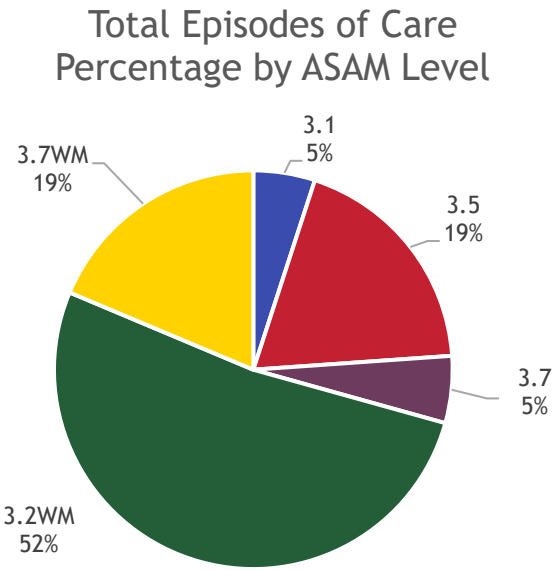
Part 1 Utilization Overview

To provide a context for the data included in this report, the following overview summarizes Episodes of Care that have been provided under the SUD Residential and Inpatient Services Benefit to members in the third quarter of year one of the demonstration. The time period in which data was collected is July-September 2021 (FY 22 Q1).

The following episodes of care data reflect member LOC service utilization over the quarter. This summary level data of services delivered informs understanding of member needs and is useful in considering network adequacy. The table below provides a count and the graph following displays the volume of services provided by LOC as a percentage of the overall services provided.

Note: Each time a member enters a facility and receives service is counted as an episode of care. Therefore, a single member may have multiple episodes of care reported.

ASAM LOC	Total Episodes of Care Authorized
3.1	138
3.3	-
3.5	521
3.7	150
Residential Subtotal	809
3.2WM	1,435
3.7WM	515
WM Subtotal	1,950
Total	2,759



Part 2 Initial Authorization (IA)
Initial authorization encompasses two processes, a pre-approval process for ASAM levels 3.1,3.3, 3.5 and 3.7 and a retroactive approval of ASAM levels 3.2WM and 3.7WM designed to accommodate the urgency of initiating withdrawal management services. Withdrawal management (WM) LOC authorization remains unchanged, no pre-authorization is required, and concurrent approval required if medical necessity substantiates a stay in excess of the IA- standard.

The IA process is designed to ensure that members receiving SUD inpatient or residential services have been assessed and placement has been made in accordance with ASAM LOC criteria.

Within the scope of IA, there are essentially two factors reported in accordance with HB21-137. These factors include: the average length of time (in days) that authorized in the pre-approval process; and the timeliness of responses to IA requests, including overall timeliness as well as counts of IA within the standard time and exceeding the standard time.

Note:

- The metric "Average Length of IAs" across all MCEs allows for comparison of standards across MCEs and informs best practices decisions.
- Monitoring of this measure allows identification of ongoing variance between MCEs and invites examination of such variances through more specific and detailed data analysis.

Effective January 1, 2022 the number of days of IA has been standardized. Due to the reporting lag, data may not reflect this standardized timeframe until July 2022.

Standard IA Approval Timeframes

ASAM LOC	Minimum Days Authorized
3.1; 3.3; 3.5	14
3.7	7
3.2WM	5 (before CA)
3.7WM	4 (before CA)

The response time standard is 72 hours**.** Monitoring timeliness of response allows for periodic review and adjustment of standards.

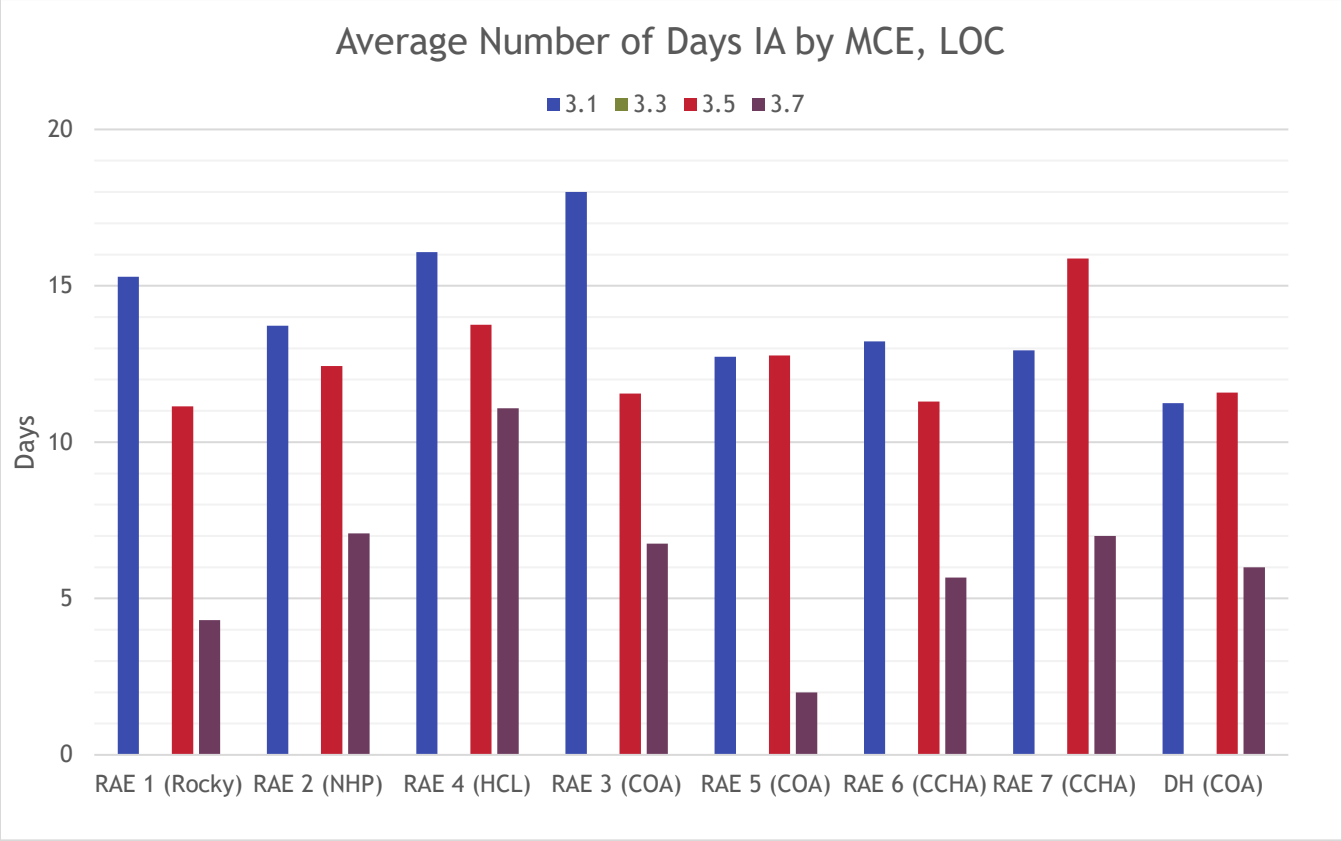
Note:

- Data demonstrates average response times for all levels of care are significantly below the current 72 hours standard.
- This visibility into variance from the standard informs HCPF when evaluating standards for IA to ensure prompt treatment access.

1. Average Length of Initial Authorizations (IA): This measure captures the average number of days initially authorized for each residential LOC service requiring pre-authorization (ASAM LOCs 3.1; 3.3; 3.5; and 3.7).

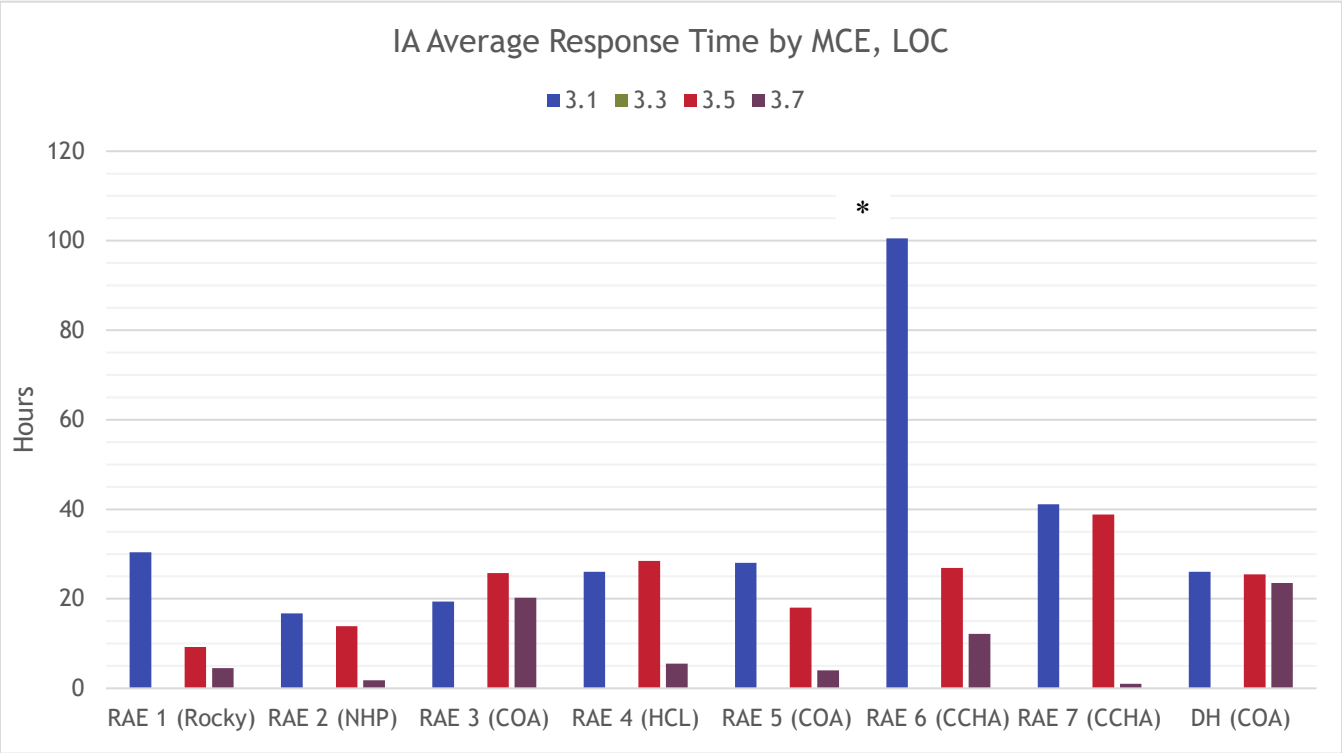
Note:

- Residential LOC IAs represent the pre-authorization durations determined per request for each member through December 31,2021. January 1, 2022 IA minimums were initiated and across all MCEs. CA is only required if medical necessity substantiates a stay beyond the IA time frame.



The average length of IA in days can also be viewed by provider in Table 2 at the end of this report.

2. Average Response Time for IAs (in hours): Response times for MCEs to review facility requests for IAs for Residential LOC services are reported in hours.



* Average is impacted by 2 outliers in a small sample size

3. Total Number of IAs that Met the Response Time Standard: This measure is a compilation across all MCEs. It is a count of all IA requests submitted for residential ASAM LOC 3.1; 3.3; 3.5 & 3.7 and the number that met the standard this quarter.
95% of IAs met the standard response time.

Number of IAs issued across MCEs	Number of IAs meeting 72hrs
759	722

4. Total Number of IAs that Exceeded the Response Time Standard: This metric is a compilation measure across all MCEs. It is a count of all IA requests submitted for residential ASAM LOC 3.1; 3.3; 3.5 & 3.7 and a count of the number of those IAs that exceeded the standard this quarter.
5% of IAs exceeded standard response time.

Number of IAs issued across MCEs	Number of IAs exceeding 72hrs
759	37

Part 3 Initial Authorization Denials

This summary of IA denials provides an overview of not only the numbers and rates of IA denials issued by the MCEs, but also the reasons the denials are being issued. This data provides visibility into the overall effectiveness of the SUD pre-authorization system. Identification of reasons for denials illustrates how MCEs are making authorization determinations and highlights barriers to authorization. Identifying such barriers provides opportunities to take measurable actions such as provider education to improve quality of submissions and ultimately support timely access to services.

Note: There were 92 IA denials out of 851 IA requests (11%).

Type of IA Denial	Number of Denials	% of Total Denials
Administrative	67	73%
Benefit Issue	0	0
Medical Necessity	25	27%

5. Percentage of IAs Needing Additional Clinical Documentation*: An IA only counts as "needing additional clinical documentation" if the response time standard is exceeded. Compiling IA data from all MCEs, 3% of IA requests received denials due to insufficient clinical documentation to support medical necessity determination.

ASAM LOC	# IAs	# IAs Needing Additional Clinical Documentation	% of IAs Needing Additional Clinical Documentation
3.1	112	5	5%
3.5	500	15	3%
3.7	147	1	1%
Totals	**759**	**21**	**3%**

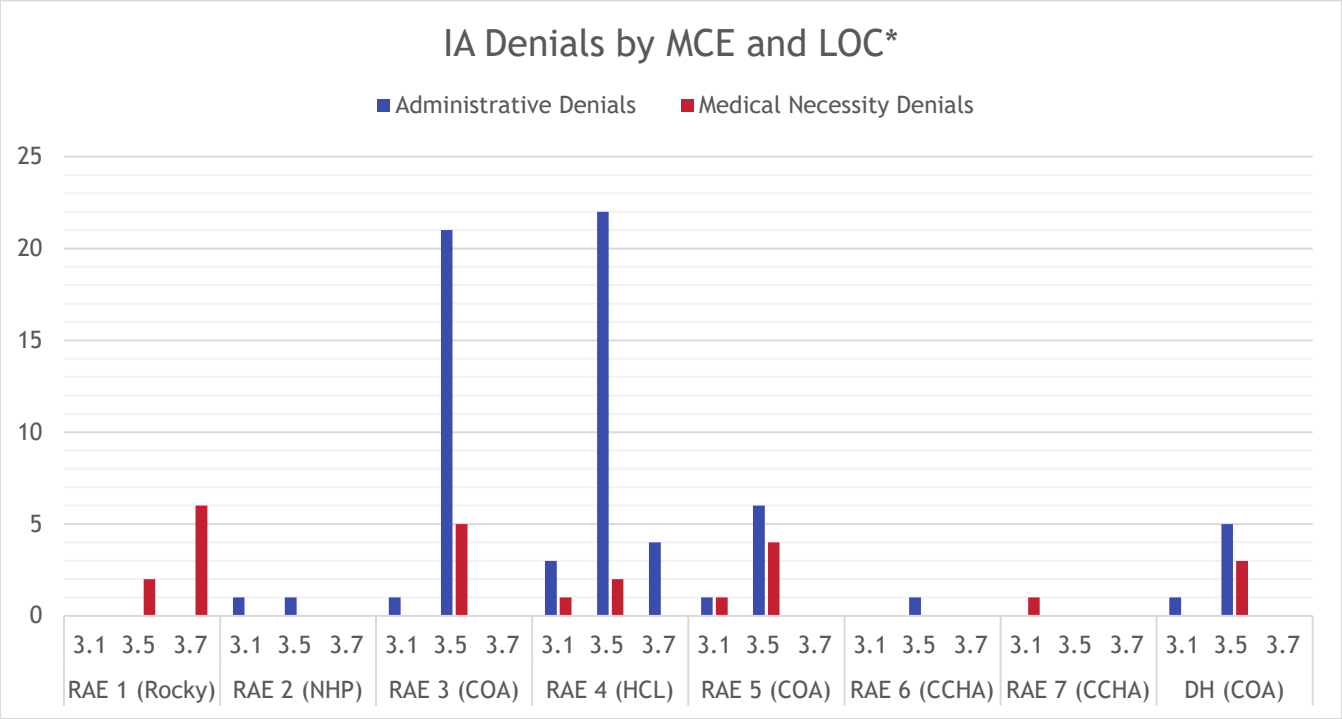
6. Percentage of IAs that were Incomplete*: An IA only counts as incomplete if it is incomplete past the response time standard. No IAs were reported as incomplete for this quarter.

7. Percentage of IAs that were Issued Retroactively*: An IA is issued after an admission, following the submission of additional documentation that may not have been available initially, and allows for an IA to be approved is considered retroactive and covers the services from the time of admission. 5% of total IAs were issued retroactively.

ASAM LOC	# of IA Issued Retroactively	% of IAs Issued Retroactively
3.1	18	16%
3.5	16	3%
3.7	4	3%
Totals	**38**	**5%**

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

8. Total IA Denials by Reason by MCE for each LOC: There were no 3.3 LOC denials reported. There were no benefits denials reported.



IA Denials by LOC can also be viewed by provider and LOC at the back of this report in Table 3.

Note: 2 providers accounted for 87% of 67 total administrative denials
2 providers accounted 52% of the 25 total medical necessity denials

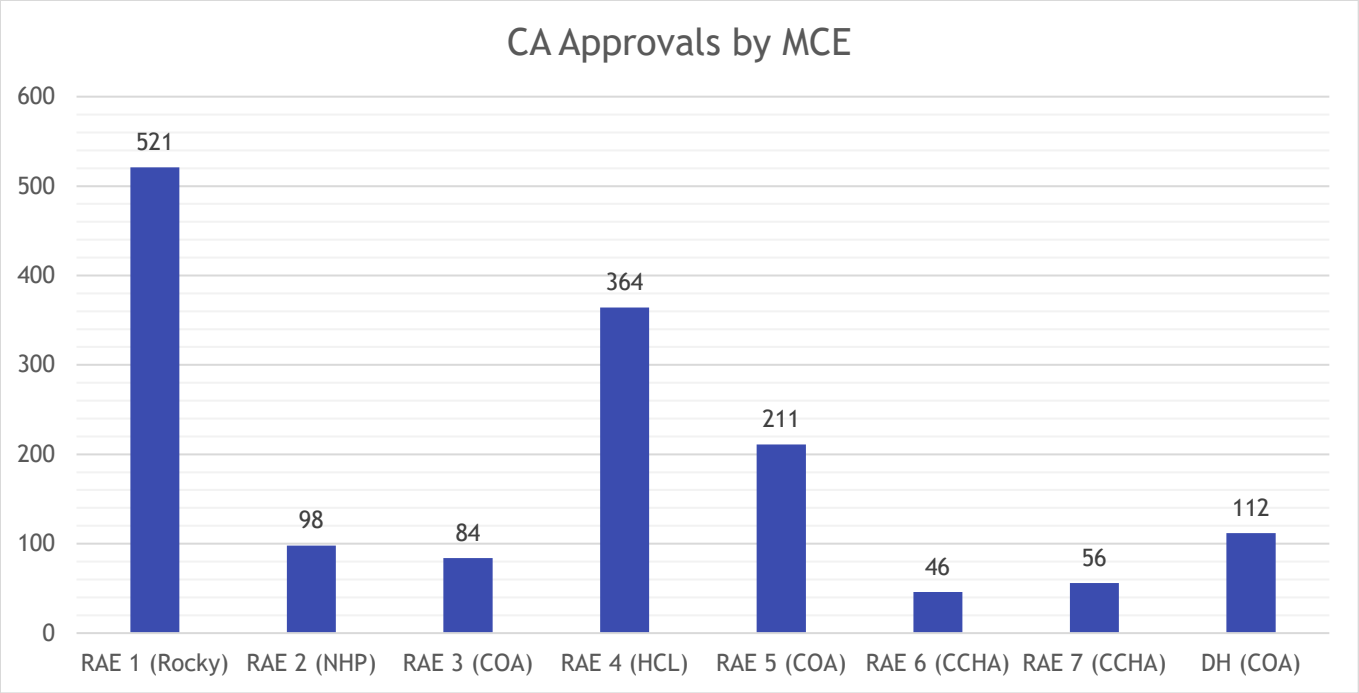
Part 4 Continued Authorization

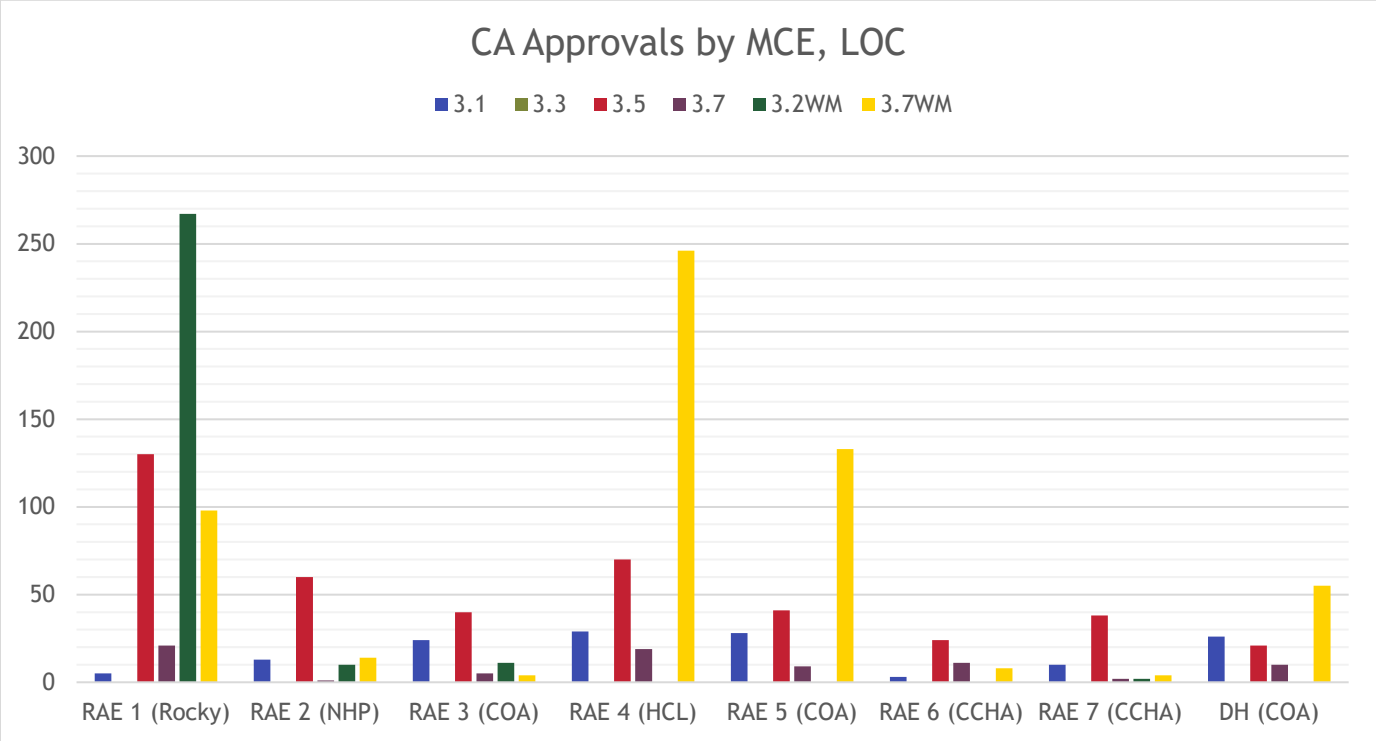
CA measures provide visibility into the volume of requests being submitted for continued care at a given ASAM LOC, the number of additional days being approved for continued care at each LOC and the timeliness in reviewing requests.

Evaluation of what LOC require CA most frequently and the volume of the requests that impact provider time and MCE time can inform decision making regarding standard length of IA.

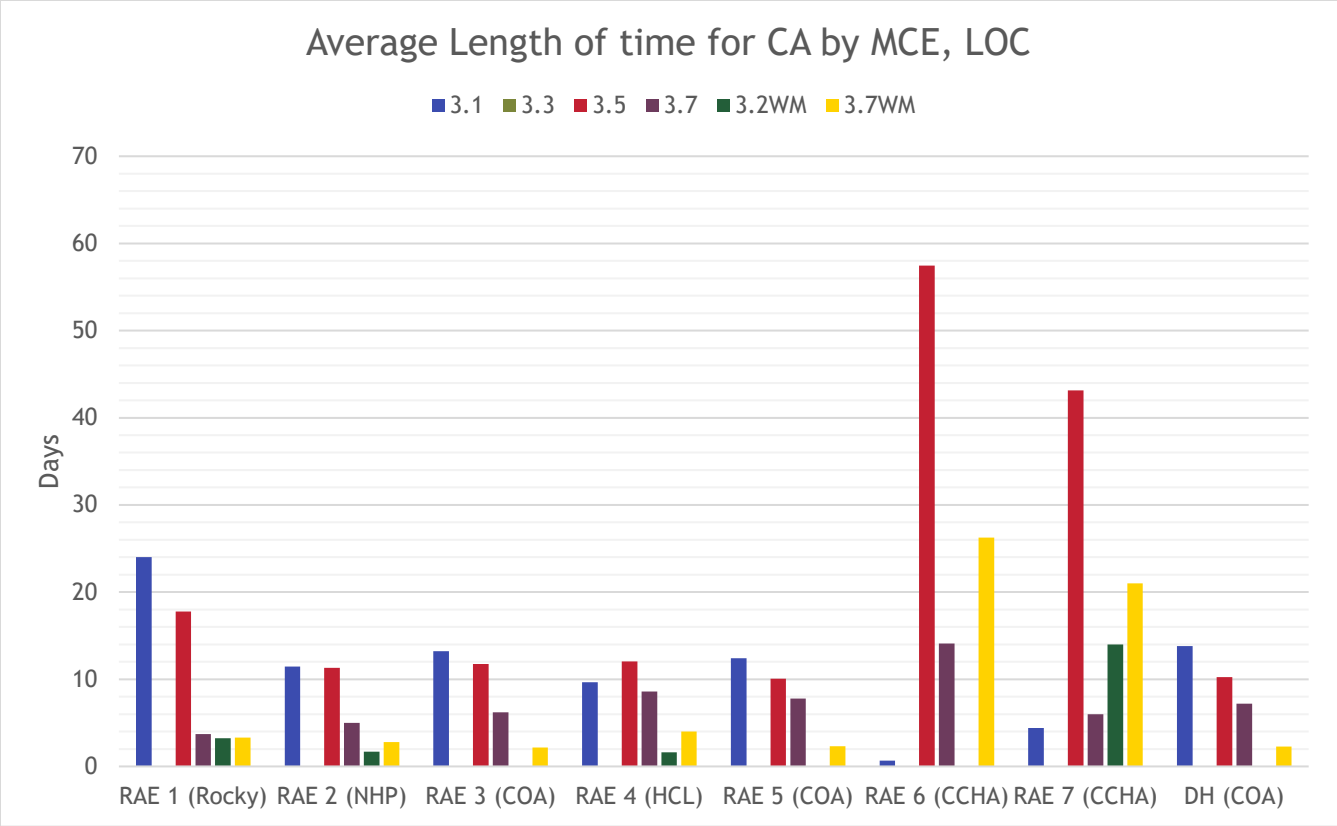
Tracking length of CA additional days approved at each ASAM level highlights member need for services and identifies any variances across MCEs in CA requests for additional clinical care.

Response time for CA highlights MCE responsiveness to provider requests and members needing services.



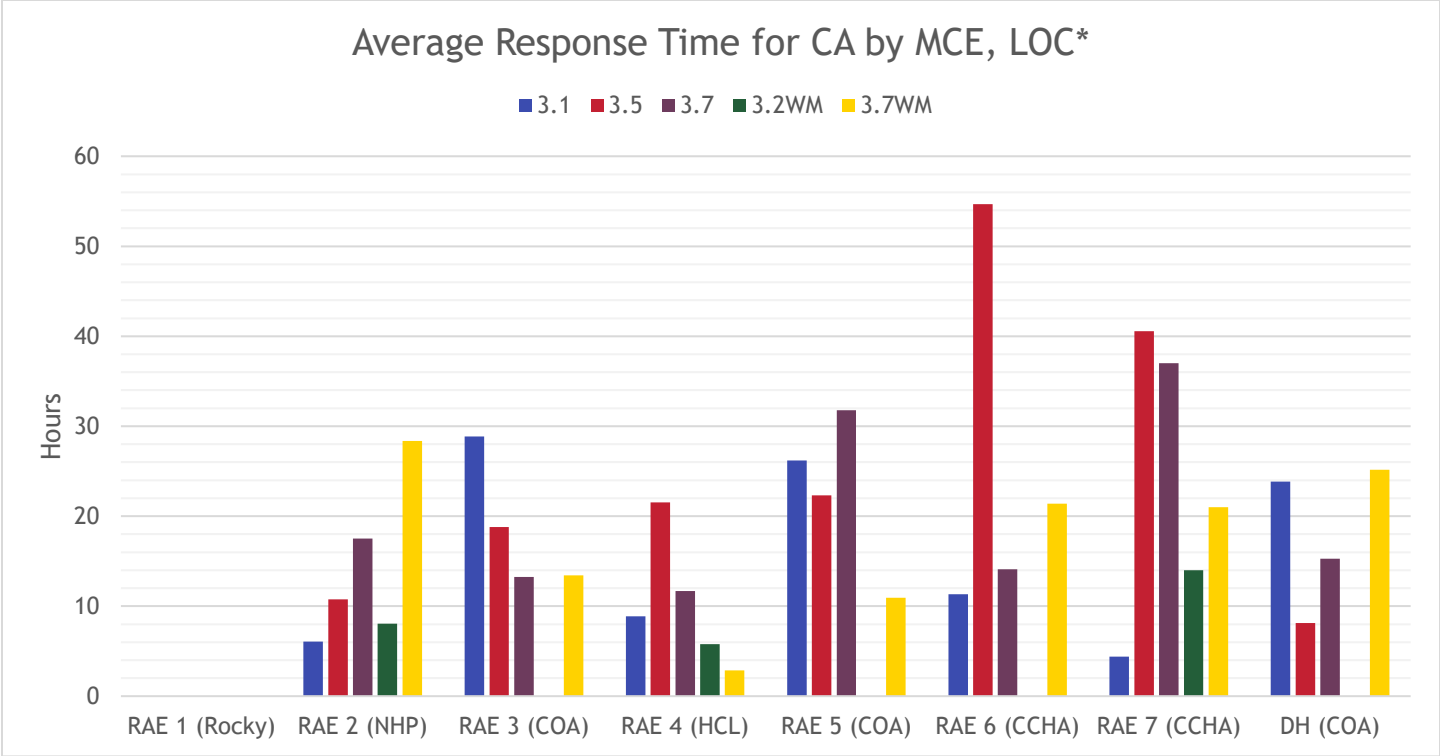


9. Average Length of Continued Authorization (CA): This is a measure of the average length of additional days authorized through CA at each LOC by each MCE. There were 1651 CA requests, of which 1492 were approved (90%).



The average length of CA in days can also be viewed by provider in Table 4.

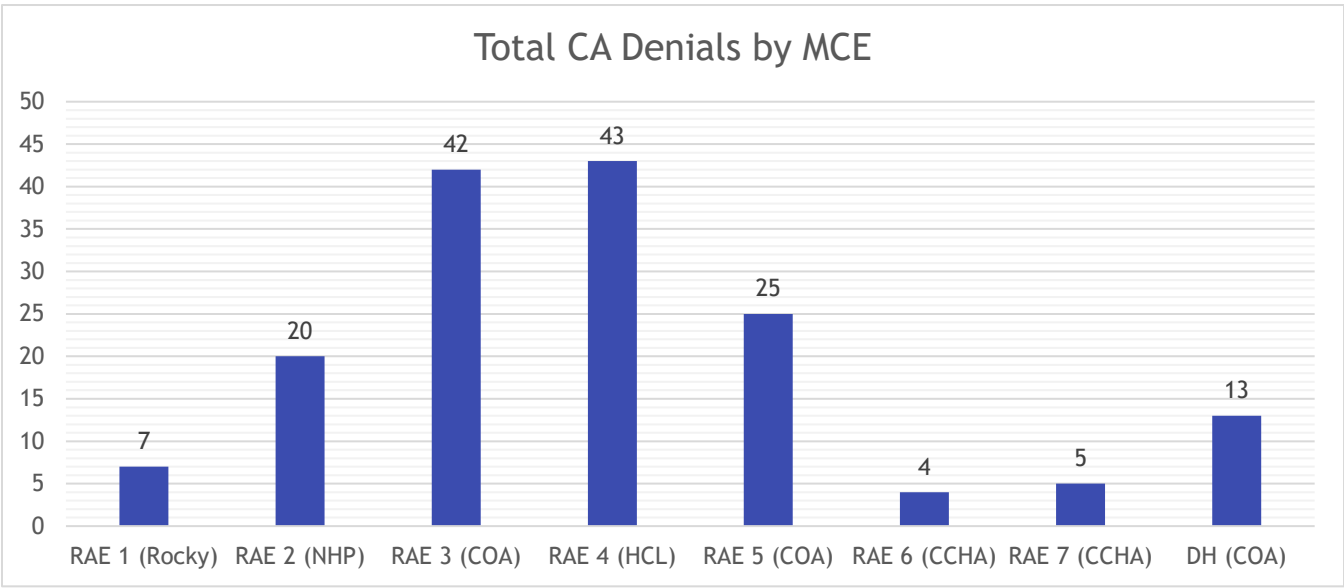
10. Average Response Time for CAs: This measure captures each MCE's reported average of time it took to issue a CA approval for each LOC. The range of average response times across all MCEs for all LOCs was from 3 hours to 55 Hours with an overall average of 11 hours.

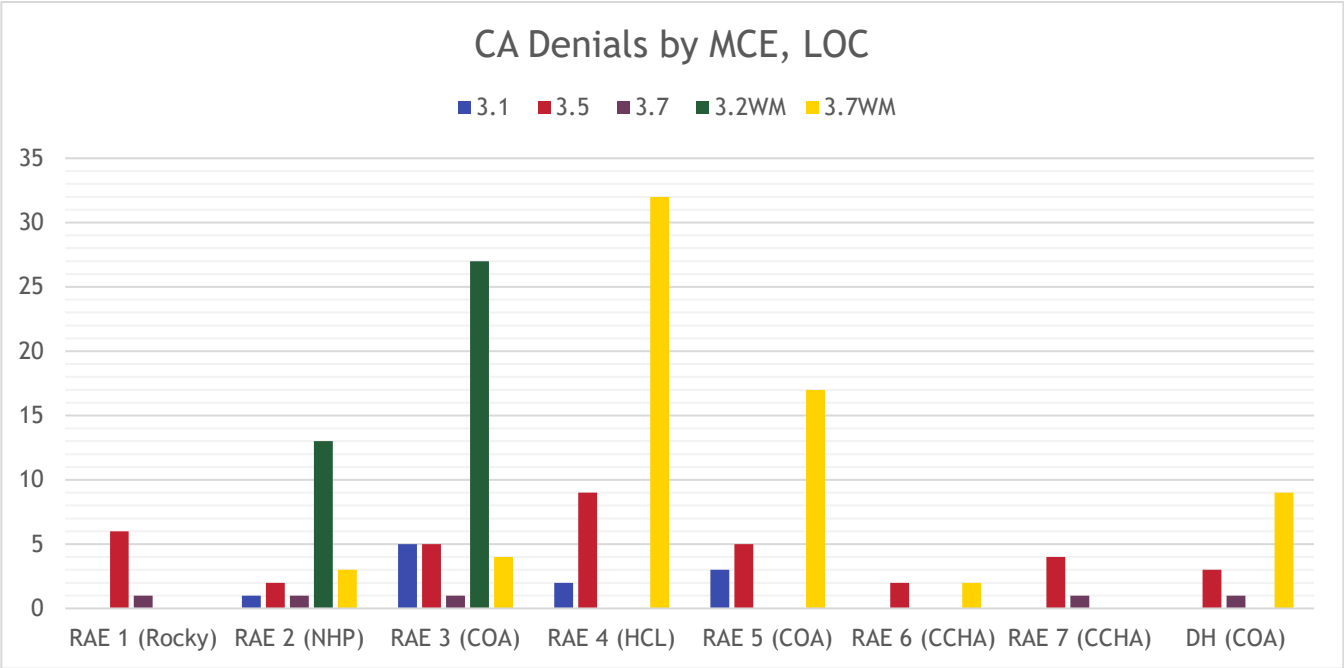


*RAE 1 did not provide CA response time data for this quarter

Part 5 Continued Authorization Denials and Appeals

CA denials and appeals data is provided to frame the magnitude of the denials made for members in SUD treatment at each LOC and identify frequency of appeals and the ultimate outcome of those determinations. Across all MCEs for all LOC there were a total of 1651 CA requests and of those, 159 CAs were denied (10%).





Review of the frequency of appeals at each LOC and the ultimate outcome of these appeals allows visibility into consistency across MCEs quality of requests received.

The response time metrics for review of appeals highlights MCE consistency and timeliness in providing feedback to providers.

The number of appeals resulting in overturned denials illustrates that providers effectively utilize ASAM criteria to advocate for continue care at a given level.

The number of total P2P requests remains small and averages should be considered with caution*. 2 MCEs had data to contribute with one of those noting P2P reporting is under review due to systems not having the functionality. Response time for P2P requests as a metric is intended to provide a mechanism for monitoring responsiveness of MCEs to peer to peer requests.

Finally, the last item included in this section combines CA information to IA information and provides visibility into the average LOS per LOC. This informs decision making about bed capacity needs as well as IA standards. Data provided is a compilation from across all MCEs. It provides an overview of average total lengths of stay combining both IA and CA approvals.

11. Number of CA Appeals by LOC: There were a total of 16 appeals for CAs out of 159 denials (10%). There were no reported CA appeals for ASAM Levels 3.3, 3.7, or 3.2WM.

ASAM LOC	# of CA Denials	# of CA Appeals	% of CA Denials Appealed
3.1	14	2	14%
3.5	50	12	24%
3.7WM	95	2	2%
Total	**159**	**16**	**10%**

12. Number of CA Appeals that Overturned Denials per LOC: There were a total of 3 CA denials overturned on appeal (all at 3.5 LOC). 19% of total appeals overturned denials. Within the 3.5 LOC 25% of appeals overturned denials.

ASAM LOC	# of CA Appeals	# Overturned Denials	% Denials Overturned
3.1	2	0	0%
3.5	12	3	25%
3.7WM	2	0	0%
Total	**16**	**3**	**19%**

13. Number of P2P Requests: There were a total of 9 P2P requests. No P2P requests were reported for ASAM level 3.3, 3.7 or 3.2WM

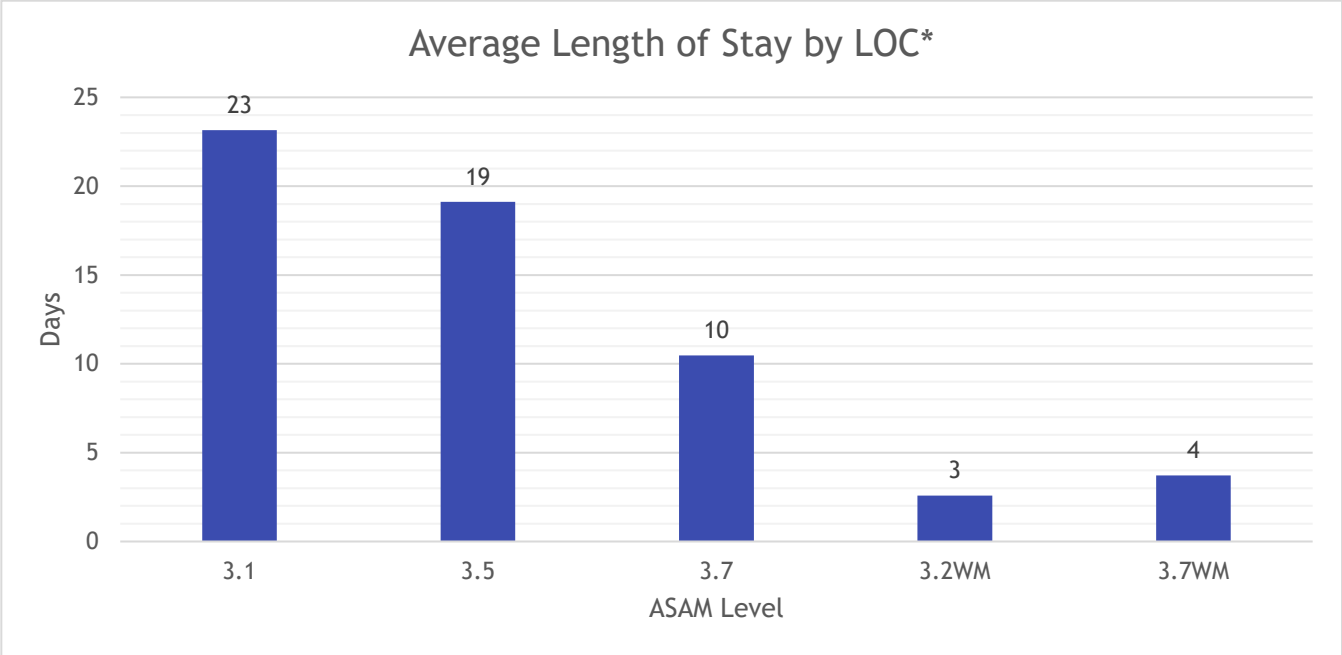
ASAM LOC	Number of P2P Requests
3.1	3
3.5	5
3.7WM	1
Total	**9**

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. The range of average response times was 27 hours to 96 hours. The overall Average Response time across all ASAM levels and MCEs was 60 hours.

15. Percent of P2P Requests that Overturned Denials: There were a total of 9 P2P requests reported with 6 P2P requests overturning denials. 67% of P2P requests resulted in overturned denials.

ASAM LOC	# P2P Requests	# Overturned Denials	% Overturned Denials
3.1	3	3	100%
3.5	5	3	60%
3.7WM	1	0	0%
Total	**9**	**6**	**67%**

16. Average Length of Stay (LOS) per LOC: This metric shows the average length of stay for members at each level of care across all MCEs in this July-September 2021 reporting period. This data is consistent with ASAM guidelines regarding dimensions of care and a progression through the continuum.



*There were no episodes of care reported for ASAM level 3.3

Part 6 Closing

Data from this third quarter of Demonstration Year one is largely consistent with data from the previous quarter.

Overall member access to SUD services captured in this report (Residential and Inpatient) continue to show growth in the number of members served with the highest utilization continuing in withdrawal management services.

Initial Authorization (IA) durations are becoming more uniform across MCEs and denials of IAs continue to remain low with a small number of providers accounting for the majority of denials when they occur.

Continued Authorization (CA) denials and appeals remain small in number and denials are more often than not overturned on appeal, particularly when a P2P request is utilized.

Across the state, average lengths of stay at each LOC are consistent with ASAM guidelines regarding dimensions of care and a progression through the continuum. Further understanding about variance across MCEs may be useful in ensuring uniform application of ASAM criteria within authorization practices.

Table 1- ASAM Level of Care (excerpt from The ASAM Criteria)

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

Table 2 – Average Length of IA in Days by Provider and LOC

Provider	3.1	3.3	3.5	3.7
A Life Worth Living				
Advantage Treatment Center				
Aurora MHC				
Behavioral Treatment Services			13	
Cedar Springs				
Colorado West Regional Mental Health			8	
Community Reach Center				
Crossroads Turning Point	12		14	7
Denver CARES	17			
Denver Springs				4
Health Solutions			12	14
Highlands Behavioral Health				
Jefferson Center for Mental Health				
Larimer County Community Corrections				
Mental Health Partners	14			
Midwestern Colorado Mental Health				
Mile High Behavioral Healthcare			12	
Mountain Crest Behavioral Health				4
New Beginnings Recovery Center			22	
New Directions for Families				
North Point Recovery			7	4
North Range Behavioral Health	15		14	
Pathfinders Recovery			10	
Peak View Behavioral Health				3
Recovery Resources				
RESADA	18			
Sobriety House	11		11	
Southeast Mental Health Services	10			
Southwest Colorado Mental Health Services				
Summitstone Health Partners			10	6
Turning Point Center				
UHS of Centennial Peaks				
University of Colorado ARTS	14		25	
UC Health CeDAR			12	
Valley Hope			17	
West Pines				7
All Other Providers	14		15	4

Table 3- IA Denials by Provider and LOC

	Administrative Denials				Medical Necessity Denials			
Provider	3.1	3.5	3.7	Total	3.1	3.5	3.7	Total
A Life Worth Living								
Advantage Treatment Center								
Aurora MHC								
Behavioral Treatment Services	1	2		3		4		4
Cedar Springs								
Colorado West Regional Mental Health								
Community Reach Center								
Crossroads Turning Point	3	23	4	30	1	2	3	6
Denver CARES	3			3	1			1
Denver Springs								
Health Solutions		1		1				
Highlands Behavioral Health								
Jefferson Center for Mental Health								
Larimer County Community Corrections								
Mental Health Partners								
Midwestern Colorado Mental Health								
Mile High Behavioral Healthcare								
Mountain Crest Behavioral Health								
New Beginnings Recovery		2		2				
New Beginnings Recovery Center								
New Directions for Families								
North Point Recovery							2	2
North Range Behavioral Health						1		1
Pathfinders Recovery		28		28		7		7
Peak View Behavioral Health								
Recovery Resources								
RESADA								
Sobriety House						2		2
Southeast Mental Health Services								
Southwest Colorado Mental Health Services								
Summitstone Health Partners							1	1
Turning Point Center								
UHS of Centennial Peaks								
University of Colorado ARTS								
UC Health CeDAR								
Valley Hope					1			1
West Pines								

Table 4 – Average Length of CA in Days by Provider and LOC

Provider	3.1	3.3	3.5	3.7	3.2WM	3.7WM
A Life Worth Living						
Advantage Treatment Center						
Aurora MHC						
Behavioral Treatment Services	1		7			
Cedar Springs						3
Colorado West Regional Mental Health			21	3	3	
Community Reach Center						
Crossroads Turning Point	7		18	34	4	
Denver CARES	14					
Denver Springs				4		2
Health Solutions			10	12		
Highlands Behavioral Health						2
Jefferson Center for Mental Health						
Larimer Co Community Corrections						
Mental Health Partners	16					
Midwestern Colorado Mental Health					3	
Mile High Behavioral Healthcare			131*			
Mountain Crest Behavioral Health				3		3
New Beginnings Recovery Center			33			
New Directions for Families	13					
North Point Recovery			17	3		3
North Range Behavioral Health	15		13		3	
Pathfinders Recovery			10			
Peak View Behavioral Health						6
Recovery Resources					3	
RESADA	9				2	
Sobriety House	12		18			
Southeast Mental Health Services	11					
Southwest Colorado Mental Health Services					3	
Summitstone Health Partners			8	5		
Turning Point Center						
UHS of Centennial Peaks					2	3
University of Colorado ARTS	11		17			
UC Health CeDAR			7	0		2
Valley Hope	11		12			
West Pines				7		3
All Other Providers	0		66	10		10

***Outlier due to one data point**