Substance Use Disorder Utilization Management Report Including Q4 Data and Compiling all Data from Demonstration Year 1

Demonstration Year 1

Data from: 1/1/2021 – 12/31/2021

Reporting: July 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 residential 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 full Demonstration Year one (DY1) 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 defined standard processes. However, due to the lag time of quarterly reporting, full data from all MCEs was not available for the first 3 quarters of DY1, January 2021-Sept 2021. In the preceding three quarterly reports omissions and limitations were noted.

Seeking to provide a comprehensive look at requested data points over DY1, this quarterly update on the status of the expanded “inpatient” residential and hospital services offered under the SUD Benefit, includes new data from the 4th quarter of DY1 (Oct 1, 2021-December 31, 2021) but rather than being presented as data from a single quarter the data has been combined with all of the data from the previous 3 quarters and re-analyzed to include all available data points for all measures across DY1, January 2021-December 2021, to provide the most comprehensive look possible at utilization management of SUD expanded services in the first year of the 1115 demonstration waiver. This report includes all currently available data points defined in SB 21-137[1]. However, as noted above not all data was required for the full DY1 period so “annual” numbers must be considered in the context of available numbers across the time period.

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

The current report covers the first demonstration year, and includes the 16 metrics outlined in SB21-137. The report is organized with an overview of each section followed by the numbered metrics.

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. These very small data points marked with an asterisk (*). However, to ensure full transparency, all data submitted by each MCE is included for informational purposes. Interpretation of such data should be made with caution and conclusions should not be drawn based on this data alone.

Part 1 Utilization Overview

Part 2 Initial Authorization (IA)

1. Average length of IA for each MCE and provider by LOC
2. Average response time for IA for each MCE by LOC in hours
3. Total number of IAs that met the response time standard
4. Total number of IAs that exceeded the response time standard

Part 3 Initial Authorization Denials

5. Percentage of IAs needing additional clinical documentation.
6. Percentage of IAs that were incomplete.
7. Percentage of IAs that were issued retroactively
8. Total initial denials by reason and LOC for each MCE and provider

Part 4 Continued Authorization (CA)

9. Average length of CA for each MCE and provider by LOC
10. Average response time for CA for each MCE by LOC

Part 5 Continued Authorization Denials and Appeals

11. Number of CA appeals by LOC
12. Number of CA appeals that overturned denials per LOC
13. Number of peer-to-peer (P2P) requests
14. Average response time for P2P decisions after request submitted.
15. Percent of P2P requests that overturned denials
16. Average length of stay per LOC (captured by claims days paid)

Part 6 Closing

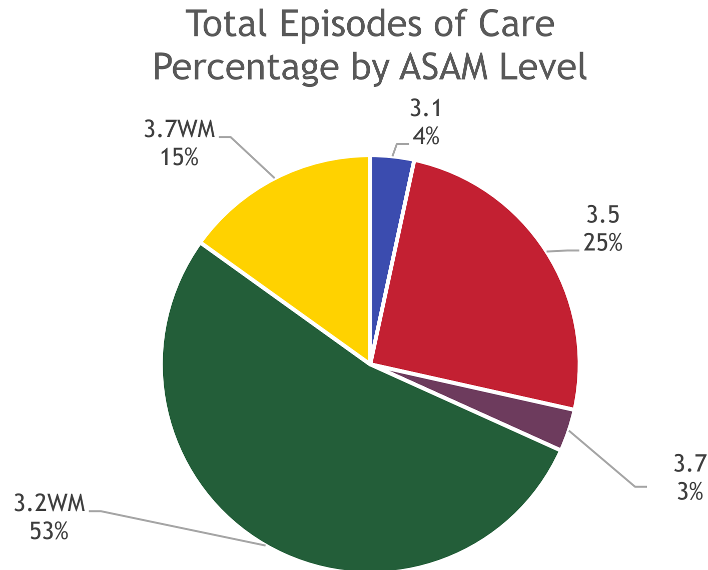
Part 1 Utilization Overview

To provide a context for the data included in this report, the following overview summarizes Episodes of Care provided to members under the “SUD Residential and Inpatient Services Expansion” of the SUD Benefit to members in DY1, (January 1, 2021-December 31, 2021). During DY1 8,844 unique members utilized residential and inpatient SUD services.

The following episodes of care data reflect member LOC utilization sought by members over the first year of the demonstration. Less than 1% of members served in residential/inpatient SUD designated ASAM LOC services were youth (defined as 18 years of age and younger) and less than 1% of members served received services through Special Connections (defined as pregnant and parenting people up to one-year post-partum).

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 sought at each 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 at the same or different levels.

ASAM LOC	Total Episodes of Care
3.1	557
3.3	0
3.5	4,141
3.7	538
Residential Subtotal	5,236
3.2WM	8,762
3.7WM	2,488
WM Subtotal	11,250
Total	16,486



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 retrospective 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 for the standard minimum IA period. For WM LOC, concurrent approval is required if medical necessity substantiates a stay beyond the IA minimum standard. These WM concurrent approvals are addressed in the Continuing Approval section of the report.

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 is 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.

Beginning January 1, 2022 (in alignment with the beginning of DY2) the number of IA days was standardized across all MCEs.

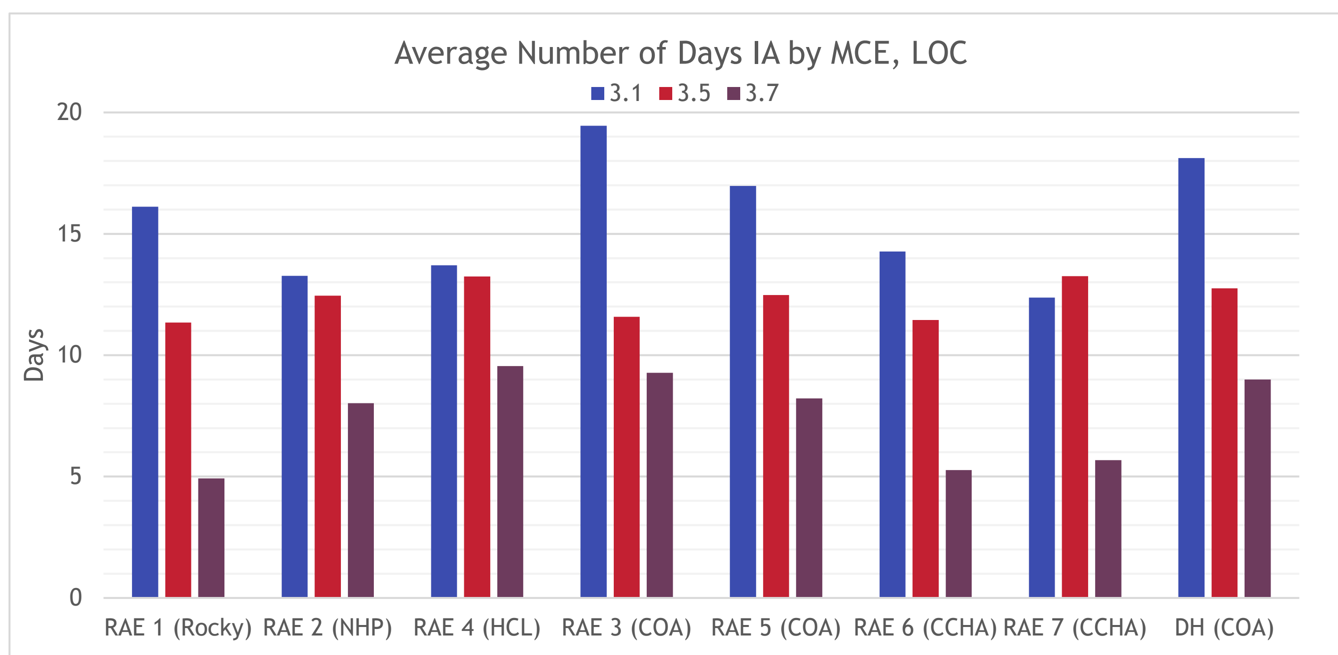
Standard IA Approval Timeframes

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.

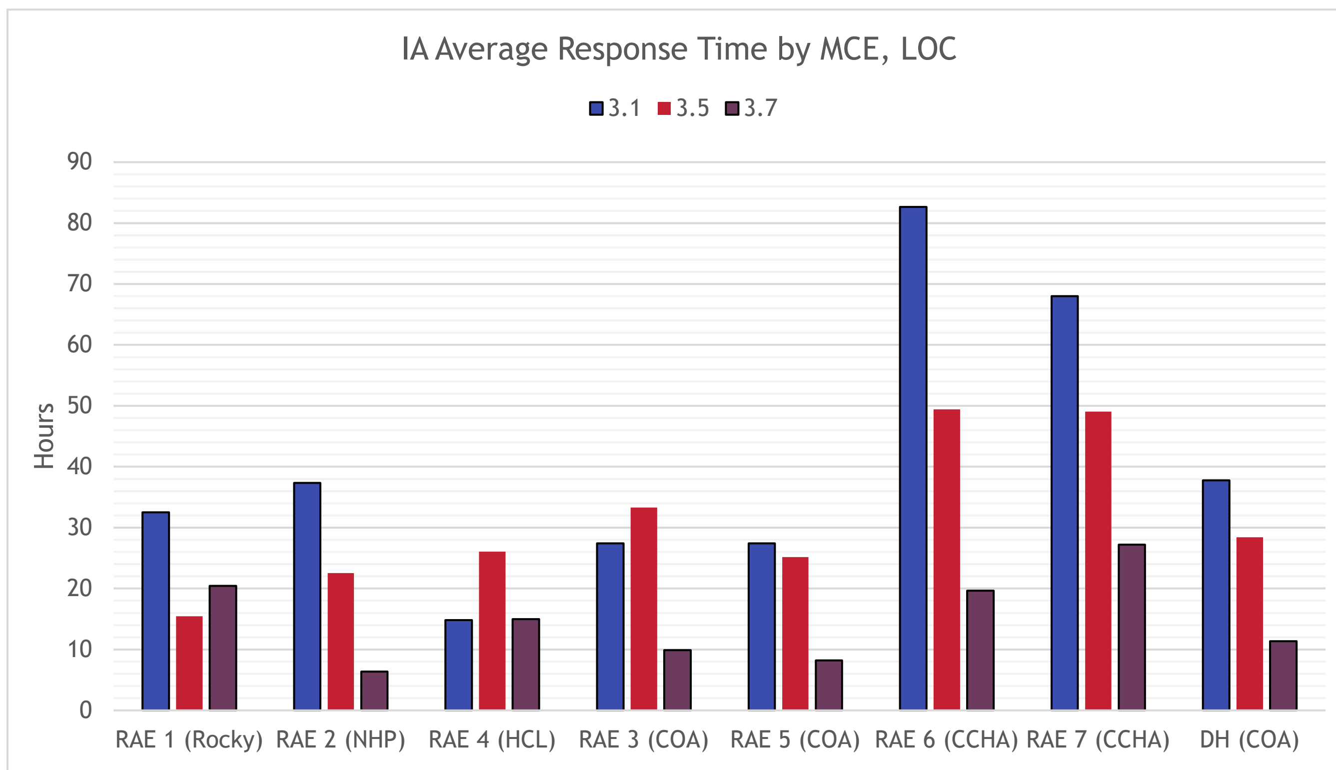
- The data from DY1 demonstrates average response times for all levels of care are significantly below the current 72 hours standard.
- This visibility into variance from the standard informs HCPF when evaluating standards for IA to ensure prompt treatment access.

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 across DY1. 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.



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 across DY1. **Note:** 95% of IAs met the standard response time.

Number of IAs issued across MCEs	Number of IAs meeting 72hrs
3,104	2,926

4. Total Number of IAs that Exceeded the Response Time Standard: This metric 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 a count of IAs that exceeded the standard during DY1. **Note:** 5% of IAs exceeded standard response time.

Number of IAs issued across MCEs	Number of IAs exceeding 72hrs
3,104	178

Part 3 Initial Authorization Denials

This metric 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.

The 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.

Looking across the entire Demonstration Year the Benefit Issues went from low to none. The Medical Necessity issues and Administrative issues also declined over the span of DY1 but the proportion of denials, with Administrative denials being highest, remained constant.
Note: Across DY1 there were 451 total IA denials out of 3,555 total IA requests (13%).

Type of IA Denial	Number of Denials	% of Total Denials
Administrative	262	58%
Benefit Issue	12	3%
Medical Necessity	177	39%

5. Percentage of IAs Needing Additional Clinical Documentation*: An IA can only be counted as "needing additional clinical documentation" if the response time standard is exceeded. Compiling IA data from all MCEs, across DY1, the rate remained level.
Note: 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	506	20	4%
3.5	2,031	61	3%
3.7	563	8	1%
Totals	**3,104**	**89**	**3%**

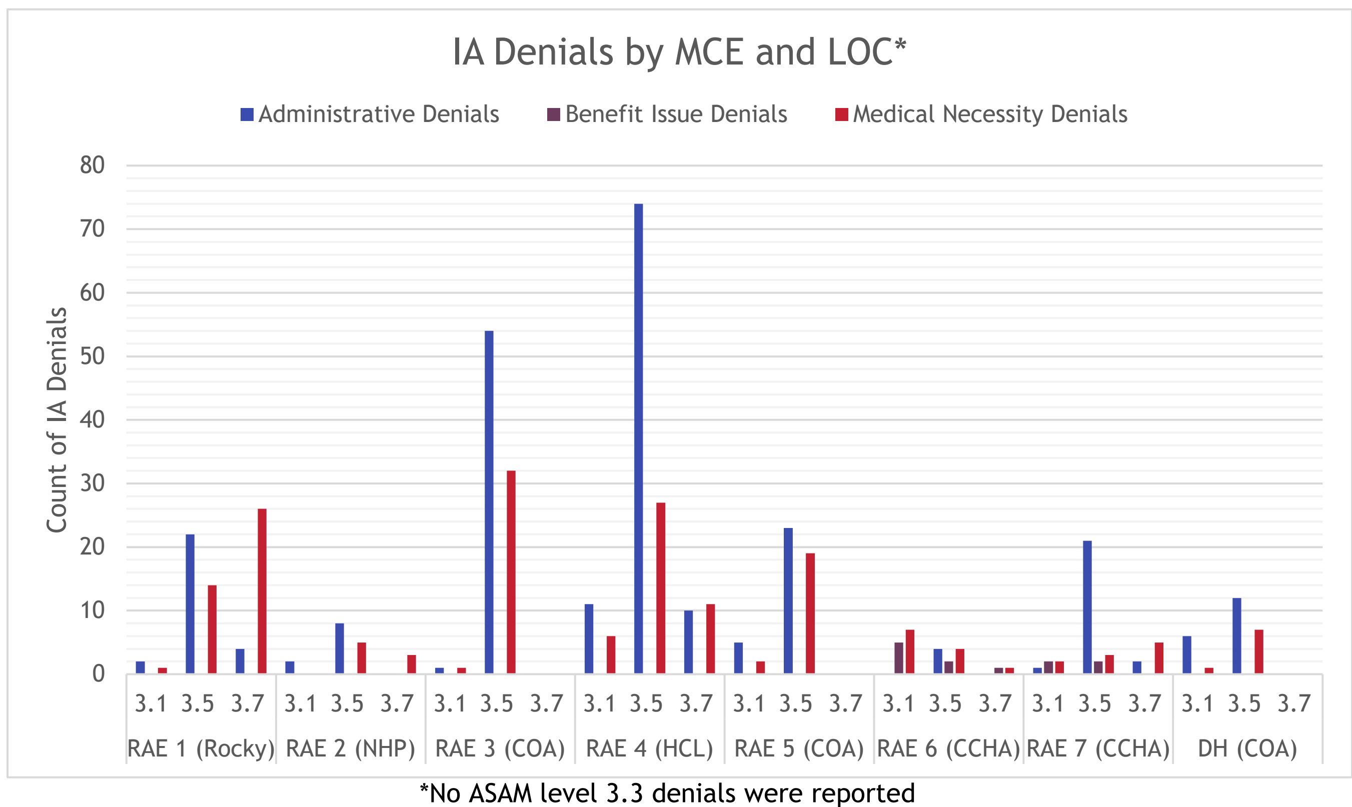
6. Percentage of IAs that were Incomplete*: An IA only counts as incomplete if it is incomplete past the response time standard. No IAs were reported as incomplete in DY1.

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.
Note: 6% of total IAs were issued retroactively. This rate remained generally stable across DY1.

ASAM LOC	# of IA Issued Retroactively	% of IAs Issued Retroactively
3.1	46	9%
3.5	115	6%
3.7	17	3%
Totals	**178**	**6%**

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

8. Total IA Denials by Reason by MCE for each LOC: IA denials, over DY1 were primarily issued for Administrative reasons. Very few were issued for a Benefit concerns, and that majority of those issued for a benefit concern occurred early in DY1.



*No ASAM level 3.3 denials were reported

IA Denials by provider and LOC can be viewed at the back of this report in Table 3.
Note: 2 providers accounted for 78% of 262 total administrative denials
2 providers accounted 52% of the 177 total medical necessity denials

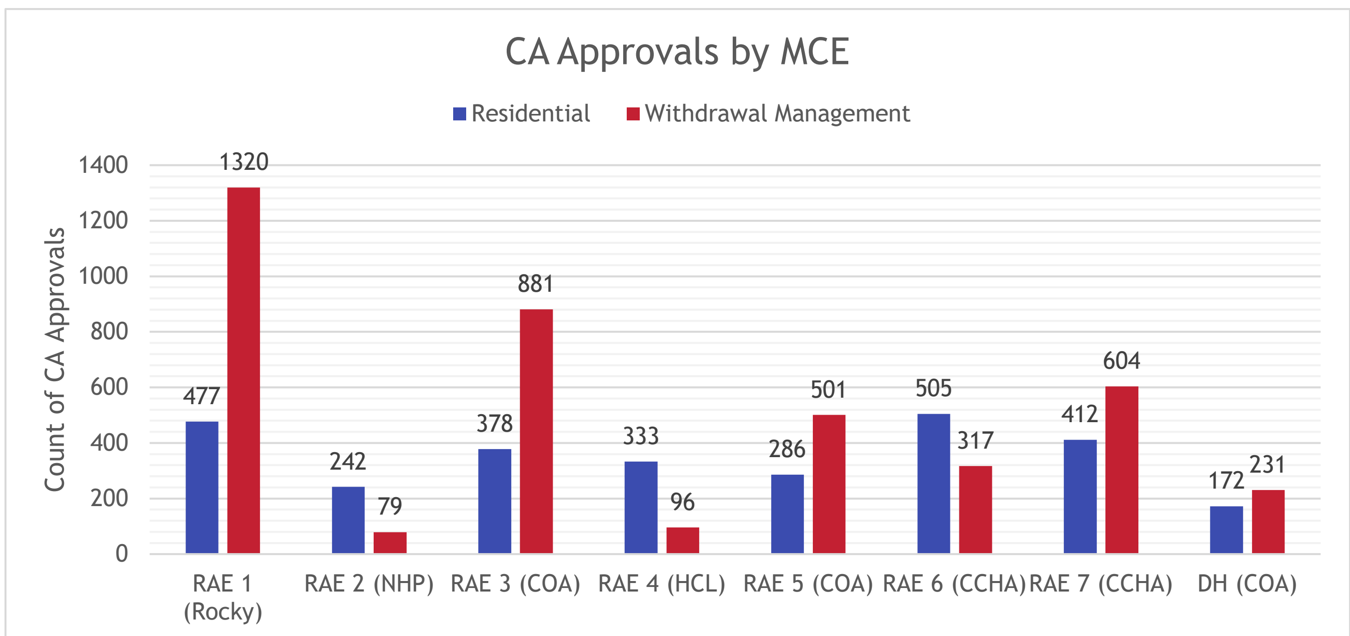
Part 4 Continued Authorization (CA)
CA measures provide visibility into the volume of requests being submitted for ongoing care at a given ASAM LOC, the number of additional days being approved for continued care at each LOC and the timeliness in reviewing requests. Looking across data from DY1, and in consideration of two separate processes for Residential LOC

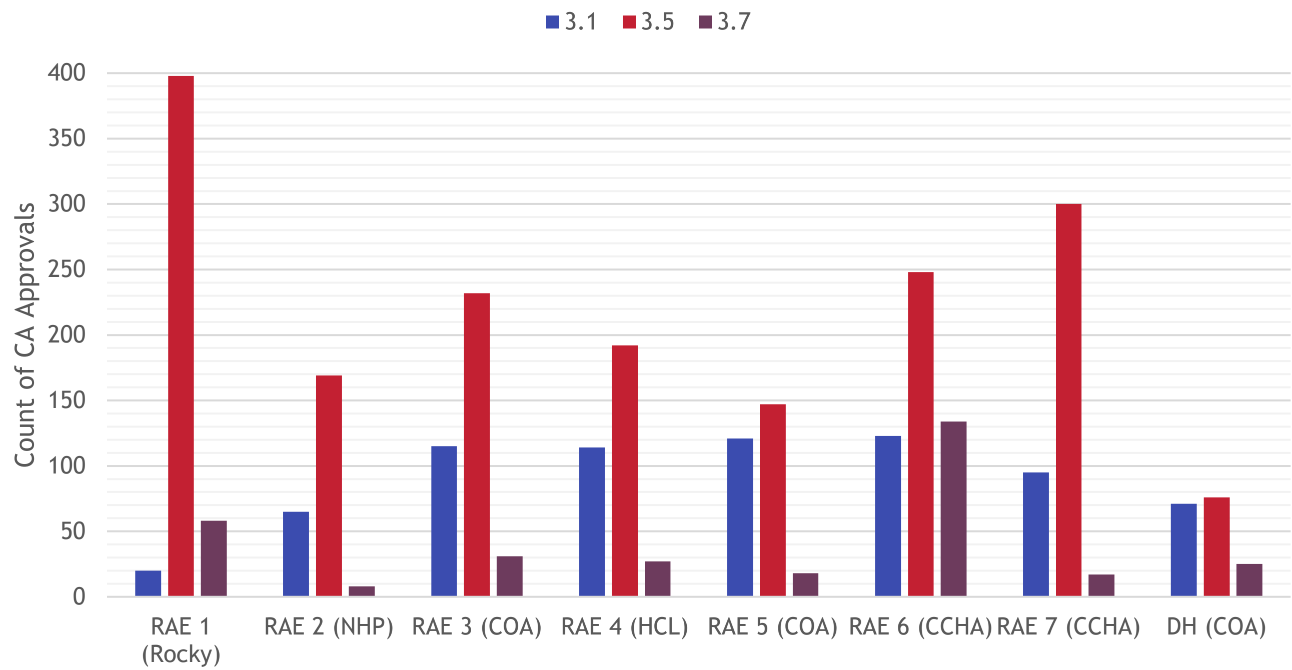
services (3.1, 3.3, 3.5 and 3.7) versus Withdrawal Management LOC services (3.2WM and 3.7WM), data presented in this section is organized to highlight patterns unique to each category in recognition of the fact that 53% or services provided across DY1 were in the WM space. For WM LOC, concurrent approval is required if medical necessity substantiates a stay beyond the IA minimum standard and these approvals are counted as CA approvals in the WM category.

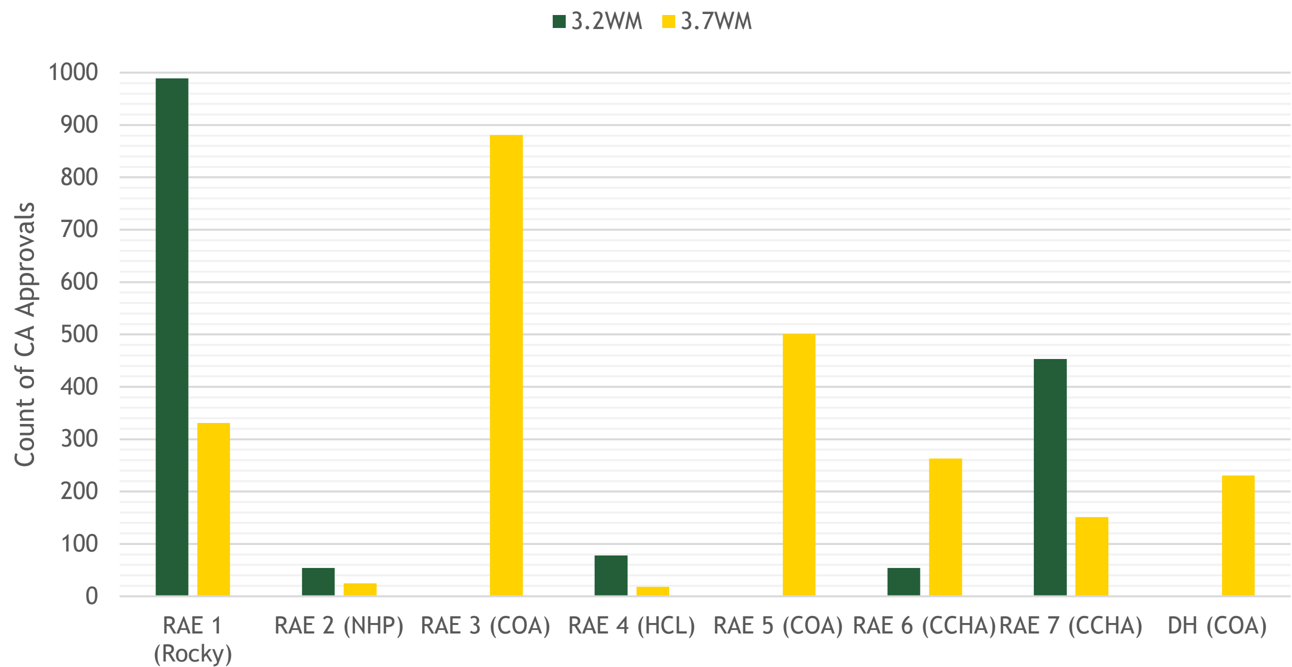
Evaluation of what LOCs require CA most frequently and the volume of the requests that impact provider time and MCE time can inform decision making regarding standard length of IA.

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.

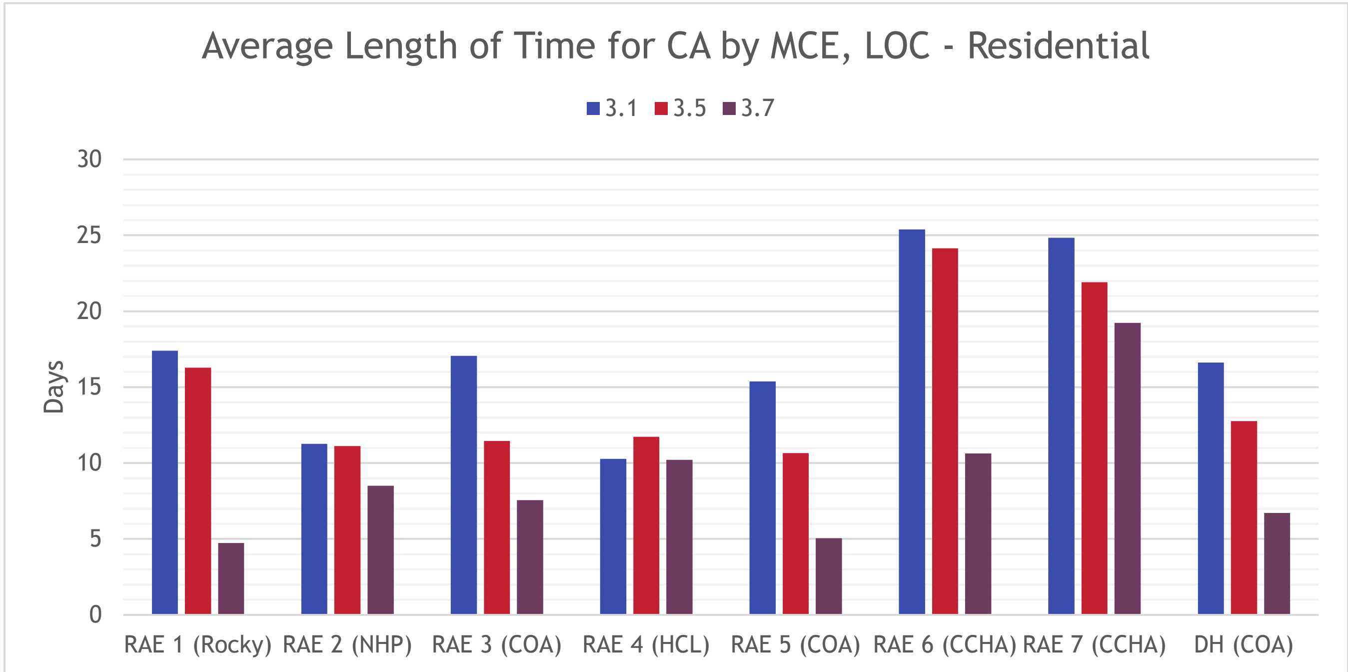
Response time for CA highlights MCE responsiveness to provider requests and members needing services.

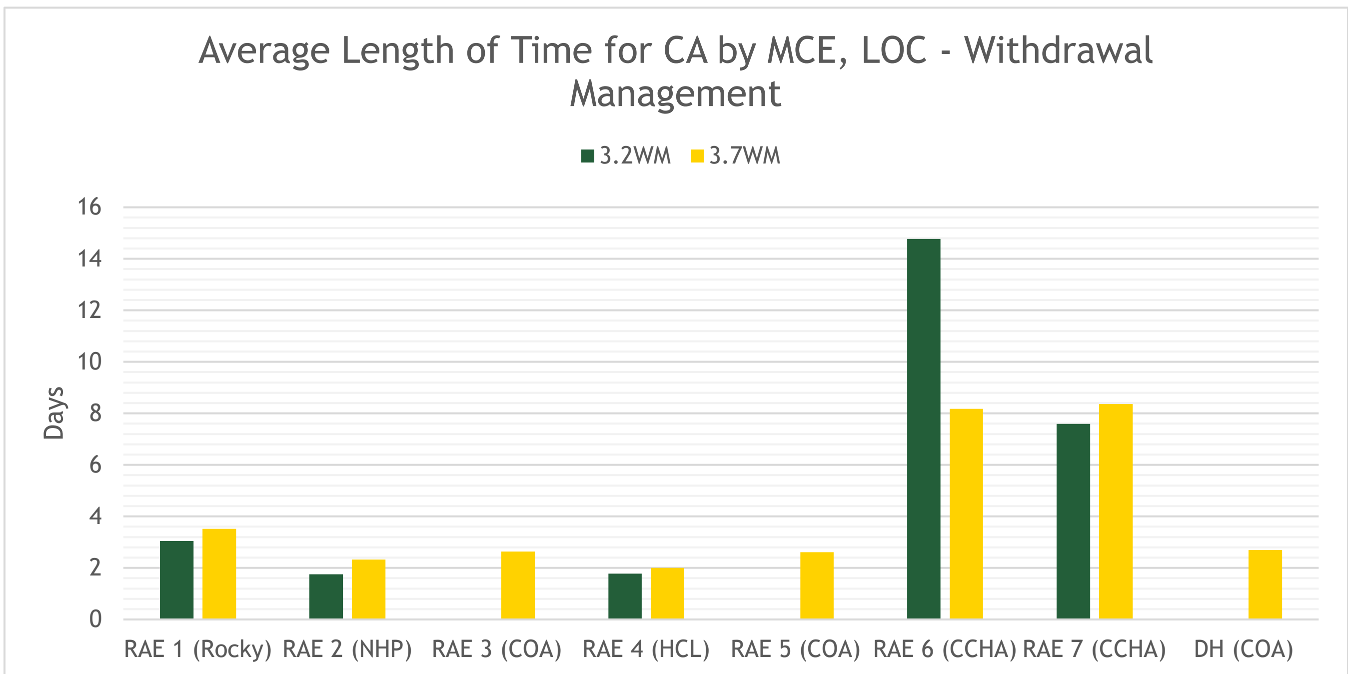



CA Approvals by MCE - Residential
3.1
3.5
3.7
Count of CA Approvals
400
350
300
250
200
150
100
50
0
RAE 1 (Rocky)
RAE 2 (NHP)
RAE 3 (COA)
RAE 4 (HCL)
RAE 5 (COA)
RAE 6 (CCHA)
RAE 7 (CCHA)
DH (COA)


CA Approvals by MCE - Withdrawal Management
3.2WM
3.7WM
Count of CA Approvals
1000
900
800
700
600
500
400
300
200
100
0
RAE 1 (Rocky)
RAE 2 (NHP)
RAE 3 (COA)
RAE 4 (HCL)
RAE 5 (COA)
RAE 6 (CCHA)
RAE 7 (CCHA)
DH (COA)

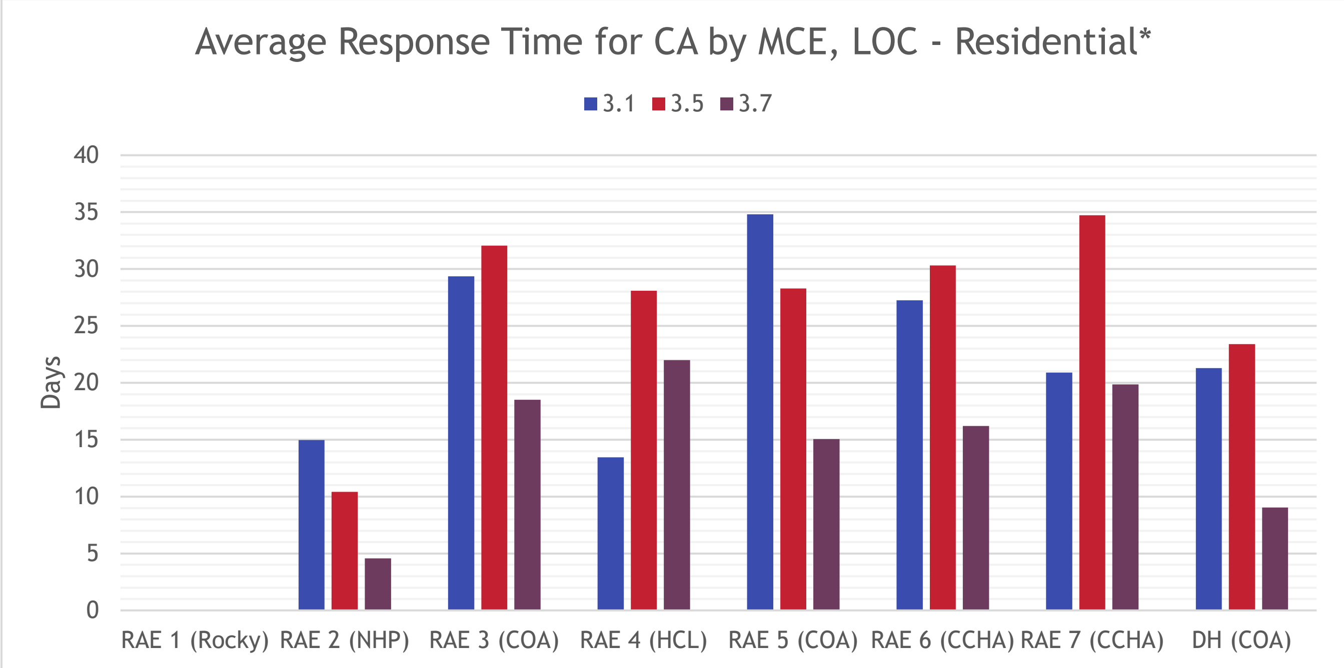
9. Average Length of Continued Authorization (CA): This is a measure of the average length of additional days authorized through CA at each LOC by each MCE. Across DY1, there were 7,696 CA requests.
Note: 6,834 CA requests were approved (89%).



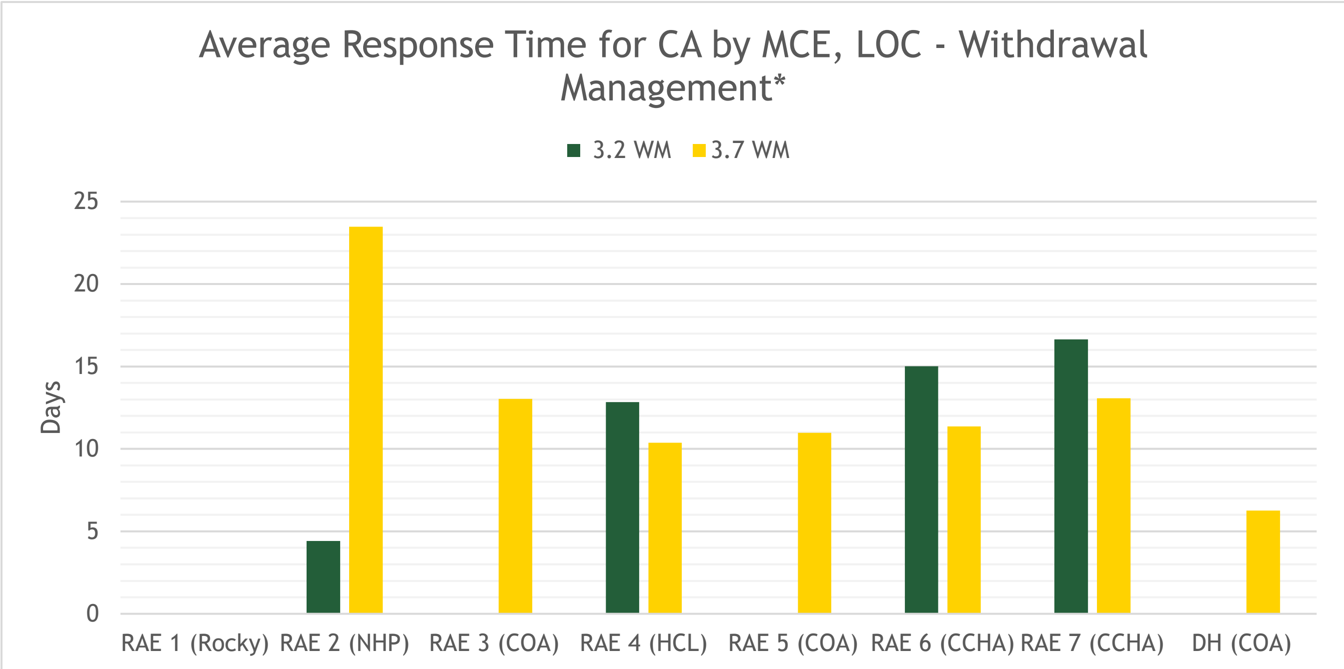


The average length of CA in days can also be viewed by provider in Table 4.

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. Across DY1, the range of average response times for Residential LOCs was 5 -35 hours and for WM LOCs was 4-23 hours.
Note: Average CA response time for Residential LOCs was 21 hours.
Average CA response time for WM LOCs was 9 hours.

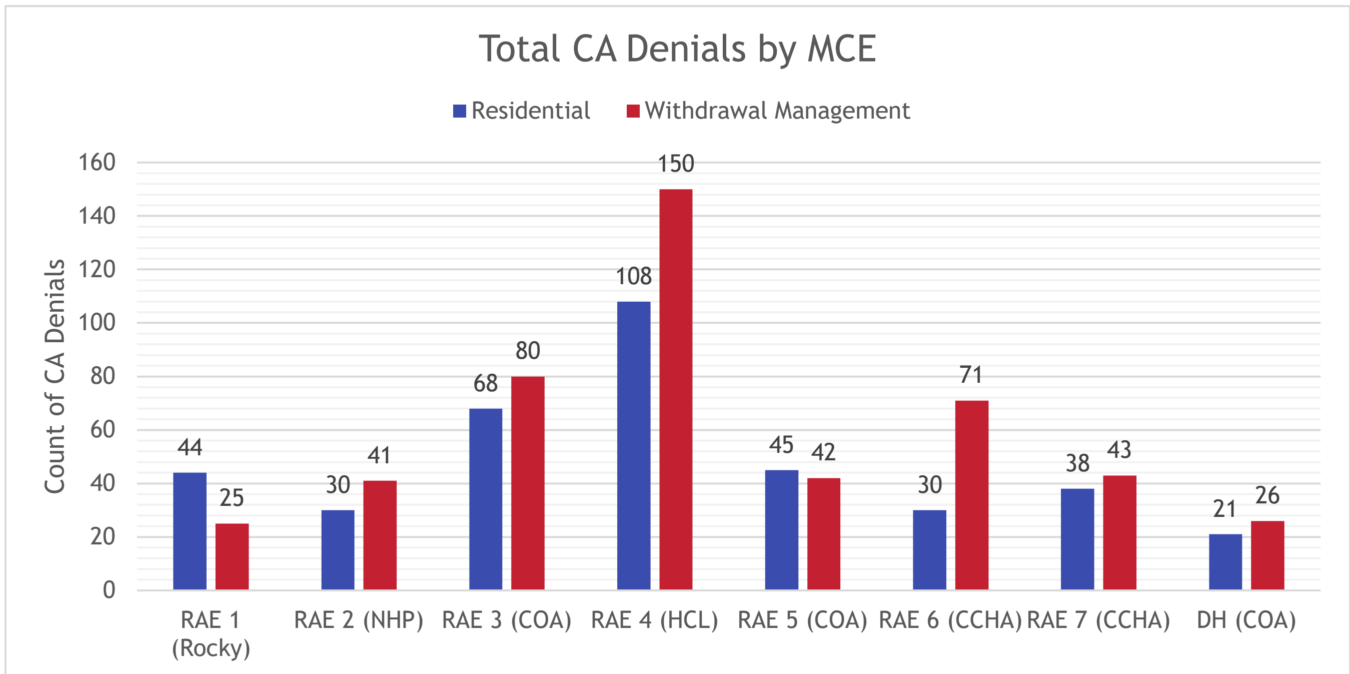


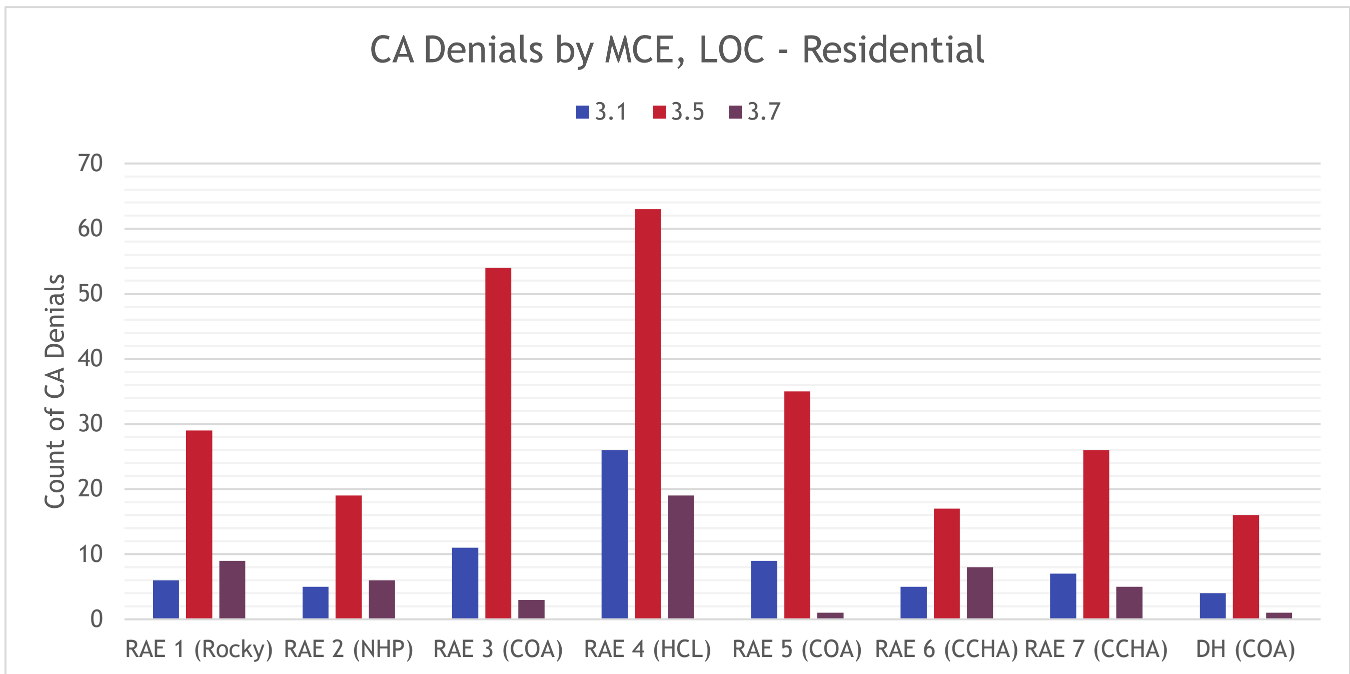
*RAE 1 CA response times are not available

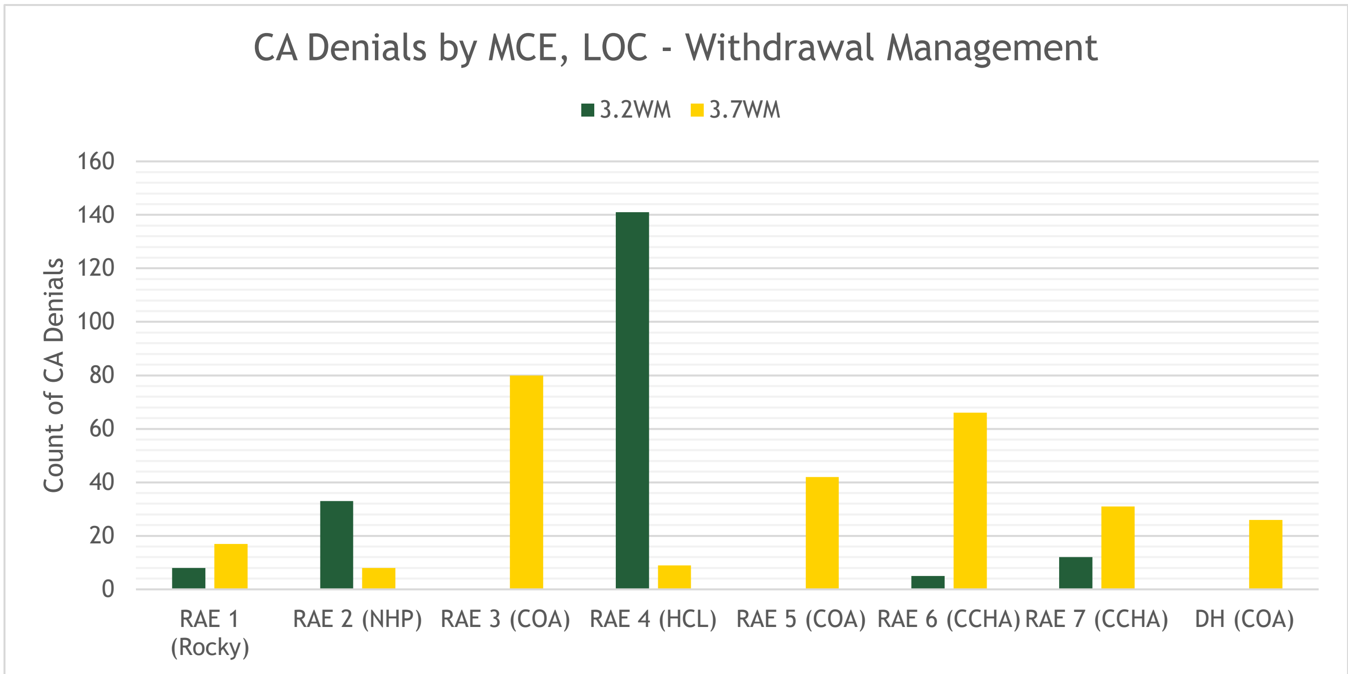


*RAE 1 CA response times are not available

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 7,696 CA requests.
Note: 862 CAs were denied (11%).







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.

P2P request is a data point that was not required for most of DY1. Data for this point should be viewed in consideration that not all MCEs were able to contribute data across the full DY1. 5 of the 8 MCEs had data to contribute for P2P requests. 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 data with IA data. This total service data provides visibility into the average LOS per LOC. This informs decision making about bed capacity needs as well as IA standards.

11. Number of CA Appeals by LOC: For DY1 there were 66 appeals to CA denials out of 862 denials (8%).

ASAM LOC	# of CA Denials	# of CA Appeals	% of CA Denials Appealed
3.1	73	4	5%
3.5	259	33	13%
3.7	52	6	12%
3.2WM	199	0	0%
3.7WM	279	23	8%
Total	**862**	**66**	**8%**

12. Number of CA Appeals that Overturned Denials per LOC: For DY1, 11 of the 66 CA appeals resulted in overturned denials. **Note:** 17% of appeals overturned denials.

ASAM LOC	# of CA Appeals	# Overturned Denials	% Denials Overturned
3.1	4	0	0%
3.5	33	8	24%
3.7	6	3	50%
3.7WM	23	0	0%
Total	**66**	**11**	**17%**

13. Number of P2P Requests: There were a total of 126 P2P requests.

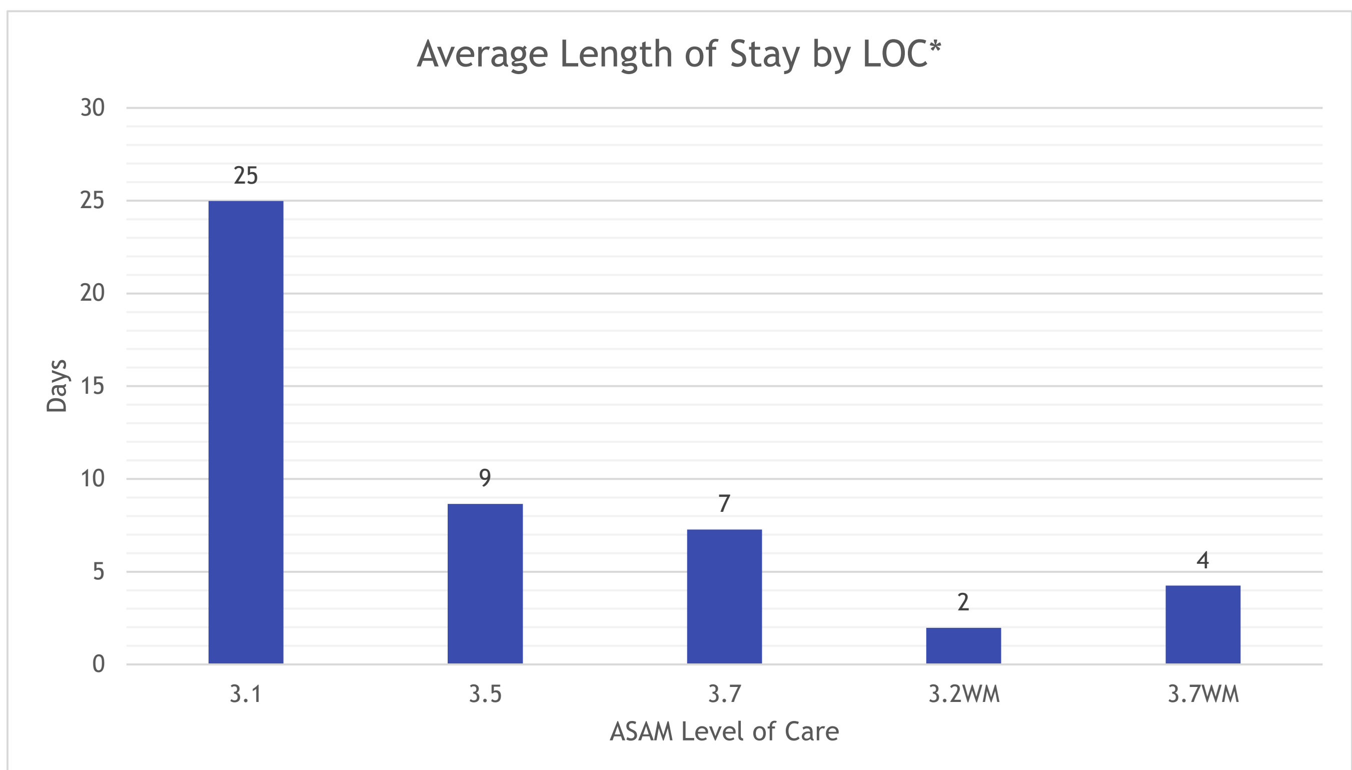
ASAM LOC	Number of P2P Requests
3.1	24
3.5	31
3.7	11
3.2WM	10
3.7WM	50
Total	**126**

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 8 minutes to 48 hours.
Note: Average Response time across all ASAM levels and MCEs was 12 hours.

15. Percent of P2P Requests that Overturned Denials: Based on the limited set of data collected from 5 of 8 MCEs across DY1, there were 126 P2P requests reported with 34 P2P requests overturning denials.
Note: 27% of P2P requests resulted in overturned denials.

ASAM LOC	# P2P Requests	# Overturned Denials	% Overturned Denials
3.1	24	14	58%
3.5	31	8	26%
3.7	11	1	9%
3.2WM	10	2	20%
3.7WM	50	9	18%
Total	**126**	**34**	**27%**

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 for DY1 based on completed services delivered, as compared to services initially authorized.
Note: Colorado 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 across DY1 (January 2021-December 2021) was largely consistent from quarter to quarter. The biggest changes noted were decreased denials for IAs, which were generally low, with pockets of issues that were resolved within the first six months of the benefit. While ASAM 3.3 LOC is offered as part of the continuum of care in Colorado, and Provider Tables reflect less than a handful of instances where 3.3 LOC was initially requested, no episodes of care delivered at the 3.3 level were identified by the MCEs or found by the Department. Based on inconsistencies in the data provided by MCEs in authorized 3.3 LOC services and delivered services data for these possible authorizations is not included in the graphs and MCE tables.

Overall member access to SUD services captured in this report (Expansion Benefit: Residential and Inpatient levels of care) continue to show growth across quarters in the number of members served with the highest utilization continuing in withdrawal management services. The number of members served reflects a less that 1% rate for youth receiving Residential/Inpatient LOC services (including WM services). Further exploration to understand availability of those services is indicated. Youth needs and access to services will be a focus of the Department in DY2.

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. Based on data provided during DY1, review of the standard IA time provided for WM services is an area identified for further examination.

Continued Authorization (CA) does not have uniform standards across MCEs and volume of CA approvals in both the residential and WM categories is high. Next steps for the Department in partnership with the MCEs includes exploration of average length of each CA by level of care and number of CAs issued per member. This is an area for further examination, as the Department recognizes the process for seeking CA is administratively burdensome for providers.

Continued Authorization (CA) denials and appeals remain relatively small in number, but CA denials are frequently overturned on appeal, particularly when a P2P request is utilized. Continued monitoring of denial and appeal outcomes will inform policy discussions.

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 availability
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	13	7	12	
Aurora MHC			3	
Behavioral Treatment Services			13	
Colorado West Regional Mental Health	15		7	5
Community Reach Center			6	
Crossroads Turning Point	15		12	9
Denver CARES	20			4
Denver Springs				4
Health Solutions			13	9
Highlands Behavioral Health				11
Jefferson Center for Mental Health			14	
Johnstown Heights				5
Mental Health Partners	14			
Mile High Behavioral Healthcare			16	
Mountain Crest Behavioral Health				4
New Beginnings Recovery Center			13	
New Directions for Families	27		20	
North Point Recovery			12	6
North Range Behavioral Health	16		12	
Pathfinders Recovery			10	
Peak View Behavioral Health			7	3
Recovery Resources			7	
RESADA	16			
Sobriety House	14		13	
Southeast Mental Health Services	11			
Summitstone Health Partners			11	7
Turning Point Center	7			
UHS of Centennial Peaks				3
University of Colorado ARTS	14		19	
University of Colorado CeDAR			15	
Valley Hope	18		15	
West Pines			7	8
All Other Providers	14		12	5

Table 3– IA Denials by Provider and LOC

	Administrative Denials			Benefit Issue Denials			Medical Necessity Denials		
Provider	3.1	3.5	3.7	3.1	3.5	3.7	3.1	3.5	3.7
A Life Worth Living									
Advantage Treatment Center		1						1	
Aurora MHC									
Behavioral Treatment Services	1	13			1			8	
Colorado West Regional Mental Health		4	3				1	6	5
Community Reach Center									
Crossroads Turning Point	8	100	12		1		5	36	16
Denver CARES	13						2		
Denver Springs									1
Health Solutions		1							2
Highlands Behavioral Health									
Jefferson Center for Mental Health								6	
Johnstown Heights									
Mental Health Partners				4		1	3		
Mile High Behavioral Healthcare							1		
Mountain Crest Behavioral Health									4
New Beginnings Recovery Center		5						3	
New Directions for Families									
North Point Recovery									9
North Range Behavioral Health		2						6	
Pathfinders Recovery		85						36	
Peak View Behavioral Health									2
Recovery Resources									
RESADA	5			1			2		
Sobriety House	1						1	3	
Southeast Mental Health Services							1		
Summitstone Health Partners									3
The Recovery Center								1	
Turning Point Center									
UHS of Centennial Peaks									
University of Colorado ARTS								1	
University of Colorado CeDAR									
Valley Hope		2			1		2	3	
West Pines									
All Other Providers		5	1	2	1		2	1	4

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		8	25		4	
Aurora MHC	29		23	11	10	9
Cedar Springs	1		12			
Colorado West Regional Mental Health					8	2
Community Reach Center	11		18	5	3	
Crossroads Turning Point			63		28	
Denver CARES	15		17	18	7	5
Denver Springs	16			7	5	5
Health Solutions				4		3
Highlands Behavioral Health			10	10		
Jefferson Center for Mental Health						3
Johnstown Heights			11			6
Larimer County Community Corrections				2	4	4
Midwestern Colorado Mental Health	20				4	2
Mile High Behavioral Healthcare					3	
Mountain Crest Behavioral Health			21			
New Beginnings Recovery Center				3		4
New Directions for Families			13			
North Point Recovery	13		30			
North Range Behavioral Health			13	6		3
Pathfinders Recovery	13		12		3	
Peak View Behavioral Health			12			3
Recovery Resources			11	12		6
RESADA					3	
Sobriety House	16				7	
Southeast Mental Health Services	18		10			
Southwest Colorado Mental Health Services	11				2	
Summitstone Health Partners					3	
Turning Point Center			14	6		
UHS of Centennial Peaks						
University of Colorado ARTS				6	2	3
University of Colorado CeDAR	17		22			
Valley Hope			12	8		3
West Pines	18		14			
All Other Providers			14	9		3