Substance Use Disorder Utilization Management Report

October 1, 2023

Data Included
DY3 Q2
(April 23-June 23)

COLORADO
Department of Health Care Policy & Financing

Contents

Summary

This report was developed to publicly report progress and statewide data trends regarding the residential and inpatient portions of the substance use disorder (SUD) treatment benefit. The report includes all currently available data points defined in SB 21-137[1]. This quarterly report includes data from January 2023 through March 2023 about service authorizations, denials, response times, and the volume of services being delivered. The data was collected and consolidated from Colorado's Managed Care Entities (MCEs) that administer the SUD benefit.

The Department of Health Care Policy and Financing (HCPF) offers observations of noted trends and changes in trends starting in January 2021, when the benefit was implemented through an 1115 Demonstration Waiver.
Highlights of the October 1, 2023 report include:

- Data from this quarter demonstrates a continued decrease in utilization of 3.7 level of care. HCPF will continue to explore with the MCEs the reasons for reduced use of this medically monitored level of care.
- HCPF has noted that withdrawal management (WM) services have yet to decrease under the full continuum of care being offered. After remaining flat at 75% throughout the second year of the benefit and into the first quarter of demonstration year 3, WM services have risen to 76%. At least 7% (171 unique members) of members who receive WM services have returned to the same or higher level of care during the quarter (April 1, 23-June 30, 23).
- MCE response time for Initial Authorization (IA) requests from providers continued to exceed the standard response time for non-special connection adults 5% of the time and for special connections pregnant and parenting people 12% of the time. However, these response times exceeding the standard have decreased significantly from the last quarter.
- Across the review period, IA denials remained low. There were 45 total IA denials out of 1,070 IA requests (4%). All 23 medical necessity denials were due to clinical documentation concerns. Note: 1 provider accounted 61% of the medical necessity denials.
- 29% of P2P requests resulted in overturned denials. With 5 of the 8 MCEs reporting (RAEs 3, 5 and DH did not provide P2P data). This is an increase from last quarter. HCPF will continue to explore MCE tracking and utilization of the peer-to-peer (P2P) process and how it informs decision making for both IA and CA denials to maximize collection of necessary information from providers to minimize denials that are overturned following consultation.
- HCPF will continue to monitor MCE tracking of youth SUD service needs and delivery to ensure member access to the SUD benefit for this subpopulation.

- Based on sustained high rates (92%) of continued authorization approvals (CA), HCPF will continue to work with MCEs to ensure both efficiency and oversight are maximized and balanced to ensure oversight is appropriate and not overly burdensome based on the length and frequency of CA requests and approvals.

This report also identifies opportunities where further exploration or statistical analysis of data may be beneficial in evaluating the needs of Health First Colorado Members. This is the 8th report the Department has published. All SUD Utilization Management Reports are available upon request. Please email: SUD Benefits.

Overview & Background

In January 2021, the Department of Health Care Policy and Financing (the Department) expanded its substance use disorder (SUD) benefit to provide services across the full continuum of SUD care. This includes coverage for all of levels of care (LOC) as defined by the American Society of Addiction Medicine (ASAM) Appendix B. The expansion was authorized and funded by Colorado House Bill 18-1136. The benefit expansion also required the Department to secure 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.

Three years after the authorizing legislation was passed the Colorado General Assembly passed Senate Bill (SB) 21-137[1] that mandated HCPF consult with the Office of Behavioral Health (OBH), residential SUD treatment providers, and Managed Care Entities (MCEs) to develop standardized utilization management processes for residential and inpatient SUD treatment. That bill also outlined the methodology for reporting utilization management data on a quarterly basis.

Standard definitions and data collection processes for each metric were established in Demonstration Year one (DY1) of the 1115 waiver (January 1, 2021-December 31, 2021). As of January 2022, all data points have been collected and reported across all MCEs, following defined standard processes.

[1] The current report includes the metrics outlined in Colorado Senate Bill 21-137: https://leg.colorado.gov/bills/sb21-137

Data & Methods

Each MCE tracks data for requests for authorization, initial authorizations, denials, appeals and continued authorization of SUD Inpatient (residential and hospital) at each ASAM level of care. Each MCE uploads counts of occurrences and durations of approval periods into a data collection template form generated by the Department. The data collection forms are submitted to the Department quarterly. The Data Analytics Services (DAS) division compiles all count and duration data for all 8 of the MCEs and completes the calculations of averages within and across MCEs. The DAS division also used claims data to determine the length of stay.

Some of the data in these reports includes very small sample sizes which can distort averages and percentages. Places where the data points are very small are marked with an asterisk (*), and detailed counts are not publicly published due to HCPF policies. Please email: SUD Benefits for additional information.

Residential SUD Services Utilization Overview

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 the current reporting period of DY3Q3. During the reporting period data from April 1, 2023 - June 2023, indicate that 3,132 unique members utilized inpatient, residential and hospital, SUD services.

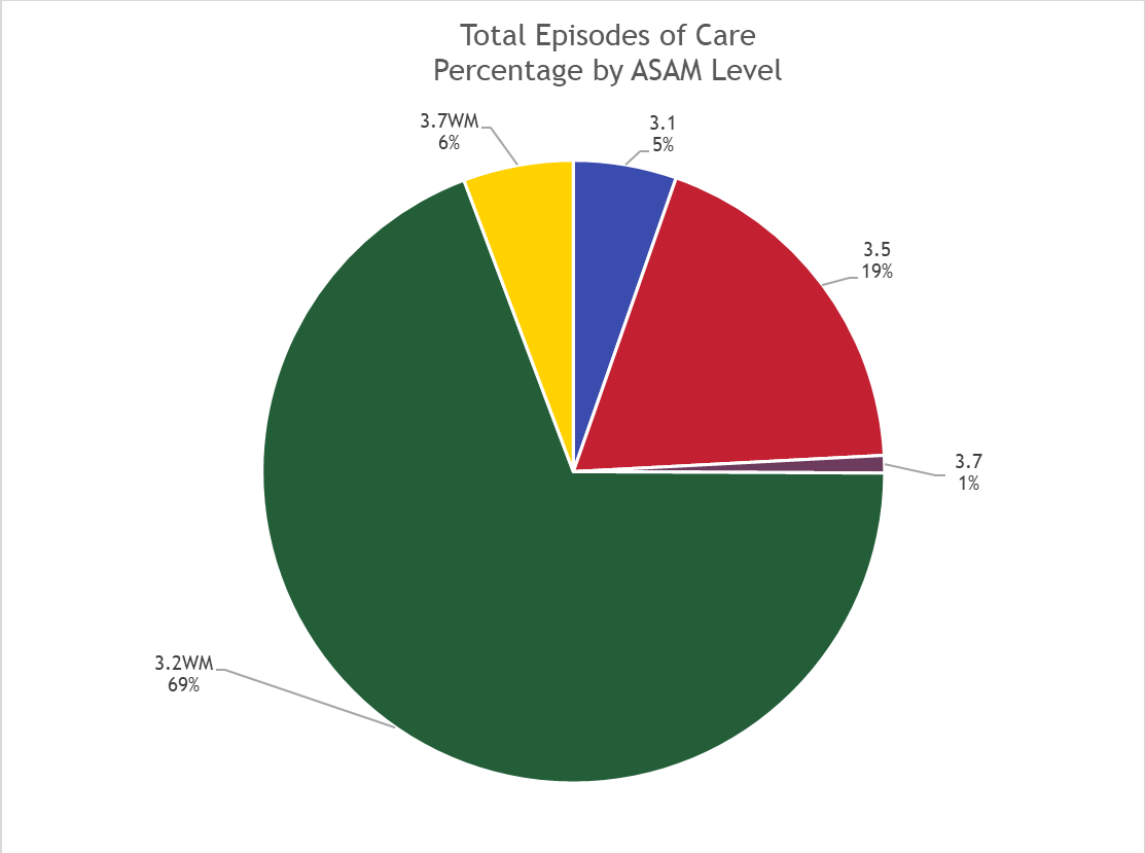
The following episodes of care data reflect member Level of Care (LOC) utilization received by members over the reporting period. In accordance with 1115 Waiver requirements, Colorado is monitoring the services provided to all members and tracking youth and pregnant and parenting people as identified sub-populations receiving SUD services. 99% of members were adults who were not pregnant or parenting people. <1% of adult members served received services through Special Connections (SC) - defined as pregnant and parenting people up to one-year post-partum, and <1% of members served in inpatient, residential/hospital, SUD designated ASAM LOC services were youth (defined as under 18 years of age).

This summary level data of services delivered informs understanding of member SUD Residential service needs. The table below provides a count and the graph following displays the volume of services delivered at each LOC as a percentage of the overall services provided statewide. 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.

3.7 episodes of care continue to be significantly lower again this quarter. This suggests the it is not a systems change anomaly and bears further exploration.

ASAM LOC	Total Episodes of Care Youth	Total Episodes of Care SC	Total Episodes of Care Non-SC Adults
3.1		*	230
3.3			
3.5	*	*	821
3.7			41
Residential Subtotal	*	38	1,092
3.2WM	*		3,118
3.7WM			258
WM Subtotal	*		3,376
Total	*	38	4,468

An asterisk (*) denotes a grouping of less than 30 and must be masked for HIPAA compliance



A. Initial Authorization (IA)

Initial authorization encompasses two processes, a pre-approval process for Residential ASAM levels of care 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, residential or hospital, services have been assessed and placement has been made in accordance with ASAM LOC criteria, as required by Colorado's 1115 Waiver: "Expanding the Substance Use Disorder Continuum of Care".

Within the scope of IA, there are essentially two factors reported in accordance with HB 21-137. 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. 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. Since January 1, 2022, the number of IA days has been 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 for non-SC adults (non-Special Connection adults are non-pregnant and parenting people) and youth is 72 hours**.** The response time standard for SC members is 24 hours. Monitoring timeliness of response allows for periodic review and adjustment of standards. The data for this report period demonstrate average response times for all levels of care continue to fall significantly below the standard for all sub-populations. This visibility into variance from the standard informs the Department when evaluating standards for IA to ensure prompt treatment access.

Average IA Response Time by LOC (hours)

3.1	3.1 SC	3.1 Y	3.3	3.3 SC	3.5	3.5 SC	3.5 Y	3.7	3.7 SC	3.7 Y
26	16	6	-	-	32	12	32	19	-	-

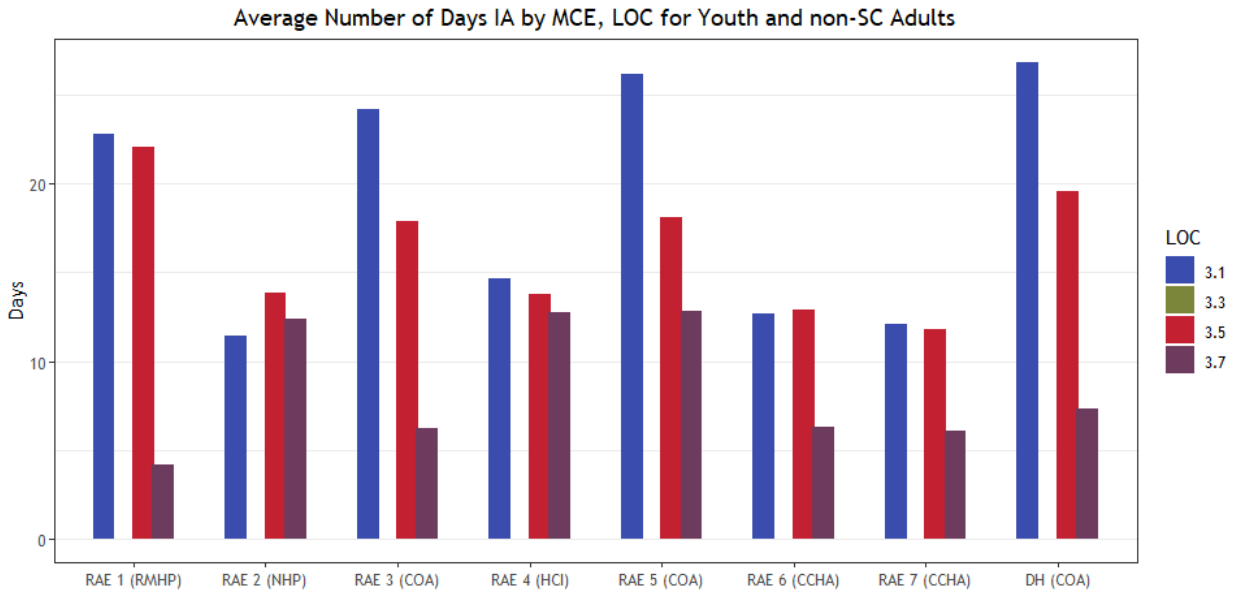
1. **Average Length of Initial Authorizations (IA):**

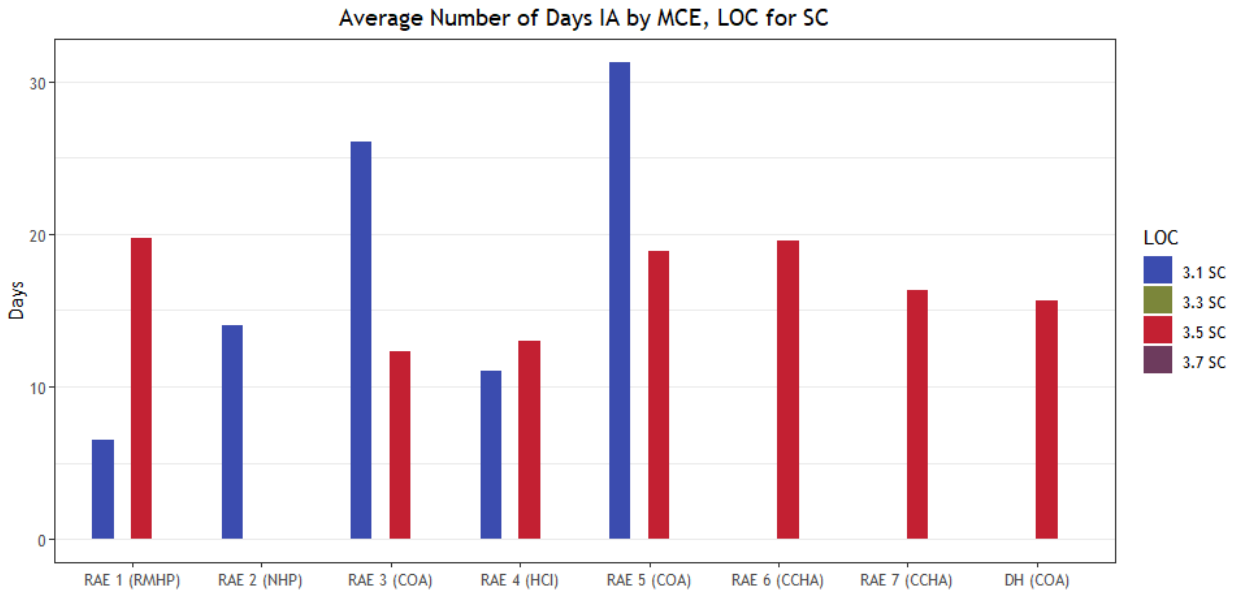
This measure captures the average number of days initially authorized for each Residential LOC service requiring pre-authorization (ASAM LOCs 3.1; 3.3; 3.5; and 3.7). Average LOS is provided for SC and non-SC adults and youth.

Average Length of IA by LOC (days)

3.1	3.1 SC	3.1 Y	3.3	3.3 SC	3.5	3.5 SC	3.5 Y	3.7	3.7 SC	3.7 Y
17	20	-	-	-	17	17	14	7	-	-

Inpatient LOC IAs represent the pre-authorization durations determined per request for each member across the reporting period. CA is only required if medical necessity substantiates a stay beyond the IA time frame.

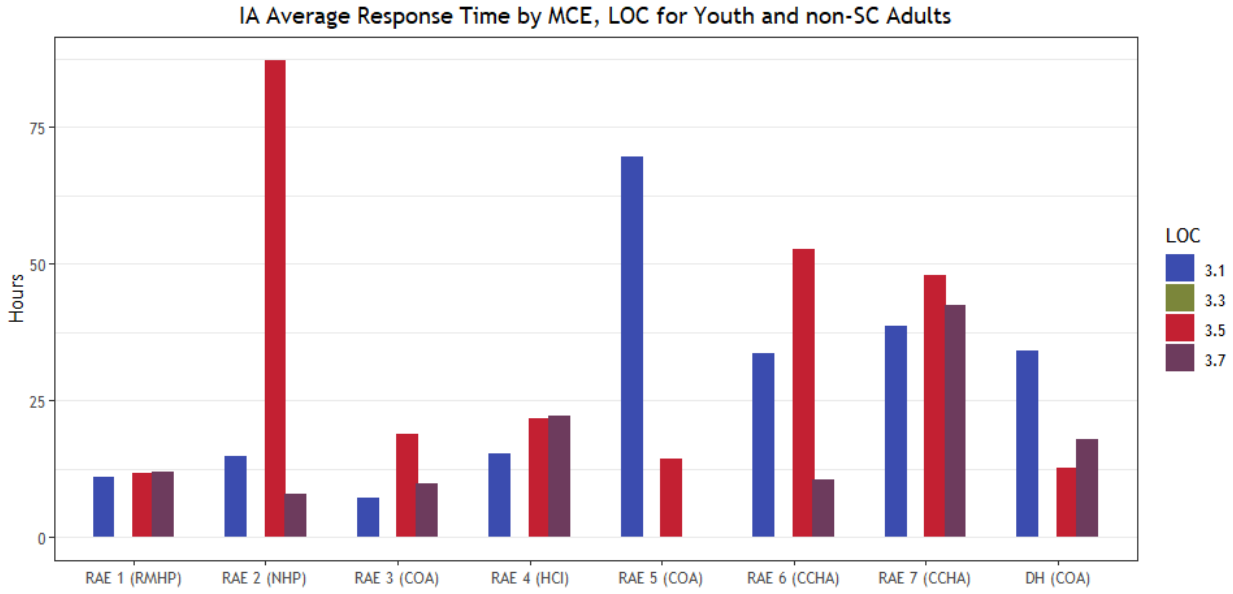


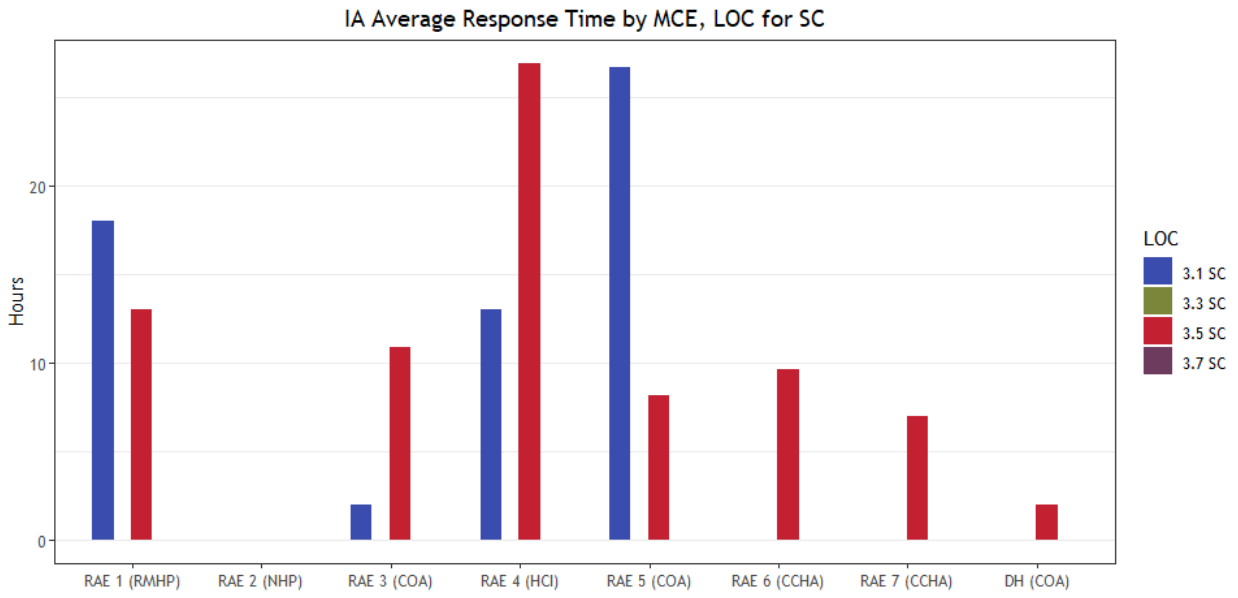


The average length of IA in days is presented by provider in Table 1 in Appendix C. Due to small numbers, sub-population details are not broken out.

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. Response times for SC members appear on a separate graph because the standard differs.





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 the reporting period. 95% of IAs met the standard response time for non-SC adults and 88% of IAs met the standard response time for SC.

Number of non-SC Adult IAs issued	**Number of IAs meeting 72hrs**
1,014	959
Number of SC IAs issued	**Number of IAs meeting 24hrs**
56	49

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 the reporting period. 5% of IAs exceeded standard response time for non-SC adults and 12% of IAs exceeded the standard response time for SC.

Number of non-SC Adult IAs issued	**Number of IAs exceeding 72hrs**
1,014	55
Number of SC IAs issued	**Number of IAs exceeding 72hrs**
56	7

B. 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.

Across the review period, IA denials remained steady. There were 45 total IA denials out of 1,070 IA requests (4%). Medical Necessity denials decreased slightly but remained proportionately high. This is explained by IAs needing additional clinical documentation, mostly attributed to a single provider.

Type of IA Denial	Number of Denials	% of Total Denials
Administrative	21	47%
Benefit Issue	1	2%
Medical Necessity	23	51%

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 the report period, the rate remained consistent from last quarter, with 2% of IA requests receiving denials due to insufficient clinical documentation to support a medical necessity determination. However, of these denials, a disproportionate share, of Medical Necessity denials, 14 of the 23 (61%) were attributed to a single provider.

ASAM LOC	# IAs	# IAs Needing Additional Clinical Documentation	% of IAs Needing Additional Clinical Documentation
3.1	159	3	2%
3.1 SC	9	1	11%
3.1 Y	1	0	0%
3.5	718	14	2%
3.5 SC	47	3	6%
3.5 Y	2	0	0%
3.7	134	2	1%
Totals	**1,070**	**23**	**2%**

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 the report period.

7. **Percentage of IAs that were Issued Retroactively*:**

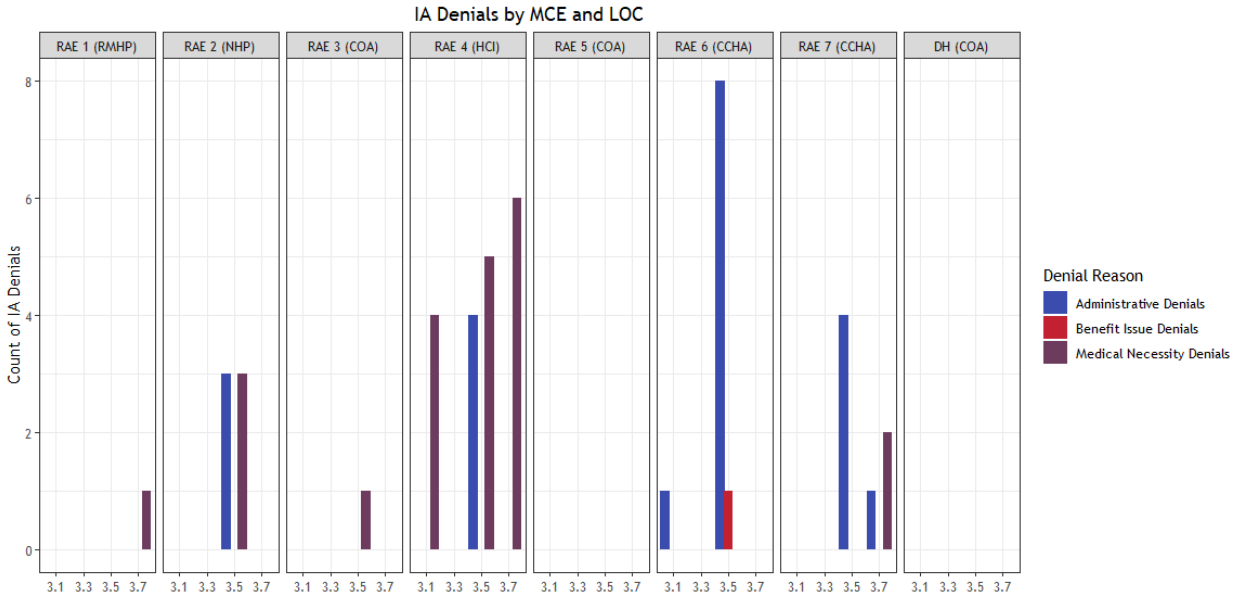
An IA is issued after an admission, following the submission of additional documentation that may not have been available initially, and allows for an IA to be approved is considered retroactive and covers the services from the time of admission. 1% of total IAs were issued retroactively. This rate remained generally stable across the report period.

ASAM LOC	# of IA Issued Retroactively	% of IAs Issued Retroactively
3.1	2	1%
3.5	9	1%
3.5 SC	1	2%
3.7	4	3%
Totals	**16**	**1%**

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

8. **Total IA Denials by Reason by MCE for each LOC:**

IA denials over the report period were primarily issued for medical necessity (51%), and all 23 medical necessity denials were due to clinical documentation concerns. The remaining denials were issued for administrative reasons (48%) and 1 denial was reported due to a benefit issue (1%). Compared to previous quarters, there has been a continued increase (10%) in the proportion of administrative denials. Regarding medical necessity denials, note that 1 provider accounted for 14 of the 23 total medical necessity denials (61%). There were no IA denials for youth.



IA Denials by provider and LOC can be viewed in Table 2 located in Appendix C.

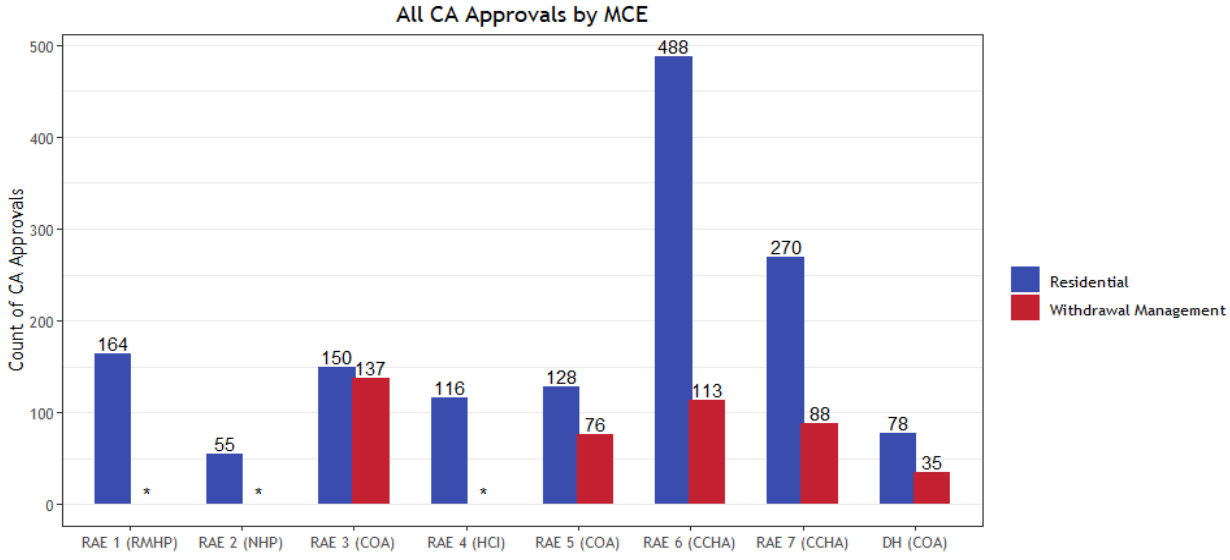
C. Continued Authorization (CA)

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 the reporting period, 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 76% of services provided across the reporting period were in the residential WM space. For WM LOC, concurrent approval is required if medical necessity substantiates a stay beyond the IA minimum standard. WM concurrent approvals are counted as CA approvals in the WM category. As with IA, CA information is provided for SC and non-SC Adults to identify any potential trends in this special populations.

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.



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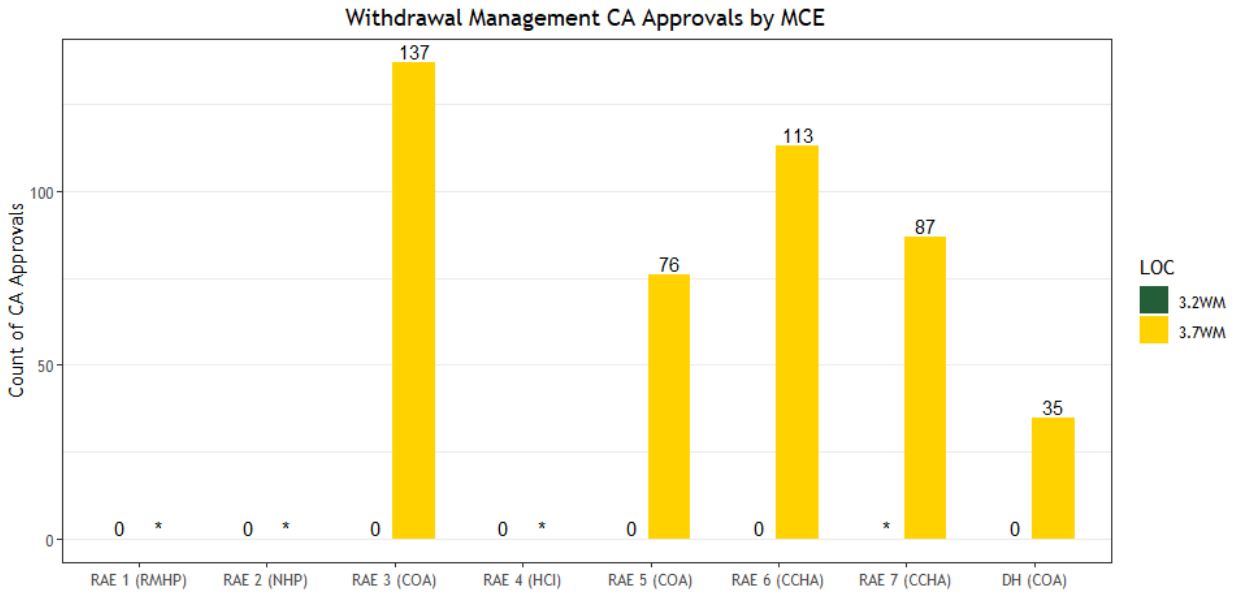
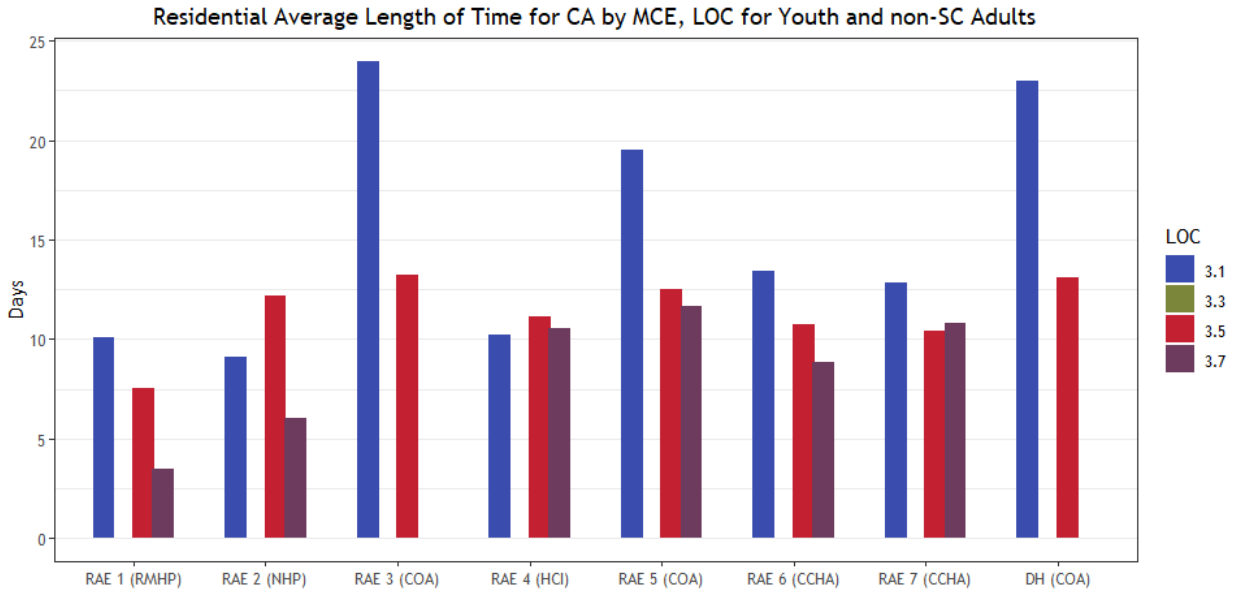
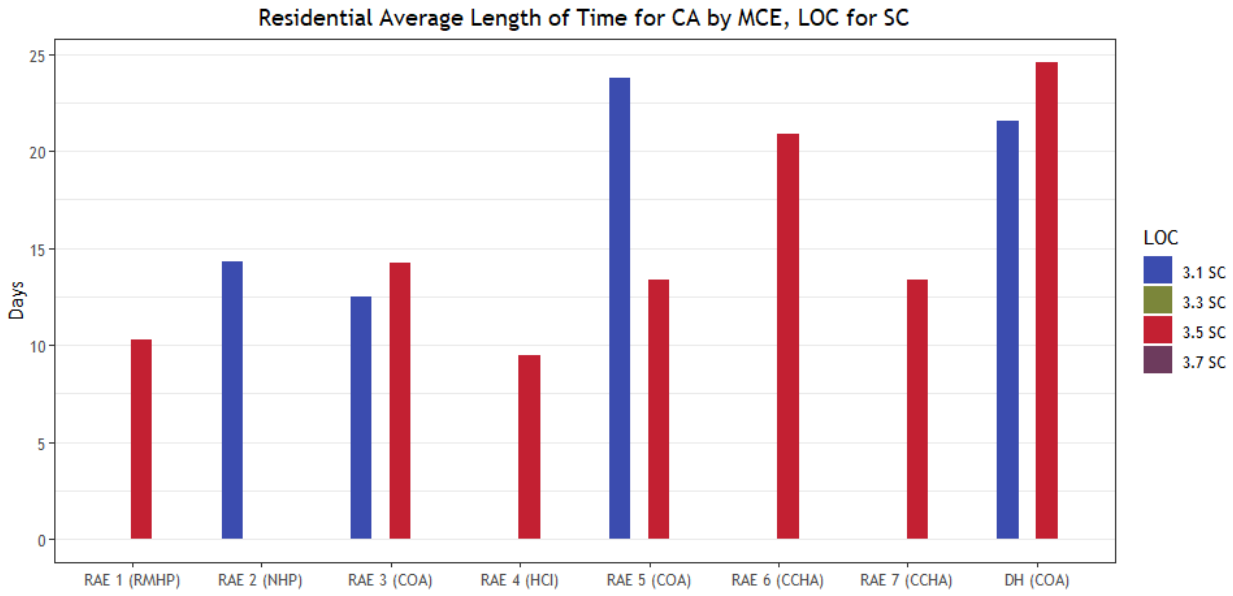


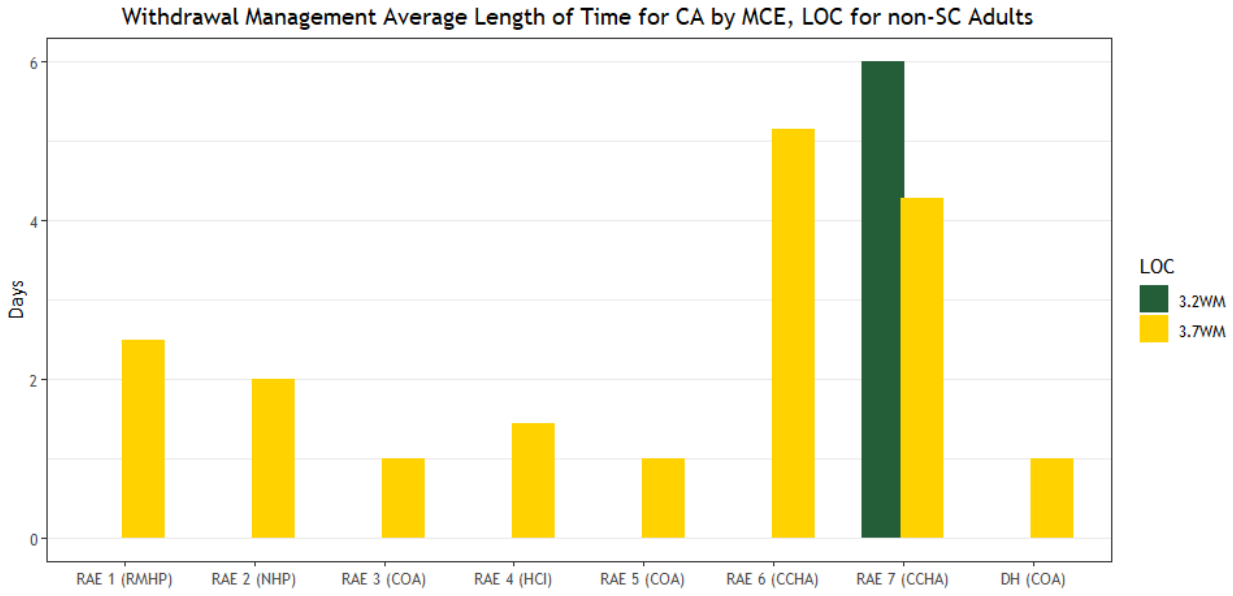
An asterisk (*) denotes a grouping of less than 30 and must be masked for HIPAA compliance

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 the report period, there were 2,122 CA requests total with 475 CA requests for WM LOC. 1,926 CA requests were approved (92%). Out of these total number of requests the following details provide a breakdown by population. 2,018 CA requests (95%) were for non-SC Adults and 102 CA requests (5%) were for SC.





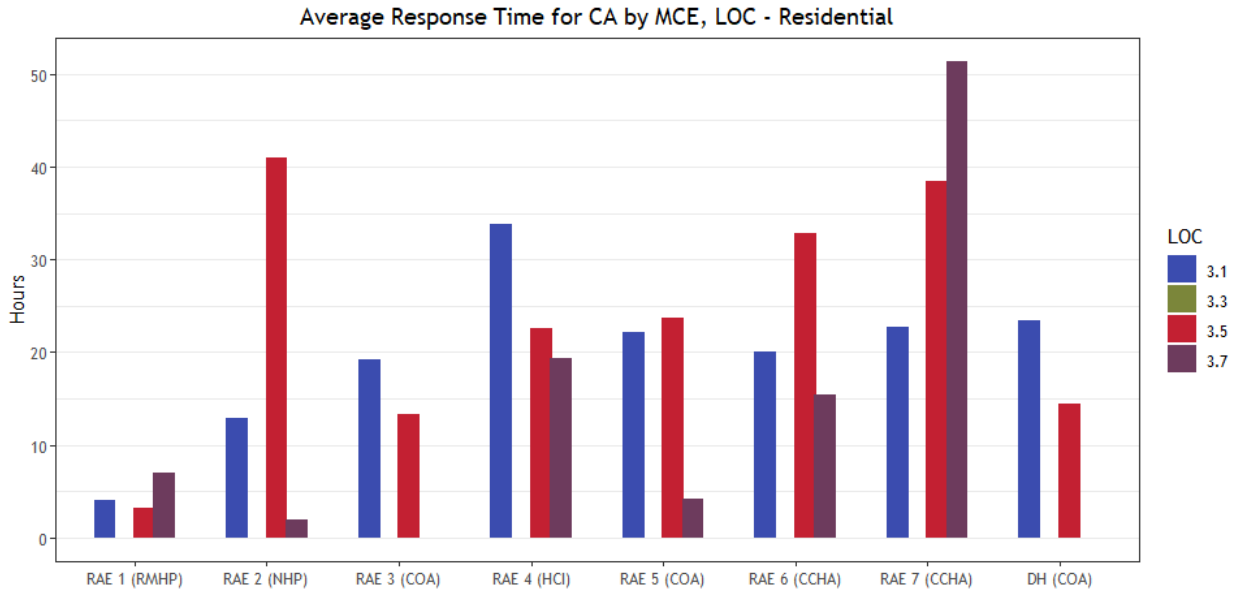


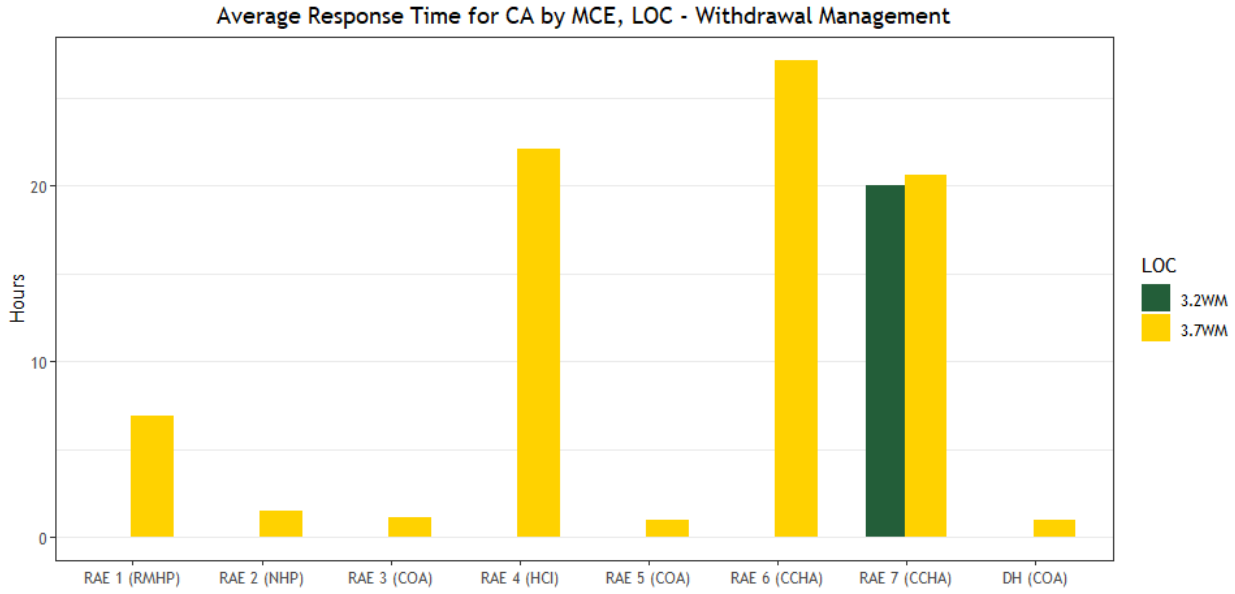
The average length of CA in days can also be viewed by provider in Table 3 located in Appendix C.

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. There are not standard or required response times defined by population for CA. Therefore, no breakdown of times is provided. Across the report period, the range of average response times for Residential LOC was 1-51

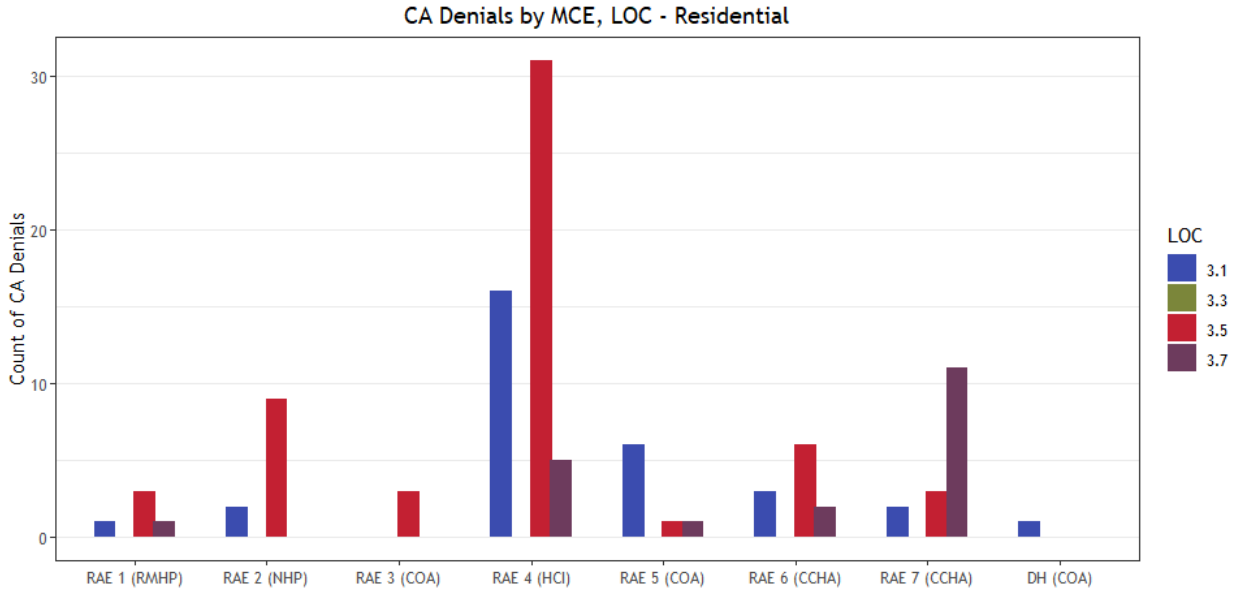
hours and for WM LOC was 1-27 hours. Average CA response time for Residential LOC was 25 hours. Average CA response time for WM LOC was 13 hours.

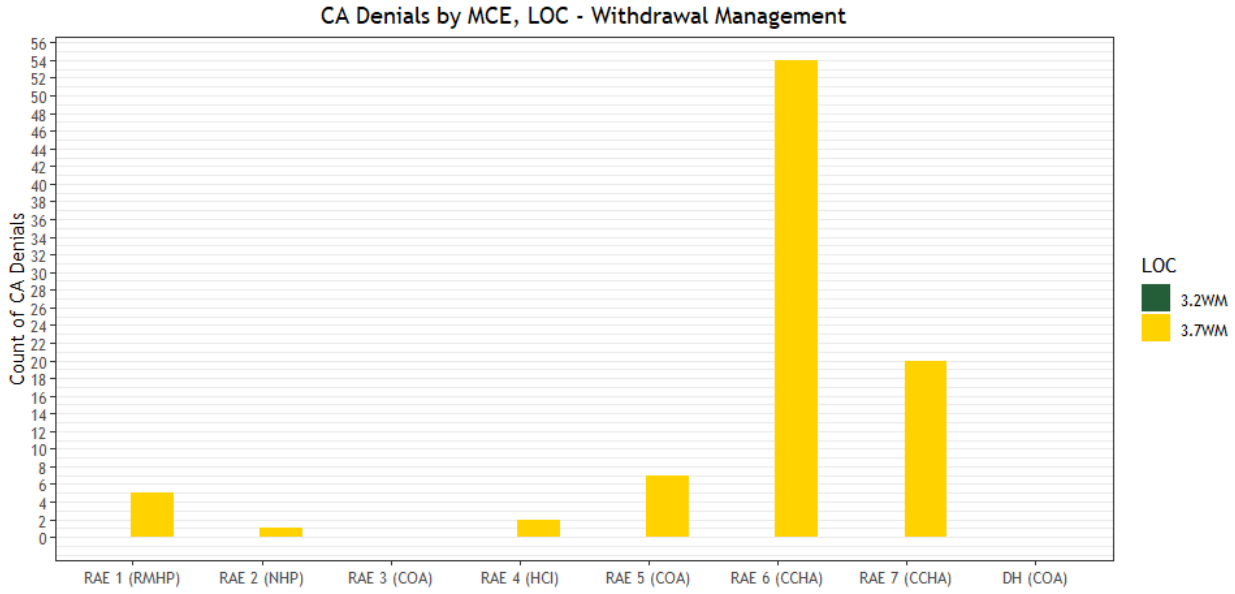




D. Continued Authorization Denials and Appeals

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 2,122 CA requests. 196 total CAs were denied (9%) and 3 denials (2%) were for SC. With the numbers being so small for special populations only the totals are displayed in graph below.





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 has decreased significantly (only 1 appeal), which did not result in the denial being overturned.

P2P request is a data point that should be viewed in consideration that not all MCEs contributed data. COA has been unable to provide data for RAEs 3, 5 and DH. Response time for P2P requests as a metric is intended to provide a mechanism for monitoring responsiveness of MCEs to P2P requests.

Finally, the last item included in this section is calculated based on actual total length of stay per episode, essentially combining all CAs with IA for each total episode of care. This total episode of care 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 the report period there were 1 appeal to CA denials out of 196 denials (<1%).

ASAM LOC	# of CA Denials	# of CA Appeals	% of CA Denials Appealed
3.1	31	0	0%
3.5	56	0	0%
3.7	20	0	0%
3.7WM	89	1	1%
Total	196	1	<1%

12. **Number of CA Appeals that Overturned Denials per LOC:**

For the report period, there were no CA appeals that resulted in overturned denials.

ASAM LOC	# of CA Appeals	# Overturned Denials	% Denials Overturned
3.1	0	0	0%
3.5	0	0	0%
3.7	0	0	0%
3.2WM	0	0	0%
3.7WM	1	0	0%
Total	**1**	**0**	**0%**

13. **Number of P2P Requests:**

There were 46 P2P requests.

ASAM LOC	Number of P2P Requests
3.1	4
3.5	16
3.7	3
3.2WM	1
3.7WM	42
Total	**66**

14. **Average Response Time for P2P Decisions after Request Submitted:**

***This data is unavailable

15. **Percent of P2P Requests that Overturned Denials:**

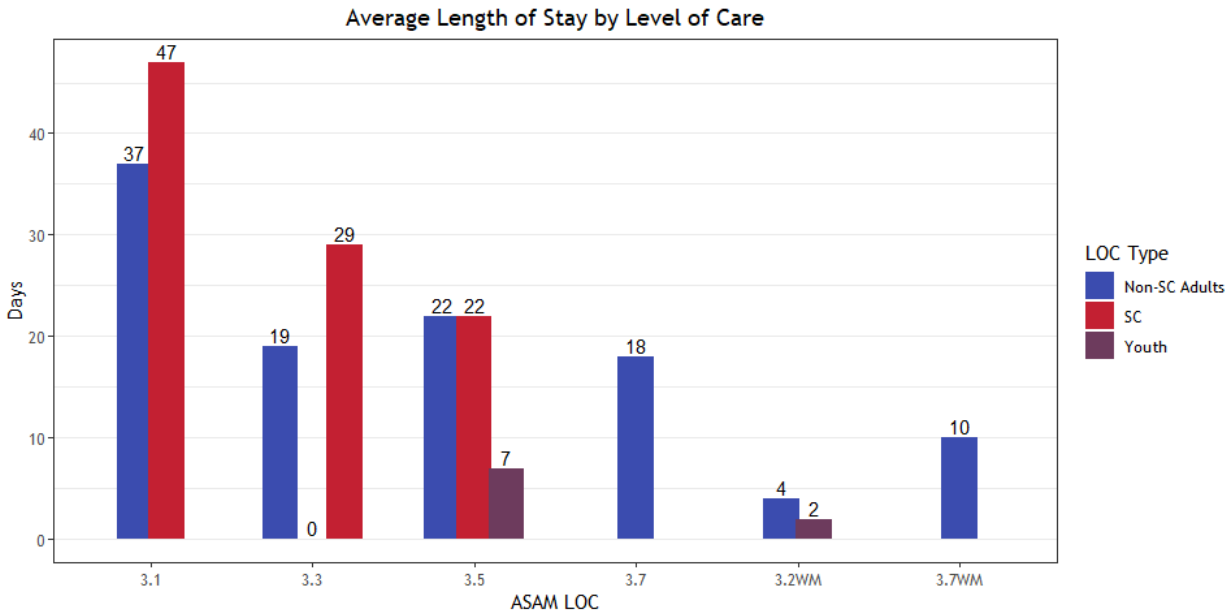
Based on the limited set of data collected from 5 of 8 MCEs (Excluding RAEs 3, 5 and DH) across the report period, there were 66 P2P requests. 19 P2P requests (29%) of resulted in overturned denials.

ASAM LOC	# P2P Requests	# Overturned Denials	% Overturned Denials
3.1	4	3	75%
3.5	16	7	44%
3.7	3	0	0%
3.2WM	1	1	100%
3.7WM	42	8	19%
Total	**66**	**19**	**29%**

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 the reporting period (April 1, 2023- June 30, 2023) based on completed services delivered (as measured by claims data filed), as compared to services authorized by the MCEs. Data is presented for each sub-population for length of stay at each ASAM LOC. Colorado data is generally consistent with ASAM guidelines regarding dimensions of care and a progression through the continuum.

The graph below presents information based on claims data available, which captures claims filed during the period of April 2023- June 2023. Therefore, not every service initiated in the reporting period may be captured, and services delivered in the previous period, but filed in this period (the episodes of youth care) are include.



Discussion

Overall member access to SUD services captured in this report indicates 3,132 members received services in the DY3Q3 reporting period covering services delivered between April 1, 2023- June 30, 2023. The number of members served reflects Residential LOC services delivered in both hospital and residential SUD facilities (including WM) provided to members in each of the following sub-populations:

- Special Connections (SC): accounted for 1% members served with an average LOS of 22 days for Residential and no episodes Residential WM LOC.
- Youth: accounted for <1% of members served with an average LOS of 7 days for Residential and 2 days of Residential WM LOC.
- Non-SC Adults: accounted for 99% members served with an average LOS of 20 days for Residential and 4 days for Residential WM.

Data from across the reporting period remained generally consistent with data from previous quarters, with the exception of a continued decrease in 3.7 LOC services delivered and a minimal increase in WM services being delivered. The expectation of providing a full continuum of care is to move toward engaging members with treatment and progress to recovery support. Continued WM services accounting for the majority of SUD residential services delivered to Health First Colorado members suggests they are not progressing through the treatment continuum. Specifically, within this quarter we looked at the number of individuals who received WM services more than once in the three months between April 1, 2023 and June 30, 2023 and determined 7% of members who utilized WM services did so more than once.

Average lengths of stay and CA approval rates remain consistent while IA approval rates remained steady at 96%.

The very limited services delivered to youth is noteworthy because the number of youths with an SUD Diagnosis who have received any service, is an indicator of active care with Health First Colorado suggesting SUD services are needed. This quarter non-SUD claims for 428 youth with an SUD diagnosis were processed, this is a continued increase of youth with an SUD diagnosis (up 26% over last quarter.

HCPF is aware of the shortage in licensed providers for Youth Residential Level of Care Services in the state and continues to partner with the BHA to support capacity building for this population and ensure that as capacity is built providers will be serving Health First Colorado youth members. Currently, it is the understanding of HCPF, based on feedback from the MCEs, that most youth with a primary SUD diagnosis are also diagnosed with a co-occurring mental health condition and that most of the SUD support being delivered is concurrent care delivered with other

mental health disorder treatment in non-SUD specific hospital and residential settings.

Next steps for further exploration and analysis include continued investigation with the MCEs regarding how youth with SUD diagnosis are being treated, including where services are being delivered and the scope of those services.

Average IAs continue to fall well below Average LOS at every ASAM level.

- 3.1 LOC Average LOS exceeds IA by 117%
- 3.5 LOC Average LOS exceeds IA by 29%
- 3.7 LOC Average LOS exceeds IA by 157%

This data, combined with the data regarding the number of CA requests with high approval rates (92%), suggests IA LOS minimums should be re-examined.

P2P requests resulting in overturned denials continues to remain fairly constant at 29%. This also suggests that continued examination of provider documentation of level of care evaluation is warranted. It may be beneficial to explore broader use of standardized assessment tool as a documentation approach.

Appendix A: Acronyms

Acronym	Definition
ASAM	American Society of Addiction Medicine
BHA	Behavioral Health Administration
CA	Continued Authorization
CCHA	Colorado Community Health Alliance
COA	Colorado Access
DAS	Data Analytics Services
DY	Demonstration Year
FY	Fiscal Year
HCI	Health Colorado, Inc.
IA	Initial Authorizations
IMD	Institution for Mental Disease
LOC	Level of Care
LOS	Length of Stay
MCE	Managed Care Entity
NHP	Northeast Health Partners
OBH	Office of Behavioral Health
P2P	Peer-to-Peer
RAE	Regional Accountable Entity
RMHP	Rocky Mountain Health Plans
SB	Senate Bill
SC	Special Connections (pregnant and parenting persons)
SUD	Substance Use Disorder
WM	Withdrawal Management

Appendix B: 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

Appendix C: Provider Data Tables

Table 1 – Average Length of IA in Days by Provider and LOC Non-SC Adults

Provider	3.1	3.3	3.5	3.7
A LIFE WORTH LIVING	19		18	
ADVANTAGE TREATMENT CENTERS INC			14	
BEHAVIORAL TREATMENT SERVICES			12	
CEDAR SPRINGS HOSPITAL	4			
COLORADO WEST REGIONAL MENTAL HEALTH	23		22	
CROSSROADS' TURNING POINTS, INC.	15		14	10
CURAWEST			17	
DENVER HEALTH & HOSPITAL AUTHO	16			
JEFFERSON CENTER FOR MENTAL HEALTH			12	
JOHNSTOWN HEIGHTS BEHAVIORAL HEALTH, LLC				4
LARIMER COUNTY			15	
MENTAL HEALTH CENTER OF BOULDER COUNTY, INC.	14			
MILE HIGH COUNCIL ON ALCOHOLISM AND DRUG ABUSE			16	
MOUNTAINSIDE RECOVERY, LLC	11		17	
NEW BEGINNINGS RECOVERY CENTER			15	
NORTH RANGE BEHAVIORAL HEALTH	21		18	
NORTHPOINT COLORADO, LLC			13	
PATHFINDERS RECOVERY CENTER COLORADO, LLC			13	
POUDRE VALLEY HEALTH CARE INC (Mountain Crest Behavioral Health)				4
POUDRE VALLEY HOSPITAL				3
RECOVERY RESOURCES	29		28	
REGENTS OF THE UNIVERSITY OF COLORADO	18		17	
REGION SIX ALCOHOL AND DRUG ABUSE CORP (RESADA)	27			
RESADA	14			
RECOVERY UNLIMITED			9	
SBH COLORADO LLC				1
SCL HEALTH - FRONT RANGE				11
SERENITY AT STOUT STREET (STOUT STREET FOUNDATION - SERENITY)			23	
SOBRIETY HOUSE, INC.	20		21	
SOUTHEAST MENTAL HEALTH SERVICES	14			
SUMMITSTONE HEALTH PARTNERS	14		17	2
TRIBE RECOVERY SVCS	47		39	
UNIVERSITY OF COLORADO HOSPITAL AUTHORITY	4			11
VALLEY HOPE ASSOCIATION	21		21	

WEST PINES(SCL HEALTH FRONT RANGE HOSPITAL)				15

Table 2– IA Denials by Provider and LOC Non-SC Adults

	Administrative Denials				Benefit Denials				Medical Necessity Denials			
Provider	**3.1**	**3.3**	**3.5**	**3.7**	**3.1**	**3.3**	**3.5**	**3.7**	**3.1**	**3.3**	**3.5**	**3.7**
A LIFE WORTH LIVING											1	
ADVANTAGE TREATMENT CENTERS INC			4									
CROSSROADS' TURNING POINTS, INC.	1		6	1					3		5	7
JEFFERSON CENTER FOR MENTAL HEALTH							1					
MOUNTAINSIDE RECOVERY, LLC			5								2	
PATHFINDERS RECOVERY CENTER COLORADO, LLC			4									
SBH COLORADO LLC												2

Table 3 – Average Length of CA in Days by Provider and LOC Non-SC Adults

Provider	3.1	3.3	3.5	3.7	3.2WM	3.7WM
A LIFE WORTH LIVING	10		13			
BEHAVIORAL TREATMENT SERVICES			7			
CEDAR SPRINGS HOSPITAL	5					4
CENTENNIAL PEAKS HOSPITAL						3
COLORADO WEST REGIONAL MENTAL HEALTH			10			
CROSSROADS' TURNING POINTS, INC.	14		13	12		
CURAWEST			8			2
DENVER HEALTH & HOSPITAL AUTHO	18					
DENVER SPRINGS						3
JEFFERSON CENTER FOR MENTAL HEALTH			9			
JOHNSTOWN HEIGHTS BEHAVIORAL HEALTH, LLC						2
Johnstown Heights Behavioral Health Llc						4
LARIMER COUNTY			7			
MENTAL HEALTH CENTER OF BOULDER COUNTY, INC.	11					
MILE HIGH COUNCIL ON ALCOHOLISM AND DRUG ABUSE			12			
MOUNTAINSIDE RECOVERY, LLC			8			
NEW BEGINNINGS RECOVERY CENTER			13			
NORTH RANGE BEHAVIORAL HEALTH	21		13			
NORTHPOINT COLORADO, LLC			7	5		1
PATHFINDERS RECOVERY CENTER COLORADO, LLC			9			
POUDRE VALLEY HEALTH CARE INC (Mountain Crest Behavioral Health)						2
POUDRE VALLEY HOSPITAL				5		4
RECOVERY RESOURCES	26		7			
REGENTS OF THE UNIVERSITY OF COLORADO	13		10			
RESADA	11					
SBH COLORADO LLC						4
SCL HEALTH - FRONT RANGE						1
SERENITY AT STOUT STREET(STOUT STREET FOUNDATION - SERENITY)			7			
SOBRIETY HOUSE, INC.	20		14			
SOUTHEAST MENTAL HEALTH SERVICES	20					
SUMMITSTONE HEALTH PARTNERS	14		12	2		5
TRIBE RECOVERY SVCS	24					
UNIVERSITY OF COLORADO HOSPITAL AUTHORITY				8		3
VALLEY HOPE ASSOCIATION	12		9			3

WEST CENTRAL MENTAL HEALTH CENTER, INC/Sol Vista Health					6	
WEST PINES(SCL HEALTH FRONT RANGE HOSPITAL				8		6
WEST PINES(SCL HEALTH FRONT RANGE HOSPITAL)						1