Substance Use Disorder Utilization Management Report

July 1, 2024

Data Included DY3 (January 2023-December 2023)

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 Demonstration Year three (DY3) Annual Report includes data from January 2023 through December 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 DY3 Annual Report include:

- Overall member access to SUD services continues to show growth with a 27% increase in episodes of care from DY1 to DY3 and a 23% increase in the number of unique members served.
- The number of 3.7 level of care (LOC) episodes of care continues to decrease, falling from 3% of total episodes of care in DY1 to only 1% in DY3.
- Withdrawal management (WM) services continue to be the most heavily utilized level of care, accounting for 75% of total services provided in DY3, compared to 68% in DY1.
- In DY3, 2,128 members returned to WM services within 90 days. That is 24% of the total population of members who received WM services in DY3. This is an increase from 23% in DY2.
- The number of youth with a primary SUD diagnosis increased to 1,481 in DY3 (up from 1,137 in DY1 and 1,326 in DY2). Meanwhile, there were significantly less than 30 episodes (too small to be able to share the numbers) of inpatient SUD services received by youth during that time. HCPF continues to monitor this special population.

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 11th 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 seek an 1115 SUD Demonstration Waiver to cover services rendered in Institutions for Mental Disease (IMDs) and a State Plan Amendment to cover residential level of care services in other settings.

Three years after the authorizing legislation was passed the Colorado General Assembly passed Senate Bill (SB) 21-1371 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. As of January 2022, all data points have been collected and reported across all MCEs, following defined standard processes.

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. DAS uses claims data to calculate actual length of stay per episode of care.

Some of the data in this report 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 Demonstration Year three (DY3). During the reporting period from January 1, 2023 - December 31, 2023, data indicate that 20,924 inpatient (residential and hospital) SUD services were utilized by 10,899 unique members. This reflects an increasing service utilization trend across the Demonstration of episodes of care and number of unique members served.

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

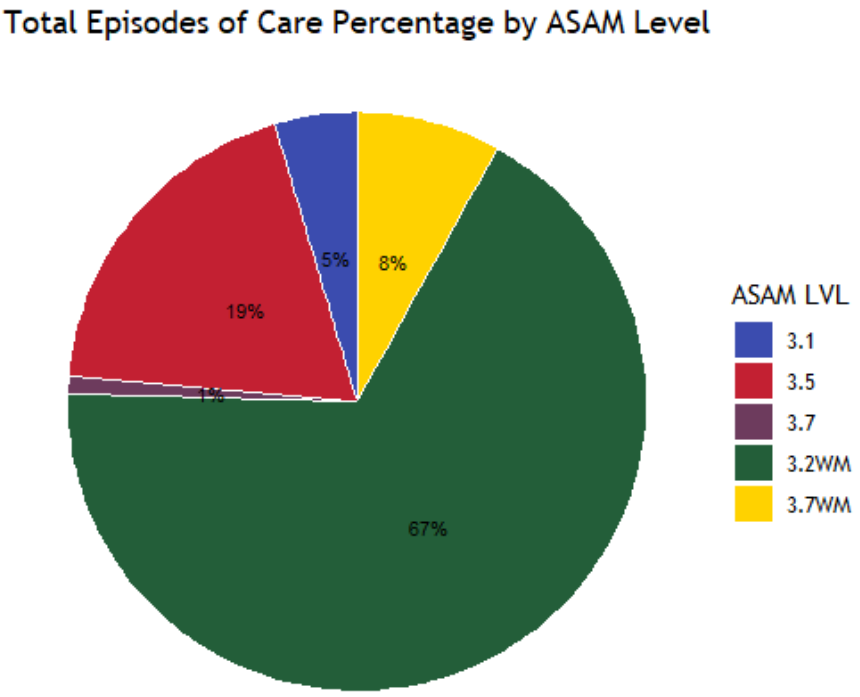
Total Episodes of Care and Unique Members Served Across the Demonstration

Demonstration Year	Total Episodes of Care	Number of Unique Members Served
DY1	16,486	8,844
DY2	19,259	9,791
DY3	20,924	10,899

The following episodes of care data reflect member Level of Care (LOC) utilization received by members over the DY3 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.

ASAM LOC	Total Episodes of Care Youth	Total Episodes of Care SC	Total Episodes of Care Non-SC Adults
3.1		47	916
3.3			
3.5	*	174	3,789
3.7			211
Residential Subtotal	*	221	4,916
3.2WM	*		14,076
3.7WM	*		1,686
WM Subtotal	*		15,762
Total	*	221	20,678



As shown above, in DY3 3.7 LOC episodes of care accounted for only 1% of all episodes of care. The number and relative percentage of 3.7 LOC episodes of care has decreased during each year of the Demonstration. This decline is of particular concern because over the same time period there has been significant growth in withdrawal management (WM) services. In DY1 WM services accounted for 68% of all episodes of care. In DY3 the percentage of WM services has grown to 75% of all episodes of care.

The table below provides the volume of services delivered at each LOC as a percentage of the overall services provided statewide during the first three years of the Demonstration. This table illustrates the trends described above which are being monitored by HCPF.

Total Episodes of Care Percentage by ASAM Level
Across the Demonstration

ASAM LOC	DY1	DY2	DY3
3.1	4%	5%	5%
3.5	25%	16%	19%
3.7	3%	2%	1%
Total WM (3.2WM & 3.7WM)	68%	77%	75%

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.

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
25	16	6	3	-	27	22	26	26	2	10

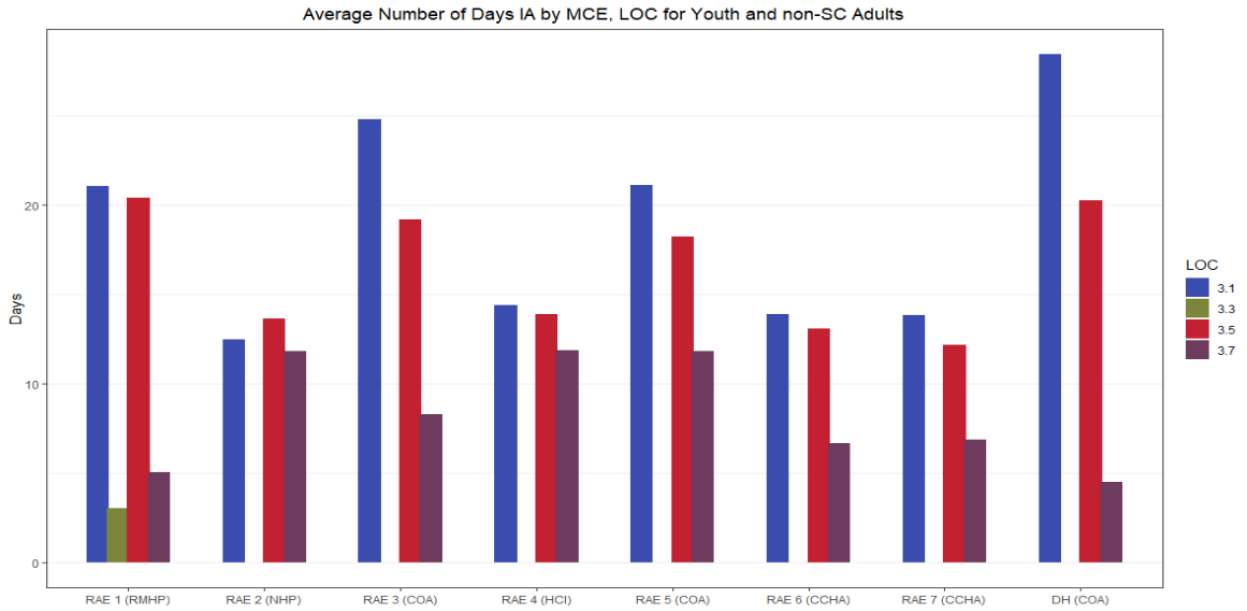
1. **Average Length of Initial Authorizations (IA):**

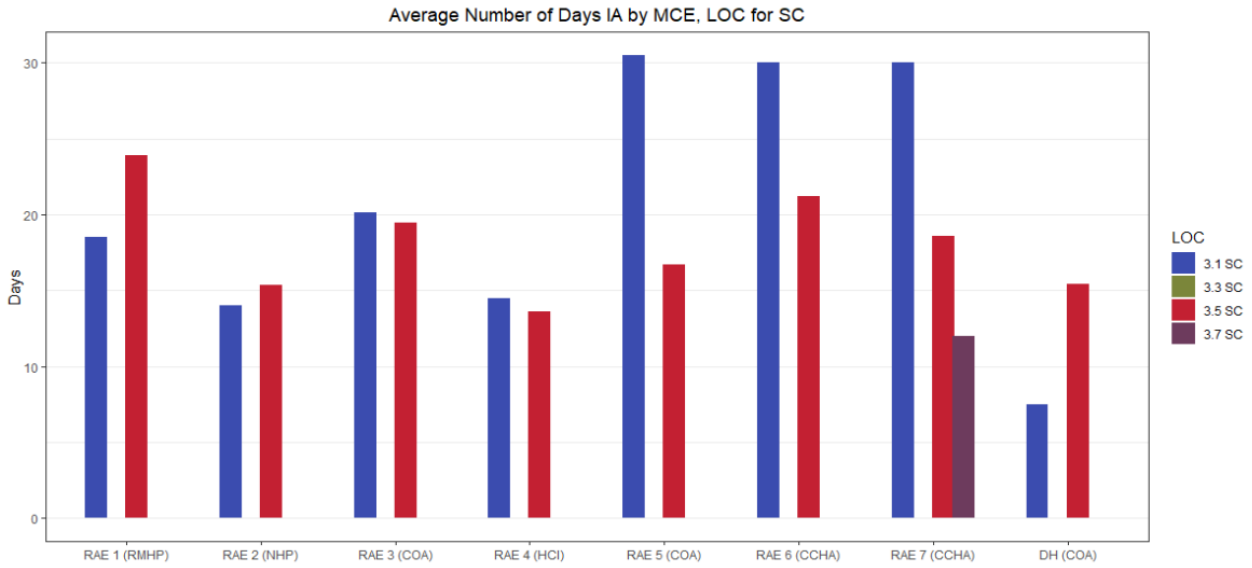
This measure captures the average number of days initially authorized for each Residential LOC service requiring pre-authorization (ASAM LOCs 3.1; 3.3; 3.5; and 3.7). Average LOS is provided for SC and non-SC adults and youth.

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	-	3	-	17	19	11	7	12	13

Inpatient LOC IAs reflect 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.

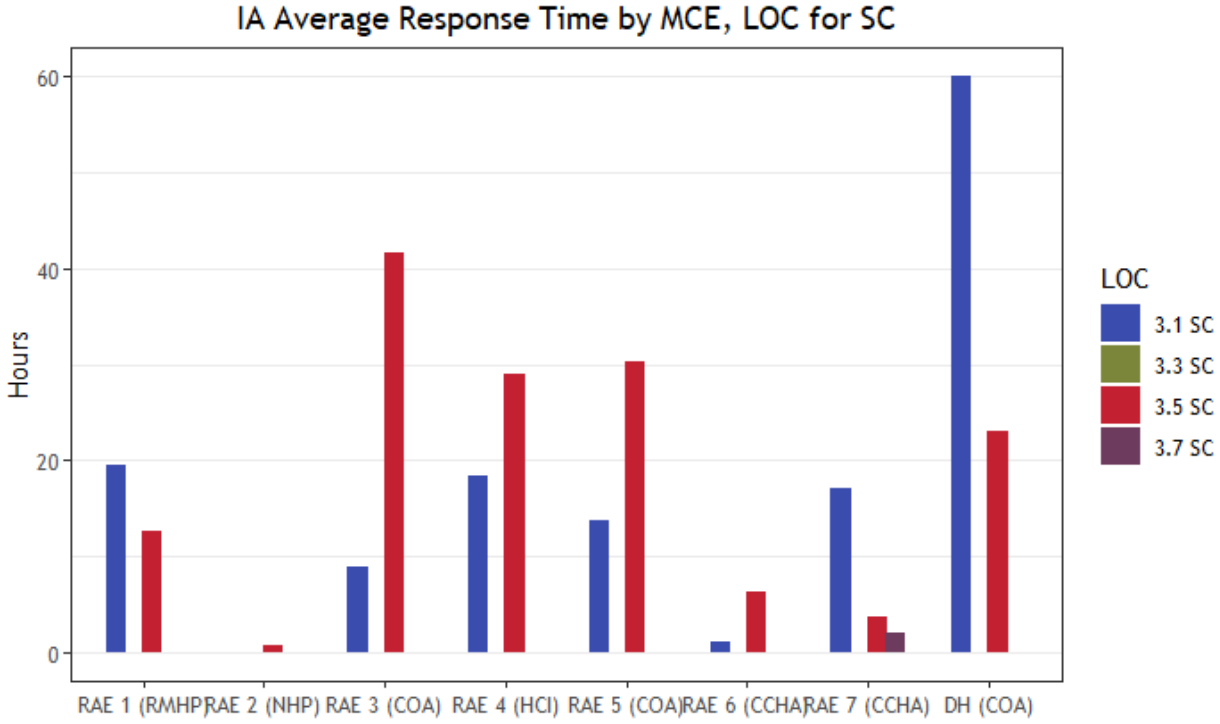




The average length of IA in days is presented by provider in Table 1 in Appendix C. Due to small numbers, sub-population details are not broken out.

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. 94% of IAs met the standard response time for non-SC adults and 76% of IAs met the standard response time for SC.

Number of non-SC Adult IAs issued	**Number of IAs meeting 72hrs**
4,331	4,066
Number of SC IAs issued	**Number of IAs meeting 24hrs**
267	204

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.

Number of non-SC Adult IAs issued	**Number of IAs exceeding 72hrs**
4,331	265
Number of SC IAs issued	**Number of IAs exceeding 72hrs**
267	63

As shown in the table above, 6% of IAs exceeded standard response time for non-SC adults in DY3. This has remained steady across the Demonstration. For SC adults, 24% of IAs exceeded the standard response time in DY3, compared to only 10% in DY2. HCPF will explore this with the MCEs.

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.

In DY3 there were 213 total IA denials out of 4,598 IA requests (5%). The table below shows a decreasing trend in total number of IA denials, as well as the percentage of IA denials across the Demonstration thus far.

Demonstration Year	IA Denials	Total IA Requests	% of Total Requests
DY1	451	3,555	13%
DY2	310	3,623	9%
DY3	213	4,598	5%

Benefit Issues denials dropped from 3% in DY1 to <1% in DY3. In the first two years of the Demonstration, Administrative denials accounted for more than half of the total denials (58% in DY1 and 62% in DY2). In DY3, Administrative denials dropped to 31%.

In DY3, Medical Necessity accounted for more than half of all IA denials (68%), surpassing Administrative denials for the first time in the Demonstration. Medical Necessity Denials were primarily due to needing additional clinical documentation.

Type of IA Denial	Number of Denials	% of Total Denials
Administrative	67	31%
Benefit Issue	1	<1%
Medical Necessity	145	68%

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 low denial rate of 5% includes 3% of IA requests receiving denials due to insufficient clinical documentation to support a medical necessity determination. It is noteworthy that a higher percentage of IAs for the Special Connections populations were counted as needing additional clinical documentation compared to non-SC. Of these Medical Necessity denials, 82 of the 145 (54%) were attributed to a single provider with 3 of those 82 being SC adults.

ASAM LOC	# IAs	# IAs Needing Additional Clinical Documentation	% of IAs Needing Additional Clinical Documentation
3.1	561	17	3%
3.1 SC	42	4	10%
3.1 Y	1	0	0%
3.3	1	0	0%
3.5	3,163	74	2%
3.5 SC	224	21	9%
3.5 Y	9	0	0%
3.7	592	7	1%
3.7 SC	1	0	0%
3.7 Y	4	0	0%
Totals	**4,598**	**123**	**3%**

5. **Percentage of IAs that were Incomplete*:**

An IA only counts as incomplete if incomplete past the response time standard. No IAs were incomplete this report period, remaining consistent across Demonstration.

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

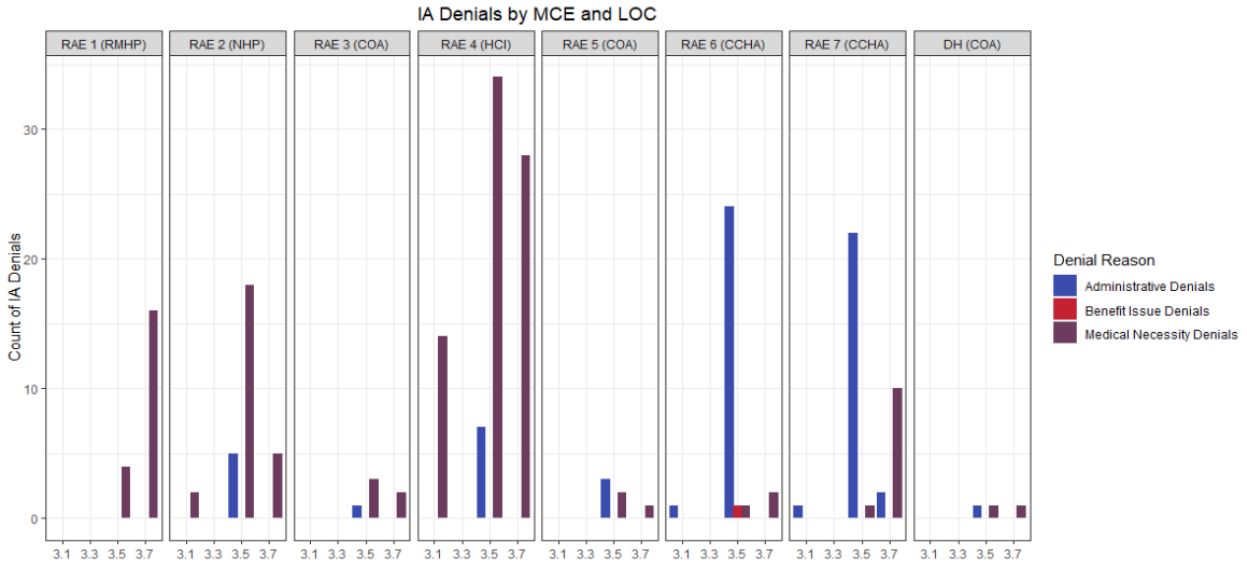
An IA is issued after an admission, following the submission of additional documentation that may not have been available initially, and allows for an IA to be approved is considered retroactive and covers the services from the time of admission. 2% of total IAs were issued retroactively; consistent with DY2 and reduced from 6% in DY1.

ASAM LOC	# of IA Issued Retroactively	% of IAs Issued Retroactively
3.1	4	1%
3.5	52	2%
3.5 SC	2	1%
3.7	22	4%
Totals	**80**	**2%**

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

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

IA denials over the report period were primarily issued for medical necessity (68%), and 123 out of 145 medical necessity denials were due to clinical documentation concerns. The majority of the remaining denials were issued for administrative reasons (31%). There was only 1 denial reported due to a benefit issue. Regarding medical necessity denials, note that 1 provider accounted for 82 of the 145 total medical necessity denials (54%).



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

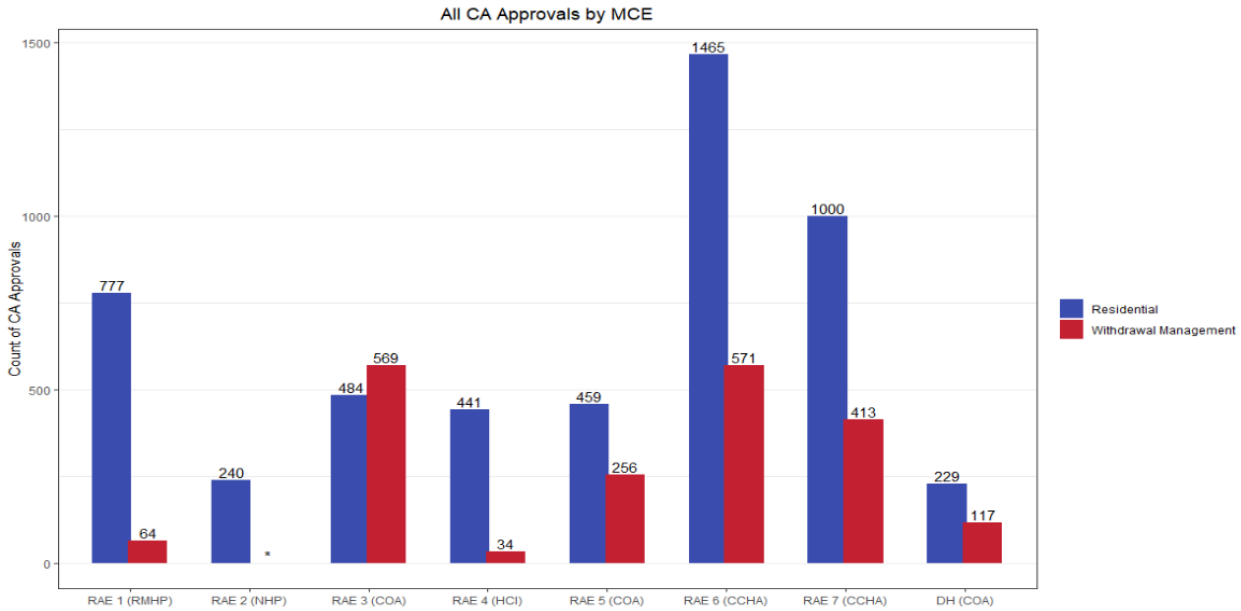
C. Continued Authorization (CA)

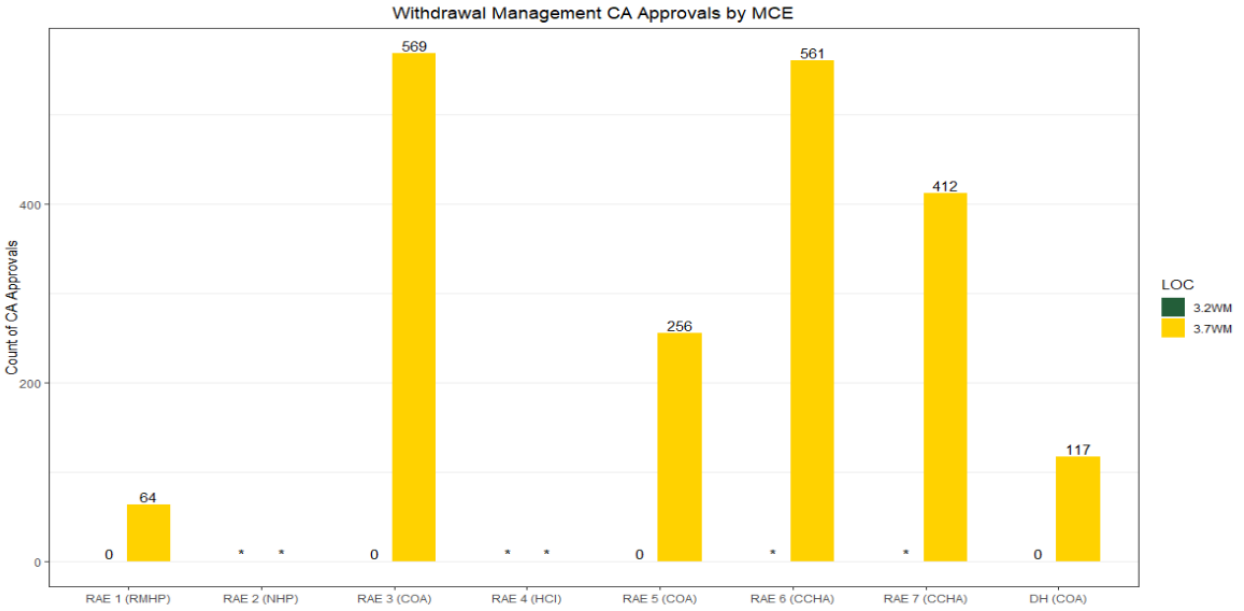
CA measures provide visibility into the volume of requests being submitted for ongoing care at a given ASAM LOC, the number of additional days being approved for continued care at each LOC and the timeliness in reviewing requests. Looking across data from the reporting period, and in consideration of 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 75% 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 have informed decision making regarding standard length of IA. HCPF revised minimum days for Initial Authorization (IA) effective January 1, 2024.

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.

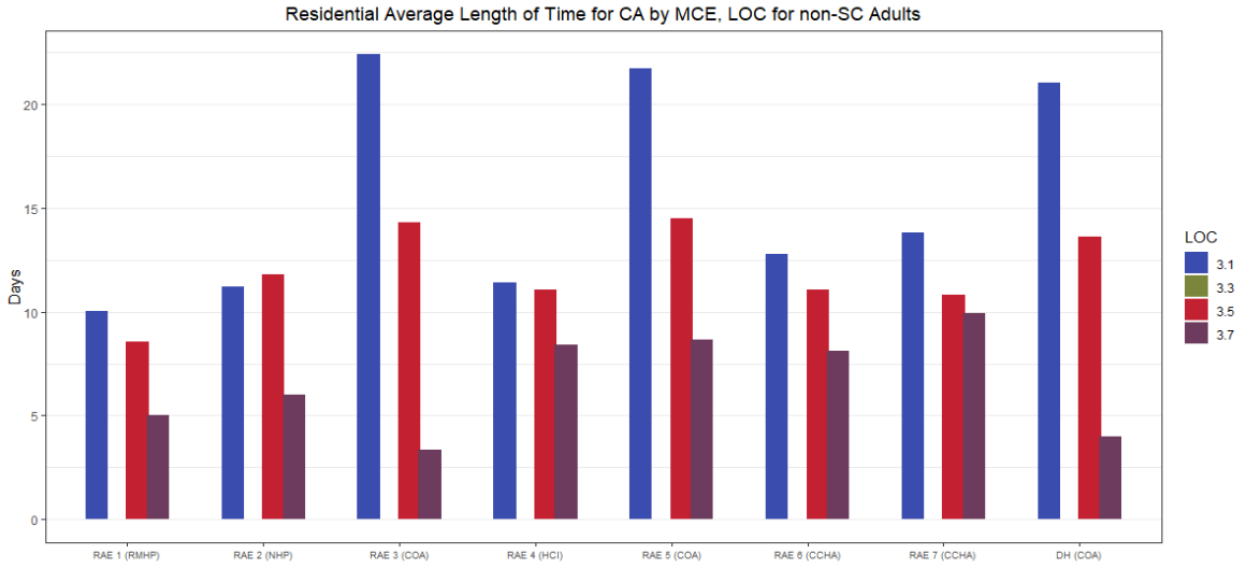


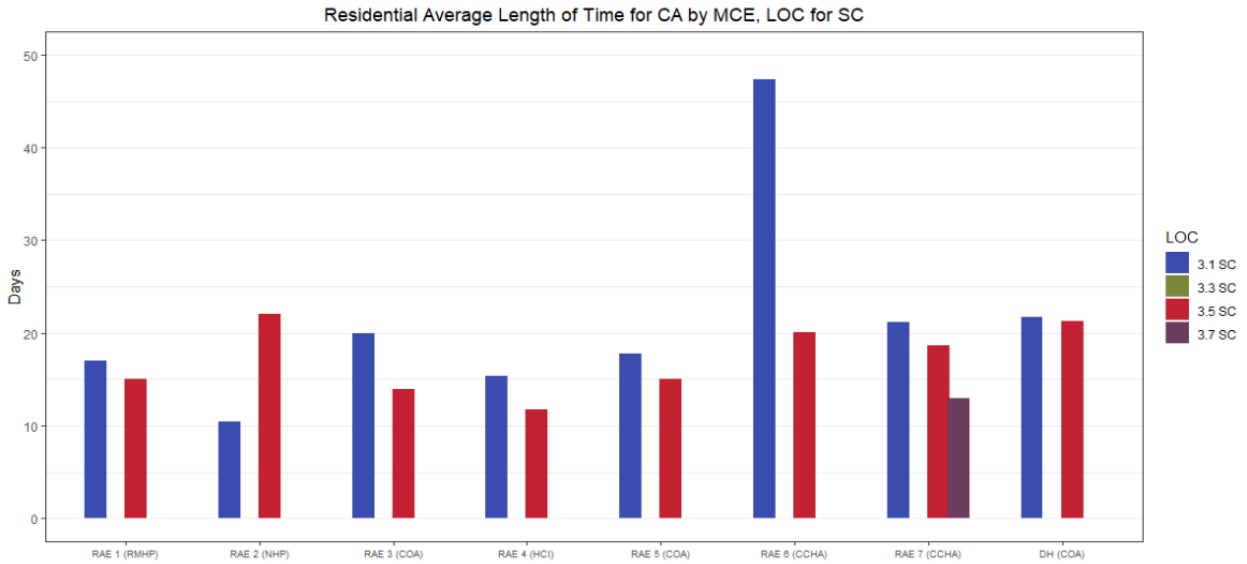


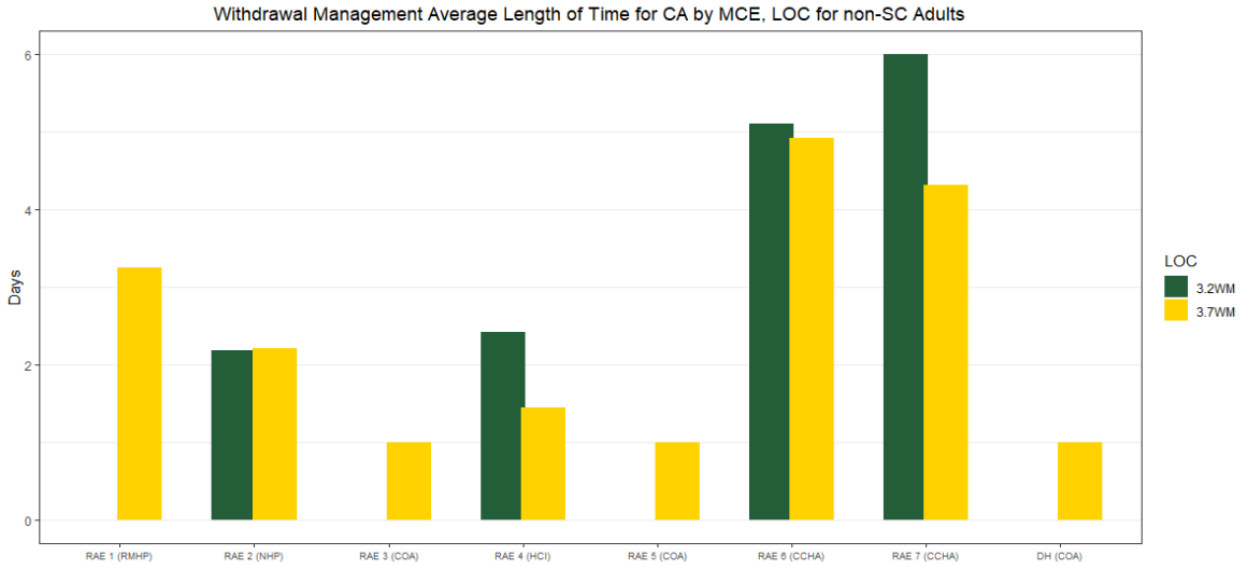
8. **Average Length of Continued Authorization (CA):**

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 7,936 CA requests total with 2,449 CA requests for WM LOC (31% of all requests). 7,144 CA requests were approved (90%). This high CA approval rate has remained consistent across the Demonstration thus far.

Out of these total number of CA requests in DY3 the following details provide a breakdown by population. 7,586 CA requests (96%) were for non-SC Adults, 344 CA requests (4%) were for SC, and 6 CA requests (<1%) were for youth in the reporting period. This distribution by population has remained consistent across the Demonstration.



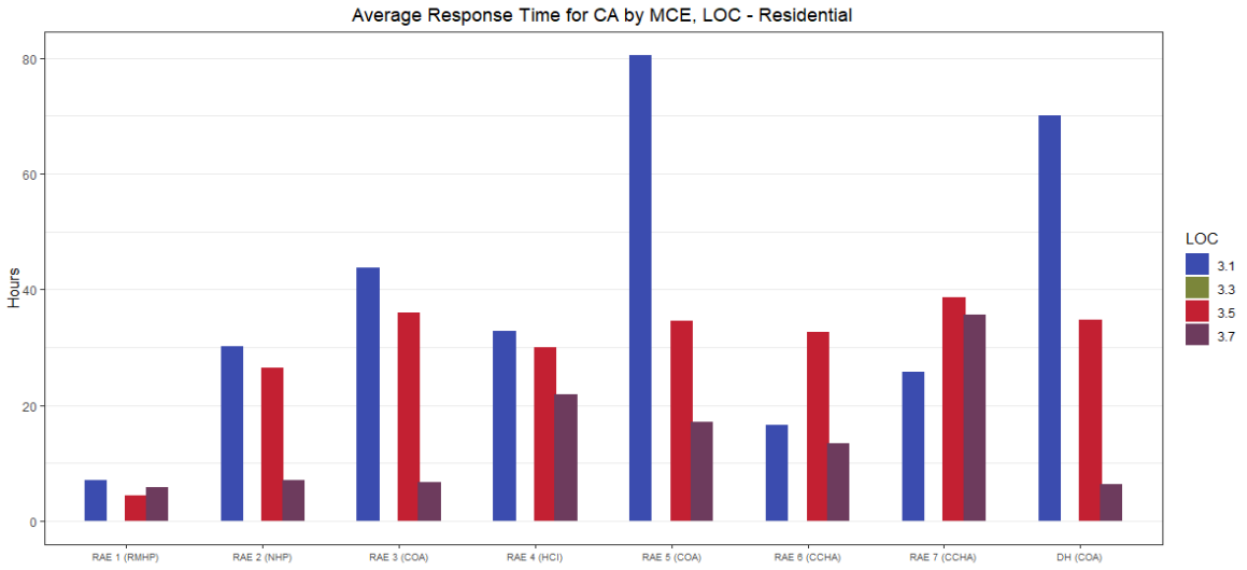


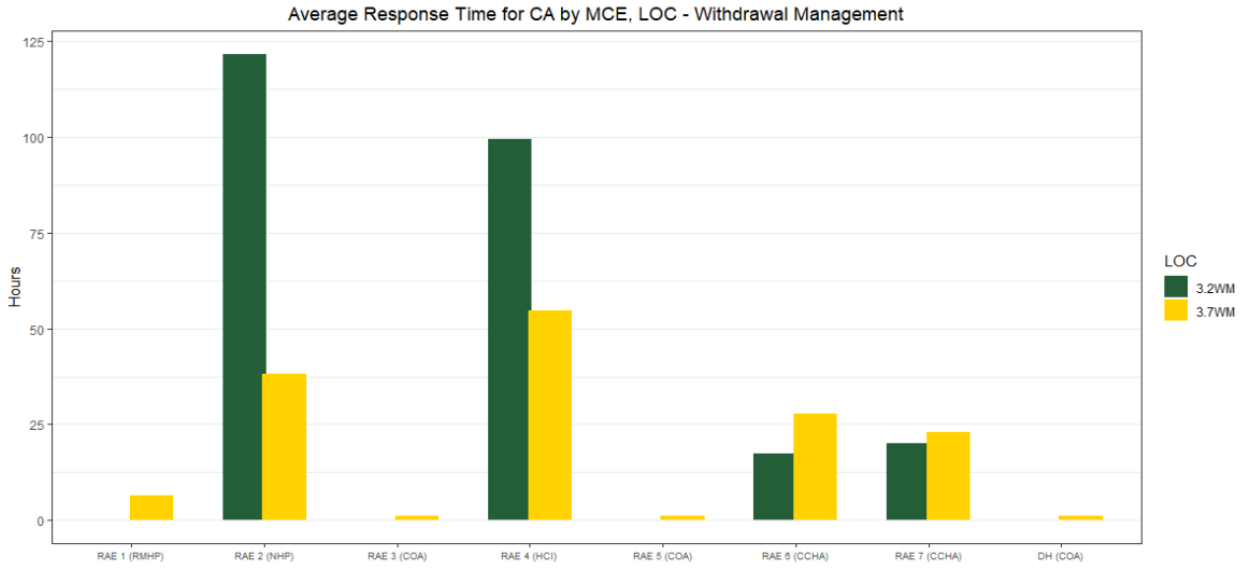


The average length of CA in days can also be viewed by provider in Table 3 located in Appendix C.

9. **Average Response Time for CAs:**

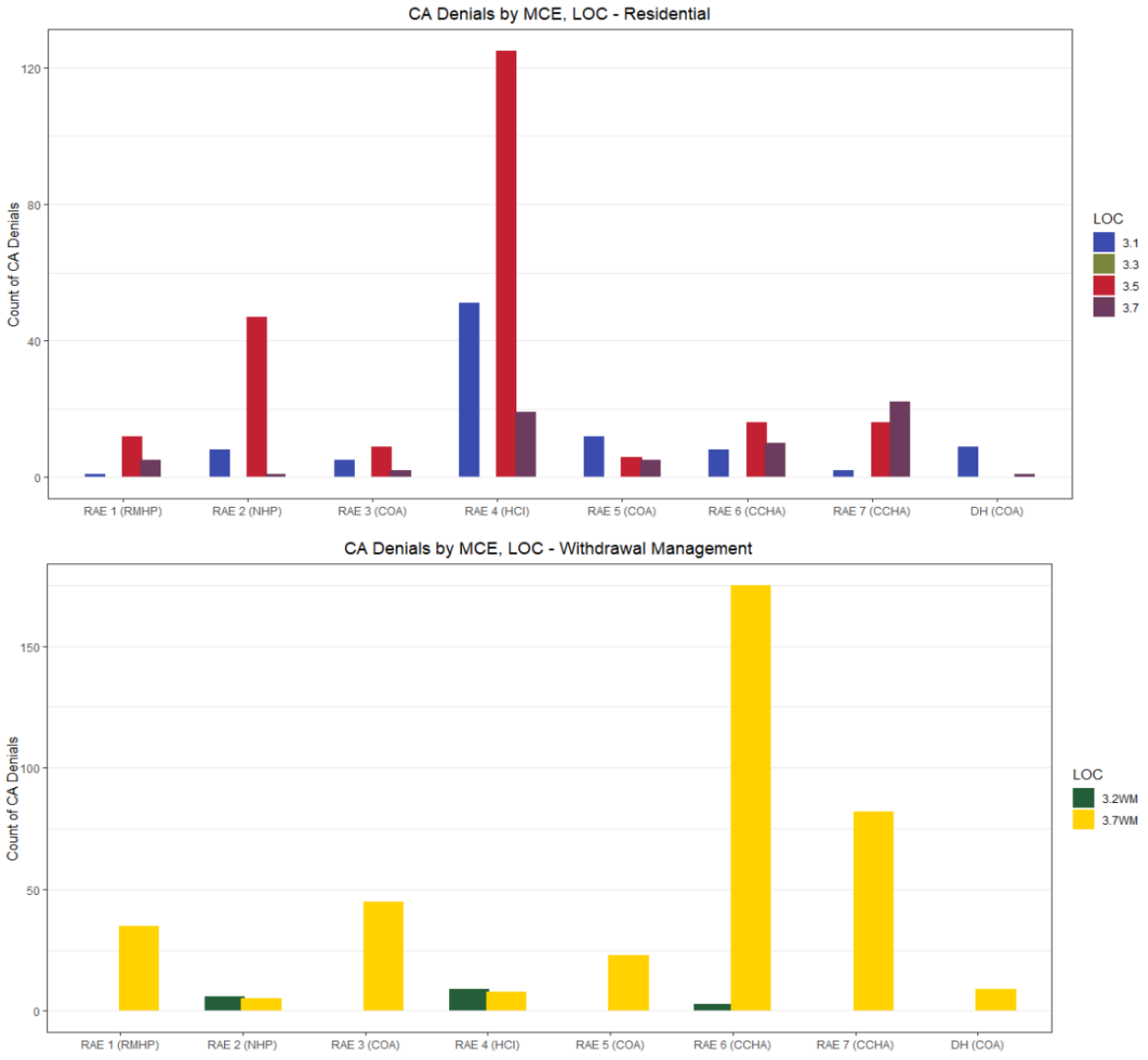
This measure captures each MCE's reported average of time it took to issue a CA approval for each LOC. There are not standard or required response times defined by population for CA. Therefore, no breakdown of times is provided. Across the report period, the range of average response times for Residential LOC was 4-81 hours and for WM LOC was 1-122 hours. Average CA response time for Residential LOC was 30 hours. Average CA response time for WM LOC was 16 hours. Average CA responses times in DY3 remain consistent with CA response time averages in DY1 and DY2.


Average Response Time for CA by MCE, LOC - Residential
Hours
80
60
40
20
0
RAE 1 (RMHP)
RAE 2 (NHP)
RAE 3 (COA)
RAE 4 (HCI)
RAE 5 (COA)
RAE 6 (CCHA)
RAE 7 (CCHA)
DH (COA)
LOC
3.1
3.3
3.5
3.7


Average Response Time for CA by MCE, LOC - Withdrawal Management
Hours
125
100
75
50
25
0
RAE 1 (RMHP)
RAE 2 (NHP)
RAE 3 (COA)
RAE 4 (HCI)
RAE 5 (COA)
RAE 6 (CCHA)
RAE 7 (CCHA)
DH (COA)
LOC
3.2WM
3.7WM

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 7,936 CA requests in DY3. 792 CAs were denied (10%). 28 denials (4%) were for SC; 1 denial was for youth. With the numbers being so small for special populations only the totals are displayed in graph below.



The CA denials rate remains fairly consistent across the Demonstration at 11% in DY1, 8% in DY2, and 10% in DY3. It is noteworthy that a significant portion (48%) of the CA denials in DY3 were requests for extending 3.7 WM LOC stays. This is up from 32% in DY1 and 26% in DY2.

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. There were 58 appeals; 5% (3) resulted 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 not provided data throughout the demonstration 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.

10. **Number of CA Appeals by LOC:**

For the report period there were 58 appeals to CA denials out of 792 denials (7%). The CA appeals rate has remained fairly steady across the Demonstration at 8% in DY1 and 6% in DY2.

ASAM LOC	# of CA Denials	# of CA Appeals	% of CA Denials Appealed
3.1	96	0	0%
3.5	231	3	1%
3.7	65	3	5%
3.2WM	18	3	17%
3.7WM	382	49	13%
Total	792	58	7%

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

Only 3 of the 58 CA appeals resulted in overturned denials. The rate of overturned denials in both DY2 (4%) and DY3 (5%) was low compared to DY1 (17%).

ASAM LOC	# of CA Appeals	# Overturned Denials	% Denials Overturned
3.1	0	0	0%
3.5	3	0	0%
3.7	3	0	0%
3.2WM	3	1	33%
3.7WM	49	2	4%
Total	**58**	**3**	**5%**

12. **Number of P2P Requests:**

There were 311 P2P requests in DY3. This is a significant increase from the first two years of the Demonstration. There were 126 P2P requests in DY1 and 169 P2P requests in DY2. It is noteworthy that in DY3, over half of the P2P requests involved 3.7WM LOC. This aligns with the high rate of 3.7WM CA denials.

ASAM LOC	Number of P2P Requests
3.1	38
3.5	63
3.7	44
3.2WM	8
3.7WM	158
Total	**311**

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

***This data is unavailable

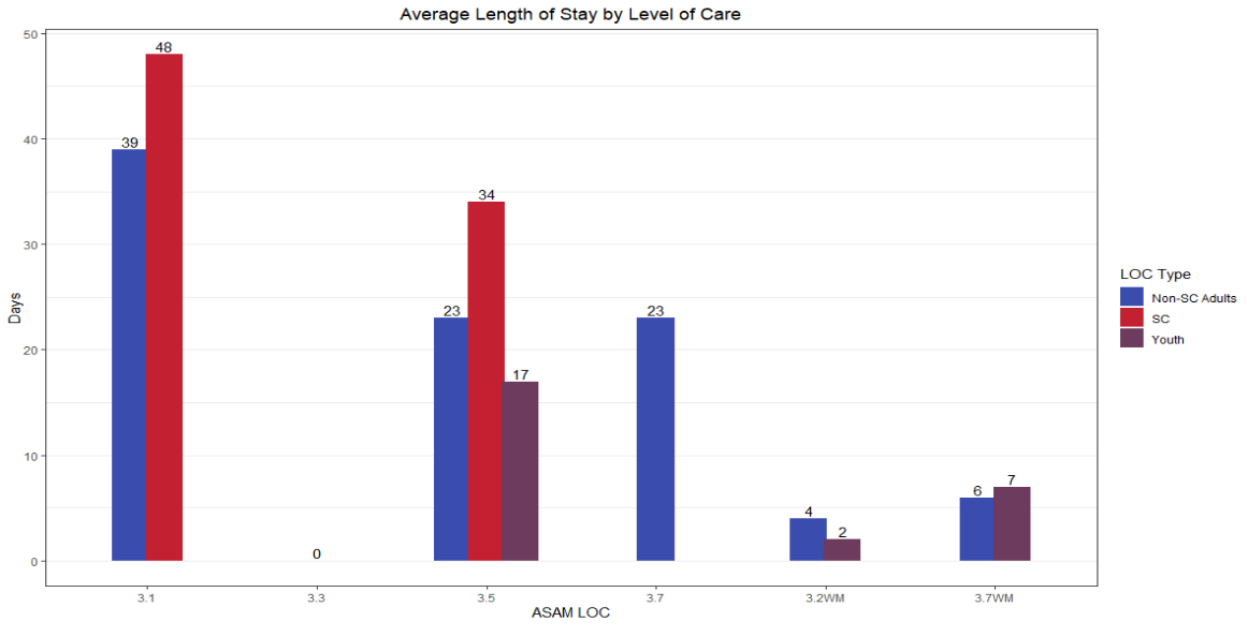
14. **Percent of P2P Requests that Overturned Denials:**

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 311 P2P requests. 79 P2P requests (25%) resulted in overturned denials. The number of P2P requests has increased in each year of the Demonstration meanwhile the percentage of overturned denials has remained fairly consistent at 27% in DY1, 15% in DY2, and now 25% in DY3.

ASAM LOC	# P2P Requests	# Overturned Denials	% Overturned Denials
3.1	38	20	53%
3.5	63	26	41%
3.7	44	10	23%
3.2WM	8	2	25%
3.7WM	158	21	13%
Total	**311**	**79**	**25%**

15. **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 DY3 reporting period 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.



Average lengths of stay at each LOC in DY1, DY2 and DY3 are displayed in the table below for non-SC adults. The table shows that, across the Demonstration, average lengths of stay have been increasing.

Average Length of Stay (LOS) per LOC for Non-SC Adults Across the Demonstration

ASAM LOC	DY1	DY2	DY3
3.1	25	30	39
3.5	9	19	23
3.7	7	17	23
3.2WM	2	4	4
3.7WM	4	9	6

Discussion

This 2023 Annual Report captures all encounter data and resolves any gaps in quarterly data due to the lag in data submission. Overall member access to SUD services captured in this report continues to show growth across the Demonstration in the number of members served and total episodes of care delivered in both hospital and residential SUD facilities (including WM). The number of unique members served grew by 23% from DY1 to DY3, and the total episodes of care grew by 27% from DY1 to DY3.

Colorado is monitoring the services provided to all members and tracking youth and pregnant and parenting people as identified sub-populations receiving SUD services. The population breakdown for DY3 is as follows:

- Special Connections (SC): accounted for <1% of members served with an average LOS of 41 days for Residential and no episodes Residential WM LOC.
- Youth: accounted for <1% of members served with an average of 17 days for Residential and an average of 5 days for Residential WM LOC.
- Non-SC Adults: accounted for 99% of members served with an average LOS of 28 days for Residential and 5 days for Residential WM.

At its highest point, SC accounted for 2% of members served during DY2. HCPF is monitoring this data and meeting regularly with MCEs to discuss opportunities to better engage with and serve the SC population.

Likewise, youth have consistently accounted for 1% or less of members served during each year of the Demonstration thus far, despite the growing number of youth with a primary SUD diagnosis receiving other behavioral health services. In DY1 there were 1,137 youth with a SUD diagnosis who received other behavioral health services. This number rose to 1,326 in DY2 and 1,481 in DY3. This marks a 30% increase over the Demonstration period thus far. HCPF continues to monitor this special population and collaborate with the Behavioral Health Administration (BHA) regarding the expansion of youth Residential SUD services in Colorado.

Withdrawal management (WM) services continue to be the most heavily utilized level of care, accounting for 75% of total services provided in DY3, an increase from 68% of total episodes of care in DY1. In DY3, 2,128 members returned to WM services within 90 days. This means almost one quarter (24%) of total unique members who received WM services in DY3 returned shortly thereafter, rather than progressing across the continuum. This is up from 23% in DY2.

While repeat WM utilization is increasing, utilization of 3.7 LOC continues a decreasing trend. 3.7 LOC fell from 3% of total episodes of care in DY1 (538 episodes) to only 1% of total episodes of care in DY3 (211 episodes). This decline is of particular concern given the significant growth in withdrawal management (WM) services discussed above.

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, with 24% returning to WM services within 90 days, indicates an opportunity for improving seamless transitions across the continuum to better support sustained engagement with services for members.

Standard and consistent use of ASAM criteria, by both providers and MCEs, is suggested by improvements in authorization processes. Decreasing rates of IA denials across the Demonstration thus far indicate improvements in provider utilization of ASAM placement criteria. The rate of IA denials fell from 13% in DY1 to only 5% in DY3. During this time period, the proportion of Administrative denials also decreased. For the first time in the Demonstration, Medical Necessity denials accounted for the majority of IA denials during each quarter of DY3, primarily due to needing more clinical documentation.

Total CA requests remain steady across the Demonstration with consistently high approval rates. Because of this, HCPF revised the minimum days for Initial Authorization (IA) for Residential level of care stays, effective January 1, 2024. This change is intended to support a reduction in Continued Authorization (CA) requests and the effects of this change will be seen in quarterly data beginning in DY4Q1 (January 2024 – March 2024).

The number of P2P requests in DY3 was higher than the trend across the Demonstration. P2P requests resulting in overturned denials continues to remain fairly constant at 25%. In June 2024, HCPF provided training for MCEs on ASAM criteria for continued authorizations, including a focus on special populations criteria. HCPF examination of provider documentation of level of care evaluation and review of assessment standards and tools and guidance across MCEs will continue.

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	16		17	
ADVANTAGE TREATMENT CENTERS INC			18	
BEHAVIORAL TREATMENT SERVICES			13	
CEDAR SPRINGS HOSPITAL	4			3
CENTENNIAL PEAKS HOSPITAL				1
COLORADO WEST REGIONAL MENTAL HEALTH	23		20	
CROSSROADS' TURNING POINTS, INC.	16		15	11
CURAWEST	5		16	5
DENVER HEALTH & HOSPITAL AUTHO	18			1
DENVER SPRINGS				4
HOMEWARD PIKES PEAK			6	
JEFFERSON CENTER FOR MENTAL HEALTH			13	
JOHNSTOWN HEIGHTS BEHAVIORAL HEALTH LLC				4
LARIMER COUNTY			15	
LIFE RECOVERY CENTER			14	
MENTAL HEALTH CENTER OF BOULDER COUNTY, INC.	14		14	
MILE HIGH COUNCIL ON ALCOHOLISM AND DRUG ABUSE			18	
MOUNTAINSIDE RECOVERY, LLC	12	3	17	
NEW BEGINNINGS RECOVERY CENTER			16	
NORTH RANGE BEHAVIORAL HEALTH	20		19	
NORTHPOINT COLORADO, LLC			13	4
PARAMOUNT			5	
PATHFINDERS RECOVERY CENTER COLORADO, LLC			15	
POUDRE VALLEY HEALTH CARE, INC				5
POUDRE VALLEY HOSPITAL				3
RECOVERY UNLIMITED			14	
REGENTS OF UNIVERSITY OF CO	21		17	
RESADA	15		14	
SBH COLORADO LLC				2
SCL HEALTH - FRONT RANGE				13
SERENITY AT STOUT STREET			21	
SOBRIETY HOUSE, INC.	23		22	
SOUTHEAST MENTAL HEALTH SERVICES	14			
SUMMITSTONE HEALTH PARTNERS			17	7
THE FOUNDRY			20	
TRIBE RECOVERY SERVICES INC	24		15	
UNIVERSITY OF COLORADO HOSPITAL AUTHORITY	4			8
VALLEY HOPE ASSOCIATION	20		19	3

WEST PINES				7

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									2		1	
ADVANTAGE TREATMENT CENTERS INC			6								5	
CEDAR CENTER												1
CROSSROADS' TURNING POINTS, INC.	2		24	2					12		32	35
JEFFERSON CENTER FOR MENTAL HEALTH			1									
JOHNSTOWN HEIGHTS BEHAVIORAL HEALTH LLC												2
LARIMER COUNTY			1									
MOUNTAINSIDE RECOVERY, LLC			11				1				11	
NEW BEGINNINGS RECOVERY CENTER			4								4	
NORTH RANGE BEHAVIORAL HEALTH											1	
NORTHPOINT COLORADO, LLC												5
PATHFINDERS RECOVERY CENTER COLORADO, LLC			13								1	
POUDRE VALLEY HEALTH CARE, INC												2
SBH COLORADO LLC												8
SCL HEALTH FRONT RANGE												2
SERENITY AT STOUT STREET			1								1	
SOBRIETY HOUSE, INC.											2	
SUMMITSTONE HEALTH PARTNERS			1								2	3
UNIVERSITY OF COLORADO HOSPITAL AUTHORITY												5
WEST PINES												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	11		12			
ADVANTAGE TREATMENT CENTERS INC			20			
BEHAVIORAL TREATMENT SERVICES			7			
BOULDER COMMUNITY HOSPITAL						18
CEDAR SPRINGS HOSPITAL	5			4		3
CENTENNIAL PEAKS HOSPITAL					1	3
COLORADO WEST REGIONAL MENTAL HEALTH	8		9			3
CROSSROADS' TURNING POINTS, INC.	14		12	11	3	
CURAWEST	3		8	4	4	2
DENVER HEALTH & HOSPITAL AUTHO	19			3		4
DENVER SPRINGS				3	2	3
JEFFERSON CENTER FOR MENTAL HEALTH			10		6	
JOHNSTOWN HEIGHTS BEHAVIORAL HEALTH LLC				7		4
LARIMER COUNTY			8			
MENTAL HEALTH CENTER OF BOULDER COUNTY, INC.	11		13			
MILE HIGH COUNCIL ON ALCOHOLISM AND DRUG ABUSE			18			
MOUNTAINSIDE RECOVERY, LLC	10		9		14	3
NEW BEGINNINGS RECOVERY CENTER			13			
NORTH RANGE BEHAVIORAL HEALTH	17		14			
NORTHPOINT COLORADO, LLC			8	5	2	4
PATHFINDERS RECOVERY CENTER COLORADO, LLC			9			
POUDRE VALLEY HEALTH CARE, INC				6	2	3
POUDRE VALLEY HOSPITAL				6		4
RED ROCK RECOVERY CENTERS						5
REGENTS OF UNIVERSITY OF CO	22		19			
RESADA	10		13			
SBH COLORADO LLC				4	1	4
SCL HEALTH - FRONT RANGE						1
SERENITY AT STOUT STREET			14			
SOBRIETY HOUSE, INC.	21		12			11
SOL VISTA HEALTH					6	
SOUTHEAST MENTAL HEALTH SERVICES	20					
SUMMITSTONE HEALTH PARTNERS			12	4	3	3
TEXAS HEALTH SEAY BEHAVIORAL HEALTH HOSPITAL						4
THE MEDICAL CENTER OF AURORA						10
TRIBE RECOVERY SERVICES INC	11		11			
UNIVERSITY OF COLORADO HOSPITAL AUTHORITY				6		3
VALLEY HOPE ASSOCIATION	12		13			3
WEST CENTRAL MENTAL HEALTH CNTR					5	
WEST PINES				7		5

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

Provider	3.1 SC	3.3 SC	3.5 SC	3.7 SC	3.2WM SC	3.7WM SC
COLORADO WEST REGIONAL MENTAL HEALTH	17		15			
COMMUNITY REACH CENTER, INC						
CROSSROADS' TURNING POINTS, INC.	19		13	13		
CURAWEST			5			
DENVER HEALTH & HOSPITAL AUTHO	21					
JEFFERSON CENTER FOR MENTAL HEALTH			1			
MILE HIGH COUNCIL ON ALCOHOLISM AND DRUG ABUSE			17			
MOUNTAINSIDE RECOVERY, LLC			12			
NEW BEGINNINGS RECOVERY CENTER			13			
NORTH RANGE BEHAVIORAL HEALTH	21		16			
PATHFINDERS RECOVERY CENTER COLORADO, LLC			7			
REGENTS OF UNIVERSITY OF CO	36		26			
SERENITY AT STOUT STREET			14			
SOBRIETY HOUSE, INC.	27		8			
SUMMITSTONE HEALTH PARTNERS			11			
UNIVERSITY OF COLORADO HOSPITAL AUTHORITY			14			
VALLEY HOPE ASSOCIATION	10		18			