Non-Medicaid Behavioral Health Eligibility and Claims System

Department of Health Care Policy and Financing and Behavioral Health Administration

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Behavioral Health Administration

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Executive Summary

This report is a response to a Joint Budget Committee (JBC) staff request for updates on the Non-Medicaid Behavioral Health Eligibility and Claims System. The system is administered by the Department of Health Care Policy and Financing (HCPF) on behalf of the Behavioral Health Administration (BHA). It uses HCPF's existing infrastructure to reduce statewide administrative burden and costs of building separate BHA information technology (IT) systems. As BHA's structure shifts in 2025, the system will allow BHA to capture more data from its new intermediaries (Behavioral Health Administrative Service Organizations, BHASOs) and their contracted behavioral health providers. The system should also reduce instances in which BHA is paying for Medicaid covered expenses and enable identification of Medicaid members being covered by other state resources. This will ensure Medicaid eligible claims are reimbursed by Medicaid, which includes the federal match funds, maximizing the utilization of state dollars.

The interagency initiative was based on House Bill (HB) 21-1097 and HB 22-1278, and advanced by the Department of Human Services and HCPF through budget requests. HB 21-1097 required development of a "data integration plan" for BHA that leveraged existing infrastructure where possible. This initiative offered a solution, bringing BHA into existing state IT systems, websites, and databases used for public assistance programs. Use of the system will support the state's newfound ability to analyze data across HCPF and BHA services, offering a more comprehensive perspective on publicly funded behavioral health services and equity. This will inform policy, payment and rates, and improvement strategies at various levels.

HCPF requested funding through the fiscal year (FY) 2021-22 R-23 Behavioral Health Claims and Eligibility Processing budget request, which provided design, development, and implementation funding, and the FY 2023-24 R-12 Behavioral Health Eligibility and Claims Processing Operation budget request, which supplied the maintenance and operations (M&O) funding. The Non-Medicaid Behavioral Health Eligibility and Claims System has been built for use by BHASOs. System updates to integrate BHA into existing infrastructure have been completed. Additionally, initial pilots of onboarding

and training have been completed. Per HB 23-1236 Section 24, the BHASO intermediaries will go live July 1, 2025. On July 1, 2025, all BHASOS will be required to submit encounter data on behalf of their regional networks to the Colorado interChange. Data will then begin flowing into the Non-Medicaid Behavioral Health Eligibility and Claims System.

Next steps are planned for the system and its users. System enhancements and updates are ongoing, as part of maintenance and operations. Providers continue to be trained in use of system components ahead of their July 1, 2025, contract requirement to submit data to the BHASO intermediaries. BHASOs are expected to enroll in the system immediately following contract signing, which is anticipated January 1, 2025, followed by their providers. Once data is ingested into the system's data warehouse, analysis and reporting of the first BHA encounter dataset is expected Spring 2026.

Introduction

In their March 2023 "JBC Staff Comeback – HCPF Request R12", the JBC requested an interagency update on the Non-Medicaid Behavioral Health Eligibility and Claims System. The update was requested for November 2024 in recognition of the gradual roll-out of the system. This report answers five specific questions from JBC staff ("Progress" section) and contextualizes the initiative.

BHA was established in July 2022 per HB 21-1097 and HB 22-1278. The legislation required development of a "data integration plan" for BHA that leveraged existing infrastructure where possible. In response, a Non-Medicaid Behavioral Health Eligibility and Claims System was identified as the solution and executed as a joint initiative between BHA and HCPF.

This report provides an update on the implementation, enhancement, and operations of the Non-Medicaid Behavioral Health Eligibility and Claims System. This interagency, multi-year initiative received design, development, and implementation funding through the FY 2021-22 R-23 Behavioral Health Claims and Eligibility Processing budget request. The initiative is currently funded by the FY 2023-24 R-12 for M&O: a

total of $2.8 million General Fund and 8.0 FTE were allocated for FY 2023-2024. A FY 2024-2025 increase to $3.1 million and 10.0 FTE for ongoing operations and analysis were approved by the JBC. Funding for R-12 was approved with a 2024 legislative request for information (LRFI). The LRFI was scheduled for November 2024 due to the gradual roll-out of this system. This document fulfills that request, with acknowledgement of state timeline changes. It describes the preparation and roll-out of the system for users, which include BHASOs and their contracted providers. Per legislative timelines and postponement, these BHASOs will "go live" in 2025. At that point BHASOs will begin inputting data into the Non-Medicaid Behavioral Health Eligibility and Claims System. Background on this initiative, progress achieved, planned analysis, and other next steps are reported here.

Background

This section provides background on the funding request for the Non-Medicaid Behavioral Health Eligibility and Claims System. Information includes legislative requirements for the system, system components, the original system vision, and the project's subsequent evolution.

Legislation

In addition to establishing BHA, HB 21-1097 required a "data integration plan" that included opportunities for "information sharing that leverages existing infrastructure". Interagency projects were created and funded to incorporate BHA into Medicaid's existing Medicaid Enterprise infrastructure in Colorado, which is explained below.

System Components

The Non-Medicaid Behavioral Health Eligibility and Claims System has various components. It is the combination of multiple, existing state IT systems, websites, and databases used for public assistance programs. The collection of these technologies is called the Medicaid Enterprise. Components include:

- The Program and Eligibility Application Kit (PEAK for clients, PEAKPro for professionals), used to apply and check eligibility for state assistance programs. BHA providers will also use PEAKPro to fulfill contract requirements of checking eligibility and income status;
- The Colorado Benefits Management System (CBMS), which determines an applicant's eligibility for public assistance;
- The Medicaid Management Information System (MMIS), also called the Colorado interChange, where claims process and information retrieval occurs; and
- The Business Intelligence Data Management System (BIDM) or "Data Warehouse", where service data is stored and retrieved for analysis.

System Vision

A number of opportunities were anticipated when the Non-Medicaid Behavioral Health Eligibility and Claims System was envisioned. The system is expected to reduce administrative burden for providers, service and managed care organizations, and clients. Many providers in Colorado offer both Medicaid and BHA-funded services. Therefore, they contract with both Medicaid and BHA intermediaries. The Medicaid intermediaries are called Regional Accountable Entities (RAEs), while BHA intermediaries are called Behavioral Health Administrative Services Organizations (BHASOs). The clients served by these providers and intermediaries have fluctuating needs and income. As a result, they can move between Medicaid and alternative community programs, such those funded by BHA. In light of this considerable overlap, it makes sense for providers, intermediaries, and clients to use the same tools to interact with the Medicaid and BHA safety net of services. Use of the shared infrastructure leads to another opportunity of the system - alignment of statewide data collection. Medicaid and BHA data collected in the same system can be analyzed to get a statewide picture of behavioral health care and equity across public payers. This will inform policy, payment and rates, and improvement strategies at various levels (e.g., regionally, statewide).

Project Evolution

Bringing BHA into Medicaid's existing infrastructure required large and complex changes to existing IT systems. HCPF began designing and implementing MMIS and BIDM changes in collaboration with BHA staff while BHA funding and service models were being developed. The result has been the achievement of planned milestones as well as project learnings for enhancements. An update on major project milestones is reported in the "Progress" section of this document. System enhancements and learnings are described next.

Enhancements

System enhancements, coupled with communications, further streamline and strengthen system capabilities. For example, scheduled enhancements include the ability to pre-populate a BHA application in PEAK from client information in a denied Medicaid application. This will reduce administrative burden for people seeking care and expedite registration with BHA Community Services.

Learnings

Unlike Medicaid, BHA Community Services is not a public insurance, benefit or entitlement program. BHA funding consists of a variety of financing mechanisms such as cost-reimbursement, contract/deliverable-based funding, and service-based funding. Because of BHA's unique role in safety net financing, BHA will not utilize the Claims and Eligibility systems identically to HCPF. Instead, BHA will analyze the volume of encounters captured in the system along with other priorities and needs to calibrate funding directed to different providers of BHA Community Services.

Progress

This progress section will review completed milestones and system capabilities, the value of the program, and responses to specific questions in the "JBC Staff Comeback – HCPF Request R12"

A. Completed milestones and resulting system capabilities

Planned technical modifications required to integrate BHA services into PEAK, PEAKPro, CBMS, MMIS, and the BIDM have been completed. The following system capabilities have been achieved to bring public payers of behavioral health services into one system.

- BHA Community Services has been added to the CBMS, and connected to PEAK/Pro and the interChange (MMIS).
- A separate section of the BIDM was created for BHA data. Medicaid and BHA data are separated to comply with federal regulations (HIPAA). BHA data will flow from providers to BHASOs into the MMIS then the BIDM and to BHA's data Lakehouse. Data retrieved from the BIDM can be analyzed at an aggregate level.
- Both Medicaid applications and BHA registrations can be submitted in PEAK by individuals and through PEAKPro by BHA Providers.
- The system can distinguish between individuals qualifying for means-tested programs (income below 300% of the federal poverty level) and non-means tested programs funded by BHA. BHA funds programs available to all people in Colorado as well as programs with qualifying criteria like income.
- Establishment of a public payer hierarchy in the system: the provider journey through the system has been designed to encourage Medicaid eligibility checks prior to attributing encounters to BHA Community Services (when appropriate).
- A State ID can be obtained in PEAKPro for clients who are unable or unwilling (e.g., in crisis) to provide information for a Medicaid eligibility check. Providers can use the State ID to document service provision in the system, which enables data analysis.

B. The Value

This section briefly summarizes why the system functionalities above were developed and implemented as part of the Non-Medicaid Behavioral Health Eligibility and Claims System. Key considerations included avoiding costs associated with building new IT systems, reduction of administrative burden for providers and BHA staff, and the

opportunity to derive added value from Colorado's existing Medicaid Enterprise Solutions infrastructure.

System capabilities will enable providers who are contracted through Medicaid RAEs, BHA BHASOs, or both intermediaries to use the same, existing technology. As mentioned above, a public payer hierarchy is built into the system. Unlike BHA Community Services, Medicaid behavioral health services are a "benefit", and members are entitled to them. Designing the system with a public payer hierarchy should encourage providers to check Medicaid eligibility for individuals who may qualify for more than BHA Community Services. The goal is to direct individuals to the most robust services for which they qualify. Another goal the system addresses is cost efficacy. State Medicaid dollars receive a federal match, unlike BHA funds. The system design should reduce instances in which BHA is paying for Medicaid covered expenses and enable identification of Medicaid members being covered by other state resources.

Value for the state also comes from the aggregate data elements of the system. When the BHASOs go live, the system will generate data to assess behavioral health service access and provision across state payers. Analyzing this data should also inform BHA of how their contract-based funding is being used to deliver care at the state, regional, and provider level. Furthermore, the state will have a never-before-seen ability to analyze data across HCPF and BHA services, offering a more comprehensive perspective on publicly funded behavioral health services.

C. Response to specific questions from the "JBC Staff Comeback – HCPF Request R12"

The JBC requested that HCPF and BHA provide updated answers to the questions from the "JBC Staff Comeback – HCPF Request R12" on March 16, 2023. The five questions are as follows:

1. **The specific non-Medicaid programs that are utilizing the system for eligibility and/or claims purposes, including the specific uses for each program:**

   BHA Community Services - which includes crisis services (via Administrative Service Organizations, ASOs), substance use services (via Managed Services Organizations, MSOs), and general behavioral health services (via Community Mental Health Centers, CMHCs) - have been integrated into the MMIS, BIDM, CBMS, PEAK and PEAKPro to enable eligibility checks and encounter submission for 100% of services which require them. Utilization of the system for all encounter-submitting programs, once BHASOs are launched, will include checking eligibility and determining if the funding source for services is Medicaid or BHA. Through this process, an auditable set of Medicaid and BHA encounter data will be generated.

2. **The number and percentage of clients and claims for which each program is using the system:**

   Data on how BHA-funded programs in the system are interacting with clients will become available after July 1, 2025, when BHASOs go live and their contracted providers are required to submit encounter data. As of July 1, 2025, 100% of programs which receive BHA funds and submit encounter data are expected to use this system. These programs are projected to serve approximately 16,000-17,000 non-medicaid mental health clients and 30,000-35,000 non-medicaid substance use disorder clients per year based on BHA's service utilization data for FY 2023.

3. **The number and percentage of providers that are using the system for each program:**

   Once BHASOs go live with their contracted networks, program level analysis of provider use will be possible, however it is anticipated that 100% of providers who submit encounters will use these systems. In the period before BHASOs go live, providers are receiving training in PEAKPro to check public assistance

eligibility for their clients and create state IDs for individuals without a Medicaid ID. The state ID will be used in the system to submit encounters with clients, per BHASO contracts.

As of August 15, 2024, 174 individuals representing 24 health organizations have completed live PEAKPro training and obtained accounts for PEAKPro use. All BHASO-contracted organizations are expected to be onboarded to PEAKPro by July 1, 2025, when BHASOs go live.

4. **The Departments' plans to expand the utilization to other programs (including programs housed outside of the BHA) and other providers through FY 2024-25 and in subsequent years:**

   BHA is exploring future payment models and, where appropriate, will leverage the additional system functionality and support that is available as a result of Non-Medicaid Behavioral Health Eligibility and Claims System project.

   Since the BHASOs start date and planned system enhancements do not go live until July 1, 2025, no other program expansions are scheduled for FY 2024-25. Future expansion of this project to other funding sources beyond BHA will require detailed planning and investments.

5. **Any efficiencies or payment issues identified through the use of the system thus far:**

   The Non-Medicaid Behavioral Health Eligibility and Claims System is expected to be BHA's first comprehensive data source on providers delivering BHA Community Services. These providers are contracted with existing CMHCs, ASOs, or MSOs. These organizations will be gathered into BHASOs, which will begin submitting encounter data to the system starting July 1, 2025.

   Further analysis of service and/or payment efficiency can be conducted after BHASOs go live.

Please see the Appendix of this document for tables showing the project's budget versus expended funds.

Analysis

The value of data was an important aspect of the original and ongoing vision of the Non-Medicaid Behavioral Health Eligibility and Claims System. Analysis of BHA Community Services data and behavioral health data across public payers will be possible once data from providers, via BHASOs, is collected in the BIDM. Per HB 23-1236 Section 24, BHASO are going live at a later date than originally scheduled. Therefore the analytical activities of this project will also begin later than planned. Relevant milestones are listed on a timeline below.

- July 1, 2025 - BHASOs go live and will submit encounters to the system on behalf of their providers.
- Fall 2025 - Begin checking BIDM data for quality and completeness
- Spring 2026 - Usable BHA data set expected to be ready for analysis; within a month of BHA data set availability, first reports and dashboards are populated.

Next Steps

As reported above, the Non-Medicaid Behavioral Health Eligibility and Claims System has been developed and implemented as planned. Use of the system by BHA's BHASOs and their contracted providers will begin in 2025. In preparation, providers are being trained in system use. System enhancements and updates are also ongoing. These activities and next steps are mapped to the timeline below.

- Ongoing
    - Provider training in use of PEAKPro
    - System enhancement development work for the MMIS and PEAK

      Example of a scheduled enhancement: the system will recommend a BHA application in PEAK and offer to pre-populate it from a denied Medicaid application, which is much longer. For those denied Medicaid, this

should reduce administrative burden and expedite registration with BHA Community Services.

    - Technology system updates (maintenance and operations)

- January 2025 - February 2025: BHASO enrollment in the MMIS (interChange)
- February 2025 - onward: BHASO-contracted provider enrollment in the MMIS (interChange)
- Spring 2026 - onward: Analysis and reporting of encounter data submitted to the MMIS (interChange)

Conclusion

This report offered updates on the Non-Medicaid Behavioral Health Eligibility and Claims System. The interagency initiative was based on House Bills 21-1097 and 22-1278, and reflects priorities of the Behavioral Health Task Force, community stakeholders, and the Legislature. The initiative brought BHA into existing state IT systems, websites, and databases used for public assistance programs. Funding obtained through the FY 2021-22 R-23 and FY 2023-24 R-12 have been used to prepare the system to enroll and capture data from BHA's intermediaries (BHASOs) and their contracted providers. Data reporting requirements for providers begin July 1, 2025. Until then, system updates, enhancements, and maintenance are ongoing, as well as user training.

When fully utilized, the Non-Medicaid Behavioral Health Eligibility and Claims System is expected to derive added value from Colorado's existing infrastructure in a number of ways. These include allowing BHA and Medicaid intermediaries and providers to fulfill contract requirements using the same tools. Analyzing data gathered in a unified system presents an opportunity to better understand Colorado's behavioral health care system and funding across public payers.

Appendix

The following two tables summarize the expenditures and budget for the ongoing Non-Medicaid Behavioral Health Eligibility and Claims System efforts. Requested funding has been used for staff positions as well as development work on component IT systems, platforms, and databases.[1] A total of $8,630,480 was budgeted for the work, and $8,381,612 has been spent.

Table 1: HCPF Expenditures

Item	FY 2021-22	FY 2022-23	FY 2023-24	**Total**
Personnel	$332,895	$520,588	$714,734	**$1,568,217**
MMIS	$203,574	$3,248,387	$450,782	**$3,902,743**
CBMS	$0	$2,080,608	$830,044	**$2,910,652**
Total	**$536,469**	**$5,849,583**	**$1,995,560**	**$8,381,612**

Table 2: Budget

Item	FY 2024-25	FY 2025-26	FY 2026-27 & Ongoing	**Total**
Personnel	$796,407	$796,407	$796,407	**$2,389,221**
MMIS	$1,154,630	$1,189,269	$1,189,269	**$3,533,168**
CBMS	$884,997	$911,547	$911,547	**$2,708,091**
Total	**$2,836,034**	**$2,897,223**	**$2,897,223**	**$8,630,480**

[1] CBMS (Colorado Benefits Management System) line items include the connected Program and Eligibility Application Kit. The Medicaid Management Information System (MMIS) line includes the Business Intelligence Data Management System (BIDM).