

## MINUTES OF THE BEHAVIORAL HEALTH HOSPITAL ENGAGEMENT FORUM

Virtual attendance only

August 11, 2023 10:00 a.m. - 11:00 a.m.

### 1. Call to Order

Sandra Grossman called the meeting to order at 10:02 a.m.

### 2. Welcome and Introductions

# 3. Discussion on Sharing Behavioral Health Emergency Department data with the Regional Accountable Entities

Emma Oppenheim facilitated this discussion. The goal of this agenda item is to have a conversation around the sharing of hospital emergency department (ED) data for members showing up at the ED for substance use disorder (SUD) or mental health treatment.

The following discussion questions were asked.

- 1. How do you currently share information on behavioral health (mental health and SUD) ED visits with the Regional Accountable Entities (RAEs)?
- 2. What barriers exist to sharing information on these visits with the RAEs?
- 3. What could a realistic timeline look like for sharing this information with the RAEs?

The following discussion occurred:

• A hospital noted that the Hospital Transformation Program (HTP) and other efforts are having hospitals collaborate with the RAEs to disclose SUD and mental health specific discharge and diagnosis codes. They are coordinating with the RAEs and are sending hospital consult information to their RAE. HL-7 chains, through the hospital's electronic health record (EHR), are going to the RAEs to notify them that a Medicaid specific patient associated with that RAE. The requirement is for the hospital to transmit this information within one business day. It is an automated process.

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- Regarding the process of a RAE when information is received from a hospital, the RAE works with each of the hospitals to ensure they have a point of contact and that care coordinators are staffing and consulting on needs identified by the hospitals.
- Another hospital shared that their EHR does not allow them to send information electronically, so they need to submit data manually through an excel spreadsheet. They're currently working to get this interface set up. It takes about one business day to get most emergency department data to the RAE. The manual process is an administrative burden.
  - A RAE mentioned they were encountering some of the same barriers with the manual process but are working to try and integrate the system to obtain real time feeds.
- A hospital noted that they've been having some issues with billing as they have had claims being denied by the RAEs. Some of the RAEs have not been accessible to this hospital.
- A RAE has been overseeing HTP efforts with the hospitals, from a RAE perspective. The RAE has been working specifically around behavioral health, such as the BH1 measurement. They are in the process where they will begin to analyze all of the data received. The data has been helpful as they've been doing work on complex case reviews with hospitals. For hospitals not yet set up with Contexture, the RAE created a shared HTP inbox to still be able to receive notifications for these measurements.
  - i. A RAE noted that ADT is received from CORHIO regardless if an ED admission results in an inpatient stay or not. The understanding is that the data comes in real time and is regularly monitored throughout certain times of the day.
    - 1. Additionally, the RAE noted that members with a mental health or SUD diagnosis are prioritized similarly. They are looking at both, diagnosis and ADT, and then going back through historical claims data to drive the prioritization of outreach.
  - ii. Another RAE noted that the top three populations that are prioritized for an ED follow-up are members with a mental health or SUD diagnosis, or members that have more than ten ED visits in a 12-month time period will be prioritized.





#### 4. Wrap Up and Housekeeping

Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Please notify Sandra Grossman at <u>sandra.grossman@state.co.us</u> or the Civil Rights Coordinator at <u>hcpf504ada@state.co.us</u> at least one week prior to the meeting to make arrangements.



