Meeting Minutes
Behavioral Health and Integration Strategies (BHIS) PIAC Subcommittee

Virtual Meeting

February 1, 2023, 9:00 AM – 10:30 AM

1. Introductions

Facilitators:

- Sue Williamson   Colorado Children's Healthcare Access Program, Children's Community Advocate

- Daniel Darting   Signal Behavioral Health

- Matt Pfeifer   Health Care Policy & Financing (Dept. Liaison)

Voting Members:
- Amanda Jones   Community Reach Center

- Tom Keller   Statewide PIAC

- Monique McCollum   Parent of special needs children on Medicaid

- Nina Marinello   SCL Health

- Elizabeth Freudenthal   Children's Hospital

- Charlie Davis   Crossroads Turning Points

- Taylor Miranda Thompson   Colorado Community Health Network

Other Attendees:
- Jennifer Holcomb   Health Care Policy & Financing
- John Laukkanen   Health Care Policy & Financing
- Lexis Mitchell   Health Care Policy & Financing
- Ellen Velez   Peer Assistance Services
- Chelsey Sterling   Health Colorado, Inc.
- Matthew Dodson   Axis Health Systems
- Tina McCrory   Health Colorado, Inc.
- Kara Gehring   Health Care Policy & Financing

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- Em Archuleta   Invest in Kids
- Lesha Mitchel   Invest in Kids
- Mona Allen   Health Colorado, Inc.
- Ryan Larson   Colorado Access
- Ryan Eden   Health Care Policy & Financing
- Sherrie Bedonie   Colorado Access
- Sarah Lambie   Health Services Advisory Group
- Doyle Forrestal   Colorado Behavioral Healthcare Council

2. Housekeeping

Meeting called to order at 9:05 AM.

Daniel calls the group to approve the January 2023 BHIS minutes. Charlie Davis motions to approve; Taylor Miranda Thompson seconds. There are no objections or abstentions. January 2023 meeting minutes are approved by voting members.

Matt Pfeifer provided a COVID-19 update.

- Public Health Emergency (PHE) was extended through April 11, 2023 with a planned end date of May 11, 2023

- The Department is prioritizing the end of continuous coverage introduced during the PHE: https://hcpf.colorado.gov/covid-19-phe-planning

- COVID data can be found at covid19.colorado.gov

The Federal Omnibus bill approved for FY2023 does not end the PHE but does separate continuous eligibility from the PHE.

- States can start evaluating Medicaid and CHP+ enrollees' eligibility and end coverage starting April 1, 2023.

- The PHE will still be relevant in the health care landscape

End of continuous enrollment in Colorado

- Normal renewal processes will resume with the first notices going out in March 2023 for members with renewals due in May 2023.

- Not all members will be renewed at the same time.

- Colorado will take 12 months (14 months including noticing) to renew all 1.7 million Health First Colorado Members.

More meeting and communication resources can be found at
https://hcpf.colorado.gov/covid-19-phe-planning. This page will be updated
frequently.

The Accountable Care Collaborative (ACC) team is working closely with the Regional
Accountable Entities (RAEs) to identify needs proactively.

**Department of Corrections (DOC) Metric update: Behavioral Health Engagement for
Members Releasing from State Prisons (preliminary data)**

- HCPF transitioned to a different process for RAEs/Managed Care Organizations
  (MCOs) to submit claims which continues to delay the data, but accuracy is
  improving.

  - Matt explains the relationship of this data lag to the larger behavioral
    health evaluation.

- June and July 2022 rates appear likely to be in the 19.00-19.50% range.

- FY21-22 Target Rate: 19.14%

- FY22-23 Target Rate: 22.08%

- Monthly updates will continue.

3. Medicaid Management Information System (MMIS)

- Amy Gary and Nathan Culkin from HCPF join the meeting to give a status
  update on the Behavioral Health Claims and Eligibility (BHC&E) Project
- This project aims to leverage the State's current Medicaid infrastructure so
  that there is a single point of entry to help individuals navigate the full
  continuum of behavioral health services
  - This was a recommendation that came from the Behavioral Health Task
    Force
  - This project is centered around pre-existing systems and vendors to
    ensure alignment among agencies
- The project has been rolled out in a phased approach (A-F, six phases)
- Phase A going live 2/1/23, last phase (F) will go live 7/1/23
  - Daniel Darting inquires if there will be a link between the unique
    identifier assigned to a provider in this MMIS project and our statewide
    Health Information Exchange organizations (CORHIO, QHN).
    - Amy confirms that this MMIS project is unique for BHA initiatives.

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- o BHIS attendees inquire about how this system will interact with the older BHA enrollment system.
    - ▪ HCPF staff are not able to answer that question; defer to BHA.
  - o Taylor Miranda-Thompson requests clarification on who is counted as a BHA provider
    - ▪ Amy confirms that BHA contractors are the ones contracted directly with the BHA. They would identify themselves in the interchange as a BHA-contracted provider. This would connect the provider's information to that contract.
  - o Current phase of the project is focused on connecting Administrative Services Organizations (ASOs), Managed Service Organizations (MSOs), and Community Mental Health Centers (CMHCs).
  - o Amy clarifies that those who are already enrolled in Medicaid MMIS for behavioral health services will be asked to also enroll into BHA program to submit through either portal.
  - o Elizabeth Freudenthal clarifies that if a provider wants to offer multiple services outside of Medicaid they can still enroll in the BHA portal.
- Amy walks through the BHA eligibility structure. This is a new process and workflow for HCPF and BHA, but existing platforms are being utilized. Three main points of entry for users:
  - o PEAKPro (for BHA providers)
  - o PEAK (for individuals seeking Medical Assistance (MA)/Behavioral Health (BH) services)
  - o PEAK (for county case workers)
- Amy discusses remaining timeline for project:
  - o Pilot phase (current) Jan. 2023 – June 2023
  - o Phase 1 (implementation) Jul. 1 – Dec. 2023
  - o Phase 2 beings Jan. 2024
    - ▪ Program will continue to enhance and adjust based on needs of providers and members
- Communication crosswalk completed by HCPF and BHA will leverage existing communication channels with providers. Streamlining is a priority.
  Daniel connects this presentation back to BHIS's charge of understanding what data is available to the State and how that data connects; are the right services being delivered in the right place, at the right time?

4. ACC Phase III planning and feedback, continued discussion

- Mark Queirolo joins BHIS again to gather more feedback from this group of integration subject matter experts.
- One focus in the community is how can the ACC program better address health-related social needs. Today the focus is around screening; questions posed to the group are as follows:

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1. What seems more important, a standard screening tool or allowing flexibility for the setting?
2. What is the more important tradeoff, to screen as many members as possible (with the risk of administrative burden and member frustration) or prioritizing specific populations (at the potential risk of some member health-related social needs going unidentified)?

- Taylor Miranda-Thompson reflects that there are some entities (such as RAEs) that have their own screening tools they are requiring/encouraging; if HCPF then picks another screening tool, alignment needs to be considered.
- Elizabeth Freudenthal shares that her understanding is that there is no current, standardized screening tool for this. This makes it hard to build sustainable data-sharing structures when questions are being asked in different spaces and in different ways.
  - The response for question #1 would be "both". E.g., SB19-195 required that OBH put together a "menu" of standard behavioral health screening tools used in the primary care setting. Something like this menu might be a good option that would meet the needs of many.
- Daniel Darting references workgroup that is focused on reducing provider administrative burden.
- Matt Pfeifer suggests digging deeper on the gravity of the tradeoffs being considered in these questions.
  - Elizabeth's perspective is that providers would appreciate standardization in this area as standardization leads to meaningful evaluation and easier data sharing. Part of the burden is that some of these screening tools currently in use are already loaded into the system's electronic health record (EHR) platform. Changing these tools will take systems change work.
- John Laukkanen reflects that in many cases the barrier to implementing a new screening tool is that if the patient screens positively and there is no resource available, that is a major barrier/detriment. Screening is not helpful if providers don't have the right resources.
  - Matt Pfeifer confirms that this is part of what the health system should be addressing and not a reason to not screen members for needs.
- Mark asks if there are any lessons learned from current behavioral health screening practices.
  - Sue Williamson reflects on maternal screening programs implemented at CCHAP. There was great variability across the board on practice experience. It depends on where the practice is located and surrounding community resources, among many other variables.
- The BHA is looking at social determinants supports needed in tandem with behavioral health services. Answering these questions does not feel like it's in a vacuum to the ACC.
  - Elizabeth seconds that aligning some of these tools across payers is important.

- Mark shifts the discussion to the attribution process.
  1. How might the Department incorporate behavioral health utilization into the attribution methodology?
     - Matt reminds the group that member choice is first and foremost.
  2. Elizabeth notes that attribution is different for different purposes.

- Where should the focal point of care be?
  - Further, where should the care coordination focal point be?
  - Members should be the focal point; this process should be as seamless as possible for Members.
  - Improved integrated outcomes are raised as a focal point of these efforts.
- Conversations around attribution will continue.

5. Wrap up and next steps (HCPF)

The next meeting is scheduled for March 1, 2023. The meeting was adjourned 10:30 am.