DOC BH Engagement May 2021										
Medicaid Release Volume	Fngageme	nt Volume	Perform	ance Rate		t Rate	Differe	nce (%)	Difference	(Members)
6280	1147		18.26%		13.39%		4.87%		306	

• Performance this month increased from 17.65% to 18.26%. Performance has increased by almost 8 percentage points since May 2020. Increased engagement indicates the continued impact of the cross-system efficiencies gained under COVID-19, adjustments to the Approved Treatment Provider (ATP) network, RAE coordination with community partners, and DOC referral processes. Timely filing creates some fluctuation and noise in the most recent months.

• Collectively contractors are exceeding the target by 306 members, or about 38 members per contractor over the course of the year.

• The target for FY21-22 is 19.1%. If the current trend of .5-.6% monthly increases continues then the rate at the beginning of FY21-22 will be around 19%.

• Women continue to access care at a higher rate than men, and whites continue to access care at higher rate than non-whites.

• 12 Month rolling release volumes continued to decrease significantly but access volumes were more stable thus engagement rates increased. Lower release numbers appear to be related to more members released as a response to COVID in 2020 resulting in fewer members eligible for release now.

• HCPF, RAEs, DOC and stakeholders continue regular meetings to improve performance on this metric and for justice system involved members. Coordinating in-reach efforts to avoid duplication is an ongoing issue being addressed. Improving data for accuracy and completeness is also being addressed.

• CO recently passed legislation to increase in-reach efforts and funding. Implementing this legislation should have a positive influence on these engagement rate metrics.

• DOC continues to work with community providers to reimburse for in-reach appointments while the member is not yet Medicaid eligible.

• Issues related to providers' understanding of medical necessity is a challenge being addressed. Members who have SUD treatment needs but have not been actively using while incarcerated are particularly impacted.







