



Meeting Minutes Behavioral Health and Integration Strategies (BHIS) Program Improvement Advisory Committee (PIAC) Subcommittee

Virtual Meeting

April 3, 2024, 9:00 AM - 10:30 AM

1. Introductions

Facilitators:

- Daniel Darting Signal Behavioral Health Network
- Lexis Mitchell Health Care Policy & Financing (HCPF Liaison)

Voting Members:

- Tom Keller Statewide PIAC
- Amanda Jones Community Reach Center
- Monique McCollum Parent of special needs children on Medicaid
- Imo Succo Southwestern CO Area Health Education Center
- Elizabeth Freudenthal Children's Hospital
- Deb Hutson Behavioral Health Administration
- Taylor Miranda Thompson Colorado Community Health Network

Other Attendees: Abby Worthen, Alan Girard, Andrea Bradley, Andrea Loasby, Angela Ukoha, Ashleigh Phillips, BASIC Project, Becky Selig, Bob Dyer, Brandon Arnold, Camila Joao, CCHA RAE 6 & 7, Chantel Hawkins, Christine O, Claire, Courtney Bishop, Cris Matoush, Crystal Brown, Cynthia Moreno, Doug Cooper, Edward Arnold, Emilee Kaminski, Emily DeFrancia, Erin Herman, Gina Stepuncik, Isaiah Anderson, Janet Rasmussen, Clinica Family Health, Jennefer, Jenny W, John Lentz, Kara Gehring, Kathryn Morrison, Kimberly Herek, Laurel Karabatsos, Lili Carrillo, Liz Mooney, Lori Roberts, lpulver23@gmail.com, Marisa Gullicksrud, Mary Shorter-King, Matthew Sundeen, Melissa Eddleman, Michaela Smyth, Michelle Blady, Michelle Maddrell, Monique McCollum, Nancy Mace, Natalie Hazemi, Natasha Lawless, Nora Blackmon,



Pat Cook, ReNae Anderson, Rose Stauffer, Sandi Wetenkamp, Sarah Switala, Sherrie Bedonie, Tessa Stackow, Tina, Valerie Joyner, Zach Rodriguez

2. Housekeeping

Daniel Darting calls the group to approve the March 2024 BHIS minutes. Monique McCollum motions to approve; Deb Hutson seconds. Committee members voted to approve the March 2024 minutes. There are no objections or abstentions. March 2024 meeting minutes are approved by voting members.

3. Criminal Justice (CJ) Gap Analysis

John Lentz, HCPF, presented on the Criminal Justice (CJ) Gap Analysis and next steps.

- In 2023, HCPF engaged with key community partners to identify gaps in enrolling and engaging justice-involved individuals in Colorado's Medicaid system. In Colorado, 70-90% of individuals exiting carceral settings may be eligible for Medicaid services, and ensuring access to continuous health care access is critical following release. Federally, the Medicaid Inmate Exclusion Policy limits Medicaid coverage for individuals during incarceration.
- There is a gap in partnerships between jails and prisons and county staff who can assist with Medicaid enrollment processes. Additionally, it can be very challenging to plan for release from incarceration when a release date is not known in advance or changes without advanced notice.
- Even with the Benefits Acquisition Team (BAT) in the Colorado Department of Corrections to help apply for benefits, individuals with lived experience discharging from the prison system shared that applying for Medicaid and receiving benefits was very challenging.
- HCPF maintains data sharing agreements with the DOC, judicial system, and RAEs to engage members in care coordination.
- HCPF created the Criminal and Juvenile Justice Collaborative was created to provide ongoing feedback and develop best practices based on the results of the gap analysis. The collaborative will also be involved in the development of a criminal justice strategic plan moving forward.

4. PHE Unwind/Enrollment Challenges Update

Daniel Darting shared that members of the enrollment team are not available to attend the meeting to continue this discussion. This item was moved up on the



agenda to continue the discussion from the March meeting to ensure committee members have the opportunity to share additional perspectives and information.

Lexis Mitchell, HCPF, shared that the feedback received is being shared with the eligibility team. There will also be a PHE Unwind public webinar on April 24, 2024 at 1:00PM MST. The webinar is public and anybody who would like to attend can [register](#).

- Elizabeth Freudenthal, Children’s Hospital Colorado, shared that there are challenges with current payment structures that will significantly reduce payments to providers as members are disenrolled. Additionally, they are anticipating many unpaid claims for services provided to individuals that are still being provided during the lapse in coverage. More information is being requested from the department regarding any plans to keep these high-volume Medicaid providers whole during the PHE unwind.
- Taylor Miranda Thompson, CCHN, expressed a concern about individuals who are disenrolled from Medicaid who then remain uninsured, and how that impacts available resources for both physical and behavioral health.
- Tom Keller, Statewide PIAC member, shared some data about pre-COVID enrollment numbers, current enrollment, and anticipated enrollment after the PHE unwind. He suggested using volunteers to go into communities to help with enrollment and re-enrollment efforts.

5. Behavioral Health Incentive Program (BHIP) Presentation: RAE 1, Rocky Mountain Health Plans (RMHP)

Kim Herek, RMHP, presented on RMHP’s Behavioral Health Incentive Program.

- RMHP utilizes an integrated approach to quality improvement that involves partners from many different organizations, programs, and activities around quality. RMHP passes through 66.67% of BHIP revenue to eligible providers, which is evenly distributed across each measure with participating providers based on individual performance.
- RMHP partners with providers and CMHCs, IPN, and Primary care with streamlined referral processes and collaboration. They also convene a Provider Cross Collaboration Committee (PCCC) that meets monthly to discuss improvement tactics for BHIP metrics to support performance and best practices based on performance data.
- RMHP utilizes one-on-one practice support and provider education focused on



building behavioral health capacity to further these efforts.

6. Behavioral Health Incentive Program (BHIP) Presentation: RAEs 6 & 7, Colorado Community Health Alliance (CCHA)

Kathryn Morrison, CCHA, presented on CCHA's Behavioral Health Incentive Program.

- CCHA uses HEDIS measures to be able to compare their performance to that of other health plans across the state and the country.
- 100% of BHIP dollars are passed through to providers to incentivize performance or fund resources (Pyx, FindHelp, Elsevier, and ad hoc proposals).
- The Behavioral Health Quality Incentive Program (BHQIP) financially rewards providers to improve performance on clinical quality indicators, including follow-up after hospital discharge or ED visit for SUD, and substance use engagement. Indicators and targets address efficiency and quality of care (aligned with HEDIS measures). Rewards use a 2-tier approach to reward performance above peers and year-over-year improvement. Each indicator is assigned a full credit target rate or partial credit target rate.
- The Behavioral Health Facility Incentive Program (BHFIP) awards hospitals for achieving value-based quality metrics on outpatient follow-up and reducing readmission rates. This program is designed for psychiatric hospitals, freestanding mental health facilities, and acute hospitals with psychiatric units.

7. Wrap Up and Next Steps

Next meeting will be May 1, 2024.

