COLORADO
Department of Health Care Policy & Financing

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

Virtual Meeting

May 7, 2025, 9:00 AM – 10:30 AM

1. **Introductions**

Facilitators:

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

Voting Members:

- Monique McCollum (Chair) — Medicaid Member
- Deb Hutson — Behavioral Health Administration
- Elizabeth Freudenthal — Children's Hospital Colorado
- Thomas Keller — Medicaid Member
- Charles Davis — Crossroads' Turning Points, Inc.
- Marissa Gullicksrud — Invest In Kids
- Nina Marinello — SCL Health
- Monica Lintz — Denver Health

2. **Housekeeping**

Lexis Mitchell introduces the subcommittee and informed attendees of a series of quarterly virtual stakeholder meetings HCPF will host [registration link] on Improvements to Member Correspondence. After a quorum was reached, Daniel Darting called the group to approve the March 2025 BHIS minutes. Charles Davis motioned to approve; Elizabeth Freudenthal seconds the motion. Committee members voted to approve the April 2025 Meeting Minutes. There are no objections. There are no abstentions. March 2025 meeting minutes are approved by voting members.

3. **Accountable Care Collaborative (ACC) Phase III RAE Presentations:**

   a. **Rocky Mountain Health Plans (RMHP) – Meg Taylor**
   meg-taylor@uhc.com

      a. Meg discussed changes that will go into effect as of July 1st, 2025 – when ACC Phase III begins. She briefly introduced the new Medicaid System of Care Program [link to Intensive Behavioral Health Services for Medicaid] and at a high-level explained eligibility, available services, and the use of Independent Assessors that will contract directly with the Regional Accountable Entities. One notable change is that Independent Assessors will contract directly with the Regional Accountable Entities (RAEs) in ACC Phase III. Meg also shared that another change will take place with Peer Services, explaining that they will be provided by three (3) types of providers (Comprehensive Safety Net Providers, Substance Use Disorder Clinics with appropriate identifiers, and Recovery Support Services Organizations). The third change that Meg covered was with Behavioral Health Secure Transportation [link to Behavioral Health Secure Transportation], noting that this benefit will move under the Behavioral Health Capitation in ACC Phase III (i.e., RAEs will contract directly with Behavioral Health Secure Transport companies), assisting Members in accessing the appropriate level of care. The fourth and final change Meg discussed was with the Integrated Care Benefit. Beginning July 1st, 2025, Primary Care Medical Providers (PCMPs) will no longer be able to bill for the codes associated with this care, meaning the Behavioral Health staff providing these services will need to contract directly with the RAEs. Meg encouraged those with questions about these topics or who are experiencing issues in Region 1 to connect with the Rocky Mountain Health Plan team at raesupport@uhc.com.

   b. **NHP – Cara Hebert & Cari Ladd**
   cara.hebert@nhpllc.org, cari.ladd@nhpllc.org

      a. Cara and Cari discussed changes occurring to RAE Region 2, NHP, beginning with the additional counties included in this region as of July 1st, 2025 (i.e., Larimer, Crowley, Kiowa, Otero, Bent, Prowers, and Baca Counties). Cara then shared engagement opportunities with the RAEs: Member Advisory Committees and a Health Equity Task Force. Cari shared that NHP is partnering with RMHP for contracting, claims processing and payments. She noted that any current contracts with NHP via Carelon will expire on June 30th, 2025, and

that providers will need to contract with RMHP for services after this date. For assistance with this, providers can contact NHPrae_bh_pr@uhc.com or visit NHP's website via the "Join Our Network" link [link to NHP's Join Our Network webpage]. Cari then spoke about the Regional Performance Improvement and Advisory Committee, describing another opportunity for Members and other stakeholders to engage with RAEs. Cara concluded NHP's presentation by sharing contact information for in-person meetings, upcoming Meet and Greet dates (May 28th and June 18th at 3:00pm MDT) for providers, and an monthly office hours opportunities (next office hours is May 15th at 3:30pm MDT).

c. **Community Health Alliance (CCHA) – Colleen Daywalt**
colleen.daywalt@cchacare.com

a. Colleen introduced CCHA, noting that CCHA's assigned counties are not changing from ACC Phase II to Phase III (Regions 6 & 7 in ACC Phase II), emphasizing a prioritization of CCHA's Health Equity efforts and sharing a link for providers to become contracted with the organization [link to CCHAcares.com]. She introduced advisory committees, like the other presenters, that are available to Members and Stakeholders: Program Improvement Advisory Committee (PIAC), Regional Health Equity Committee (RHEC), and the Member Advisory Committee (MAC) [link to CCHA Advisory Committees]. Colleen then presented outreach activities CCHA will complete/conduct, emphasizing the importance of various methods, frequencies, and types of communications that contribute to Members' continuity and quality of care. Lastly, Colleen presented strategies for Member attribution, making a call to action for individuals (e.g., behavioral health providers and others) to assist the RAE in connecting Members to PCMPs, as Members will no longer be attributed to a PCMP based on home address or familial association.
An attendee asked a follow-up question about the Early Periodic Screening, Diagnostic and Treatment (EPSDT) benefit [link to EPSDT Benefit] and how this relates to, or is different from, the Medicaid System of Care (MSOC). A fruitful conversation occurred, and attendees were made aware that EPSDT can cover medically necessary services for individuals under 21 years of age that are not covered under the MSOC or other benefits.

d. Colorado Access (COA) – Liz Owens
liz.owens@coaccess.com

a. Liz began Colorado Access' presentation by noting the omission of Elbert County from their region in ACC Phase III, and reaffirming COA's commitment to partnering with Denver Health Medicaid Choice for shared Members. She then presented COA's Communications Strategy, emphasizing committees and engagement opportunities that are available to Members and stakeholders in the region. Liz then highlighted the addition of a Member Representative on the RAE's Board of Representatives (a new contract requirement for ACC Phase III), noted structural changes to COA's regional committees (i.e., distinct committees for youth and adults), and oriented attendees to the application process for interested individuals [link to COA's advisory group application] – interested individuals can contact GetInvolved@coaccess.com to ask questions or receive more information. She then introduced the Digital Engagement Roadmap and the Health Plan Reporting Tool they will begin utilizing to improve Member experience. Provider communications were also discussed, informing attendees of the methods by with COA shares news, updates, and changes with providers in their network. Liz also echoed Meg's call to action, emphasizing the need for Multisystemic Therapy (MST) providers, Functional Family Therapy (FFT) providers, and Independent Assessors (IAs) to contract with the RAEs to meet network needs and create capacity for Members to receive these services. Providers needing support or who are interested in learning more about contracting for MST, FFT, or as an IA may reach out to COA at ProviderRecruitment@coaccess.com. Innovaccer, Patient360, and other quality improvement efforts were introduced to provide attendees with a sense of how COA is leveraging data-analytics to provider patient-centered care and continuously improve care quality – an expectation of all RAEs in ACC Phase III. Liz then briefly discussed efforts to make improvements to the behavioral health network in COA's region: Enhancements to provider pre-screening and onboarding, individualized provider training, and targeted training for Peer Services providers.

4. DOC Metric Update - Matt Pfeifer, HCPF

a. Matt provided an update on the Behavioral health Engagement for members Releasing from State Prisons metric, more commonly known as the DOC

Metric. Matt provided context and reminded attendees that this metric stems from legislation (SB19-222) and is a state-wide metric, meaning that all or none of the RAEs receive an incentive based on collective performance. The definition of this metric is: Percentage of Members releasing from a Department of Corrections (DOC) facility with at least one billed behavioral health capitated service or short-term behavioral health visit within fourteen (14) days. He also walked attendees through the automated workflow process allowed through a data sharing agreement between the Department of Corrections and the Department of Health Care Policy and Financing: DOC ensures members are enrolled in Medicaid prior to release and HCPF is sent a roster multiple times per week; this includes the release date and some clinical information, which allows HCPF's systems to identify the *anticipated RAE* and send RAEs a roster, daily.

The current target for Fiscal Year 2024-2025 is 34.28%, and the state-wide performance as of September 2024 (most current calculation, due to 6-month claims runout delay) is 36.11%, which is a drastic improvement from the initial rate in June 2019 of 9.02%. While reviewing charts displaying the DOC Metric and RAE performance, Matt highlighted the general increase in state-wide performance over the last several years and noted that this trend has remained relatively flat for the past 12 months (Sept. 2023 through Sept. 2024). To contrast the 14-day metric, a 30-day follow-up metric is also calculated and indicates that an average of 44.39% of Members receive one of the two types of behavioral health services within 30 days.

When analyzing the data by non-white women/men and white women/men, non-white women are the highest utilizers of services after release (41.57%) and non-white men are the least likely to access these follow-up services (33.30%). Additionally, the rate of white men accessing these follow-up services is 40.38% and white women is 40.00%. An important caveat is that there are many individuals for whom the demographic information is unknown, contributing to the overall trend (36.11%) being lower than the average of these populations.

The final chart displayed the 12-month rolling total of Medicaid members that were released each month for each of the RAEs and MCOs individually and collectively. All regions and MCOs show a decrease in the number of individuals releasing from a DOC facility to a RAE over the last 12 months.

A follow-up question was asked as to what information HCPF can share about this metric as the Department transitions from ACC Phase II to ACC Phase III. Matt expressed an ongoing effort to maintain the metric as it is in Phase II in Phase III; acknowledging that there will be inherent changes, as

the number of regions is changing and there are newly added benefits for prerelease and reentry services through the 1115 waiver.

5. **Wrap up and next steps:**
    a. Next meeting June 4, 2025