



Who's on Second?

What's a RAE and BHASO and Why Do They Matter for Colorado Behavioral Health Services?



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Policy & Financing



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Agenda

- Introduction to intermediaries
- Regional Accountable Entities (RAEs)
- Behavioral Health Administrative Service Organizations (BHASOs)
- How RAEs and the BHASOs will work together
- Approaching and building strong provider/intermediary relationships

Learning Objectives

1. Participants will be able to describe the roles of the two behavioral health intermediaries in Colorado and be able to distinguish when and how they will interact with each intermediary to inform how it impacts their practice.
2. Participants will be able to prepare for engagement with intermediaries and initiate contract planning for launch of the new contracts in July of 2025 (State Fiscal Year 26).
3. Participants will be able to describe intermediary roles in their communities and prepare for how that may inform other relationships with partnerships with other regional partners.



Introduction to Intermediaries

Why are they important for Colorado's health care providers?

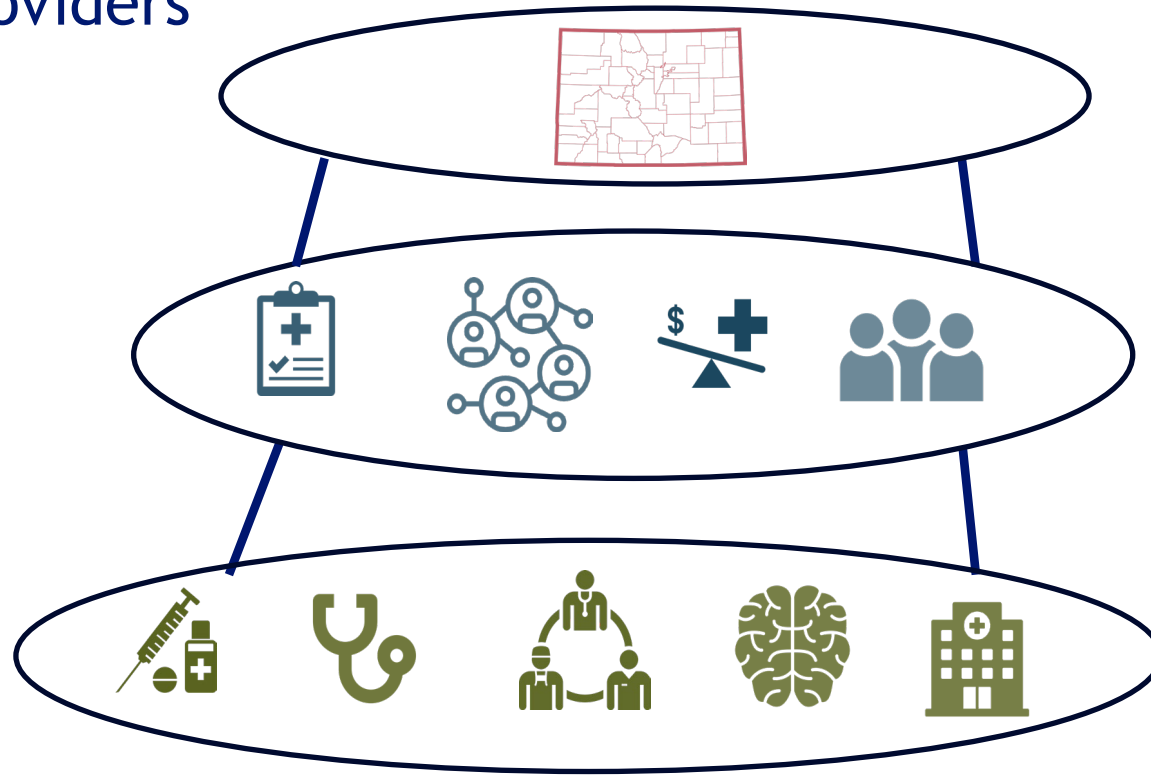
What Do We Mean by Intermediary?

We use intermediary to mean a private entity that contracts with the state to serve as the state's agent in the administration of a program.

Intermediaries provide a variety of administrative, financial, and non-financial services such as paying claims; building, maintaining, and monitoring health care networks; supporting or providing care coordination and care management services; developing and administering alternative payment programs and incentive programs for network providers; and more.

Intermediaries also help providers work with the state, their patients, and other vendors.

Roles & Responsibilities between States, Intermediaries & Providers



State: Sets priorities, policies, requirements, and regulatory framework and oversees intermediary. States need to follow Federal regulations and requirements for intermediaries.

Intermediary: Creates provider network, contracts with and pays providers, manages costs and monitors public funds, convenes community partners and provides administrative functions.

Providers: Deliver services and report financial and programmatic data to the intermediary. Innovate clinical care.

Colorado Intermediaries Connect People to Publicly Funded Behavioral Health Care

Regional Accountable Entities

The Department of Health Care Policy & Financing (HCPF) contracts with **Regional Accountable Entities (RAEs)** to promote and provide physical and BH care services for Health First Colorado, Colorado's Medicaid program, members

Behavioral Health Administrative Services Organizations

Behavioral Health Administration (BHA) will contract with **Behavioral Health Administrative Services Organizations (BHASOs)** to administer BH care services for Coloradans, with a focus on the uninsured and underinsured





What is a Regional Accountable Entity?

And what is their role in Health First Colorado, Colorado's Medicaid program?

Health First Colorado (Medicaid) Overview

The Department of Health Care Policy & Financing (HCPF) administers Health First Colorado (Colorado's Medicaid program), Child Health Plan *Plus* (CHP+), and other health care programs for Coloradans who qualify



HCPF administers and oversees the delivery of Health First Colorado (Colorado's Medicaid program) through the Colorado Accountable Care Collaborative (ACC)



The ACC is a hybrid managed care model which combines an enhanced Primary Care Case Management (PCCM) entity for physical health (PH) services and a capitated behavioral health (BH) benefit

A Primary Care Case Management (PCCM) approach is designed to enhance the role of primary care across the state and to reward primary care for hitting key metrics



What Do RAEs Do?

99% of Health First Colorado members are enrolled in a RAE in their region



Coordinate Health First Colorado member care in their regions, including collaboration with home and community-based services (HCBS) case management and behavioral health providers



Build, maintain, and monitor networks of acute, primary, and behavioral health care providers



Monitor data and metrics to ensure RAEs and providers meet performance and quality goals



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What Do RAEs Do? (continued)

HCPF pays the RAEs a per member per month rate to provide most BH services and the RAEs pay the BH providers negotiated rates



Manage value-based payment programs and shared savings payments



Administer the State's capitated BH program, including payment for behavioral health services

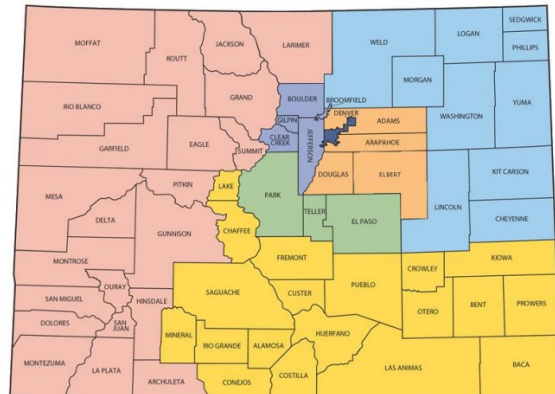


Some RAEs partner with other entities to take on some of the RAEs administrative functions or other functions

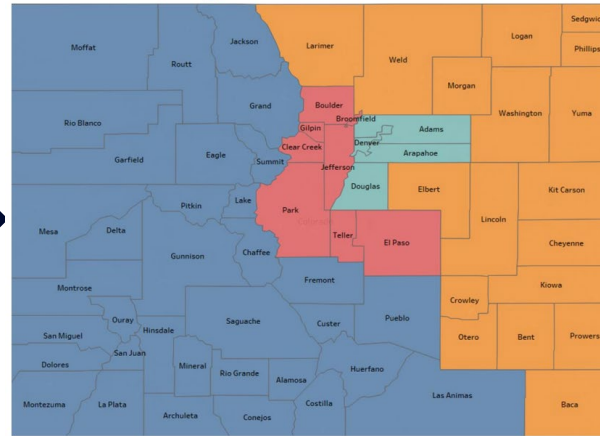
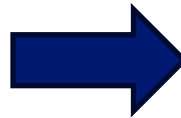


The Health First Colorado Landscape is Changing

- ACC Phase III begins on July 1, 2025.
- In 2024, HCPF will issue a competitive procurement for the ACC Phase III RAEs.
- The state plans to contract with RAEs for 4 regions as opposed to the current 7 regions.



Region 1 Rocky Mountain Health Plans
Region 2 Northeast Health Partners
Region 3 Colorado Access
Region 4 Health Colorado, Inc.
Region 5 Colorado Access
Region 6 Colorado Community Health Alliance
Region 7 Colorado Community Health Alliance



Region 1 (325,000)
Region 2 (255,000)
Region 3 (450,000)
Region 4 (700,000)

ACC Phase III Continues Many Phase II RAE Practices

What will stay the same:

- Members can still see any Medicaid provider statewide for physical health
- Members can still seek BH services outside their region
- Members can still seek emergency or crisis services with their nearest provider
- RAEs will still be locally focused

What will change

- Providers will contract with fewer entities
- Members may be assigned to a different RAE



RAE Accountability & Transparency

To assure accountability and transparency, HCPF monitors, analyzes, and publishes data in three key areas: performance, operations, & finance.

HCPF is currently developing a Dashboard for public display that will ultimately include performance on public health, health equity, and finances.

HCPF also monitors ACC monthly enrollment data and Consumer Assessment of Healthcare Providers and System Survey Results.

HCPF monitors Health First Colorado enrollment monthly by RAE and by County



HCPF Incentives RAEs to Improve Care and Increase Access

HCPF operates several incentive programs for RAEs to meet program level goals and objectives and encourage improvements in quality, population health, and access to care



Key Performance Indicators (KPIs) which are measured across the state



Performance Pool which is funding set aside for RAE incentive to place emphasis on health outcomes and cost containment



BH Incentive Program includes specific key performance metrics for behavioral health that result in increased payment to RAEs and providers



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More Detail About Key Performance Indicators

- HCPF evaluates RAE performance against key performance indicators (KPIs) and rewards RAEs for improving the delivery system and population health.
- KPIs change year-to-year.
- HCPF keeps (withholds) a portion of the RAEs' payment while giving the RAE the ability to earn a percentage back by meeting certain KPIs.
- KPI calculations are typically based on the RAE's population utilization of the services.

Commonly used KPIs include:



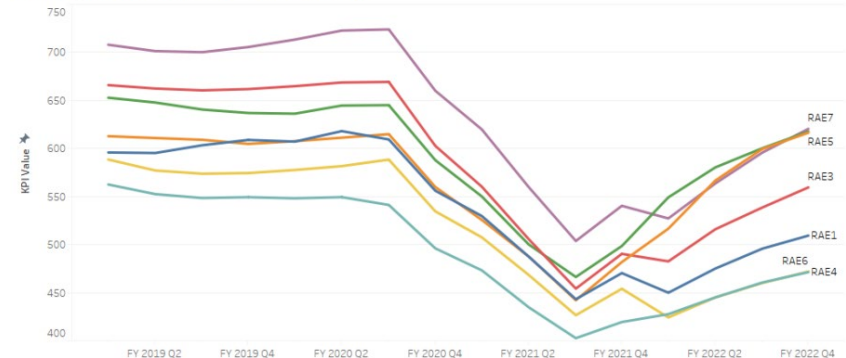
Key Performance Indicators

Visit HCPF Website to view dashboard and other key performance data for the RAEs and providers

[HCPF Dashboard: Premiums, Expenditures, and Caseload Reports](#)

Example of Results for “ED Visits” FY 2019 - FY 2022

Risk Adjusted ED Visits PKPY KPI Time Trend



	FY 2020				FY 2021				FY 2022				Risk Adjusted ED PKPY Baseline	Target Met ■ Met Target Tier 1 ■ Met Target Tier 2 ■ No Target Met
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
RAE1	607.2	618.1	609.4	556.1	529.7	487.4	443.1	470.4	449.9	475.1	495.8	509.4	584.5	
RAE2	607.6	611.6	614.9	559.9	525.7	487.5	442.1	481.8	516.6	566.7	599.5	616.4	610.5	
RAE3	664.8	668.7	669.3	602.7	560.3	505.5	454.2	490.4	482.5	516.0	538.6	559.5	645.3	
RAE4	548.2	549.4	541.3	496.1	473.2	434.7	402.6	419.4	427.6	445.1	460.6	471.4	554.3	
RAE5	636.2	644.7	645.1	587.9	550.1	500.1	466.3	498.5	549.1	580.3	600.3	617.6	645.1	
RAE6	577.6	581.6	588.5	534.6	507.6	468.3	426.6	454.0	424.2	445.0	460.0	471.9	566.1	
RAE7	713.3	722.7	723.9	660.1	619.8	559.7	503.8	540.4	527.2	563.6	595.8	620.4	686.0	

Unearned KPI Funds become the Performance Pool

- RAEs can earn incentive payments for performance on health outcomes and cost containment.
- Like KPIs, indicators may change year-to-year.

Commonly used Performance Pool Measures include:



- Extended Care Coordination
- Premature Birth Rate
- BH Engagement for Members Releasing from State Prisons

- Asthma Medication Ration
- Antidepressant Medication Management
- Contraceptive Care for Postpartum Women



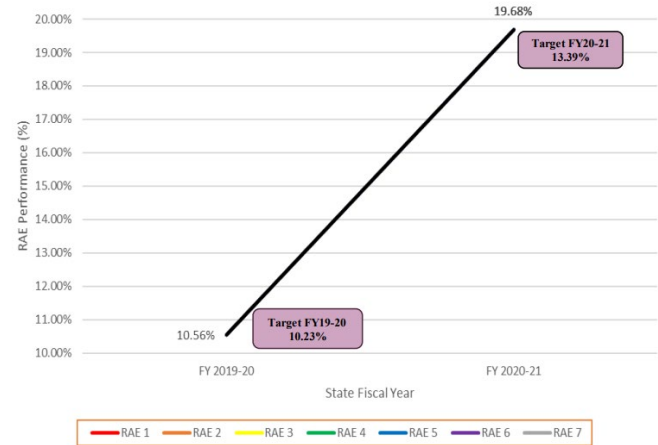
Performance Pool

Example of results for “BH Engagement for Members Releasing from State Prisons”, FY 2019 - FY 2022

Visit HCPF Website to view the dashboard and other key performance data for the RAEs and providers

[HCPF Dashboard: Premiums, Expenditures, and Caseload Reports](#)

BH Engagement for Members Releasing from State Prisons
(Results for all RAEs)



YEAR	FY 2019-20	FY 2020-21
RAE 1	10.56%	19.68%
RAE 2	10.56%	19.68%
RAE 3	10.56%	19.68%
RAE 4	10.56%	19.68%
RAE 5	10.56%	19.68%
RAE 6	10.56%	19.68%
RAE 7	10.56%	19.68%

Goal Met
Goal Not Met



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The BH Incentive Program Incentivizes Access to Care

- The BH Incentive Program incentivizes RAE management of BH capitation for access to BH services and appropriate follow-up care to promote prevention.

Commonly used measures include:

- 
- Engagement in Outpatient Substance Use Disorder (SUD) Treatment
 - Follow Up within 7 Days after an Inpatient Hospital Discharge
 - Follow Up within 7 Days after an Emergency Department Visit

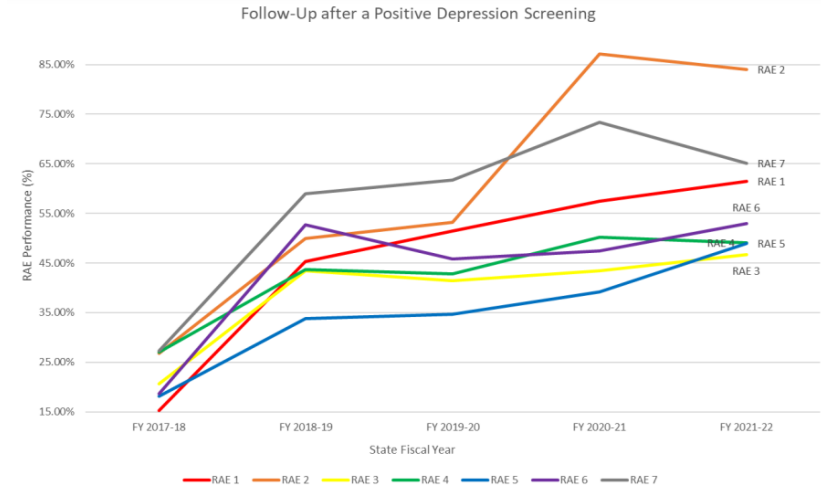
- Follow Up within 30 Days after a Positive Depression Screen
 - Behavioral Health Screening or Assessment for Foster Care Members
- 

BH Incentive Program

Example of results for “Follow-Up After a Positive Depression Screening”, FY 2017 - FY 2022

Visit HCPF Website to view dashboard and other data on key performance data for the RAEs and providers

[HCPF Dashboard: Premiums, Expenditures, and Caseload Reports](#)



	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
RAE 1	15.32%	45.32%	51.47%	57.49%	61.43%
RAE 2	26.83%	50.00%	53.25%	87.09%	83.99%
RAE 3	20.70%	43.48%	41.50%	43.47%	46.69%
RAE 4	27.10%	43.64%	42.87%	50.19%	49.03%
RAE 5	18.12%	33.82%	34.64%	39.21%	48.98%
RAE 6	18.61%	52.70%	45.87%	47.48%	52.98%
RAE 7	27.26%	58.99%	61.75%	73.39%	65.09%

Goal Met
Goal Not Met





Elevator Pitch

Maybe you are an expert in the RAEs and maybe they are brand new...Either way:

Spend a few minutes thinking about what you've learned.

Write down a 2-3 minute elevator speech describing the RAEs to a colleague or a member of your team (you can use the slides to help you!).

SAY IT OUT LOUD AND PRACTICE!

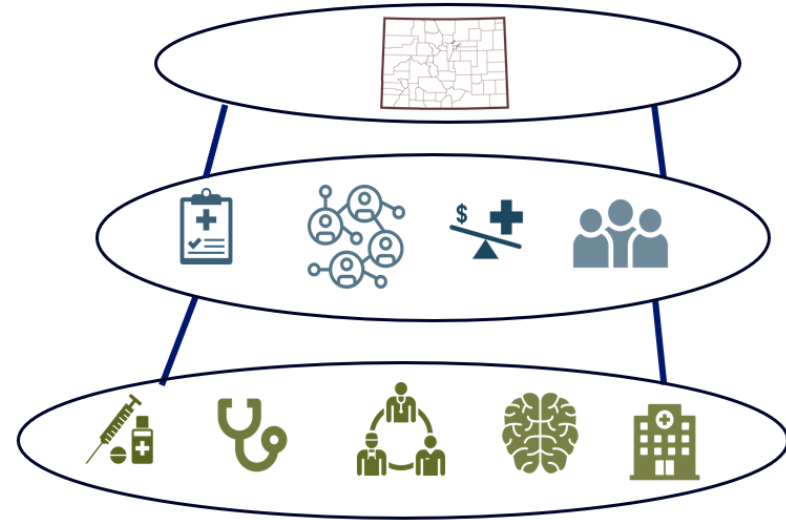


What is a Behavioral Health Administrative Services Organization?

And what is their role in Behavioral
Health Administration?

What is an Administrative Service Organization (ASO)?

- An ASO is a type of intermediary and is often used to support behavioral health services.
- Many states have ASOs to take on administrative functions for the state and to leverage the expertise of ASOs in the management of behavioral health systems.
- Policy and oversight remains at the state level. The state is accountable for ensuring the ASO is meeting requirements and expectations.



What is a Colorado Behavioral Health Administrative Service Organization (BHASO)?

C.R.S. §27-50-401 establishes the BHASO concept and requires that BHA determine the BHASO structure. BHASOs are charged with improving access to high-quality behavioral health services and providing comprehensive Care Coordination. As such, the primary functions of the BHASOs are to:



01 Support Coloradans

Help individuals and families connect to behavioral health care and ensure timely access to services.



02 Build and Manage a Network

Ensure a continuum of care and network adequacy in communities across the BHASO region, including, but not limited to, Behavioral Health Safety Net Services and Care Coordination.



The BHASO(s) will launch on July 1, 2025



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What is a Colorado BHASO?

C.R.S. §27-50-401 establishes the BHASO concept and requires that BHA determine the BHASO structure. BHASOs are charged with improving access to high-quality behavioral health services and providing comprehensive Care Coordination. As such, the primary functions of the BHASOs are to:



03 Consolidate and Streamline

Consolidate substance use disorder (SUD) networks formerly managed by Managed Service Organizations (MSOs) and crisis service networks managed by Administrative Services Organization (ASOs) structures and include services offered by Community Mental Health Centers (CMHCs);



04 Connect with RAEs

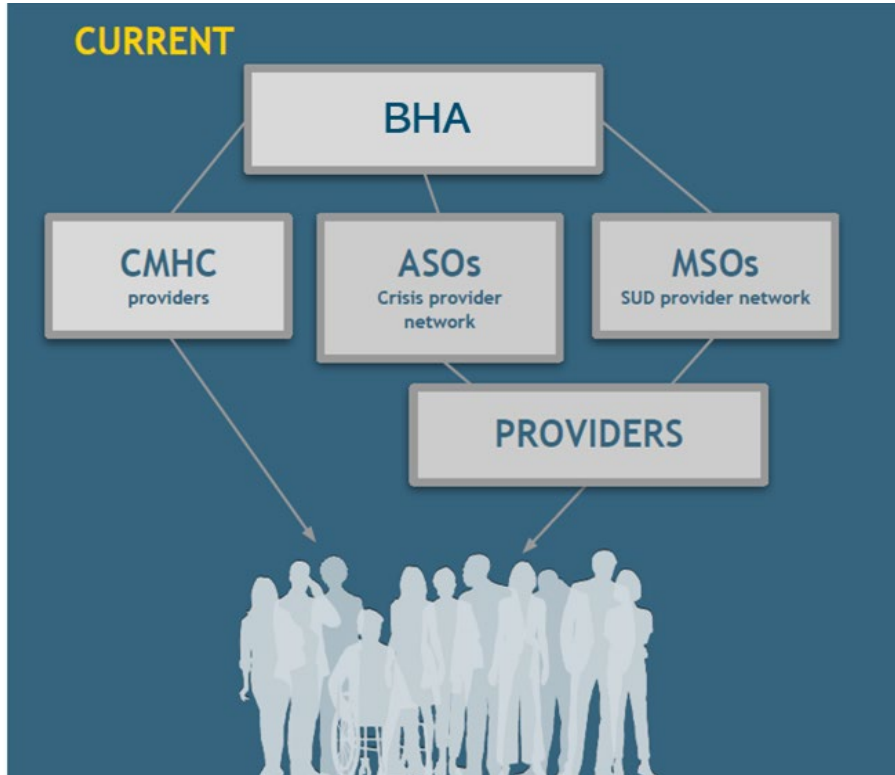
Interface, collaborate, and coordinate with the RAEs that manage services and provide Care Coordination for Health First Colorado (Medicaid) members.



The BHASO(s) will launch on July 1, 2025



How BHASO Changes Current State



What are BHASO Core Functions?



- Establish and manage a network for providers that meets the needs of the community within and across regions.
- Contract with providers for services and monitor contract adherence.
- Manage a regional allocation of funding and pay providers for services delivered.



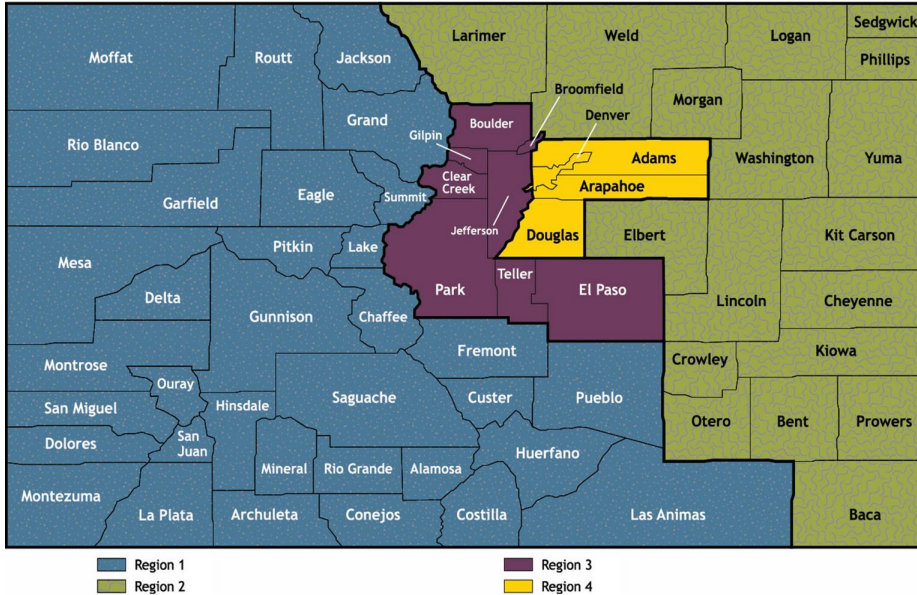
- Monitor the availability and delivery of services and ensure that State goals are met. For example, ensure that resources are accessible to priority populations.
- Support the state in quality monitoring of providers.
- Provide infrastructure for data collection, data analysis, and other functions such as claims/encounter processing.



- Provide care coordination and navigation of services.
- Provide technical assistance and support to providers.



BHASO Regions



BHASO Regions align with the new RAE regions for 2025

Geographic Service Region	Counties
Region 1	Alamosa, Archuleta, Chaffee, Conejos, Costilla, Custer, Delta, Dolores, Eagle, Fremont, Garfield, Grand, Gunnison, Hinsdale, Huerfano, Jackson, Lake, Las Animas, La Plata, Mesa, Mineral, Moffat, Montezuma, Montrose, Ouray, Pitkin, Pueblo, Rio Blanco, Rio Grande, Routt, Saguache, San Juan, San Miguel, Summit
Region 2	Baca, Bent, Cheyenne, Crowley, Elbert, Kit Carson, Kiowa, Larimer, Lincoln, Logan, Morgan, Otero, Phillips, Prowers, Sedgwick, Washington, Weld, Yuma
Region 3	Boulder, Broomfield, Clear Creek, El Paso, Gilpin, Jefferson, Park, Teller
Region 4	Adams, Arapahoe, Denver, Douglas





Regional Subcommittees

The BHASO model includes a regional subcommittee structure to:

- Promote local community input to inform service needs and gaps in the community;
- Provide feedback on the impact of the BHASO and provider network to inform BHA accountability; and
- Support the BHASO(s) in building community partnerships and collaborating on regional solutions.



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Exercise


1. **The BHASOs are:**
 - a. An Administrative Service Organization
 - b. Responsible for paying providers
 - c. Regionally based
 - d. All the Above
2. **The BHASOs will be in:**
 - a. The same regions as the existing Managed Service Organizations and Administrative Service Organizations
 - b. Aligned with the new RAE regions
 - c. In four regions
 - d. A and B
 - e. B and C



Exercise Answers

1. **The BHASOs are:**
 - a. An Administrative Service Organization
 - b. Responsible for paying providers
 - c. Regionally based
 - d. All the Above
2. **The BHASOs will be in:**
 - a. The same regions as the existing Managed Service Organizations and Administrative Service Organizations
 - b. Aligned with the new RAE regions
 - c. In four regions
 - d. A and B
 - e. B and C





How Will the RAEs and the BHASOs Work Together?



Coordinate Care and Resources for Individual Needs

- Work together to coordinate services and identify providers to meet individual needs.
- Clarify care coordination roles to reduce duplication.
- Leverage resources within Medicaid and BHA to optimize funding for needed services.





Identify Regional Needs and Build Programs

- Work together with local governments, partners and community members to understand and assess regional need.
- Align resources and internal functions to support program development to meet need.
- Monitor equity and outcomes within the region and share data with one another.





Share Information and Quality Accountability

- Share quality and information relevant to monitoring the provider network.
- Support provider quality improvement through shared or coordinated training and technical assistance.
- Discuss provider concerns or performance issues as part of discussion with HCPF and BHA.

Exercise



- Take a few minutes to consider what you learned.
- Write down on paper a few bullets that you would use to describe the role of the BHASO at the next staff meeting.
- If you are willing, practice how you'd explain the BHASO to your team.
- How'd you do?!

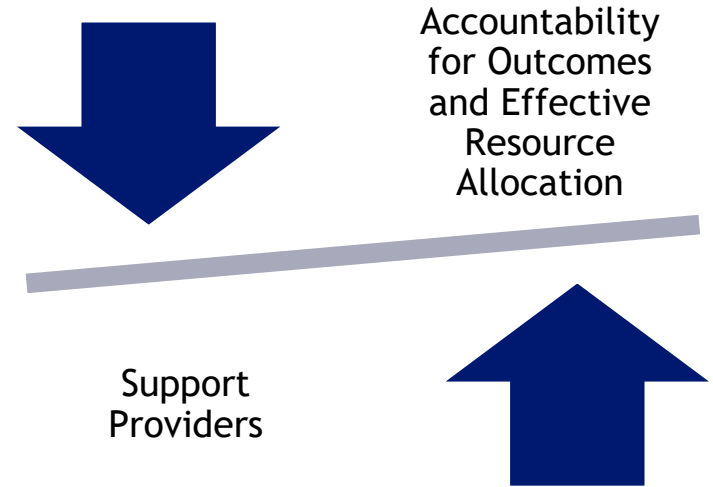


Building Strong Relationships with Intermediaries

What are some best practices for working with intermediaries?

Intermediary Role with Providers: Balance of Support and Accountability

- Intermediaries have a central role in support, advocacy and technical assistance with providers.
- Technology and infrastructure are additional supports intermediaries offer providers (e.g., claims/encounter processing, care coordination platforms, and data analytics).
- Intermediaries also provide oversight of quality and need to hold providers accountable for service delivery and quality outcomes.





Grow Innovative and Locally Responsive Services

- Support providers who are developing effective innovative approaches with expansion and growth of services (through payment, advocacy and incentives).
- Problem solve with providers on local challenges and potential opportunities for new service solutions.





Train and Provide Technical Assistance

Support providers through the spreading of effective services and innovations from one location to another.

Provider training and technical assistance or provider administrative tasks (e.g., claims/encounter processing, data collection, grievance reporting).

Elevate provider readiness for specific BH reforms such as value-based payment.

Additional Roles of Intermediary with Providers



Credentialing and enrolling providers in the network



Quality Monitoring and data reporting and sharing data with providers



Alternative payment and incentives for specific services or outcomes

Lessons in Partnership

Build a solid relationship and ability to communicate with the intermediary.

- Identify a clear point of contact within the provider organization and processes for centralizing input for the intermediary.
- Identify challenges and approach them directly.
- Develop regular meetings and approach to “on demand” or ad hoc problem solving.
- Review processes routinely and be honest about what’s not working (or adding to administrative burden).



Lessons in Partnership (continued)

Identify Accountabilities

- Be responsive to the intermediary and requests and understand their role for the State.
- Leverage the infrastructure and support offered to meet State expectations.
- Hold the intermediary accountable for expectations and talk with State partners when there are problems with the intermediary that are not addressed through the direct relationship with them.



Actions to Avoid

- Stop communication or stop sharing direct impacts and challenges.
- Ignore the intermediary.
- Duplicate the roles or functions of the intermediary.
- Routinely bypass the intermediary and go to the State.



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Intermediaries are a Bridge and Added Support

- Intermediaries are in the middle of the system and should support both the State goals and provider interests.
- Intermediaries are a hub of communication and advocacy to ultimately meet the needs of Coloradans more effectively and efficiently.



Exercise for Providers with Current Intermediary Relationships

Consider your current relationships with intermediaries:

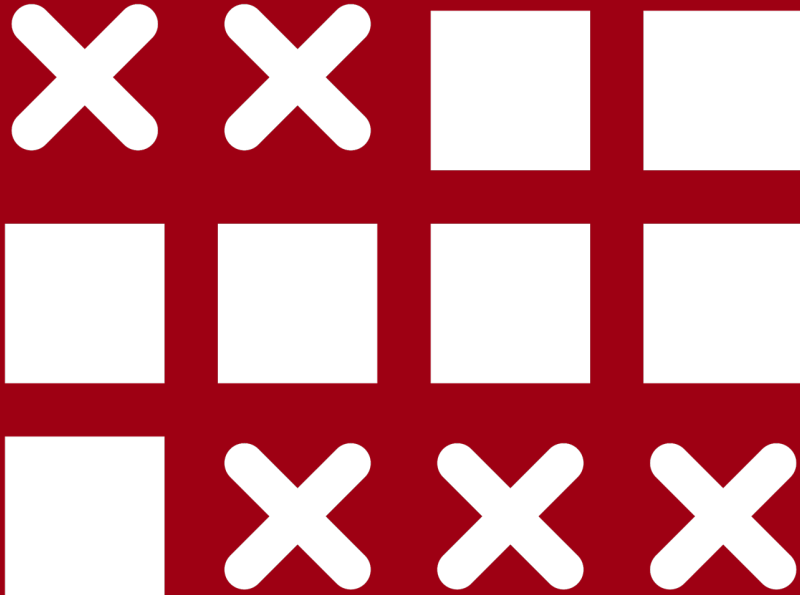
- What's working well?
- What could be improved?
- Indicate 1-2 specific activities your organization could do to improve the process.

X	X		
	X	X	X

Exercise for Providers New to Intermediary Relationships

Considering the material presented:

- What will be some of your initial steps with an intermediary?
- Write down on paper 1-2 specific activities you can do to prepare your organization for the change and understanding the role of an intermediary.



To better inform our future trainings and request topics for office hours, please complete this short survey. Use the QR code or short URL to access it. Your feedback is important. Thank you!



<https://bit.ly/bhprovidertrainingsurvey>



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Appendix A: Additional Resources

Office Hours

Last Friday of the month (March-June) @ 12pm MST, [Register Here](#)

Listserv

Join the Listserv to receive notifications of trainings, technical assistance, and other stakeholder engagement opportunities: [Register Here](#)

HCPF Safety Net Provider Website

Visit the website for details on upcoming training topics and announcements, training recordings and presentation decks, FAQs and more: <https://hcpf.colorado.gov/safetynetproviders>

TTA Request Form and E-Mail

Request TTA support or share your ideas, questions and concerns about this effort using the [TTA Request Form](#) or e-mail questions and comments to: info@safetynetproviders.com

