



OPEN MINDS

Colorado Health & Human Services System Market Profile: 2024



Colorado Health & Human Services Market Profile Overview

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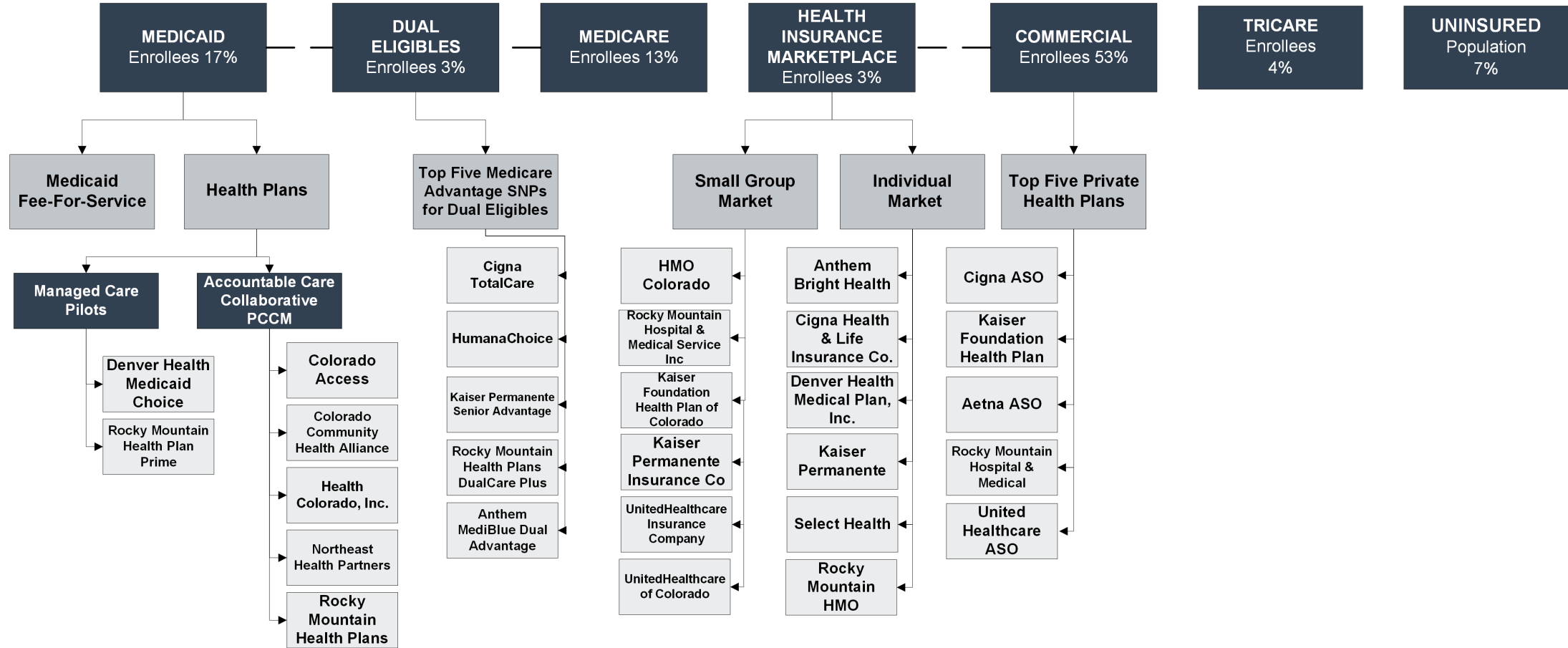
1. OPEN MINDS Estimates For The Share Of SMI Consumers By Payer/Plan
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A. Executive Summary

A.1. Colorado Physical Health Care Coverage by Payer

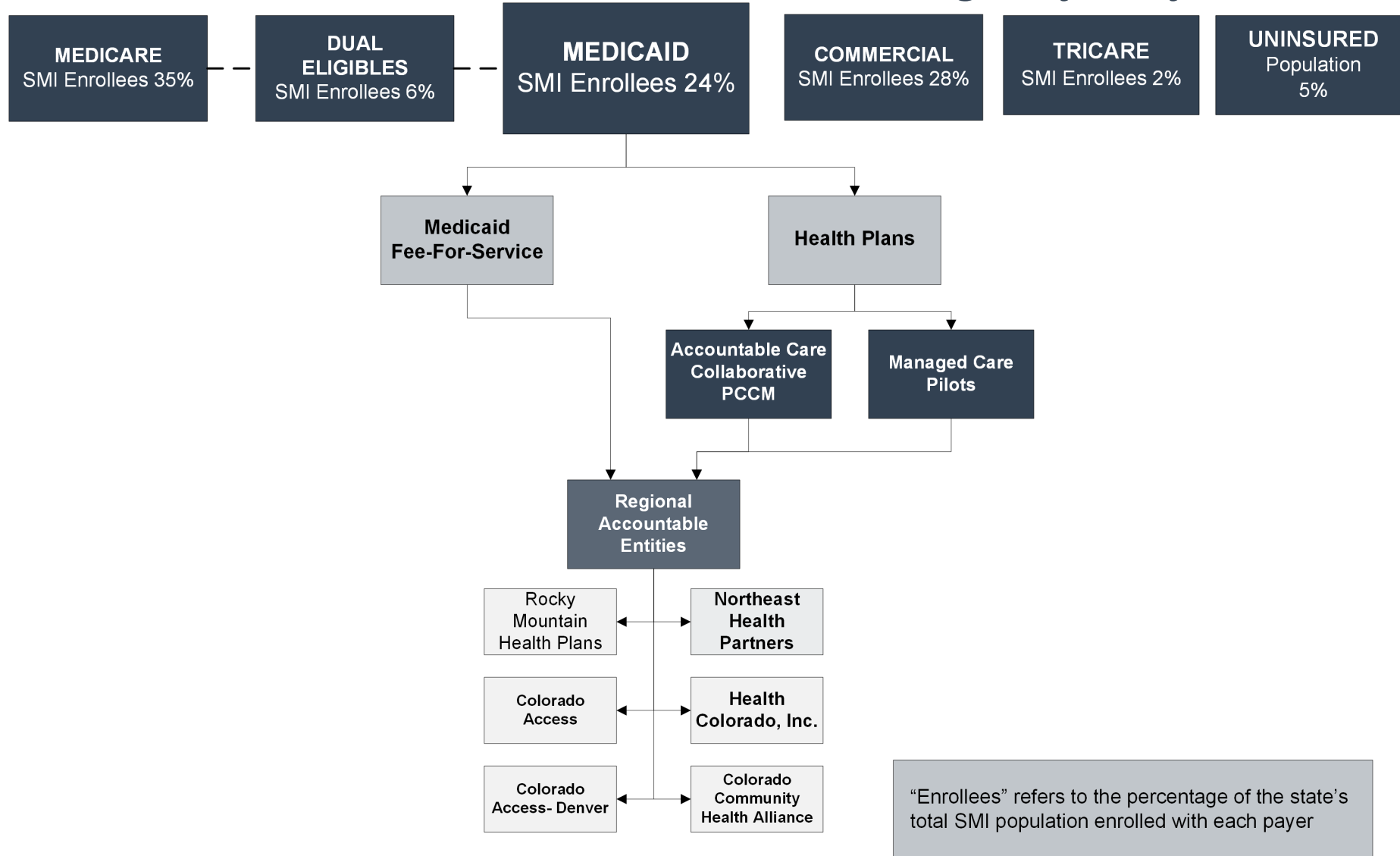
Total Colorado Population- 5,839,926

Estimated SMI Population- 467,194



“Enrollees” refers to the percentage of the state’s total population enrolled with each payer.

A.1. Colorado Behavioral Health Care Coverage by Payer



A.2. Health & Human Services Care Coordination Initiatives

Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	The state runs a small demonstration that provides Medicaid benefits through at-risk health plans.
Primary Care Case Management (PCCM)	✓	The Regional Accountable Entities (RAEs) are responsible for the coordination of physical health benefits for an administrative fee.
Accountable Care Organization (ACO) Program	✓	The RAEs function as ACOs, as part of the entity's payment is tied to performance.
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration		Colorado's dual demonstration ended in 2017 and enrollees were transitioned to the Accountable Care Collaborative.
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state currently operates seven CCBHCs.
Other Care Coordination Initiative		The state is exploring the implementation of a public option.

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- The Colorado Department of Health Care Policy and Financing offers the Colorado Indigent Care Program, which provides discounted health care services to individuals with incomes up to 250% of the federal poverty level when they use a participating provider organization.

Mental Health Services

- The Office of Behavioral Health within the Department of Human Services contracts with 18 community mental health centers to provide mental health services to uninsured individuals on a sliding fee basis.

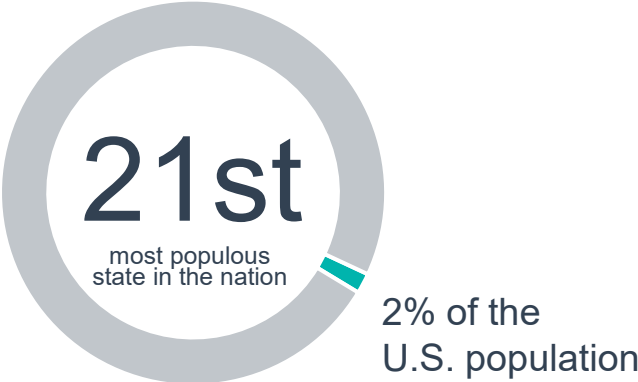
Addiction Treatment Services

- The Office of Behavioral Health within the Department of Human Services contracts with four managed service organizations, which in turn contracts with local provider organizations to provide addiction treatment services to the uninsured population on a sliding fee basis.

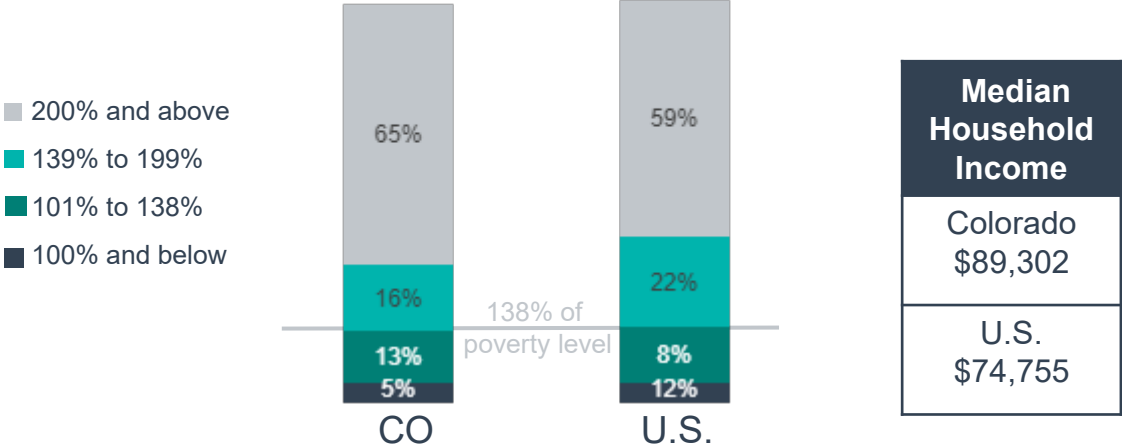
B. Colorado Health Financing System Overview

B.1. Population Demographics

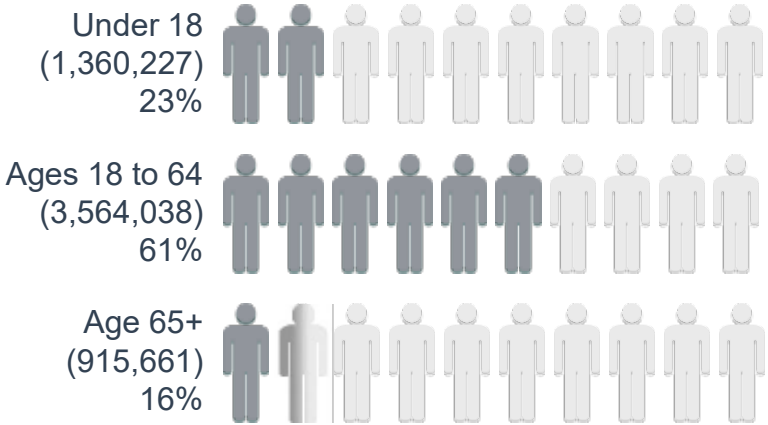
Total Colorado Population- 5,839,926
 Estimated SMI Population- 467,194



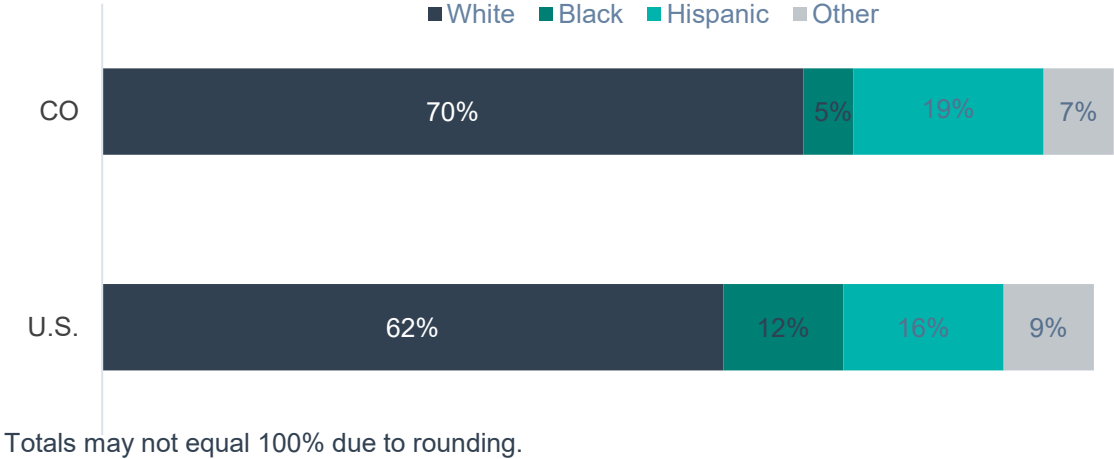
Population Distribution By Income To Poverty Threshold Ratio



Population Distribution By Age

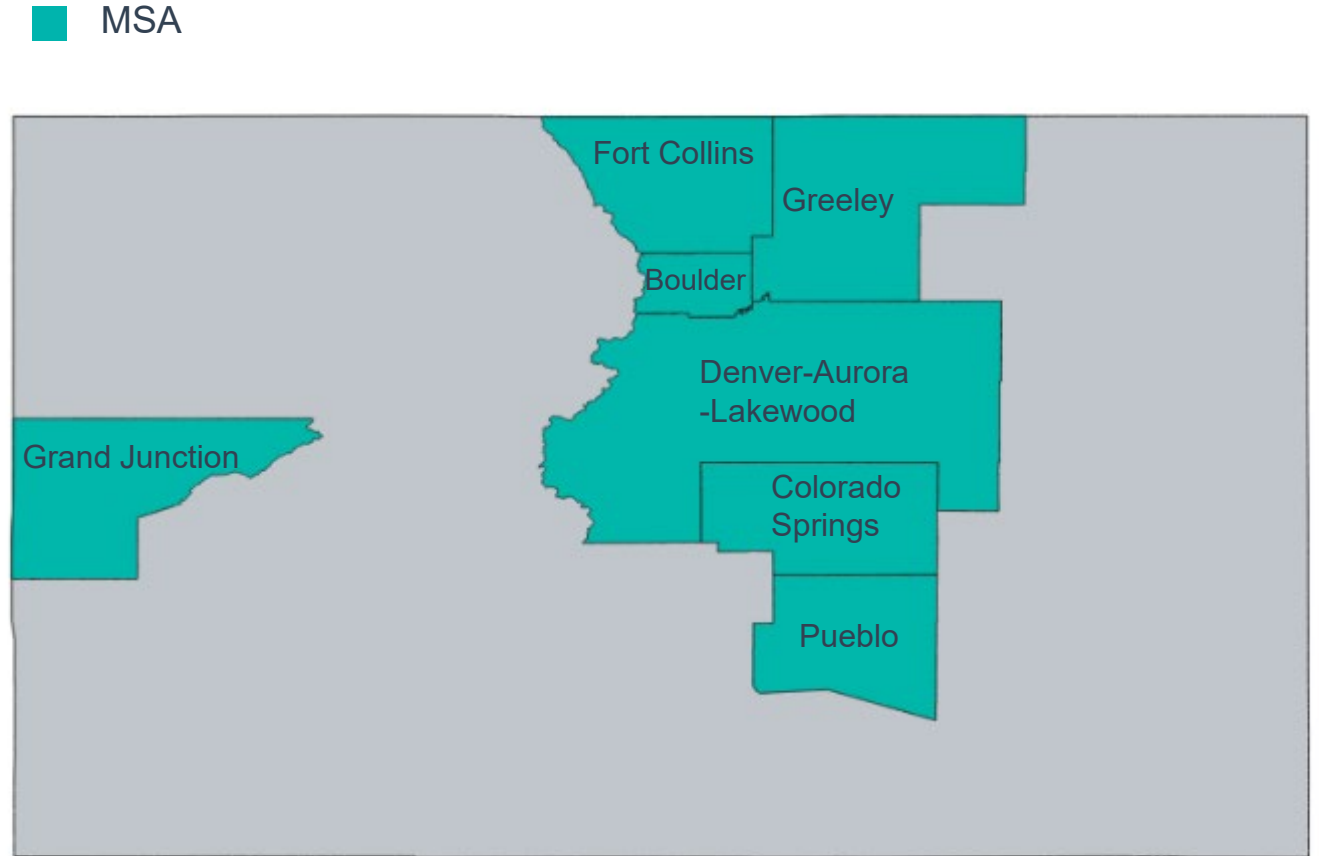


Colorado & U.S. Racial Composition

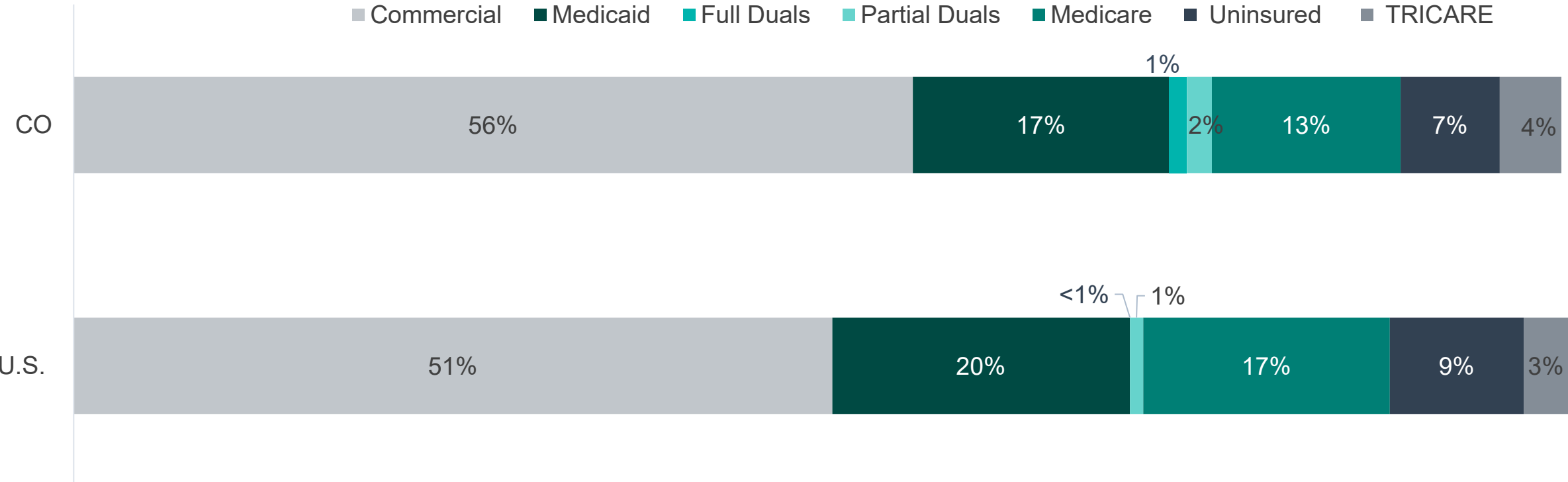


B.2. Population Centers

Metropolitan Statistical Areas (MSAs)		
MSA	MSA Residents	Percent Of Population
Total MSA Population	5,136,857	88%
Denver-Aurora-Lakewood	2,985,871	51%
Colorado Springs	768,832	13%
Fort Collins	366,778	6%
Greeley	359,442	6%
Boulder	326,831	6%
Pueblo	169,422	3%
Grand Junction	159,681	3%

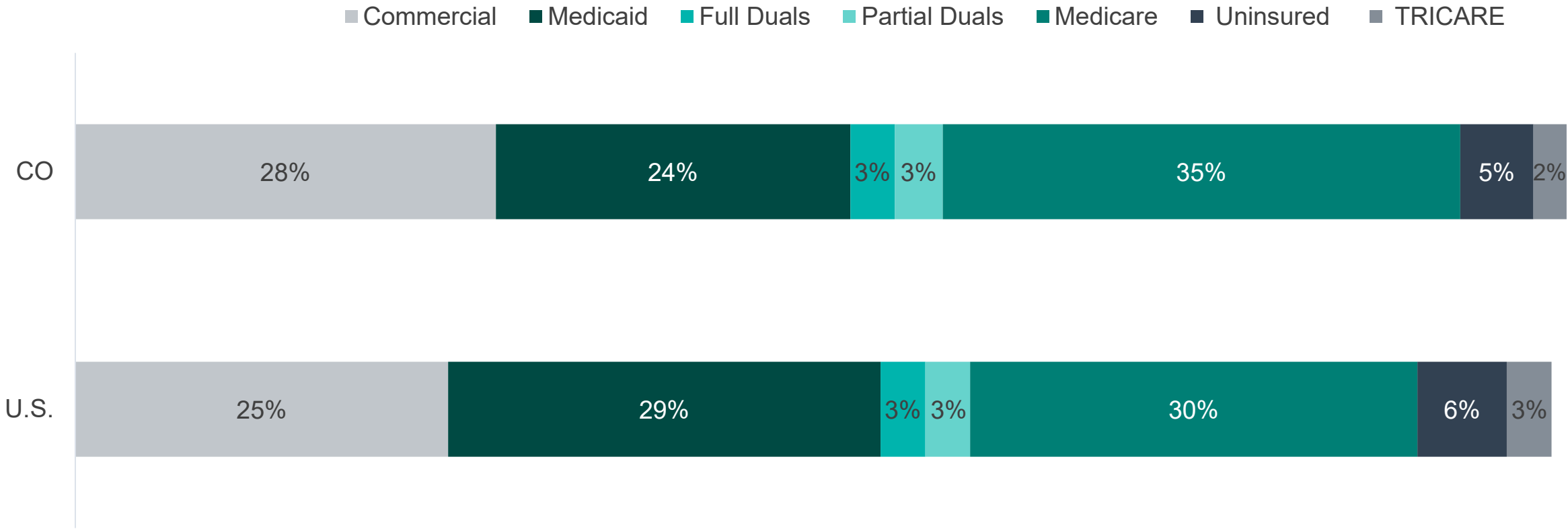


B.3. Population Distribution By Payer: National vs. State



Totals may not equal 100% due to rounding.

B.3. SMI Population Distribution By Payer: National vs. State



Totals may not equal 100% due to rounding.

B.4. Largest Colorado Health Plans By Enrollment

Plan Name	Plan Type	Enrollment
Accountable Care Collaborative	Medicaid managed care	1,609,932
Medicaid fee-for-service (FFS)	Medicaid	1,493,765
Rocky Mountain Hospital and Medical	Commercial	825,250
Kaiser Foundation Health Plan of Colorado	Commercial	398,090
UnitedHealthcare ACO	Commercial administrative services only (ASO)	377,801
Cigna ASO	Commercial ASO	377,084
TRICARE	Other public	250,897
Rocky Mountain HMO	Commercial	212,056
UnitedHealthcare Benefits of Texas, Inc	Medicare Advantage	146,535
UnitedHealthcare Insurance Company	Commercial	140,654

*Medicaid enrollment as of January 2024; TRICARE as of December 2023; Commercial as of January 2024, Medicare enrollment as of January 2024

B.4. Largest Colorado Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Accountable Care Collaborative	Medicaid managed care	1,609,932	186,752
Medicaid FFS	Medicaid	1,493,765	173,277
Rocky Mountain Hospital and Medical	Commercial	825,250	34,661
UnitedHealthcare Benefits of Texas, Inc	Medicare Advantage	146,535	33,263
Kaiser Permanente Senior Advantage	Medicare Advantage	111,635	25,341
Kaiser Foundation Health Plan of Colorado	Commercial	398,090	16,720
UnitedHealthcare ASO	Commercial ASO	377,801	15,868
Cigna ASO	Commercial ASO	377,084	15,838
HumanaChoice	Medicare Advantage	63,696	14,459
Sierra Health and Life Insurance Company	Medicare Advantage	58,083	13,185

*Medicaid enrollment as of January 2024; TRICARE as of December 2023; Commercial as of January 2024; Medicare enrollment as of January 2024

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Plan Marketplace Percentage	3%
Type of Marketplace	State
Individual Enrollment Contact	http://connectforhealthco.com/
	1-855-752-6749
Small Business Enrollment Contact	http://connectforhealthco.com/get-started/small-business/
	1-855-752-6749

2024 Individual Market Health Plans
<ol style="list-style-type: none"> 1. Anthem (HMO Colorado, Inc) 2. Anthem (Rocky Mountain Hospital & Medical Services, Inc) 3. Cigna Health and Life Insurance Company 4. Denver Health 5. Friday Health Plans 6. Kaiser Foundation Health Plan of Colorado 7. Rocky Mountain HMO, Inc

2024 Small Group Market Health Plans
<ol style="list-style-type: none"> 1. Anthem (HMO Colorado, Inc) 2. Anthem (Rocky Mountain Hospital and Medical Service, Inc) 3. Kaiser Foundation Health Plan of Colorado 4. Kaiser Permanente 5. UnitedHealthcare 6. United Healthcare of Colorado, Inc

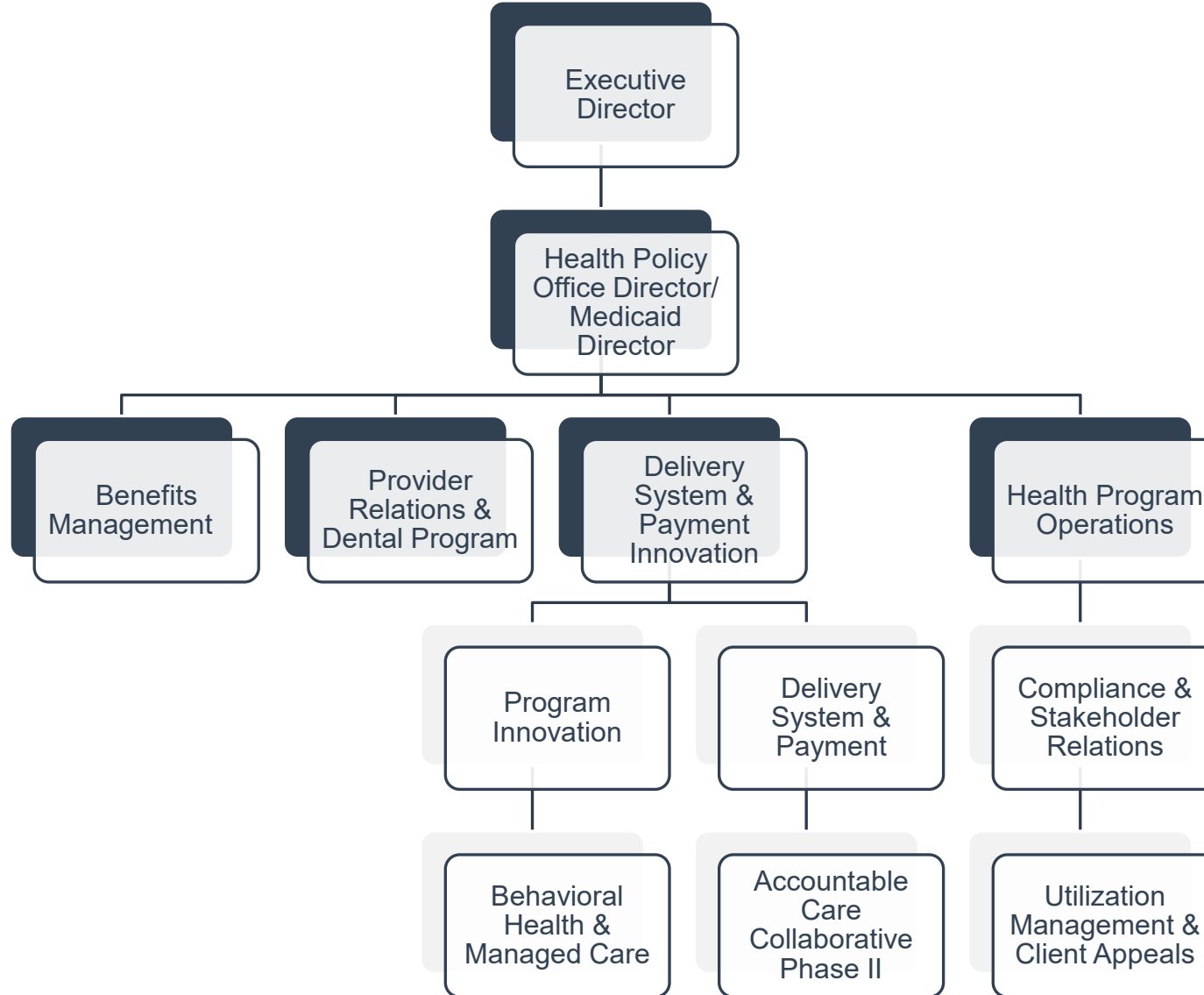
B.6. Accountable Care Organizations

Medicare Shared Savings Model ACOs	
1.	Aledade Accountable Care 22, LLC
2.	Aledade Accountable Care 57, LLC
3.	Banner Network Colorado
4.	Boulder Valley Care Network
5.	Community Health Provider Alliance
6.	UCHealth, LLC dba UCHealth Integrated Network
7.	Physician Health Partners
8.	Western Accountable Care Organization

Commercial ACOs	
ACO	Commercial Insurer
Aetna Whole Health- Colorado Front Range Network	Aetna Whole Health
Banner Network Colorado	Aetna, Cigna, Humana
Centura Health	UnitedHealthcare
Integrated Physician Network	Cigna
MedSouth	Cigna
New West Physicians Collaborative Accountable Care	Aetna, Cigna, UnitedHealthcare
NexusACO	UnitedHealthcare
Physician Health Partners, LLC	Aetna, Anthem, Cigna, UnitedHealthcare

C. Medicaid Administration, Governance & Operations

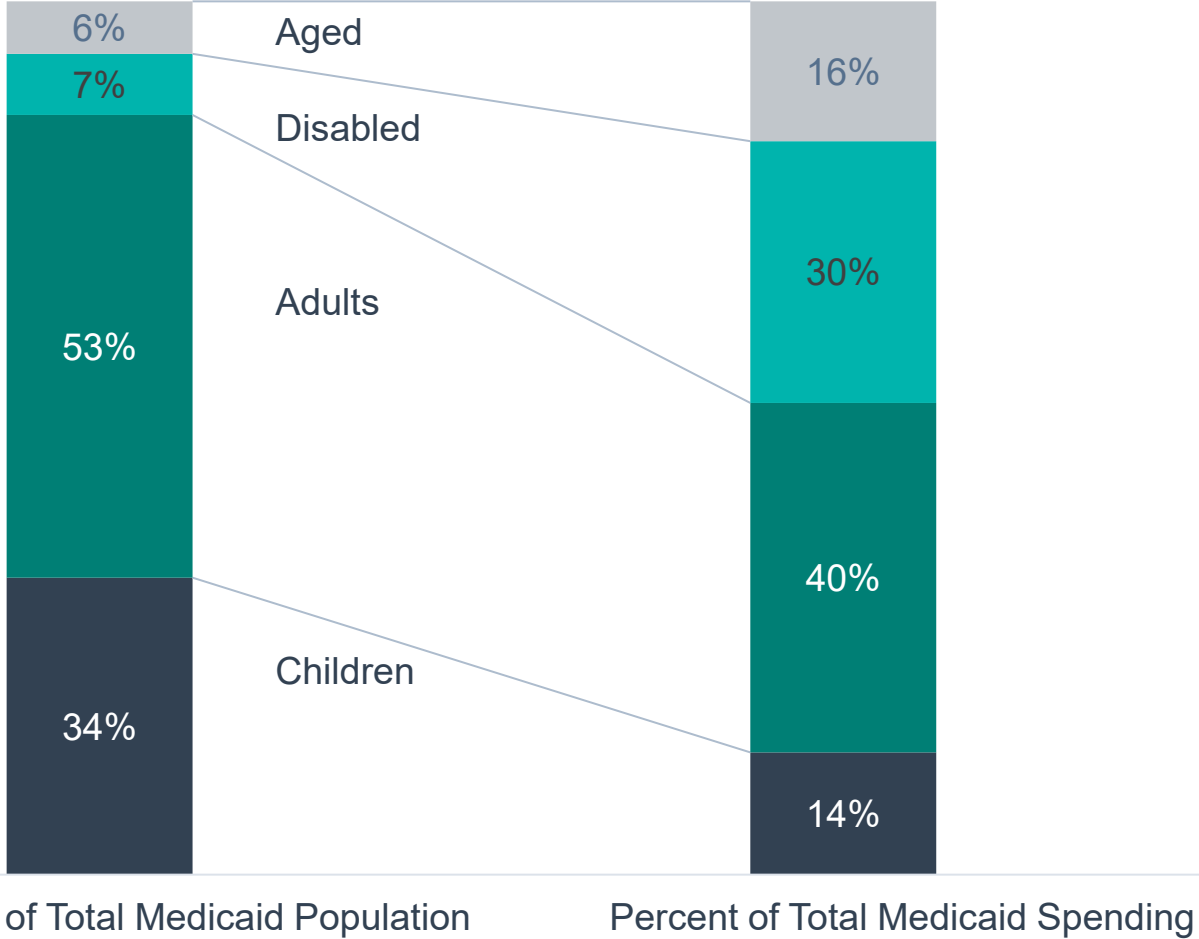
C.1. Medicaid Governance: Organization Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Kim Bimestefer	Executive Director	Department of Health Care Policy and Financing (DHCPF)	kim.bimestefer@state.co.us
Adela Flores-Brennan	Health Policy Office Director, Medicaid Director	DHCPF	adela.flores-brennan@state.co.us
Cristen Bates	BHIC Office Director, Deputy Medicaid Director	DHCPF	Cristen.Bates@state.co.us
Ralph Choate	COO, Medicaid Operations Office Director	DHCPF, Medicaid Operations Office	ralph.choate@state.co.us
Marivel Klueckman	Eligibility Division Director	DHCPF, Medicaid Operations Office	marivel.klueckman@state.co.us

C.2. Medicaid Program Spending By Eligibility Group



Medicaid Spending Per Enrollee, FY 2021		
	U.S.	CO
All populations	\$8,651	\$7,460
Children	\$3,584	\$3,095
Adults	\$5,462	\$5,689
Expansion adults	\$7,486	\$5,743
Blind and disabled	\$23,935	\$29,966
Aged	\$18,514	\$20,403

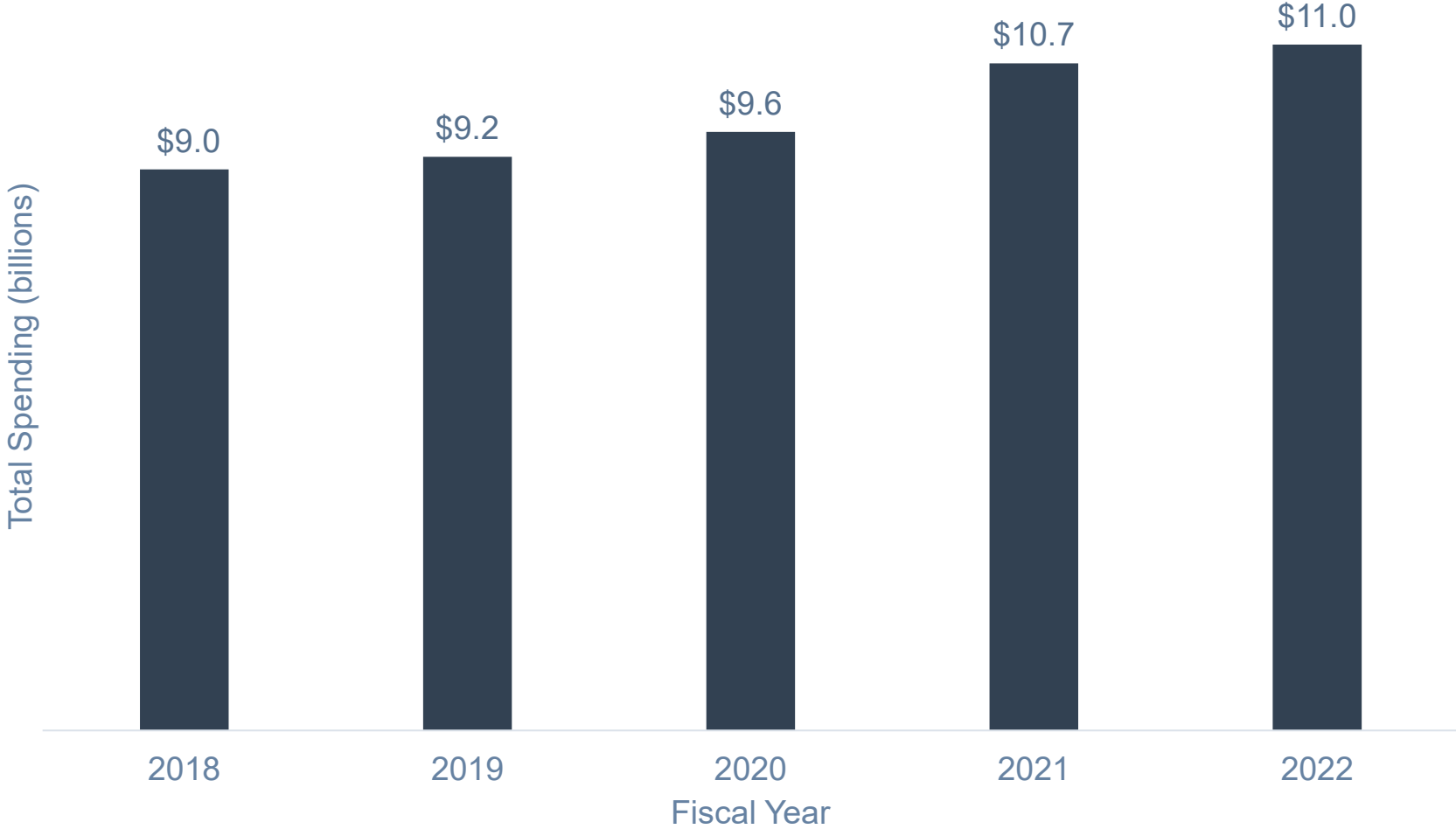
Based on FY 2021 data

C.2. Medicaid Program Spending: Budget

Budget Item	SFY22 Spending	Percent Of Budget
Hospital	\$3,611,000,000	33%
Home- and community-based LTSS	\$2,396,000,000	22%
Managed care and premium assistance	\$1,464,000,000	13%
Clinic and Health Center	\$874,000,000	8%
Institutional LTSS	\$854,000,000	8%
Drugs	\$471,000,000	4%
Physician	\$380,000,000	3%
Other acute	\$351,000,000	3%
Dental	\$342,000,000	3%
Medicare premiums and coinsurance	\$244,000,000	2%
Budget Total: \$10,987,000,000		

Federal & County Financial Participation	
FY 2024 Federal Medical Assistance Percentage (FMAP)	50%
CY 2024 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	No

C.2. Medicaid Program Spending: Change Over Time



C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	Yes
Date Of Expansion	January 2014
Medicaid Eligibility Income Limit For Able-Bodied Adults	133% of Federal Poverty Level (FPL) Note: The Patient Protection and Affordable Care Act (PPACA) requires that 5% of income be disregarded when determining eligibility.
Legislation Used To Expand Medicaid	Senate Bill 13-200, 69 th General Assembly
Number Of Individuals Enrolled In The Expansion Group (October 2023)	636,037
Number Of Enrollees Newly Eligible Due To Expansion	624,551
Benefits Plan For Expansion Population	The alternative benefit plan (ABP) provides all state plan benefits, in addition to habilitative services and preventative services not currently covered under the state plan.

C.4. Medicaid Program Benefits

Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital or surgical services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

Colorado's Optional Services

1. Podiatry, optometry, and other practitioners' services
2. Private duty nursing
3. Clinic services
4. Dental services
5. Physical, occupational, and speech and hearing therapy
6. Prescribed drugs
7. Dentures, prosthetic devices, and eyeglasses
8. Screening, preventive, and rehabilitative services
9. Services for individuals 65 and older in IMDs
10. Services in an intermediate care facility for individuals with developmental disabilities (ICF/DD)
11. Inpatient psychiatric services for individuals under 22
12. Hospice care
13. Case management
14. Nursing facility services for patients under 21
15. Organ transplant and services
16. Residential and Inpatient SUD services

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics			
Characteristics	Medicaid Fee-For-Service (FFS)	Accountable Care Collaborative (ACC)	Denver Health Managed Care
Enrollment (December 2023)	1,493,765	1,609,932	110,964
SMI Enrollment	<ul style="list-style-type: none"> Colorado does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI. As a result, most of the SMI population is enrolled in managed care. Estimated 50% of SMI population is enrolled in ACC; 46% is enrolled in FFS, and 4% is enrolled in Denver Health Managed Care 		
Management	<ul style="list-style-type: none"> Physical health: Department of Health Care Policy and Financing (DCHPF) 	<ul style="list-style-type: none"> Behavioral Health: Seven Regional Accountable Entities (RAEs) Seven RAEs run by five organizations 	<ul style="list-style-type: none"> Physical health: DHMC Behavioral Health: Colorado Access
Payment Model	<ul style="list-style-type: none"> Physical health: FFS Behavioral health: Capitated rate 	<ul style="list-style-type: none"> Physical health: FFS for services, plus care coordination fee Behavioral health: Capitated rate 	<ul style="list-style-type: none"> Physical health: capitated rate Behavioral health: capitated rate
Geographic Service Area	Statewide	Statewide; only one RAE is available in each of the state's seven regions	Individuals who live in Denver, Jefferson, Arapahoe, or Adams counties.

Total Medicaid: 3,214,661 | Total Medicaid With SMI: 372,901

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	<ul style="list-style-type: none"> As of December 2023: 46% in fee-for-service (FFS); 50% in ACC; and 4% in Denver Health Managed Care.
SMI population inclusion in managed care	<ul style="list-style-type: none"> Colorado does not specifically preclude individuals with SMI from enrolling in managed care; therefore, most of the SMI population is enrolled in managed care Estimated 46% of population in FFS, 50% in ACC; 4% in Denver Health Managed Care.
Dual eligible population inclusion in managed care	<ul style="list-style-type: none"> Managed care is mandatory for dual eligibles Estimated <1% of population in FFS, 99% in managed care
Long-term services and supports inclusion in managed care	<ul style="list-style-type: none"> Beneficiaries in need of LTSS services are excluded from managed care.

Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	FFS Population	Managed Care Population (ACC)
Traditional behavioral health	Included in the Regional Accountable Entity's (RAE) capitation rate	Included in the RAE's capitation rate
Specialty behavioral health	Included in the RAE's capitation rate	Included in the RAE's capitation rate
Pharmaceuticals	Covered FFS by the state	Covered FFS by the state
Long-term services and supports (LTSS)	Covered FFS by the state	Covered FFS by the state

D.1. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	The state runs a small demonstration that provides Medicaid benefits through at-risk health plans.
Primary Care Case Management (PCCM)	✓	The RAEs are responsible for the coordination of physical health benefits for an administrative fee.
Accountable Care Organization (ACO) Program	✓	The RAEs function as ACOs, as part of the entity's payment is tied to performance.
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration		Colorado's dual demonstration ended in 2017 and enrollees were transitioned to the Accountable Care Collaborative.
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state currently operates seven CCBHCs.
Other Care Coordination Initiative		The state is exploring the implementation of a public option.

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers			X
Children			X
Blind and disabled individuals			X
Aged individuals			X
Dual eligibles			X
Medicaid expansion			X
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD	X		
Individuals in foster care			X
Other populations	<ul style="list-style-type: none"> • Partial benefit dual eligibles • SCHIP Title XXI Children • Retroactive eligibility • Emergency medical assistance for aliens • Individuals ages 21-64 residing at the state psychiatric hospital 	Special Connections waiver enrollees – prenatal through 12-months post-partum	

D.2. Medicaid FFS Program: Overview

- FFS enrollment as of December 2023 was 1,493,765.
- Colorado calls its Medicaid program: Health First Colorado.

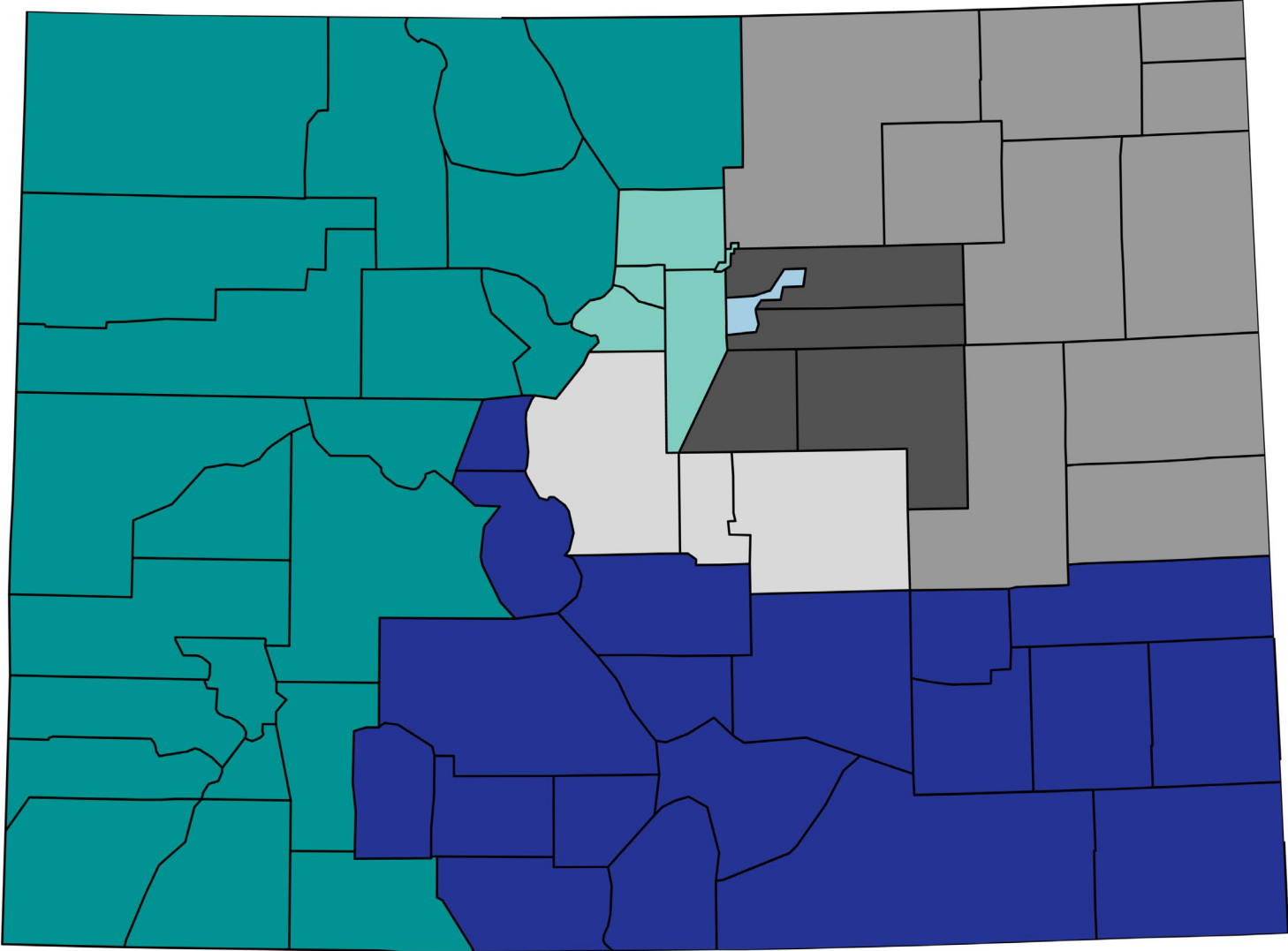
D.2. Medicaid FFS Program: Behavioral Health Overview

- Individuals can receive short-term behavioral health services—defined as six visits or less—from a licensed behavioral health clinical professional embedded in a primary care office.
 - This benefit is covered FFS.
- All other behavioral health services are financed through the Regional Accountable Entities (RAEs), which receive a capitated rate for behavioral health services.
 - There are seven RAEs in each of the seven regions of the state. Five organizations operate the seven RAEs. Enrollees are automatically enrolled in the RAE operating in their region.
 - To learn more about the RAEs, see [section D.3.](#)
 - Pharmacy services, including behavioral health pharmacy, are financed FFS.

D.2. Medicaid FFS Program: RAE Service Areas

RAEs By Service Area:

- RAE 1: Rocky Mountain Health Plans
- RAE 2: Northeast Health Partners
- RAE 3: Colorado Access
- RAE 4: Health Colorado, Inc
- RAE 5: Colorado Access - Denver
- RAE 6: Colorado Community Health Alliance
- RAE 7: Colorado Community Health Alliance



D.2. Medicaid FFS Program: Behavioral Health Benefits

RAE Covered Mental Health Benefits

1. Inpatient hospital
2. Outpatient hospital
3. Individual, family, and group therapy
4. Behavioral health assessment
5. Pharmacological management
6. Outpatient day treatment
7. Targeted case management
8. Psychosocial rehabilitation
9. Emergency/crisis services
10. School-based mental health services
11. Home-based services for children and adolescents
12. Safety assessment

RAE Covered FFS Addiction Treatment Benefits

1. Rehabilitative services
2. Medication assisted treatment
3. Social/ambulatory detoxification
4. Substance use disorder assessment
5. Alcohol/drug screen counseling
6. Targeted case management

RAE Covered 1915 (b3) Services

1. Vocational rehabilitation
2. Respite care
3. Intensive case management
4. Prevention/early intervention activities
5. Clubhouse and drop-in centers
6. Residential care for psychiatric disorders
7. Assertive community treatment (ACT)

1915 (b3) services are additional benefits not included in the state plan that are authorized in the state 1915 (b) waiver as a result of waiver cost savings. If the waiver was terminated or expired, these services would no longer be available.

D.2. Medicaid FFS Program: SMI Population

- Colorado does not specifically preclude individuals with SMI from enrolling in managed care; therefore, most of the SMI population is enrolled in managed care
- As of December 2023, *OPEN MINDS* estimates that 46% of the SMI population was enrolled in FFS.

D.2. Medicaid FFS Program: Pharmacy Benefit

Colorado FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	Yes, Magellan Rx Management
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, antidepressants and atypical antipsychotics (oral) are included in the general pharmacy PDL.
State Uses A PDL For Addiction Treatment Drugs	No; however, prior authorization, safety edits, and quantity limits apply.
Coverage Of Antipsychotic Injectable Medications	Covered as a pharmacy benefit if administered in a long-term care facility or in a member's home by a health care clinical professional. If administered elsewhere, covered as a medical benefit.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	<ul style="list-style-type: none"> • Prior authorization is required for non-preferred brand name drugs • Non-preferred brand name medications do not require a prior authorization when the equivalent generic is preferred and "dispense as written" is indicated on the prescription. • Depending on the drug and specific class, step therapy is required
State Has A Pharmacy Lock-In Program Or Other Restriction Program	<ul style="list-style-type: none"> • Client Overutilization Program – the Pharmacy Department monitors and reviews member usage for initial three-month period. • Eligible enrollees utilize Medicaid benefits without medical necessity within a three month period exceeding one of the following: use of six or more high-risk prescriptions; four or more visits to the emergency department (ED); filled prescriptions from three or more different pharmacies; combination of both six or more high-risk prescriptions, four or more visits to the ED, and three or more prescriptions from different prescribers/pharmacies; or a referral indicating possible overutilization.

D.3. Medicaid Managed Care Program: Overview

- Managed care enrollment as of December 2023 was 1,609,932.
- The Medicaid managed care program in Colorado is called the Accountable Care Collaborative (ACC).
- About 80,000 Colorado residents are a separate managed care program, called Denver Health Medicaid Choice
 - The Department of Health Care Policy & Financing contracts directly with Denver Health Medical Plan for these members.
- Colorado operates an integrated care model that uses Regional Accountable Entities (RAEs) as the single entity to coordinate both physical and behavioral health services.
- The state selected seven RAEs, each of which serves one or more of the state's seven regions. Individuals are attributed to a primary care provider (PCP). The location of the PCP determines their RAE attribution.
- Services are financed as follows under the RAEs:
 - Physical health – FFS and administrative management per member per month. For more on this model, see the next slide.
 - Behavioral health – capitated rate

D.3. Medicaid Managed Care Program: Overview (cont.)

- The state operates the ACC: Limited Managed Care Capitation Initiative in Regions 1 and 5, which finances services through a traditional at-risk health plan.
 - Denver Health Medicaid Choice is available for members in Denver
 - Rocky Mountain Health Plan Prime is available in Garfield, Gunnison, Mesa, Montrose, Pitkin, Rio Blanco
 - This buy-in program will have premiums based on monthly income, ranging from \$0 to \$450. Benefits are the same benefits as Health First Colorado, with specific individuals getting extra services depending on HCBS waiver eligibility.
- Colorado adopted a Buy In Program for working adults with disabilities with income below 450% of the FPL. This program is designed for individuals who make too much to qualify for Health First to buy into the program.
- The RAEs receive a \$16.70 administrative per member per month (PMPM) fee for providing care management and navigation support, access to education and special programs, and non-medical community resources.
 - \$4.34 of the administrative fee is withheld. About two-thirds is distributed for the Key Performance Indicator (KPI) Incentive Program, and one-third for Performance Pool measures.
- The KPI Incentive Program allows the RAEs to earn back about \$2.80 in incentive payments based on performance on seven measures (see next slide).
 - The RAEs are expected to share any savings earned with provider organizations.
 - A Performance Pool will be created from monies not distributed for KPIs and be distributed to the RAEs to incentivize provider organization participation in initiatives such as opioid use prevention, suicide awareness and prevention, and consumer activation.

D.3. Medicaid Managed Care Program: KPI Payments

KPI	Tier 1 Payment	Tier 2 Payment
Screening for Depression and Follow-Up Plan	N/A	\$0.4679 PMPM
Oral Evaluation, Dental Services	N/A	\$0.4679 PMPM
Child and Adolescent Well Visits P1*	N/A	\$0.2339 PMPM
Child and Adolescent Well Visits P2	N/A	\$0.2339 PMPM
Prenatal and Postpartum Care*	N/A	\$0.4679 PMPM
Emergency Department (ED) Visits	\$0.3478 PMPM	\$0.4679 PMPM
Risk Adjusted PMPM	\$0.2339 PMPM	\$0.4679 PMPM

*All parts of these measures must meet target to qualify for payment.

D.3. Medicaid Managed Care Program: Health Plan Characteristics

RAE 1: Rocky Mountain Health Plans

1. Profit status: Non-profit
2. Parent company: UnitedHealthcare*
3. Behavioral health subcontractor: None
4. Pharmacy benefits manager: OptumRx
5. Enrollment Share: 17%

*UnitedHealthcare has a joint collaboration with Reunion Health (network of CMHCs and FQHCs)

RAE 2: Northeast Health Partners

1. Profit status: For-profit
2. Parent company: Beacon Health Options*
3. Behavioral health subcontractor: None
4. Pharmacy benefits manager: None
5. Enrollment Share: 7%

*Beacon Health Options partnership with four local FQHCs and CMHCs

RAE 3 & 5: Colorado Access

1. Profit status: Non-profit
2. Parent company: None
3. Behavioral health subcontractor: None
4. Pharmacy benefits manager: Navitus Health Solutions
5. Enrollment Share: 36%

RAE 4: Health Colorado, Inc.

1. Profit status: For-profit
2. Parent company: Beacon Health Options*
3. Behavioral health subcontractor: None
4. Pharmacy benefits manager: None
5. Enrollment Share: 11%

*Beacon Health Options partnership with one FQHC and four CMHCs

RAE 6 & 7: Colorado Community Health Alliance

1. Profit status: For-profit
2. Parent company: Anthem*
3. Behavioral health subcontractor: None
4. Pharmacy benefits manager: CarelonRx
5. Enrollment Share: 29%

*Anthem partnership with Centura Health, and others

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

- The RAEs receive a capitated rate to deliver most behavioral health services.
 - Individuals can receive short-term behavioral health services—defined as six visits or less—from a licensed behavioral health clinical professional embedded in a primary care office. This benefit is covered FFS.
- Pharmacy services, including behavioral health pharmacy, are coordinated through the RAE, but financed FFS.
- The RAEs are eligible for incentive payments based on behavioral health performance (see next slide).

RAE Covered Mental Health Benefits	
1.	Inpatient hospital
2.	Outpatient hospital
3.	Individual, family, and group therapy
4.	Behavioral health assessment
5.	Pharmacological management
6.	Outpatient day treatment
7.	Targeted case management
8.	Psychosocial rehabilitation
9.	Emergency/crisis services
10.	School-based mental health services
11.	Home-based services for children and adolescents

RAE Covered FFS Addiction Treatment Benefits	
1.	Rehabilitative services
2.	Medication assisted treatment
3.	Social/ambulatory detoxification
4.	Substance use disorder assessment
5.	Alcohol/drug screen counseling
6.	Residential and Inpatient SUD services

RAE Covered 1915 (b3) Services*	
1.	Vocational rehabilitation
2.	Intensive case management
3.	Prevention/early intervention activities
4.	Clubhouse and drop-in centers
5.	Residential care for psychiatric disorders
6.	Assertive community treatment (ACT)

*1915 (b3) are additional benefits not included in the state plan that are authorized in the state 1915 (b) waiver as a result of waiver cost savings.

D.3. Medicaid Managed Care Program: Behavioral Health Incentive Program

- The RAEs can earn up to 5% of their capitated behavioral payments via the behavioral health incentive program. The RAEs are required to meet the following process activities to be eligible for incentive payments.

Activity	Percent Of Funds Allocated To Activity
All corrective action plan submissions and activities are in accordance with contract provision for the duration of the contract term	50%
Monthly encounter data submitted for duration of contract term	50%

- If the above requirements are met, then the RAE may qualify for incentive payments based on improved performance on the following measures. Improved performance is defined as “closing the gap by 10%” based on a negotiated baseline.

Measure	Percent Of Funds Allocated To Activity
Engagement in outpatient addiction treatment	20%
Follow-up appointment within seven days after a hospital discharge for a mental health condition	20%
Follow-up appointment within seven days after an emergency department visit for an addiction treatment condition	20%
Follow-up after a positive depression screen	20%
Behavioral health screening or assessment for children in the foster care system	20%

D.3. Medicaid Managed Care Program: SMI Population

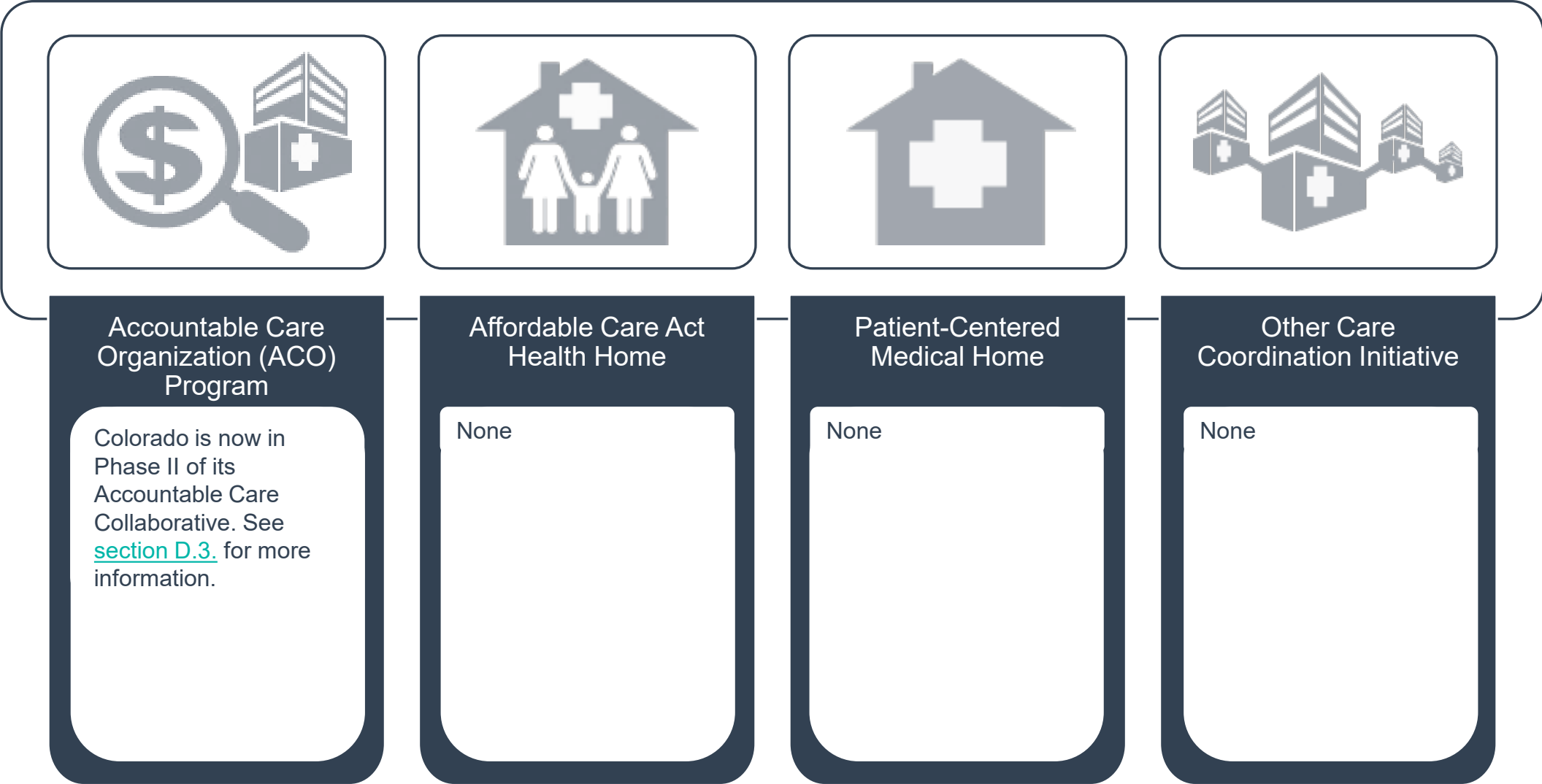
- Colorado does not specifically preclude individuals with SMI from enrolling in managed care; therefore, most of the SMI population is enrolled in managed care
- As of December 2023, *OPEN MINDS* estimates that 50% of the SMI population was enrolled in Accountable Care Collaboratives and 4% are enrolled in Denver Health Managed Care, for a total of 54% of the SMI population.

D.3. Medicaid Managed Care Program: Pharmacy Benefit

Because Colorado’s managed care delivery system covers medical services (including pharmacy utilization) as FFS, pharmacy benefit administration is identical to that of the FFS system.

Colorado Managed Care Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	Yes: Magellan Rx Management
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, antidepressants and atypical antipsychotics (oral) are included in the general pharmacy PDL.
State Uses A PDL For Addiction Treatment Drugs	No; however, prior authorization, safety edits, and quantity limits apply.
Coverage Of Antipsychotic Injectable Medications	Covered as a pharmacy benefit if administered in a long-term care facility or in a member’s home by a health care clinical professional. If administered elsewhere, covered as a medical benefit.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	<ul style="list-style-type: none"> • Prior authorization is required for non-preferred brand name drugs • Non-preferred brand name medications do not require a prior authorization when the equivalent generic is preferred and “dispense as written” is indicated on the prescription. • Depending on the drug and specific class, step therapy is required
State Has A Pharmacy Lock-In Program Or Other Restriction Program	<ul style="list-style-type: none"> • Client Overutilization Program – the Pharmacy Department monitors and reviews member usage for initial three-month period. • Eligible enrollees utilize Medicaid benefits without medical necessity within a three month period exceeding one of the following: use of six or more high-risk prescriptions; four or more visits to the emergency department (ED); filled prescriptions from three or more different pharmacies; combination of both six or more high-risk prescriptions, four or more visits to the ED, and three or more prescriptions from different prescribers/pharmacies; or a referral indicating possible overutilization.

D.4. Medicaid Program: Care Coordination Initiatives



D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Colorado Adult Prenatal Coverage and Premium Assistance CHP+	Authorizes the state to use title XXI funds to expand coverage to pregnant women with family incomes between 133% and 185% of FPL. This covers duration of pregnancy through 60 days postpartum	1115	None	12/21/2020	07/31/2025
ACC PCCM-PIHP Program (CO-04)	Authorizes the state's Accountable Collaborative Care, the use of capitation for behavioral health, and the Special Connections Program, which provides addiction treatment benefits to pregnant and postpartum women.	1915 (b)	None	07/01/2018	06/30/2023*
Expanding the Substance Use Disorder Continuum of Care	Authorizes the state to draw down a federal match on dollars spent on SUD treatment services in Institutions for Mental Diseases.	1115	None	01/01/2021	12/31/2025
Colorado Home and Community-Based Services Case Management (CO-05)	Utilizing targeted case management, and establishing defined service areas. The defined service areas will provider individuals seeking LTSS one place to obtain case management services for of the states HCBS waivers.	1915 (b)	None	07/01/2023	06/30/2028

*This waiver is still listed as approved by the CMS. No updates are available.

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2024 Enrollment Cap	Operating Unit	Concurrent Management Authority
CO Elderly, Blind and Disabled (HCBS-EBD) (0006.R09.00)	Individuals who are physically disabled ages 18-64, or ages 65+, or individuals with HIV/AIDS ages 18+	29,914	Office of Community Living, Benefits and Compliance Section	None
CO Developmental Disabilities (HCBS-DD) (0007.R08.00)	Individuals with developmental disabilities ages 18+	8,605	The Office of Community Living, The Division for Intellectual and Developmental Disabilities	None
CO Supported Living Services (0293.R05.00)	Individuals with developmental disabilities ages 18+	6,740	Office of Community Living - Division for Intellectual and Developmental Disabilities	None
CO Children's Extensive Support (CES) Waiver (4180.R05.00)	Individuals with developmental disabilities ages 0-17	2,582	The Office of Community Living, The Division for Intellectual and Developmental Disabilities	None
CO Children's HCBS (4157.R07.00)	Individuals who are medically fragile ages 0-17	4,250	Office of Community Living, Benefits and Services Management Division	None

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers (cont.)

Waiver Title	Target Population	2024 Enrollment Cap	Operating Unit	Concurrent Management Authority
CO Persons with Brain Injury (HCBS-BI) (0288.R06.00)	Individuals with brain injury ages 16+	974	Office of Community Living, Benefits and Compliance Section	None
CO Complementary and Integrative Health (HCBS-CIH) (0961.R02.00)	Individuals who are physically disabled ages 18-64, or ages 65+	374	Long Term Services and Supports Division	None
CO HCBS Waiver for Children with Life-Limiting Illness (0450.R03.00)	Individuals under the age of 18 with life-limiting illnesses who would normally be hospitalized.	218	Colorado Department of Human Services, Division of Child Welfare Services	None
CO HCBS - Children's Habilitation Residential Program (0305.R05.00)	Individuals with developmental disabilities ages 0-20	167	Colorado Department of Human Services, Division of Child Welfare Services	None

D.6. Medicaid Program: New Initiatives

- There are no new Medicaid initiatives currently.

E. Medicare Financing & Service Delivery System

E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	Traditional Medicare (FFS)	Medicare Advantage
Enrollment (December 2023)	476,582	814,213
SMI Enrollment	<ul style="list-style-type: none"> • <i>OPEN MINDS</i> estimates 63% of the population in Medicare Advantage, 37% in Traditional Medicare. 	
Management	<ul style="list-style-type: none"> • Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care • Part B: Clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs 	<ul style="list-style-type: none"> • Medicare Advantage Plans provide Part A and Part B benefits, plus additional benefits based on plan chosen
Payment Model	<ul style="list-style-type: none"> • Part A & B cover up to 80%, remaining costs can be paid out of pocket 	<ul style="list-style-type: none"> • Fixed amounts paid based on health plan chosen
Geographic Service Area	Statewide	Statewide

Total Medicare: 1,290,795 | Total Medicare With SMI: 293,010

E.1. Medicare Financing & Service Delivery System

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of December 2023: 63% Medicare Advantage, 37% in traditional Medicare.
SMI population inclusion in managed care	Estimated 63% of population in Medicare Advantage, 37% in traditional Medicare.
Medicare population inclusion in Chronic special needs plan or (C-SNP).	Estimated that less than 1% of the population in enrolled in a C-SNP plan.
Medicare population inclusion in Institutional Special Needs Plan (I-SNP).	Estimated that less than 1% of population is enrolled in I-SNP plans.

E.2. Medicare System: Overview

- Medicare enrollment as of December 2023 was 1,290,795.
- Currently 13% of the state's total population is enrolled in Medicare, compared with about 18% of the U.S. population enrolled in Medicare.
- *OPEN MINDS* estimates approximately 35% of the state's Medicare population has a SMI.
- There are Medicare Advantage plans available in most parts of Colorado in 2023, but there are eight rural counties along the eastern edge of the state where no Medicare Advantage plans are available.
 - In the rest of the state, Medicare Advantage plan availability in 2024 ranges from just two or three plans in some counties, to more than 35 in others.
- As of March 2024, there are 37 insurers in Colorado offering Medigap policies.
- As of May 2023, there were 298,581 Colorado Medicare beneficiaries enrolled in stand-alone Medicare Part D prescription drug plans, and another 486,580 beneficiaries had Medicare Part D prescription drug coverage integrated with their Medicare Advantage plans.
 - In total, 781,161 Colorado Medicare beneficiaries had Part D prescription drug coverage, accounting for nearly three-quarters of the state's Medicare population.
 - In 2023, there were 23 stand-alone Medicare Part D prescription drug plans available in Colorado, with premiums starting at \$3.50.
- Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare – such as long-term care.

E.3. Medicare ACOs

Medicare Shared Savings Model ACOs

1. Aledade Accountable Care 22, LLC
2. Aledade Accountable Care 57, LLC
3. Banner Network Colorado
4. Boulder Valley Care Network
5. Community Health Provider Alliance
6. UCHHealth, LLC dba UCHHealth Integrated Network
7. Physician Health Partners
8. Western Accountable Care Organization

E.4. Medicare System: New Initiatives

- There are no new Medicare initiatives currently.

F. Dual Eligible Financing & Service Delivery System

F.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics		
Characteristics	Managed Care via Accountable Care Collaborative Regional Accountable Entities	PACE
Enrollment (December 2023)	61,954	9,537
Estimated SMI Enrollment	13,010	2,002
Management	Seven RAEs managed by five organizations	Six non-profit organizations
Payment Model	<ul style="list-style-type: none"> Physical health: FFS for services, plus care coordination fee Behavioral health: Capitated rate 	Blended capitated rate
Geographic Service Area	Statewide; only RAE is available in each of the state's seven regions	Selected areas of the state

Total Dual Eligible Enrollment: 71,491 | Total Dual Eligible Enrollment With SMI: 15,013

*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

F.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	December 2023 Enrollment	Estimated SMI Enrollment
Cigna TotalCare	Cigna Health and Life Insurance Co	Medicare Advantage D-SNP	6,251	1,313
HumanaChoice	Humana, Inc	Medicare Advantage D-SNP	5,663	1,189
PACE- Program of All-Inclusive Care for the Elderly	None	PACE	4,793	1,007
Rocky Mountain Health Plans DualCare Plus	Rocky Mountain HMO	Medicare Advantage D-SNP	3,759	789
Kaiser Permanente Senior Advantage Medicare-Medicaid	Kaiser Foundation Health Plan	Medicare Advantage D-SNP	2,905	610
InnovAge Greater Colorado PACE	InnovAge Greater Colorado	PACE	2,902	609
Anthem MediBlue Dual Advantage	Anthem, Inc	Medicare Advantage D-SNP	2,901	609
Aetna Medicare Assure Premier Prime	Aetna/ CVS Health	Medicare Advantage D-SNP	2,260	475
Elevate Medicare Choice	Denver Health Medical Plan	Medicare Advantage D-SNP	2,006	421

F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- Dual eligible enrollment as of December 2023 was 71,491.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- Dual eligibles must enroll in the ACC to receive physical and behavioral health services unless they are enrolled in PACE.
- Total D-SNP enrollment as of December 2023 was 25,802, and D-SNP SMI enrollment of 5,418.

F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- The state has no pending initiatives with the Centers for Medicare and Medicaid Services (CMS).

G. Long-Term Services & Supports Financing & Service Delivery System

G.1. LTSS Financing & Service Delivery System

- Colorado does not operate a MLTSS program. All beneficiaries in need of LTSS receive services through the state’s FFS program.

LTSS* Medicaid System Characteristics	
Characteristics	Medicaid Managed Care
Enrollment (December 2023)	N/A
Estimated SMI Enrollment	N/A
Management	N/A
Payment Model	N/A
Geographic Service Area	N/A

Total LTSS Enrollment: N/A | Total LTSS Enrollment With SMI: N/A

*Long-Term Service & Supports

G.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults			X
Disabled children			X
Blind individuals			X
Aged individuals			X
Dual eligibles			X
Individuals with I/DD			X
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD	X		
Other HCBS Recipients			X
Other populations	<ul style="list-style-type: none"> • Partial benefit dual eligibles • SCHIP Title XXI Children • Retroactive eligibility • Emergency medical assistance for aliens • Individuals ages 21-64 residing at the state psychiatric hospital 		

G.2. LTSS Medicaid Financing & Delivery System: Overview

- Colorado does not offer MLTSS services and instead all individuals receive care through the FFS system.

G.3. Medicaid LTSS Program: Health Plan Characteristics

- Currently, Colorado does not operate a LTSS program and does not offer specialized plans for individuals requiring their services.
- Individuals will receive services either from the FFS program or from their health plan.

G.4. Medicaid LTSS Program: Health Benefits

- Colorado does not offer MLTSS services and instead all services are the same as the FFS program.

Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital or surgical services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

Colorado's Optional Services

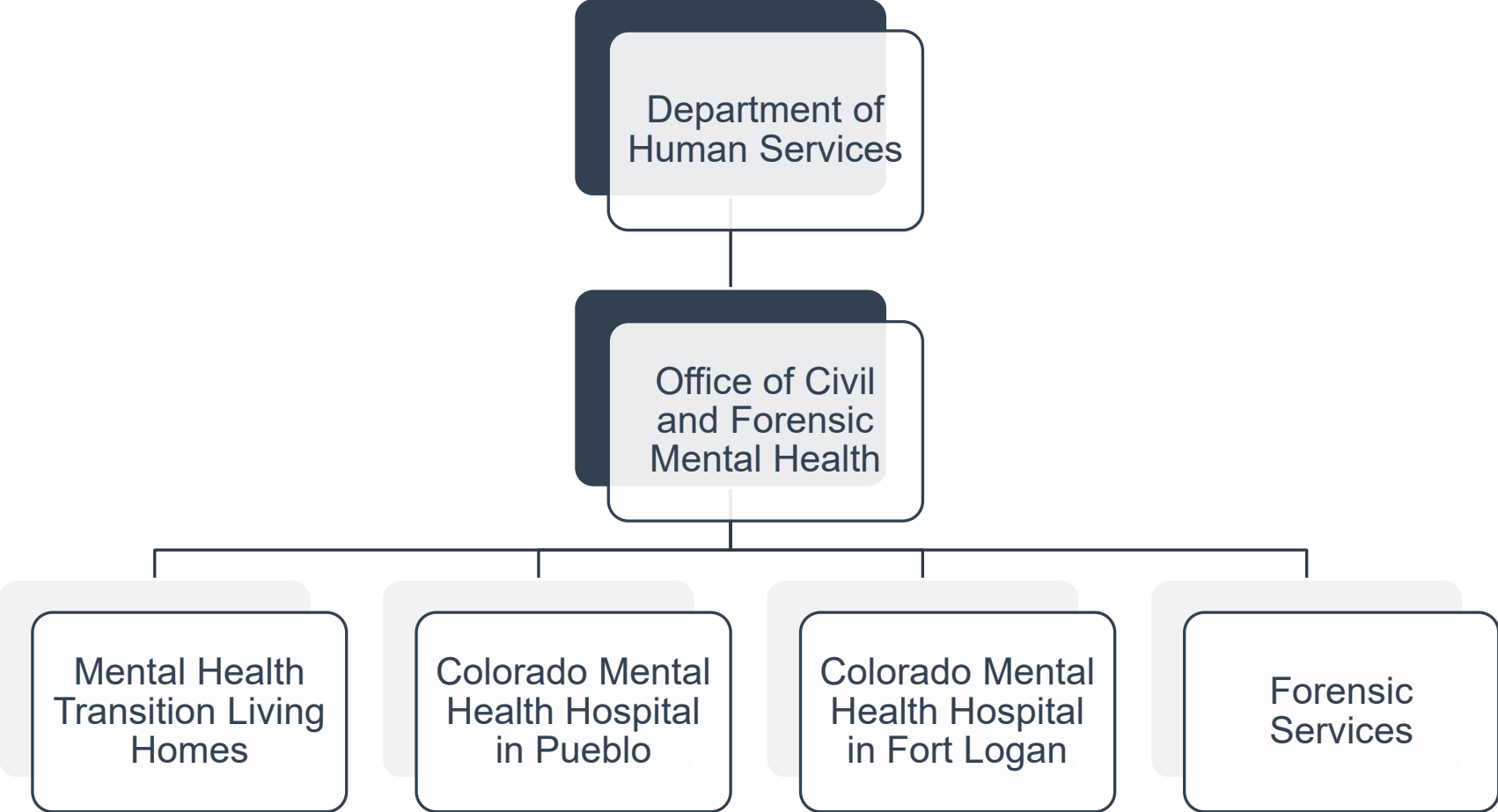
1. Podiatry, optometry, and other practitioners' services
2. Private duty nursing
3. Clinic services
4. Dental services
5. Physical, occupational, and speech and hearing therapy
6. Prescribed drugs
7. Dentures, prosthetic devices, and eyeglasses
8. Screening, preventive, and rehabilitative services
9. Services for individuals 65 and older in IMDs
10. Services in an intermediate care facility for individuals with developmental disabilities (ICF/DD)
11. Inpatient psychiatric services for individuals under 22
12. Hospice care
13. Case management
14. Nursing facility services for patients under 21
15. Organ transplant and services
16. Residential and Inpatient SUD services

G.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- Colorado has no pending initiatives that will influence the finance or delivery systems of the LTSS population.

H. State Behavioral Health Administration & Finance System

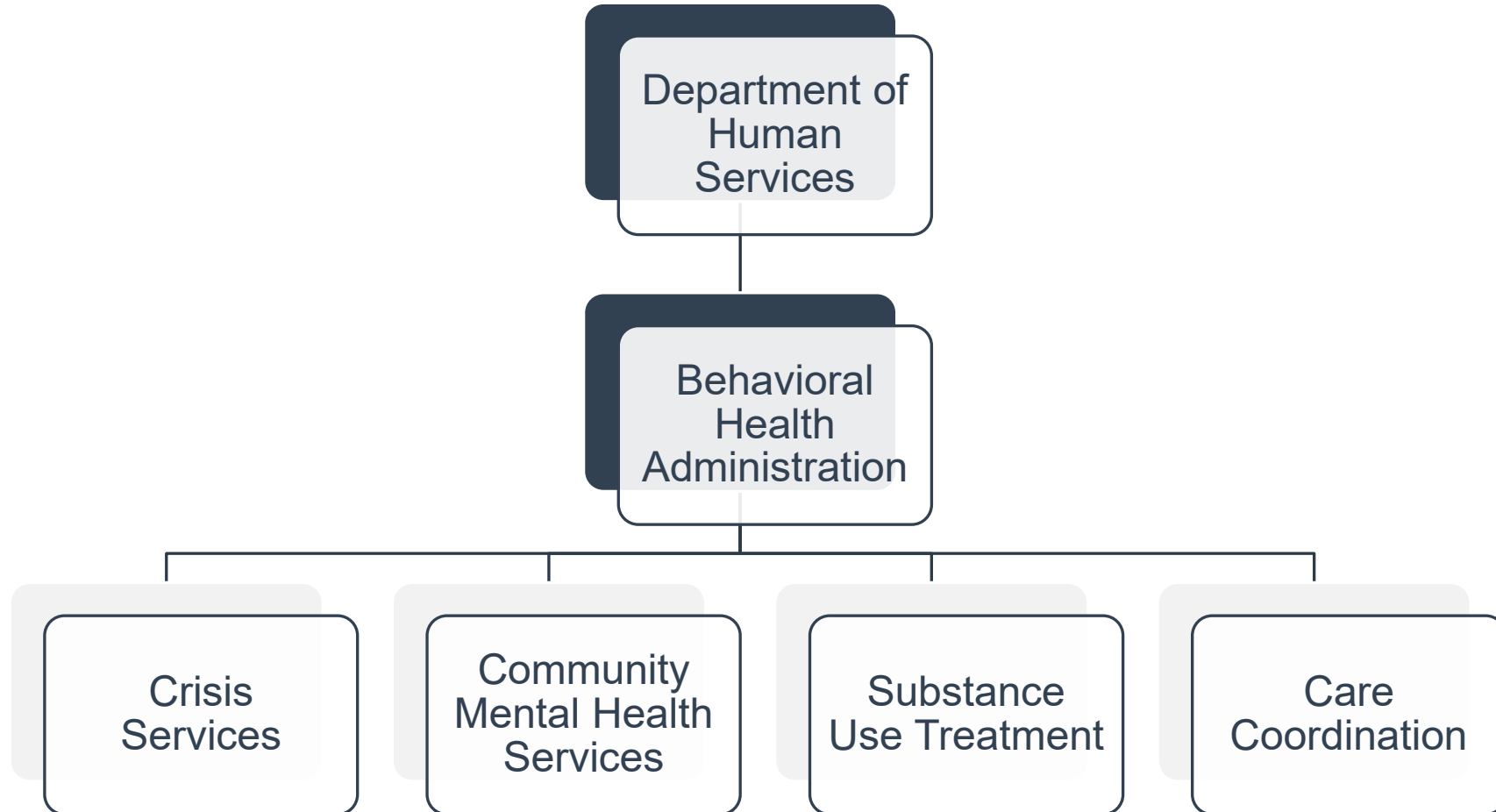
H.1. Office of Civil and Forensic Mental Health: Organization Chart



H.1. Office of Civil and Forensic Mental Health : Key Leadership

Name	Position	Department	Email
Michelle Barnes	Executive Director	Colorado Department of Human Services	michelle.barnes@state.co.us
Leora Joseph	Director	CDHS, Office of Civil and Forensic Mental Health	Not available
Jagruti Shah	Deputy Director of Clinical Services	CDHS, Office of Civil and Forensic Mental Health	jagruti.shah@state.co.us
Jill Marshall	CEO	Colorado Mental Health Hospital in Pueblo	jill.marshall@state.co.us
Victoria Trapp	CEO	Colorado Mental Health Hospital in Fort Logan	Not available

H.1. Behavioral Health Administration: Organization Chart



H.1. Behavioral Health Administration: Key Leadership

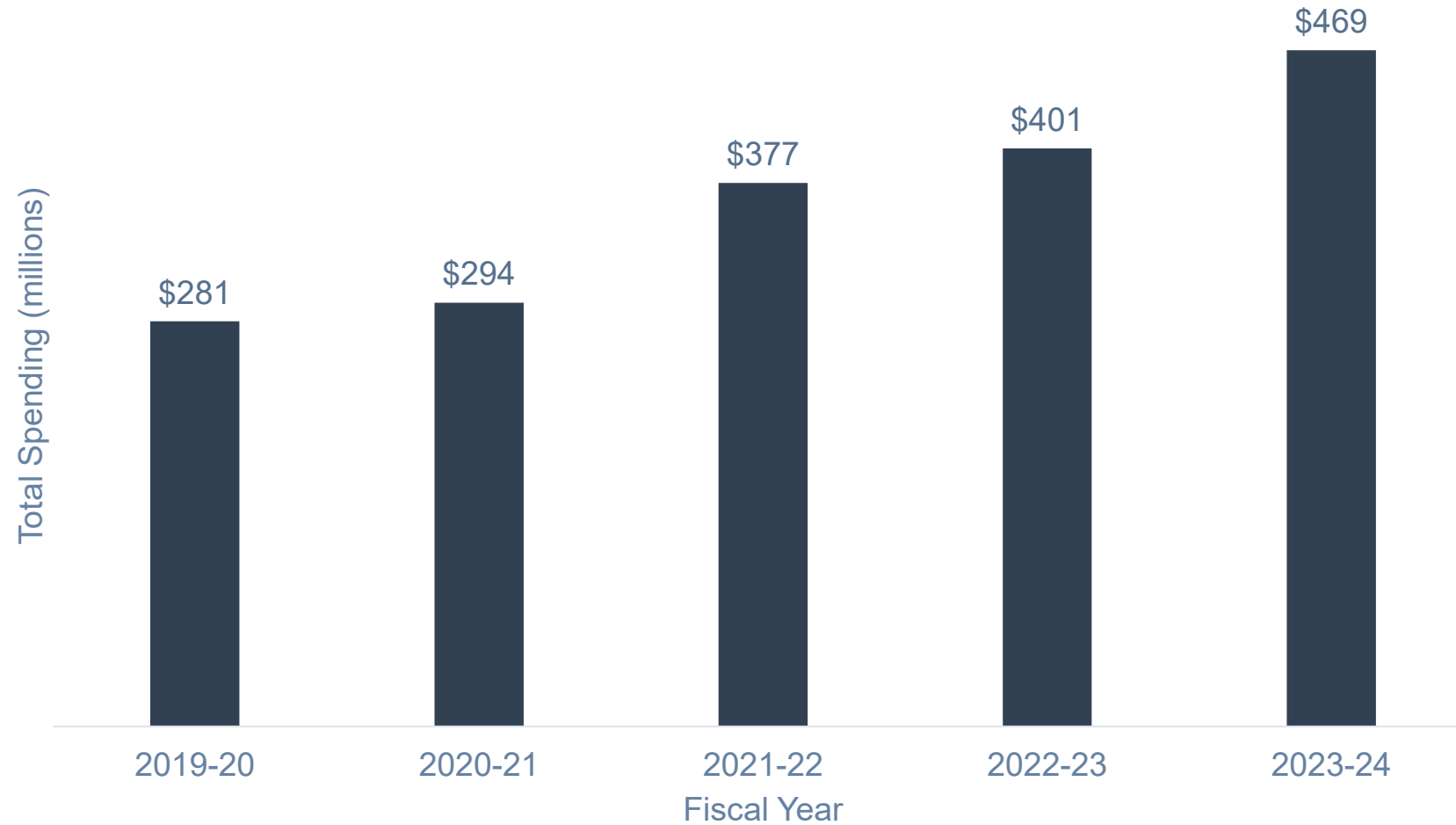
Name	Position	Department	Email
Michelle Barnes	Executive Director	Colorado Department of Human Services	michelle.barnes@state.co.us
Dannette R Smith	Commissioner	Behavioral Health Administration	dannette.smith@state.co.us
Kelly Causey	Deputy Commissioner	BHA	Not available
Erin Wester	Deputy Commissioner	BHA	Not available
Vacant	Deputy Commissioner of Operations	BHA	N/A

H.2. Department of Human Services: Budget

Budget Item	SFY 2023-24 Budget	Percent Of Budget
Mental Health Institute at Pueblo	\$122,332,357	25%
Integrated Behavioral Health Services	\$98,196,864	21%
Substance Use Treatment and Prevention Services	\$78,570,584	18%
Community-Based Mental Health Services	\$73,835,301	17%
Forensic Services	\$39,174,635	9%
Mental Health Institute at Ft Logan	\$39,484,369	8%
Behavioral Health Administration*	\$17,405,531	2%
Budget Total: \$468,999,641		

*The Behavioral Health Administration launched July 1, 2022, and has two years to build full functional capacity and operations. The BHA is currently operating within the Department of Human Services until fall of 2024.

H.2. Department of Human Services: Budget Over Time



H.3. State Psychiatric Institutions

State Psychiatric Institutions		
Institution	Location	Beds
Colorado Mental Health Institute at Pueblo (civil and forensic)	Pueblo	516
Colorado Mental Health Institute at Fort Logan	Denver	94
Total		610

*Renovation is underway to increase the Fort Logan's allotment of beds by an additional 44 beds.

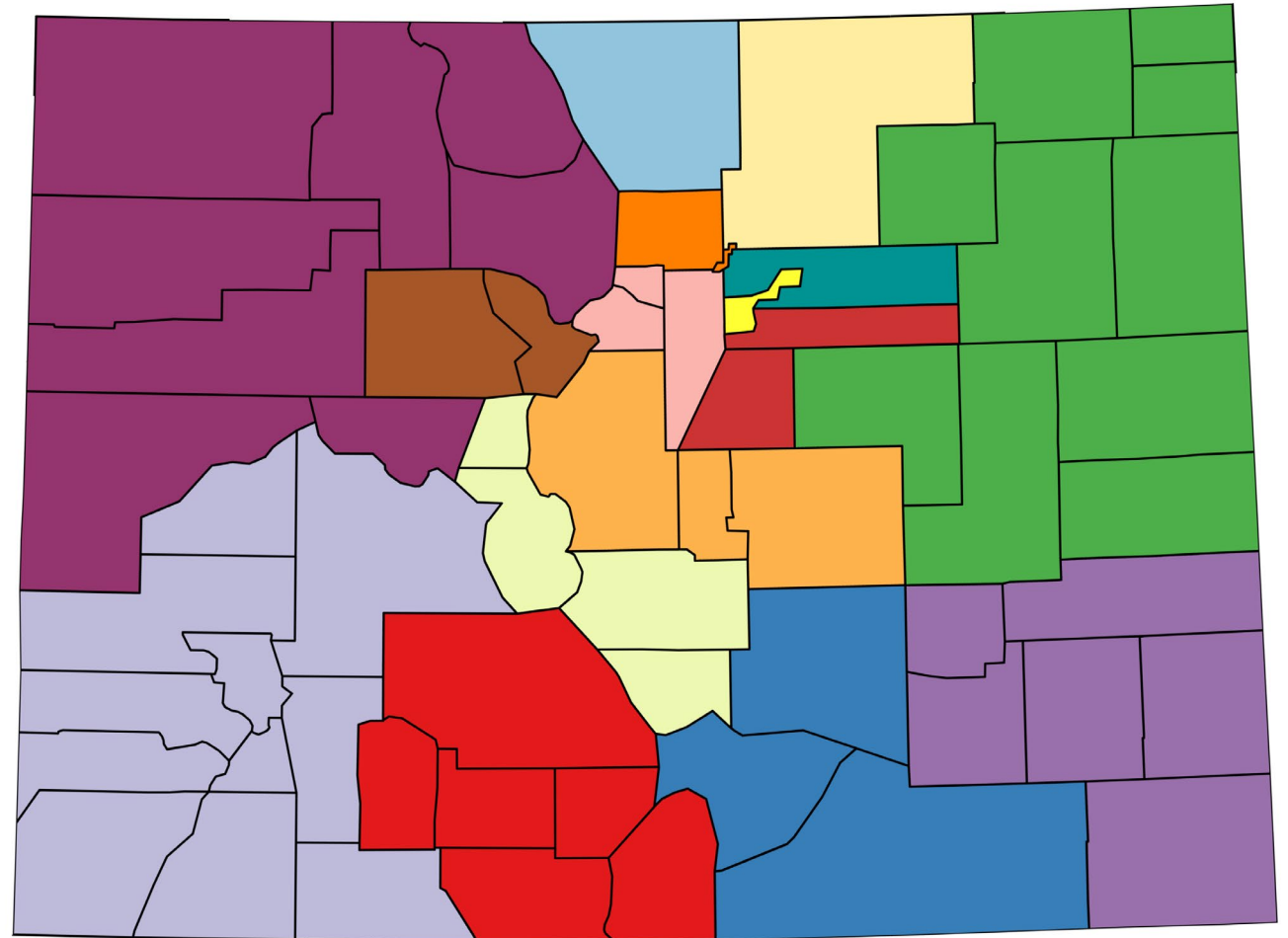
H.4. Behavioral Health Safety-Net Delivery System

- The Behavioral Health Administration (BHA) within the Department of Human Services contracts with 18 community mental health centers (CMHCs) to provide mental health services to persons without health care insurance who have a SMI or SED and have an income below 300% of the federal poverty level.
 - The CMHCs provide services within a specific catchment area
 - In addition to serving the uninsured population, these 18 organizations also accept Medicaid as payment.
- BHA also contracts with three regional managed service organizations, which in turn subcontract with a total of 41 local provider organizations statewide to deliver addiction treatment services to the uninsured population on a sliding fee basis.

H.4. Behavioral Health Safety-Net Delivery System: CMHC Catchment Areas

Community Mental Health Centers

- All Health Network
- Axis Health Systems, Inc
- Centennial Mental Health Center
- Community Reach Center
- Diversus Health
- Vail Health Behavioral Health
- Health Solutions
- Jefferson Center for Mental Health
- Mental Health Center of Denver
- Mental Health Partners
- Mind Springs Health
- North Range Behavioral Health
- San Luis Valley Behavioral Health Group
- Solvista Health
- Southeast Health Group
- SummitStone Health Partners
- Aurora Mental Health Center



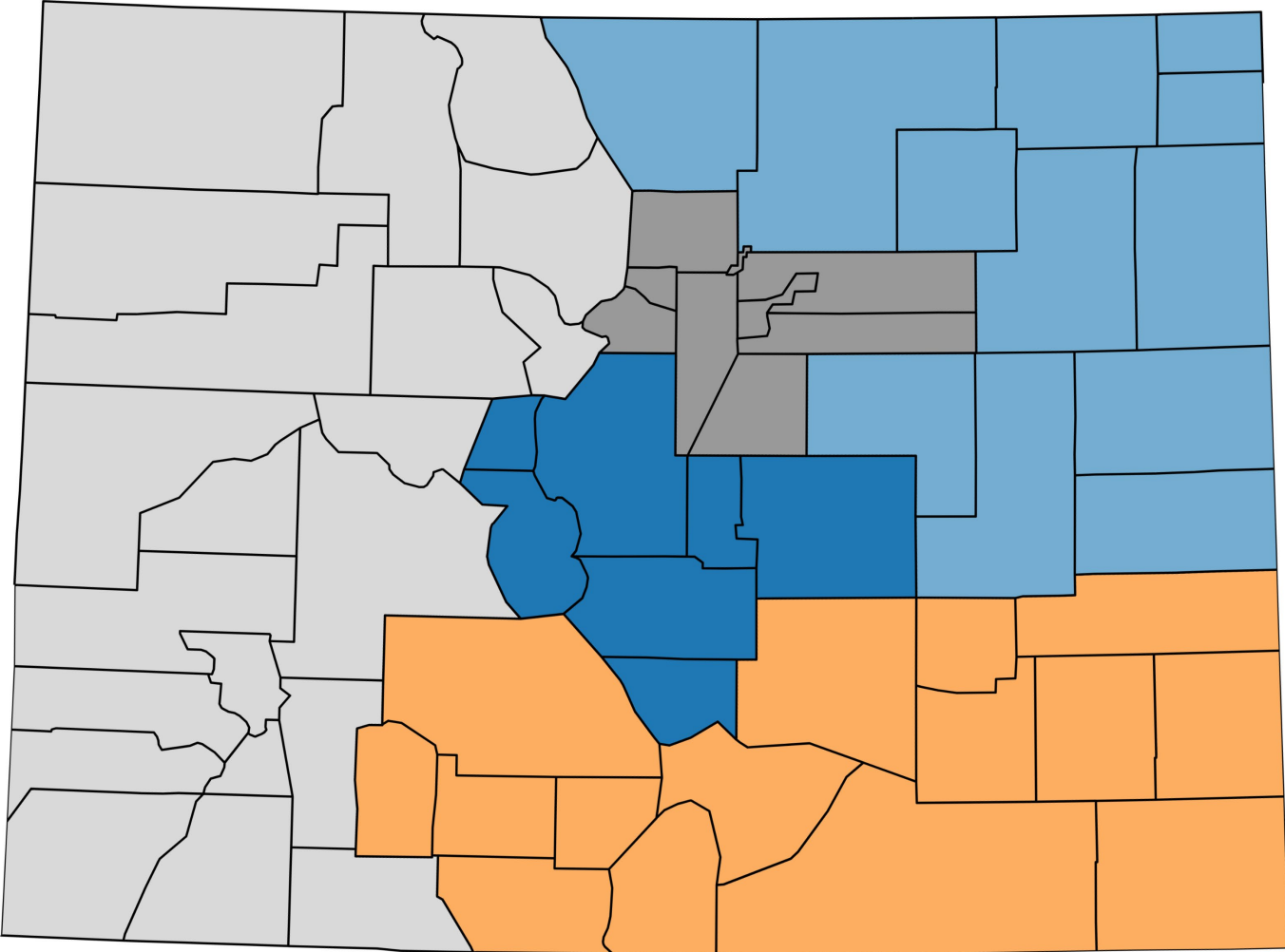
H.4. Behavioral Health Safety-Net Delivery System: CMHC Catchment Areas

Community Mental Health Center	Counties Served
All Health Network	Arapahoe, Douglas
Axis Health Systems, Inc.	Archuleta, Delta, Dolores, Gunnison, Hinsdale, La Plata, Montezuma, Montrose, Ouray, San Juan, San Miguel
Centennial Mental Health Center	Cheyenne, Elbert, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Yuma
Community Reach Center	Adams
Diversus Health	Park, Teller, El Paso
Vail Health Behavioral Health	Eagle, Summit
Health Solutions	Huerfano, Las Animas, Pueblo
Jefferson Center for Mental Health	Clear Creek, Gilpin, Jefferson
Mental Health Center of Denver	Denver
Mental Health Partners	Boulder, Broomfield
Mind Springs Health	Garfield, Grand, Jackson, Mesa, Moffat, Pitkin, Rio Blanco, Routt
North Range Behavioral Health	Weld
San Luis Valley Behavioral Health Group	Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache
Solvista Health	Chaffee, Custer, Fremont, Lake
Southeast Health Group	Baca, Bent, Crowley, Kiowa, Otero, Prowers
SummitStone Health Partners	Larimer
Aurora Mental Health Center	Denver, Arapahoe

H.4. Behavioral Health Safety-Net Delivery System: Managed Service Organization Catchment Areas

Managed Service Organizations

- Diversus Health
- Signal Central
- Rocky Mountain Health Plans
- Signal SE
- Signa NE



H.4. Behavioral Health Safety-Net Delivery System: Managed Service Organization Catchment Areas

Managed Service Organization	Counties Served
Diversus Health	Chaffee, Custer, El Paso, Fremont, Lake, Park, Teller
Signal Central	Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Gilpin, Jefferson
Rocky Mountain Health Plans	Archuleta, Delta, Dolores, Eagle, Garfield, Grand, Gunnison, Hinsdale, Jackson, La Plata, Mesa, Moffat, Montezuma, Montrose, Ouray, Pitkin, Rio Blanco, Routt, San Juan, San Miguel, Summit
Signa NE	Cheyenne, Elbert, Kit Carson, Larimer, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld, Yuma
Signal SE	Alamosa, Baca, Bent, Conejos, Costilla, Crowley, Huerfano, Kiowa, Las Animas, Mineral, Otero, Prowers, Pueblo, Rio Grande, Saguache

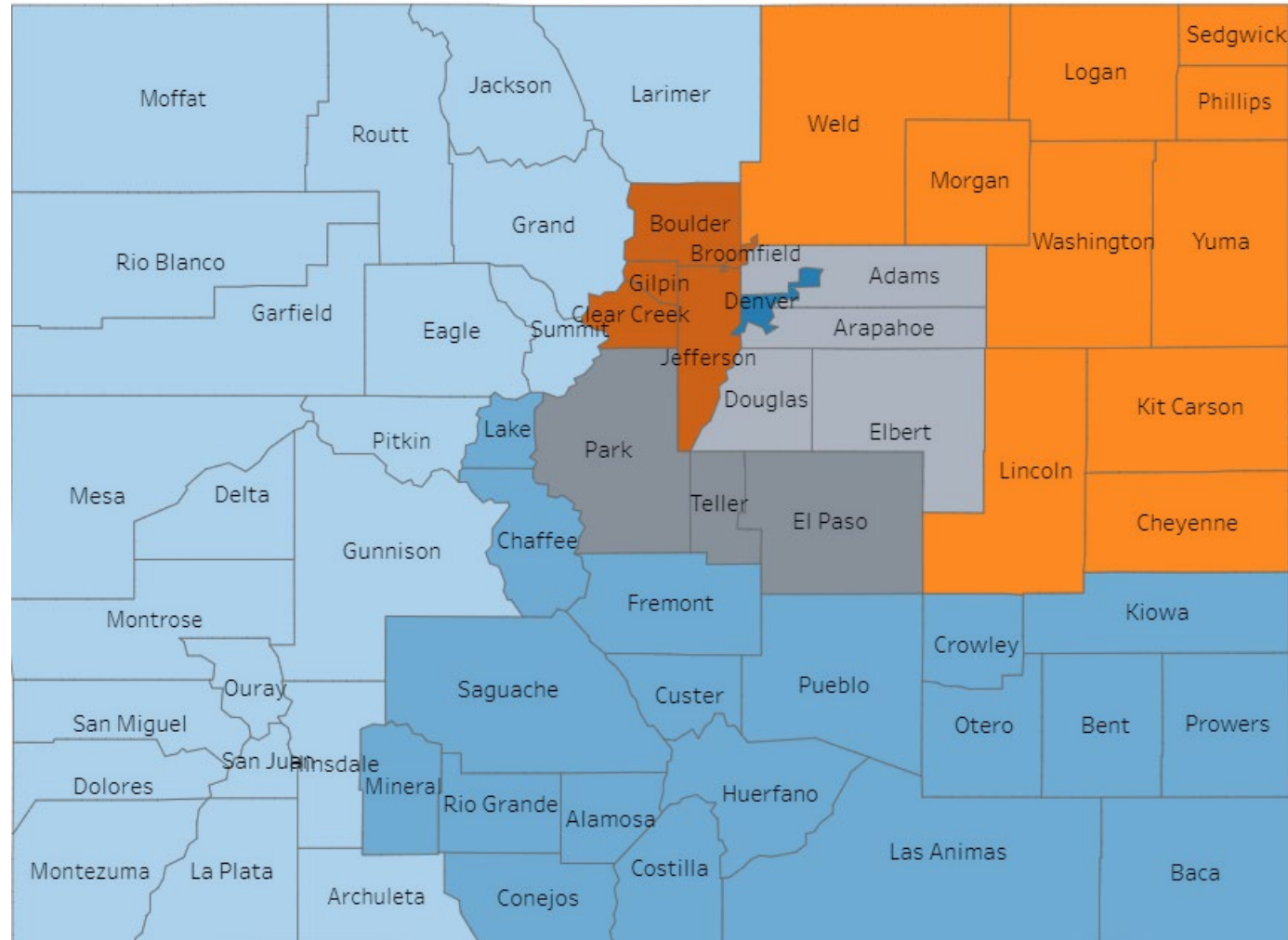
H.4. Behavioral Health Safety-Net Delivery System: Behavioral Health Administrative Services Organizations

- The primary goal of the BHA in establishing the BHASO regional structure is to ensure equity of services in each region and maximize funding for services to priority populations.
- BHASOs are intended to help individuals and families initiate behavioral health care and ensure timely access to services.
- The BHASOs will be implemented regionally by July 2024 and will consolidate substance use disorder treatment services (Managed Service Organization), crisis services (Administrative Service Organization) and will include services offered by Community Mental Health Centers.
- The BHASOs will provide a continuum of behavioral health safety net services and care coordination. They will also be expected to interface and align with the Regional Accountable Entities that manage services and provide care coordination for Medicaid members.

H.4. Behavioral Health Safety-Net Delivery System: Behavioral Health Administrative Services Organizations Regional Structure Map

Behavioral Health Administrative Service Organizations

- Rocky Mountain Health Partners (Region 1)
- Carelon Behavioral Health (Region 2)
- Signal Behavioral Health Network (Region 3)
- Health Colorado (Region 4)
- Signal Behavioral Health Network (Region 5)
- Signal Behavioral Health Network (Region 6)
- Carelon Behavioral Health (Region 7)



H.5. Behavioral Health System: New Initiatives- Children and Youth Behavioral Health Implementation Plan

- The BHA launched its Children and Youth Behavioral Health Implementation Plan in January 2024.
- The plan lays out the pathway to access behavioral health care for children and youth in Colorado.
- The plan will address the following six pillars:
 1. Access
 2. Whole Person Care
 3. Affordability
 4. Workforce and Support
 5. Local and Consumer Guidance
 6. Accountability
- Immediate priorities and action items laid out by the plan include:
 - **BHA Advisory Council** - Formal documentation of Colorado's children, youth and family advisory council structure to inform the creation of a systemwide governance structure.
 - **Addressing Need With High Acuity Behavioral Health** - Addressing creation of a high acuity system of care, crisis resolution teams, standardized assessment, intensive care coordination, support services, residential provider quality and oversight, residential workforce capacity, and residential incentives.
 - **Promotion and Prevention Efforts** – Create structure for prevention funds, create/identify advisory council, create child and youth behavioral health state level prevention framework.
 - **Intensive In-Home and Community Based Behavioral Health** – Identify interventions that should be available to children/families.
 - **Accountable Care Collaborative 3.0** – Establish Children's Behavioral Health Benefit, define continuum of services to be included, develop standards of care, create alternative payment model.
 - **Behavioral Health Administrative Service Organizations** – New organizations to establish, administer, maintain regional behavioral health care provider networks; will be functional by July 2025.

I. Appendices

I.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.2% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicaid	11.6% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicare	22.7% of persons in the Medicare population, not dually eligible for Medicaid	Figueroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2023 from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20of%20a%20358%20975,had%20no%20known%20mental%20illness

I.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	21% of persons in the Medicare population dually eligible for partial Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2024 from https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf
	16% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2022). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2021. Retrieved March 2024 from https://www2.census.gov/programssurveys/demo/tables/health-insurance/time-series/hic/hhi01.xlsx
No Health Care Insurance	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetailedTabsSect6pe2021.htm#tab6.8a

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(1) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC’s mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2024, the FPL is \$14,580 for an individual and \$30,000 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit by unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A “whole person” care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program, but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

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