

MEMORANDUM



JOINT BUDGET COMMITTEE

TO Members of the Joint Budget Committee
FROM Eric Kurtz, JBC Staff (303-866-4952)
DATE April 27, 2022
SUBJECT Requests for Information

During figure setting for the Department of Health Care Policy and Financing, Rep. McCluskie expressed interest in two requests for information. Below is draft language for the JBC to consider including in the letter to the Governor.

N Department of Health Care Policy and Financing, Behavioral Health Community Programs -- The Department is requested to submit a report by November 1, 2022, discussing member utilization of capitated behavioral health services in FY 2020-21 and the Regional Accountable Entity's (RAE's) performance on network provider expansion, timeliness of processing provider claims within contract requirements, and timeliness of credentialing and contracting network providers. The report should include aggregated data on the number of members accessing inpatient and residential mental health treatment, inpatient and residential substance use disorder treatment, outpatient mental health and substance use disorder services, and alternative services allowed under the Department's waiver with the Centers for Medicare and Medicaid Services. For Calendar Year 2021, the Department shall report aggregated provider data by quarter showing changes in the number of providers contracted, monthly claims processing timeframes by each RAE, and timeliness of provider credentialing and contracting by each RAE. Also, please discuss differences in the performance of the RAEs, how the Department monitors these performance measures, and any actions the Department has taken to improve RAE performance and client behavioral health outcomes.

Comment: The Department proposed a December 1 deadline to align with the annual Accountable Care Collaborative report, but November 1 would allow time for the JBC to discuss the findings with the Department at the briefing, which seems more consistent with the goal of the Request for Information. Providers continue to raise concerns about network adequacy, reimbursement rates, inconsistent policies and performance across RAEs, and administrative burdens associated with participating in Medicaid. In addition, the Department has raised concerns about troubling behavioral health trends per capita of increased utilization of high cost crisis intervention services and decreased utilization of low cost preventive services.

N Department of Health Care Policy and Financing, Behavioral Health Community Programs -- The Department is requested to submit a report by February 15, 2023, detailing the progress on all outstanding issues with administration of the Children's Basic Health Plan. The report should include a progress report on completing backlogged issues since the authorized additional FTE and a projection of when each backlogged issue will be completed and program authorities will become current and compliant. Finally, the report should include a recommendation on whether the administrative staffing level for the Children's Basic Health Plan is sufficient to maintain effective operation and performance into the future.

Comment: The JBC added 1.0 FTE for administration of CHP+ but raised concerns about the long list of backlogged administrative issues. The Request for Information seeks an update on

the status of the backlogged administrative issues and further analysis of whether the 1.0 FTE was sufficient to get the program current. The proposed report deadline of February 15, 2002, would allow time for onboarding the new FTE and reportable progress on addressing backlogged administrative issues. It is after the briefing, hearing, and budget amendments, which is not ideal, but it would still allow time for JBC action during figure setting, if the Department identifies issues with the administrative staffing level for CHP+. With an earlier deadline the JBC staff is doubtful that the Department would have much progress to report.