

# Colorado's BHOs

Deliverables, Compliance,  
Outcomes and Cost

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ARNOLD SALAZAR

21 Pages of Contract  
Requirements

97 BHO Contract  
Deliverables

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## Colorado Health Partnerships, LLC Report Deliverables

| Number | Deliverable                                                      | Due Date                                                                                                     | Responsible Department    | Contract Page # |
|--------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------|-----------------|
| 1      | ICD-10 codes training and preparation completed.                 | October 1, 2015                                                                                              | IT                        | 11              |
| 2      | Evidence Based Practices Spreadsheet                             | August 30 each contract year                                                                                 | Quality                   | 12, 13          |
| 3      | Post-Correctional System Member Service Results                  | Semi-annually, by August 31 and February 28 each year                                                        | Justice Connect           | 17              |
| 4      | Correctional System Strategies and Techniques                    | Within 60 days after the Operational Start Date or later if agreed upon by the Department and the Contractor | Justice Connect           | 18              |
| 5      | Directory and Regional Map of Community Partners                 | Annually on August 30                                                                                        | Data Management           | 20              |
| 6      | Program Improvement Advisory Committee Minutes                   | Within 7-10 days of each meeting                                                                             | Quality                   | 21, Amend #4, 2 |
| 7      | Call Center Policies and Procedures                              | Within 60 days after the Operational Start Date                                                              | Clinical                  | 23              |
| 8      | Call-in Services Effectiveness Evaluation Report                 | Semi-annually, by August 31 and February 28 each year                                                        | Clinical                  | 23              |
| 9      | After Hour Authorization Process                                 | Within 15 days after the Operational Start Date                                                              | Clinical                  | 25              |
| 10     | Network Plan                                                     | Within 30 days of the Operational Start Date                                                                 | Provider Relations        | 27              |
| 11     | Patient Load Monitoring Plan                                     | Within 15 days of the Operational Start Date                                                                 | Provider Relations        | 28              |
| 12     | Human/Social Services Point of Contact Identification            | Within 30 days after the Effective Date                                                                      | Operations                | 30              |
| 13     | Human/Social Services Point of Contact Identification Update     | Within 5 business days of the change                                                                         | Operations                | 30              |
| 14     | Cultural Competency Plan                                         | Within 30 days after the Operational Start Date                                                              | Member and Family Affairs | 31              |
| 15     | Initial Organizational Self-Assessment                           | Within 30 days after the Operational Start Date                                                              | Member and Family Affairs | 31              |
| 16     | Bi-annual Annual Organizational Self-Assessment                  | Annually by December 31 and June 30                                                                          | Member and Family Affairs | 31, Amend #4, 3 |
| 17     | Culturally Competent Provider Recruitment and Retention Strategy | Within 30 days after the Operational Start Date                                                              | Member and Family Affairs | 32              |
| 18     | Interpreter Policies and Procedures                              | Within 60 days after the Operational Start Date                                                              | Member and Family Affairs | 33              |
| 19     | Ombudsman Policy                                                 | Within 30 days after the Operational Start Date                                                              | Member and Family Affairs | 38              |
| 20     | Integration Report                                               | Quarterly by September 30, December 31, March 31, and June 30                                                | Integration               | 43              |
| 21     | Quality of Care Description Letter                               | Within 10 business days of the Department's request                                                          | Quality                   | 45              |
| 22     | Quality of Care Concerns Process                                 | Within 30 days following the Operational Start Date                                                          | Quality                   | 45              |
| 23     | Health Information Data                                          | Upon request of the Department, the Department's designee, or CMS                                            | Data Management           | 46              |
| 24     | Annual Report                                                    | Annually by September 30                                                                                     | Quality                   | 46              |
| 25     | Quality Improvement Plan                                         | Annually by September 30                                                                                     | Quality                   | 46              |
| 26     | Compliance Program Plan                                          | Within 30 days of the Operational Start Date                                                                 | Compliance                | 48              |

|    |                                                                                   |                                                                                                                                                                                  |                           |    |
|----|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----|
| 27 | Member Services Verification Plan                                                 | Within 60 days following the Operational Start Date                                                                                                                              | Member and Family Affairs | 49 |
| 28 | Notification of Adverse Action                                                    | Within 3 business days of the Contractor's Action                                                                                                                                | Compliance/Clinical       | 49 |
| 29 | Notification of Adverse Action Procedures                                         | Within 15 days after the Operational Start Date                                                                                                                                  | Compliance/Clinical       | 49 |
| 30 | Encounter Data Report                                                             | On the last day of the month following the month in which the services took place                                                                                                | IT                        | 49 |
| 31 | Data Certifications                                                               | Within 45 days following the month in which the services took place                                                                                                              | Finance                   | 49 |
| 32 | Provider Credentialing Policies and Procedures                                    | Within 60 days following the Operational Start Date                                                                                                                              | Provider Relations        | 51 |
| 33 | Corrective Action Plan                                                            | Within 30 calendar days of receiving the final report                                                                                                                            | Operations                | 54 |
| 34 | Notification of Actions Involving Licenses, Certifications, Approvals and Permits | Within 2 business days of Contractor's notification                                                                                                                              | Compliance/Operations     | 55 |
| 35 | Business Transaction Notification                                                 | Within 5 business days of the transaction                                                                                                                                        | Compliance/Operations     | 56 |
| 36 | Conflict of Interest Disclosure Statement                                         | Within 10 business days of learning of an existing appearance of a conflict of interest situation                                                                                | Compliance/Operations     | 57 |
| 37 | Network Change and Deficiency Notification                                        | Within 5 business days of Contractor becoming aware of the change or deficiency                                                                                                  | Compliance/Operations     | 57 |
| 38 | Updated Ownership Information                                                     | Within 35 calendar days of a written request of the Department                                                                                                                   | Operations                | 58 |
| 39 | Notices and Disclosures Policies and Procedures                                   | Within 10 business days of the Department's request                                                                                                                              | Operations                | 58 |
| 40 | Practice Guidelines                                                               | Within 10 business days of the Department's request                                                                                                                              | Clinical                  | 59 |
| 41 | Security and HIPAA Violation Breach Notification                                  | Within 5 business days of becoming aware of the breach                                                                                                                           | Compliance/Operations     | 59 |
| 42 | Solvency Notification                                                             | Within 2 business days of becoming aware of a possible solvency issue                                                                                                            | Finance/Operations        | 59 |
| 43 | Subcontracts and Provider Contracts                                               | Within 5 business days of the Department's request                                                                                                                               | Provider Relations        | 59 |
| 44 | Notice of Subcontractor Termination                                               | At least 60 calendar days prior to termination for all general terminations and within 2 business days of the decision to terminate for quality or performance issue termination | Provider Relations        | 60 |

|    |                                                  |                                                                                                    |                           |    |
|----|--------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------|----|
| 45 | Warranty and Certification Notification          | Within 5 business days of becoming aware of its inability to offer the warranty and certifications | Operations                | 60 |
| 46 | Access to Services Report                        | 30 days after the end of the reporting quarter                                                     | Quality                   | 60 |
| 47 | 1915(b)(3) Waiver (Alternative) Services Report  | 45 days after the end of the reporting quarter                                                     | Finance                   | 60 |
| 48 | Non-State Plan Services Expenditures Report      | 45 days after the end of the reporting quarter                                                     | Finance                   | 60 |
| 49 | Annual Quality Report                            | Annually by the last business day of September for the preceding fiscal year's quality activities  | Quality                   | 61 |
| 50 | Quality Improvement Plan                         | Annually, no later than the last business day of September of each contract year                   | Quality                   | 61 |
| 51 | Colorado Client Assessment Record (CCAR) Data    | Quarterly, by September 30, December 31, March 31, and June 30                                     | IT                        | 61 |
| 52 | Child Mental Health Treatment Act (CMHTA) Report | Annually on September 1st                                                                          | Clinical                  | 62 |
| 53 | Member Grievance and Appeals Report              | 45 days after the end of the reporting quarter                                                     | Member and Family Affairs | 62 |
| 54 | Quarterly Network Adequacy Report                | 30 days after the end of the reporting quarter                                                     | Provider Relations        | 62 |
| 55 | Need Assessment and Network Adequacy Report      | 30 calendar days prior to the end of the contract year                                             | Provider Relations        | 62 |
| 56 | Adequacy Action Plan                             | 30 calendar days prior to the end of the contract year                                             | Provider Relations        | 62 |
| 57 | Network Composition Report                       | Within 30 days of new enrollment or upon Department request                                        | Provider Relations        | 63 |
| 58 | Third Party Identification Report                | Within 10 business days following the reporting month                                              | Finance                   | 63 |
| 59 | Compliance Program Plan                          | Annually, no later than June 30th                                                                  | Compliance                | 63 |
| 60 | False Claims Policies                            | Within 45 days after the Effective Date                                                            | Compliance/Claims         | 64 |
| 61 | Assurance of Compliance                          | Annually, within 30 days of written notification by the Department's Program Integrity Section     | Compliance                | 64 |
| 62 | Graduate Medical Education Report                | No later than 90 calendar days following the end of the reporting quarter                          | Finance                   | 64 |
| 63 | Performance Measures Report                      | Annually as requested by the Department                                                            | Quality                   | 64 |
| 64 | Third Party Recovery Report                      | Annually, no later than March 31 for the preceding fiscal year                                     | Finance                   | 64 |
| 65 | Annual Training Report                           | Annually on January 30th                                                                           | Provider Relations        | 65 |

|    |                                                                                                                         |                                                                                                                                             |                                |    |
|----|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----|
| 66 | Health Insurance Providers Fee Report                                                                                   | Annually, no later than October 1 of each year in which the Contractor filed a Form 8963                                                    | Finance/Tax                    | 65 |
| 67 | Ad Hoc Compliance Reports                                                                                               | Within 15 days of the Department's request                                                                                                  | Compliance/Legal               | 66 |
| 68 | Insurance Report                                                                                                        | Within 5 business days of request by the Department                                                                                         | Finance/Legal                  | 67 |
| 69 | Actuarial Solvency Report                                                                                               | Annually, no later than December 31st                                                                                                       | Finance/Underwriting/Actuaries | 67 |
| 70 | Financial Report                                                                                                        | Annually, no later than April 1st                                                                                                           | Finance                        | 67 |
| 71 | Personnel and Committee Report                                                                                          | Within 5 days of request by the Department                                                                                                  | Human Resources                | 67 |
| 72 | Security Events Report                                                                                                  | 45 days after the end of the reporting quarter                                                                                              | IT                             | 68 |
| 73 | Significant Event/Circumstance Report                                                                                   | Within 5 business days of the event                                                                                                         | Compliance/Legal/Operations    | 68 |
| 74 | Names, Resumes, and References for the person(s) replacing anyone in a Key Personnel position during a voluntary change | At least 5 business days prior to the change in Key Personnel                                                                               | Human Resources                | 69 |
| 75 | Name of each Subcontractor and items on which each Subcontractor will work                                              | The later of 30 days prior to the Subcontractor beginning work or the Effective Date                                                        | Quality/Legal                  | 70 |
| 76 | Communication Plan                                                                                                      | Within 60 business days after the Effective Date or longer if approved by the Department                                                    | Member and Family Affairs      | 73 |
| 77 | Annual Communication Plan Update                                                                                        | Annually, by June 30th of each year                                                                                                         | Member and Family Affairs      | 73 |
| 78 | Interim Communication Plan Update                                                                                       | Within 10 business days following the receipt of the request from the Department, unless the Department allows for a longer time in writing | Member and Family Affairs      | 74 |
| 79 | Business Continuity Plan                                                                                                | Within 10 business days after the Effective Date                                                                                            | Operations                     | 74 |
| 80 | Updated Business Continuity Plan                                                                                        | Semi-annually, by June 30 and December 31 of each year                                                                                      | Operations                     | 74 |
| 81 | Compliance Concerns Response                                                                                            | Within 30 calendar days of the Department's request                                                                                         | Compliance/Operations          | 76 |
| 82 | Corrective Action Plan                                                                                                  | Within 30 days of receipt of a written request from the Department                                                                          | Compliance/Operations          | 77 |
| 83 | Revised Corrective Action Plan                                                                                          | Within 15 days of the Department's rejection                                                                                                | Compliance/Operations          | 77 |
| 84 | Policies and Procedures Manual                                                                                          | The later of 5 days prior to the Operational Start Date, or the Effective Date unless more time is allowed and approved by the Department   | Operations                     | 78 |

|    |                                                                                  |                                                                                                                                                                                                 |                    |              |
|----|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------|
| 85 | Client Notifications                                                             | 30 days prior to termination of the Contract                                                                                                                                                    | Customer Service   | 79           |
| 86 | Closeout Plan                                                                    | 30 days following the Effective Date                                                                                                                                                            | All                | 80           |
| 87 | Closeout Plan Update                                                             | Annually, by June 30th of each year                                                                                                                                                             | All                | 80           |
| 88 | Financial Report on School-Based Prevention/Early Intervention                   | June 30th                                                                                                                                                                                       | Finance            | Amend #1, 2  |
| 89 | Codes Report                                                                     | On the last day of the month following the month in which the services took place                                                                                                               | Finance            | Amend #1, 2  |
| 90 | Semi-Annual Written Report                                                       | January 30th and June 30th                                                                                                                                                                      | Finance            | Amend #1, 2  |
| 91 | Financial Report on School-Based Prevention/Early Intervention                   | June 30th                                                                                                                                                                                       | Finance            | Amend #1, 2  |
| 92 | Notification of Discovery of Excluded Employee or Contractor                     | Within 5 business days of the date of discovery                                                                                                                                                 | Human Resources    | Amend #4, 4  |
| 93 | Business Transaction Disclosures                                                 | Within 35 calendar days of the date of a request by the Department or by the Secretary of the Department of Health and Human Services                                                           | Operations         | Amend #4, 5  |
| 94 | Ownership or Control Disclosures                                                 | At the time of executing the Contract with the Department, at Contract renewal or extension, and within 35 calendar days of either a change of ownership or a written request by the Department | Operations         | Amend #4, 6  |
| 95 | Disclosure of Information on Persons Convicted of Crimes                         | Upon execution of the Contract, upon renewal or extension of the Contract, and within 35 calendar days of the date of the written request by the Department                                     | Human Resources    | Amend #4, 7  |
| 96 | Notification of Discovery of Excluded Network Provider                           | Within 5 business days of discovering the exclusion of the Provider                                                                                                                             | Provider Relations | Amend #4, 7  |
| 97 | Written Assurances, policies and procedures and employee handbook, if one exists | Annually, within 30 days of the date of written request by the Department's Program Integrity Section                                                                                           | Human Resources    | Amend #4, 13 |

# BHOs Submit 38 Reports to HCPF to Assure BHO Contract Compliance

| Number | Report                                              | Due              | Responsible Department         | Contract Page # |
|--------|-----------------------------------------------------|------------------|--------------------------------|-----------------|
| 1      | Evidence Based Practices Spreadsheet                | Annually         | Quality                        | 12, 13          |
| 2      | Post-Correctional System Member Service Results     | Semi-Annually    | Justice Connect                | 17              |
| 3      | Directory and Regional Map of Community Partners    | Annually         | Data Management                | 20              |
| 4      | Call-in Services Effectiveness Evaluation Report    | Semi-Annually    | Clinical                       | 23              |
| 5      | Annual Organizational Self-Assessment               | Annually         | Member and Family Affairs      | 31, Amend #4, 3 |
| 6      | Integration Report                                  | Quarterly        | Integration                    | 43              |
| 7      | Annual Report                                       | Annually         | Quality                        | 46              |
| 8      | Quality Improvement Plan                            | Annually         | Quality                        | 46              |
| 9      | Encounter Data Report                               | Monthly          | IT                             | 49              |
| 10     | Data Certifications                                 | Monthly          | Finance                        | 49              |
| 11     | Corrective Action Plan                              | Annually, if any | Operations                     | 54              |
| 12     | Access to Services Report                           | Quarterly        | Quality                        | 60              |
| 13     | 1915(b)(3) Waiver (Alternative) Services Report     | Quarterly        | Finance                        | 60              |
| 14     | Non-State Plan Services Expenditures Report         | Quarterly        | Finance                        | 60              |
| 15     | Annual Quality Report                               | Annually         | Quality                        | 61              |
| 16     | Quality Improvement Plan                            | Annually         | Quality                        | 61              |
| 17     | Colorado Client Assessment Record (CCAR) Data       | Quarterly        | IT                             | 61              |
| 18     | Child Mental Health Treatment Act (CMHTA) Report    | Annually         | Clinical                       | 62              |
| 19     | Member Grievance and Appeals Report                 | Quarterly        | Member and Family Affairs      | 62              |
| 20     | Quarterly Network Adequacy Report                   | Quarterly        | Provider Relations             | 62              |
| 21     | Need Assessment and Network Adequacy Report         | Annually         | Provider Relations             | 62              |
| 22     | Adequacy Action Plan                                | Annually         | Provider Relations             | 62              |
| 23     | Third Party Identification Report                   | Monthly          | Finance                        | 63              |
| 24     | Compliance Program Plan                             | Annually         | Compliance                     | 63              |
| 25     | Graduate Medical Education Report                   | Quarterly        | Finance                        | 64              |
| 26     | Performance Measures Report                         | Annually         | Quality                        | 64              |
| 27     | Third Party Recovery Report                         | Annually         | Finance                        | 64              |
| 28     | Annual Training Report                              | Annually         | Provider Relations             | 65              |
| 29     | Health Insurance Providers Fee Report               | Annually         | Finance/Tax                    | 65              |
| 30     | Actuarial Solvency Report                           | Annually         | Finance/Underwriting/Actuaries | 67              |
| 31     | Financial Report                                    | Annually         | Finance                        | 67              |
| 32     | Security Events Report                              | Quarterly        | IT                             | 68              |
| 33     | Annual Communication Plan Update                    | Annually         | Member and Family Affairs      | 73              |
| 34     | Updated Business Continuity Plan                    | Semi-Annually    | Operations                     | 74              |
| 35     | Closeout Plan Update                                | Annually         | All                            | 80              |
| 36     | Codes Report                                        | Monthly          | Finance                        | Amend #1, 2     |
| 37     | Semi-Annual Written Report                          | Semi-Annually    | Finance                        | Amend #1, 2     |
| 38     | Written Assurances, policies and procedures and emp | Annually         | Human Resources                | Amend #4, 13    |

An independent entity External Quality Review Organization (EQRO) evaluates the quality of services provided by BHOs.

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- EQRO aggregates data and analyzes it to provide information about the quality, timeliness and accessibility of care provided to Medicaid clients by Managed Care Organizations (MCOs) —including BHOs — their contractors — including mental health centers. Federal regulations at [42 CFR Part 438, subpart E](#)
- CHP is in compliance with all contract deliverables and reporting requirements.

# Colorado Health Partnership's EQRO Scores

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|          |      |
|----------|------|
| FY 08-09 | 90%  |
| FY 09-10 | 100% |
| FY 10-11 | 98%  |
| FY 11-12 | 95%  |
| FY 12-13 | 99%  |
| FY 13-14 | 100% |
| FY 14-15 | 91%  |

COLORADO HEALTH PARTNERSHIPS



**COLORADO**  
HEALTH PARTNERSHIPS

Colorado Health Partnerships, LLC  
AspenPointe • IyCare • West Slope Care • ValueOptions

**Mind Spring Health Systems**

**Beacon Health Options (ValueOptions)**

Tim Murphy  
<https://www.fda.gov/comp/submitting/2017/07/17>

Brian Wheelan  
<https://www.fda.gov/comp/submitting/2017/07/17>

**AspenPointe Health Systems**

**Sol Vista Health**

**San Luis Valley Mental Health**

**Spanish Peaks Mental Health**

**Midwestern CO Mental Health**

**Axis Health Systems**

**Southeast Health System**

# 11 Access Standards

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**ROUTINE ACCESS:** A routine appointment must be available **within seven (7) business days** of a member's request. Under the Colorado Medicaid provider contract, providers are required to offer a routine appointment within seven business days.

**ROUTINE OUTPATIENT APPOINTMENTS FOLLOWING AN INPATIENT OR RESIDENTIAL DISCHARGE:** A routine appointment must be available **within seven (7) business days** after discharge from an inpatient psychiatric hospitalization or residential facility.

**URGENT ACCESS:** Urgent care (appointments) shall be available **within twenty-four (24) hours** from the initial identification of need.

**EMERGENCY:** Emergency services shall be available by phone, including by TTY accessibility, **within fifteen (15) minutes** of the initial contact, in person within one **(1) hour of contact in urban and suburban areas, in person within two (2) hours of contact in rural and frontier areas**

# Access Standards (cont)

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**Providers who serve only Medicaid members shall offer hours of operation** that are no less than the hours of operation offered to commercial enrollees. Minimum hours of Provider operation shall include Covered Service coverage from 8:00 a.m. to 5:00 p.m. Monday through Friday and emergency coverage **24 hours a day, seven days a week.**

Providers are encouraged to offer **flexible appointment times** or after regular business hours appointments to members whenever possible.

**Extended hours of operation and Covered Service coverage** must be provided at least two days per week at clinic treatment sites which should include a combination of additional morning, evening or weekend hours, to accommodate Members who are unable to attend appointments during standard business hours.

**Evening and/or weekend support services** for members and families should provide access to clinical staff, not just an answering service or referral service staff.

# Access Standards (cont)

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**Ongoing mental health and substance use disorder services** shall be scheduled and continually provided for **within two (2) weeks** from an initial assessment or intake appointment.

**Routine outpatient appointments following intake/initial assessment** shall occur at least **three (3) times within forty-five (45) days**.

**Waiting Room Time for Scheduled Member Appointments:** A Medicaid Member who arrives on time for their scheduled appointment shall wait no longer than fifteen minutes to begin their scheduled appointment. If the appointment does not begin within **15 minutes**, the Member shall be offered the option of rescheduling for the next available appointment. Members shall be notified of the option to reschedule through a posted notice in the waiting area or by reviewing the wait time policy with the Member at the initiation of treatment.

## Access To Care Narrative Report

Reporting Month:

July

Reporting Year:

2015

BHO:

Colorado Health Partnerships

FY:

2014-15

Qtr:

Qtr. 4

### Please report your organization's performance over the last quarter of service:

In the 4th quarter of FY15, Colorado Health Partnerships (CHP) was successful in meeting the Access to Care standards for **Urgent Services (100%)**. While we did come close to meeting the compliance standard for Routine **Services (97.9%)**, **Emergency Phone Calls (99.6%)**, **Emergency Face-2-Face (Urban/Suburban) (99.0%)** and **Emergency Face-2-Face (Rural/Frontier) (99.6%)**; we were slightly below the benchmark of 100%. Last quarter our numbers were down due to one center changing the forms to capture this information. This center is now showing improvement in the over all numbers. Outliers continue to be largely due to multiple requests for evaluations coming in at the same time at different sites. The centers are working at capacity issues. The call volume and proximity of the member needing the evaluation continue to have an impact reaching compliance standards. In this reporting quarter, a total of 4542 Emergency crisis calls were responded to; CHP mental health centers dealt with 4423 of the calls; the remaining 119 calls were responded to by the ValueOptions Call Center. One Center (Axis), revised their numbers for Q1, Q2 and Q3 after their internal audit. This effected routine services, urgent services and emergency phone calls. The Service Center has also removed barriers for the IPN providers by lessening the requirements for initial authorizations. This has reduced our numbers for routine services. We are working at new methods to more accurately report these numbers. If you have any further questions regarding this please contact Erica Arnold-Miller, Vice President Quality Management ValueOptions/CHP at 719-538-1450.

**Was there a negative variance of 5% or more from the standard of 100% compliance?**

|                                               | N/Y | Variance |
|-----------------------------------------------|-----|----------|
| <b>Initial Requests for Routine Services</b>  | No  | 2.1%     |
| <b>Urgent Services</b>                        | No  | 0.0%     |
| <b>Emergency Phone Calls</b>                  | No  | 0.4%     |
| <b>Emergency Face-2-Face (Urban/Suburban)</b> | No  | 1.0%     |
| <b>Emergency Face-2-Face (Rural/Frontier)</b> | No  | 0.4%     |

**If so, please include an analysis of the factors involved in the variance and provide a corrective action plan.**

None

**Please address the progress (or lack thereof) for the previous quarter CAPs.**

None

**Please identify outliers and/or exceptions and what steps are being taken to resolve client specific issues.**

None

|                                        |                                                         | FY2014-2015 |        |       |        | FY2015-2016 |      |      |      |               |                 |
|----------------------------------------|---------------------------------------------------------|-------------|--------|-------|--------|-------------|------|------|------|---------------|-----------------|
| Initial Requests for Routine Services  |                                                         | Q1          | Q2     | Q3    | Q4     | Q1          | Q2   | Q3   | Q4   | Running Total | Running Average |
|                                        | Within 7 business days                                  | 5415        | 5387   | 5784  | 5559   |             |      |      |      | 22145         | 5536.3          |
|                                        | Between 8 and 14 business days                          | 10          | 10     | 132   | 114    |             |      |      |      | 266           | 66.5            |
|                                        | In 15 or more business days                             | 1           | 10     | 17    | 3      |             |      |      |      | 31            | 7.8             |
|                                        | Total % of compliance                                   | 99.8%       | 99.6%  | 97.5% | 97.9%  | 0.0%        | 0.0% | 0.0% | 0.0% | 98.7%         | 98.7%           |
|                                        | Total % of noncompliance                                | 0.2%        | 0.4%   | 2.5%  | 2.1%   | 0.0%        | 0.0% | 0.0% | 0.0% | 1.3%          | 1.3%            |
| Urgent Services                        |                                                         | Q1          | Q2     | Q3    | Q4     | Q1          | Q2   | Q3   | Q4   | Running Total | Running Average |
|                                        | Within 24 hours                                         | 182         | 78     | 93    | 126    |             |      |      |      | 479           | 119.8           |
|                                        | Greater than 24 hours                                   | 0           | 0      | 3     | 0      |             |      |      |      | 3             | 0.8             |
|                                        | Total % of compliance                                   | 100.0%      | 100.0% | 96.9% | 100.0% | 0.0%        | 0.0% | 0.0% | 0.0% | 99.4%         | 0.6%            |
|                                        | Total % of noncompliance                                | 0.0%        | 0.0%   | 3.1%  | 0.0%   | 0.0%        | 0.0% | 0.0% | 0.0% | 0.6%          | 0.6%            |
| Emergency Phone Calls                  |                                                         | Q1          | Q2     | Q3    | Q4     | Q1          | Q2   | Q3   | Q4   | Running Total | Running Average |
|                                        | Calls made within 15 minutes                            | 3817        | 3601   | 3913  | 4203   |             |      |      |      | 15534         | 3883.5          |
|                                        | Calls made within 16-30 minutes                         | 1           | 0      | 48    | 7      |             |      |      |      | 56            | 14.0            |
|                                        | Calls made after 30 minutes                             | 1           | 0      | 101   | 9      |             |      |      |      | 111           | 27.8            |
|                                        | Total % of compliance                                   | 99.9%       | 100.0% | 96.3% | 99.6%  | 0.0%        | 0.0% | 0.0% | 0.0% | 98.9%         | 98.9%           |
|                                        | Total % of noncompliance                                | 0.1%        | 0.0%   | 3.7%  | 0.4%   | 0.0%        | 0.0% | 0.0% | 0.0% | 1.1%          | 1.1%            |
| Emergency Face-2-Face (Urban/Suburban) |                                                         | Q1          | Q2     | Q3    | Q4     | Q1          | Q2   | Q3   | Q4   | Running Total | Running Average |
|                                        | Less than or equal to 1 hour                            | 1662        | 1598   | 1790  | 1960   |             |      |      |      | 7010          | 1752.5          |
|                                        | Greater than 1 hour, but less than or equal to 2 hours  | 17          | 4      | 22    | 14     |             |      |      |      | 57            | 14.3            |
|                                        | Greater than 2 hours                                    | 0           | 1      | 16    | 5      |             |      |      |      | 22            | 5.5             |
|                                        | Total % of compliance                                   | 99.0%       | 99.7%  | 97.9% | 99.0%  | 0.0%        | 0.0% | 0.0% | 0.0% | 98.9%         | 98.9%           |
|                                        | Total % of noncompliance                                | 1.0%        | 0.3%   | 2.1%  | 1.0%   | 0.0%        | 0.0% | 0.0% | 0.0% | 1.1%          | 1.1%            |
| Emergency Face-2-Face (Rural/Frontier) |                                                         | Q1          | Q2     | Q3    | Q4     | Q1          | Q2   | Q3   | Q4   | Running Total | Running Average |
|                                        | Less than or equal to 2 hours                           | 476         | 464    | 564   | 674    |             |      |      |      | 2178          | 544.5           |
|                                        | Greater than 2 hours, but less than or equal to 4 hours | 0           | 2      | 4     | 3      |             |      |      |      | 9             | 2.3             |
|                                        | Greater than 4 hours                                    | 0           | 1      | 0     | 0      |             |      |      |      | 1             | 0.3             |
|                                        | Total % of compliance                                   | 100.0%      | 99.4%  | 99.3% | 99.6%  | 0.0%        | 0.0% | 0.0% | 0.0% | 99.5%         | 99.5%           |
|                                        | Total % of noncompliance                                | 0.0%        | 0.6%   | 0.7%  | 0.4%   | 0.0%        | 0.0% | 0.0% | 0.0% | 0.5%          | 0.5%            |

|                  |      |     |         |                 |      |
|------------------|------|-----|---------|-----------------|------|
| Reporting Month: | July | FY: | 2014-15 | Reporting Year: | 2015 |
|------------------|------|-----|---------|-----------------|------|

|                                |                              |          |        |
|--------------------------------|------------------------------|----------|--------|
| Behavioral Health Organization | Colorado Health Partnerships | Quarter: | Qtr. 4 |
|--------------------------------|------------------------------|----------|--------|

|                                       |                                | FY2013-2014 |        |       |       | FY 2014-2015 |       |       |       | Running Total | Running Average |
|---------------------------------------|--------------------------------|-------------|--------|-------|-------|--------------|-------|-------|-------|---------------|-----------------|
| Initial Requests for Routine Services |                                | Q1          | Q2     | Q3    | Q4    | Q1           | Q2    | Q3    | Q4    |               |                 |
|                                       | Within 7 business days         | 3133        | 2829   | 4241  | 4673  | 5415         | 5387  | 5784  | 5559  | 37021         | 4627.6          |
|                                       | Between 8 and 14 business days | 3           | 0      | 6     | 4     | 10           | 10    | 132   | 114   | 279           | 34.9            |
|                                       | In 15 or more business days    | 2           | 0      | 6     | 3     | 1            | 10    | 17    | 3     | 42            | 5.3             |
|                                       | Total % of compliance          | 99.8%       | 100.0% | 99.7% | 99.9% | 99.8%        | 99.6% | 97.5% | 97.9% | 99.1%         | 99.1%           |
|                                       | Total % of noncompliance       | 0.2%        | 0.0%   | 0.3%  | 0.1%  | 0.2%         | 0.4%  | 2.5%  | 2.1%  | 0.9%          | 0.9%            |

| Urgent Services |                          | Q1     | Q2     | Q3     | Q4     | Q1     | Q2     | Q3    | Q4     | Running Total | Running Average |
|-----------------|--------------------------|--------|--------|--------|--------|--------|--------|-------|--------|---------------|-----------------|
|                 | Within 24 hours          | 138    | 93     | 164    | 154    | 182    | 78     | 93    | 126    | 1028          | 128.5           |
|                 | Greater than 24 hours    | 0      | 0      | 0      | 0      | 0      | 0      | 3     | 0      | 3             | 0.4             |
|                 | Total % of compliance    | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 96.9% | 100.0% | 99.7%         | 0.3%            |
|                 | Total % of noncompliance | 0.0%   | 0.0%   | 0.0%   | 0.0%   | 0.0%   | 0.0%   | 3.1%  | 0.0%   | 0.3%          | 0.3%            |

| Emergency Phone Calls |                                 | Q1     | Q2     | Q3     | Q4     | Q1    | Q2     | Q3    | Q4    | Running Total | Running Average |
|-----------------------|---------------------------------|--------|--------|--------|--------|-------|--------|-------|-------|---------------|-----------------|
|                       | Calls made within 15 minutes    | 2673   | 2413   | 3098   | 3598   | 3817  | 3601   | 3913  | 4203  | 27316         | 3414.5          |
|                       | Calls made within 16-30 minutes | 0      | 0      | 0      | 0      | 1     | 0      | 48    | 7     | 56            | 7.0             |
|                       | Calls made after 30 minutes     | 0      | 0      | 1      | 0      | 1     | 0      | 101   | 9     | 112           | 14.0            |
|                       | Total % of compliance           | 100.0% | 100.0% | 100.0% | 100.0% | 99.9% | 100.0% | 96.3% | 99.6% | 99.4%         | 99.4%           |
|                       | Total % of noncompliance        | 0.0%   | 0.0%   | 0.0%   | 0.0%   | 0.1%  | 0.0%   | 3.7%  | 0.4%  | 0.6%          | 0.6%            |

| Emergency Face-2-Face (Urban/Suburban) |                                                        | Q1    | Q2    | Q3    | Q4    | Q1    | Q2    | Q3    | Q4    | Running Total | Running Average |
|----------------------------------------|--------------------------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|---------------|-----------------|
|                                        | Less than or equal to 1 hour                           | 880   | 938   | 989   | 1415  | 1662  | 1598  | 1790  | 1960  | 11232         | 1404.0          |
|                                        | Greater than 1 hour, but less than or equal to 2 hours | 18    | 5     | 11    | 6     | 17    | 4     | 22    | 14    | 97            | 12.1            |
|                                        | Greater than 2 hours                                   | 0     | 1     | 1     | 0     | 0     | 1     | 16    | 5     | 24            | 3.0             |
|                                        | Total % of compliance                                  | 98.0% | 99.4% | 98.8% | 99.6% | 99.0% | 99.7% | 97.9% | 99.0% | 98.9%         | 98.9%           |
|                                        | Total % of noncompliance                               | 2.0%  | 0.6%  | 1.2%  | 0.4%  | 1.0%  | 0.3%  | 2.1%  | 1.0%  | 1.1%          | 1.1%            |

| Emergency Face-2-Face (Rural/Frontier) |                                                         | Q1    | Q2    | Q3    | Q4    | Q1     | Q2    | Q3    | Q4    | Running Total | Running Average |
|----------------------------------------|---------------------------------------------------------|-------|-------|-------|-------|--------|-------|-------|-------|---------------|-----------------|
|                                        | Less than or equal to 2 hours                           | 239   | 283   | 328   | 346   | 476    | 464   | 564   | 674   | 3374          | 421.8           |
|                                        | Greater than 2 hours, but less than or equal to 4 hours | 5     | 1     | 2     | 1     | 0      | 2     | 4     | 3     | 18            | 2.3             |
|                                        | Greater than 4 hours                                    | 0     | 1     | 0     | 0     | 0      | 1     | 0     | 0     | 2             | 0.3             |
|                                        | Total % of compliance                                   | 98.0% | 99.3% | 99.4% | 99.7% | 100.0% | 99.4% | 99.3% | 99.6% | 99.4%         | 99.4%           |
|                                        | Total % of noncompliance                                | 2.0%  | 0.7%  | 0.6%  | 0.3%  | 0.0%   | 0.6%  | 0.7%  | 0.4%  | 0.6%          | 0.6%            |

# Network Adequacy

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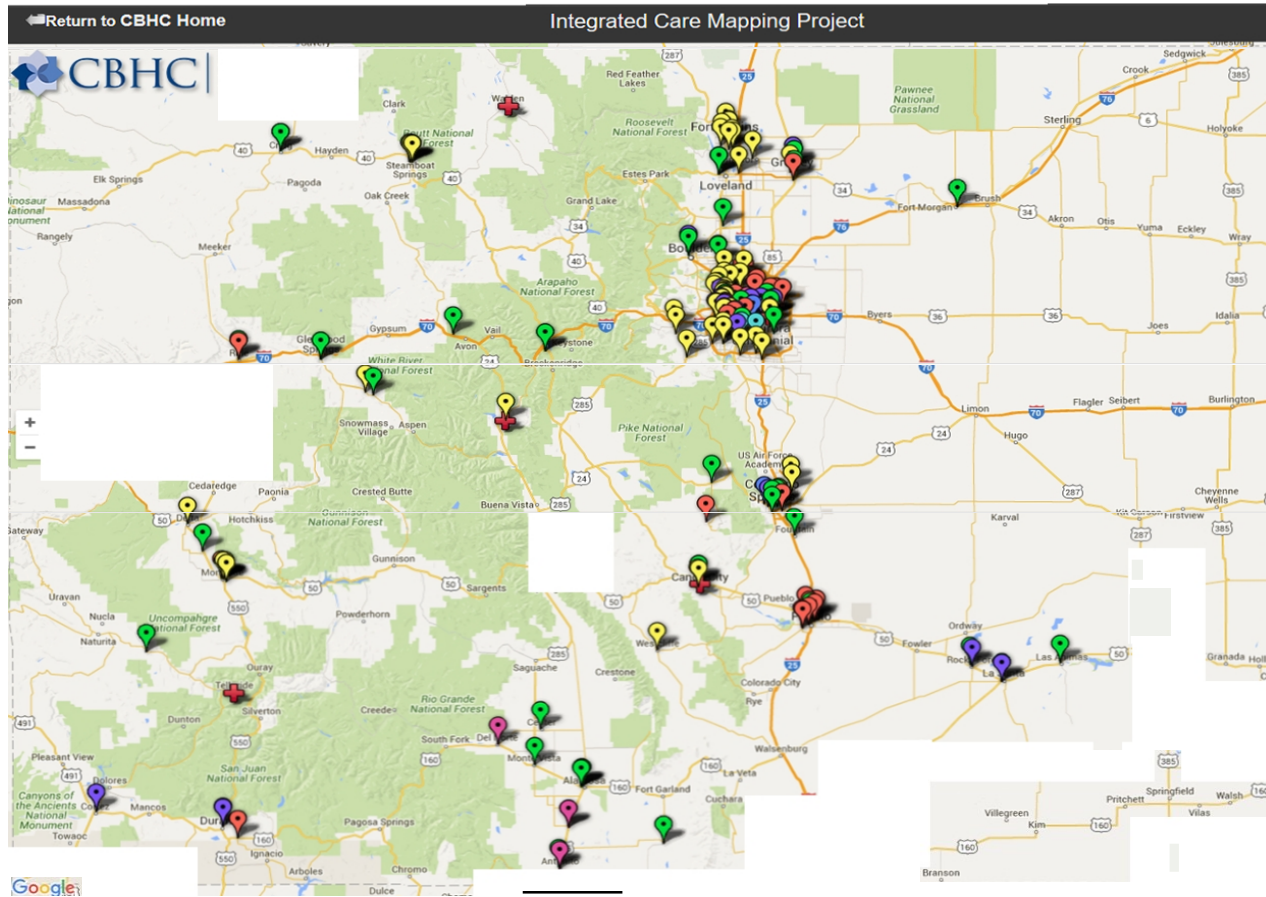
## Services within 30 miles or 30 minutes

- Enrollment 566,131 (CHP & FBHP)
- Members With Access to a Provider Greater Than 30 Miles: 673 members
- Mental Health Center providers will travel to the member's location to provide care and services.

# Network 30 miles or 30 min

| County/City            | Zip Code | Members With Access to a Network Provider Greater Than 30 Miles |                                              |
|------------------------|----------|-----------------------------------------------------------------|----------------------------------------------|
|                        |          | Number                                                          | Average distance to nearest network provider |
| <b>BACA - CO</b>       |          |                                                                 |                                              |
| CAMPO                  | 81029    | 35                                                              | 35.5                                         |
| LAS ANIMAS             | 81054    | 3                                                               | 34.0                                         |
| PRITCHETT              | 81064    | 36                                                              | 36.7                                         |
| WALSH                  | 81090    | 99                                                              | 34.3                                         |
| <b>KIOWA - CO</b>      |          |                                                                 |                                              |
| HOLLY                  | 81047    | 4                                                               | 38.0                                         |
| SHERIDAN LAKE          | 81071    | 25                                                              | 36.5                                         |
| <b>LAS ANIMAS - CO</b> |          |                                                                 |                                              |
| BRANSON                | 81027    | 23                                                              | 42.5                                         |
| KIM                    | 81049    | 53                                                              | 40.4                                         |
| MODEL                  | 81059    | 24                                                              | 38.1                                         |
| TRINCHERA              | 81081    | 1                                                               | 30.2                                         |
| <b>MOFFAT - CO</b>     |          |                                                                 |                                              |
| CRAIG                  | 81625    | 6                                                               | 34.6                                         |
| DINOSAUR               | 81610    | 7                                                               | 32.9                                         |
| MAYBELL                | 81640    | 49                                                              | 44.9                                         |
| SLATER                 | 81653    | 2                                                               | 33.9                                         |
| <b>PROWERS - CO</b>    |          |                                                                 |                                              |
| GRANADA                | 81041    | 41                                                              | 32.6                                         |
| HOLLY                  | 81087    | 137                                                             | 36.2                                         |
| <b>RIO BLANCO - CO</b> |          |                                                                 |                                              |
| MEEKER                 | 81641    | 10                                                              | 30.9                                         |
| RIFLE                  | 81650    | 20                                                              | 32.9                                         |
| <b>SAGUACHE - CO</b>   |          |                                                                 |                                              |
| SAGUACHE               | 81149    | 81                                                              | 34.1                                         |
| <b>SAN MIGUEL - CO</b> |          |                                                                 |                                              |
| EGNAR                  | 81325    | 17                                                              | 35.8                                         |
| <b>CHP Total:</b>      |          | <b>673</b>                                                      | <b>35.8</b>                                  |

# 92 Integrated Sites





# BHO Performance Measures

FY 2010/2011 to 2013/2014

# 21 Performance Measures

Contract Number 15-68385A3

## EXHIBIT G-1, PERFORMANCE MEASURES

| #  | Priority | Performance Measure                                                                                                                | Source                         | Notes                                                                                                                             |
|----|----------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| 1  | C        | Hospital Readmissions Department                                                                                                   | BHO-HCPF Scope Document #1     | This measure will be broken out by BHO and CMHC and it is expected to be calculated by the BHO. 180 days sub-measure to be added. |
| 2  | C        | Percent of Members prescribed redundant or duplicated atypical antipsychotic medication                                            | BHO-HCPF Scope Document #2     | BHOs will calculate.                                                                                                              |
| 3  | C        | Psychotropic utilization in children Antipsychotic Utilization in children. Psychotropic utilization for children in child welfare | Drug Utilization Review (DUR)  | The Department will calculate and work with UH.                                                                                   |
| 4  | C        | Mental Health Engagement: Individuals accessing behavioral health services with 4 visits in 45 days                                | BHO-HCPF Scope Document #4     | BHOs will calculate.                                                                                                              |
| 5  | C        | Adherence to antipsychotics for individuals with schizophrenia                                                                     | HEDIS                          | The Department will calculate and work on including a BHO breakout.                                                               |
| 6  | C        | ECHO Survey                                                                                                                        | AHRQ                           | The Department will calculate.                                                                                                    |
| 7  | C        | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment                                                           | HEDIS                          | BHOs will calculate.                                                                                                              |
| 8  | C        | Penetration Rates (Behavioral Health Utilization by BHO)                                                                           | BHO-HCPF Scope Document #8-#11 | The Department will calculate.                                                                                                    |
| 9  | C        | Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication                        | HEDIS                          | The Department will calculate                                                                                                     |
| 10 | C        | Cardiovascular Monitoring for individuals diagnosed with Cardiovascular Disease and Schizophrenia                                  | HEDIS                          | The Department will calculate                                                                                                     |
| 11 | C        | Diabetes monitoring for individuals diagnosed with schizophrenia or prescribed antipsychotic medications                           | HEDIS                          | The Department will calculate                                                                                                     |
| 12 | C        | Follow-up appointments within seven (7) and thirty (30) days                                                                       | BHO Scope Document #13         | This measure would be broken out by BHO                                                                                           |

| #  | Priority | Performance Measure                                                                                             | Source                             | Notes                                                                                            |
|----|----------|-----------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------|
|    |          | after hospital discharge for mental health condition.                                                           |                                    | and CMHC and it is expected to be calculated by the BHO.                                         |
| 13 | C        | Clients with physical health well care visit                                                                    | BHO-HCPF Scope Document #15        | The Department will calculate.                                                                   |
| 14 | C        | BHO Inpatient Utilization (per 1000 Members)                                                                    | BHO-HCPF Scope Document #16        | BHOs will calculate.                                                                             |
| 15 | C        | Emergency Dept. Utilization (per 1000 members) for mental health condition                                      | BHO-HCPF Scope Document #18        | This measure would be broken out by BHO and CMHC and it is expected to be calculated by the BHO. |
| 16 | C        | Antidepressant medication management – acute and continuation phases                                            | HEDIS                              | BHOs will calculate.                                                                             |
| 17 | SY       | Appropriate utilization and follow up for children prescribed medication for ADHD                               | NCQA 0108 2009 CHIPRA Core Measure | Method of calculation to be determined by BHOs and HCPF.                                         |
| 18 | SY       | Number of children receiving intensive services in the community/home                                           | None                               | Method of calculation to be determined by BHOs and HCPF.                                         |
| 19 | SY       | Depression Screening and Follow-up Care                                                                         | HEDIS                              | Method of calculation to be determined by BHOs and HCPF.                                         |
| 20 | SY       | Care for Older Adults Advance care planning, medication review, functional status assessment and pain screening |                                    | Method of calculation to be determined by BHOs and HCPF.                                         |
| 21 | SY       | Adult Body Mass Index (BMI) assessment and follow-up                                                            | None                               | Possible sub-measure for #5. Method of calculation to be determined by BHOs and HCPF.            |

| Performance Measures Key    |                   |
|-----------------------------|-------------------|
| <u>Measure Count</u>        | <u>Number</u>     |
| <b>Type</b>                 |                   |
| CORE                        | 16                |
| Second Year                 | 5                 |
| <b>Total # of Measures</b>  | <b>21</b>         |
|                             |                   |
| <u>Priority Definitions</u> | <u>Definition</u> |

|                  |                                                                                                                                                                                                                                                    |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CORE (C)         | Core measures that will be in place from the time the contract begins. Data submission will be either quarterly, semi-annually or annually, depending on the measure.                                                                              |
| Second Year (SY) | Measures that are not yet defined, but expected to be worked by the Department and BHOs and reported in the second year of the Contract. The Department does not expect these measures to be reported if not fully defined by reporting due dates. |

# Total Number of Measures - 21

- Non-State Hospital Recidivism (7-30-90 Days)
  - 7 day – 3.06%
  - 30 day – 9.46%
  - 90 day – 15.7%
- All Hospital Recidivism (7-30-90 Days)
  - 7 day – 3.18%
  - 30 day – 9.61%
  - 90 day – 15.98%
- Duplicate Antipsychotics
  - 7.07%
- Total Population - % DX with Depression
  - 58.91%

- Engagement – MH new members => 4 services
  - 37.11%
- Engagement – SUD new members => 4 services
  - 37.11%
- % of Clients age > 18 living independently
  - 95.06%

- Progress Toward Independent Living
  - 11.91%
- Overall BHO Penetration Rates
  - 13.65%
- BHO Penetration Rate by HEDIS Age Group
  - 13.65%
- BHO Comparison of Pen Rate by Foster Care
  - 33.94%
- Follow Up Appointments After Hospital Discharge
  - 7 days - 24.39%
  - 30 days - 63.6%
- % Members w/ SMI with Focal Point of Care
  - 87.61%

- Members who received OP MH treatment and also had a qualifying physical healthcare visit
  - 89.24%
- Inpatient Non-state Hospital Beds per 1000
  - 4.36
- Inpatient All Hospital Beds per 1000
  - 5.08

- Average Length of Stay – Non – State Hospitals
  - 8.15
- Average Length of Stay All Hospitals
  - 14.24
- ED Utilization per 1000 Members
  - 10.92
- % Members With a New Episode of Depression Receiving Medications and 3 Follow-up Visits
  - 32.38%

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# Bending the Cost Curve

# Colorado's BHOs have controlled spending.

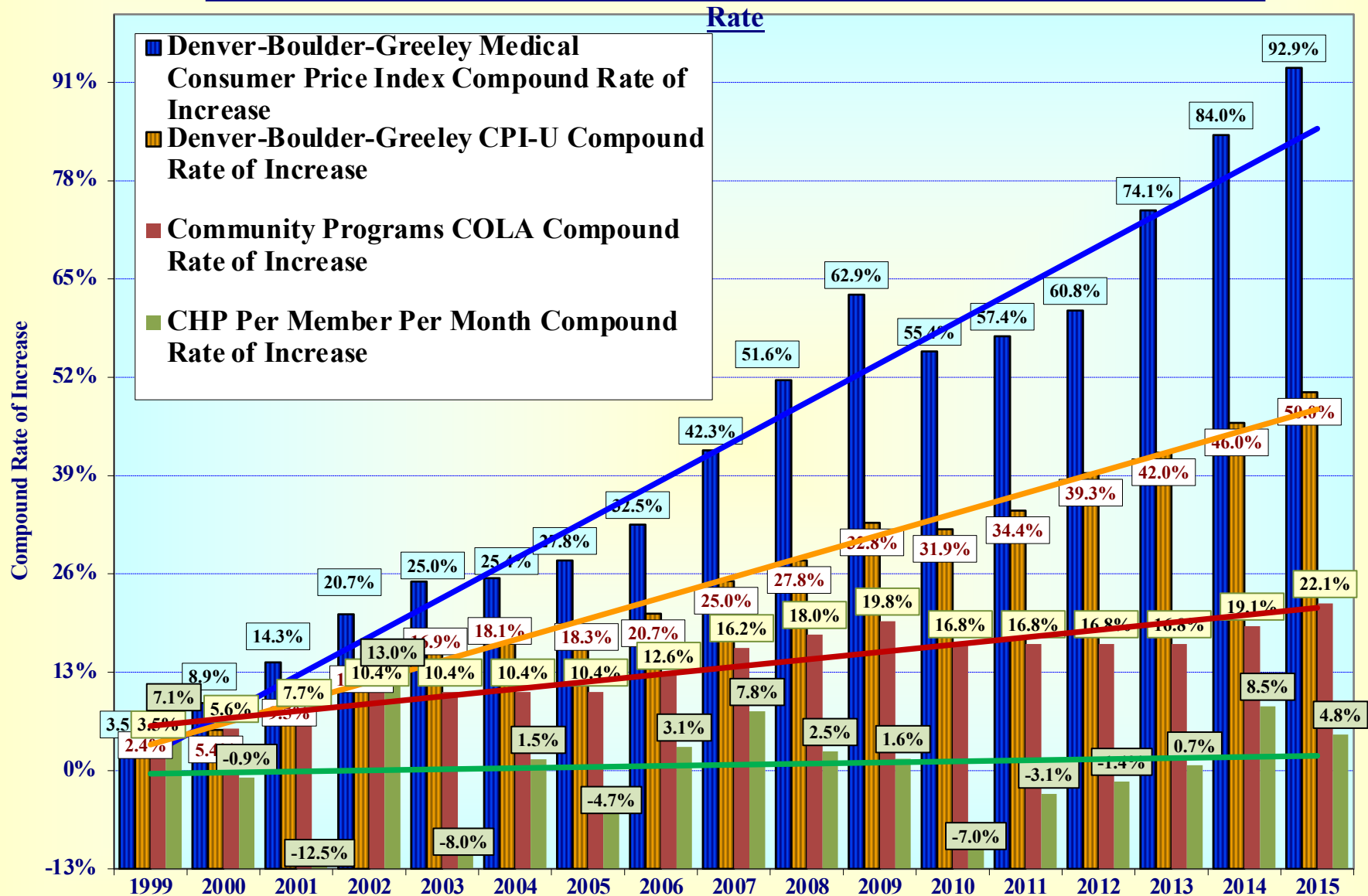
- Because Medicaid programs vary significantly it is difficult to compare states but it is widely believed that states spend 12% -14% of their Medicaid budgets on Behavioral Health. Some estimates are as high as 23%
- In 2015, Colorado spent 8.5% of its Medicaid budget on BH, by allowing the expert providers in BHOs to manage the care of the most costly of the Medicaid population.

## Risk Contract Rates 1998 - 2016

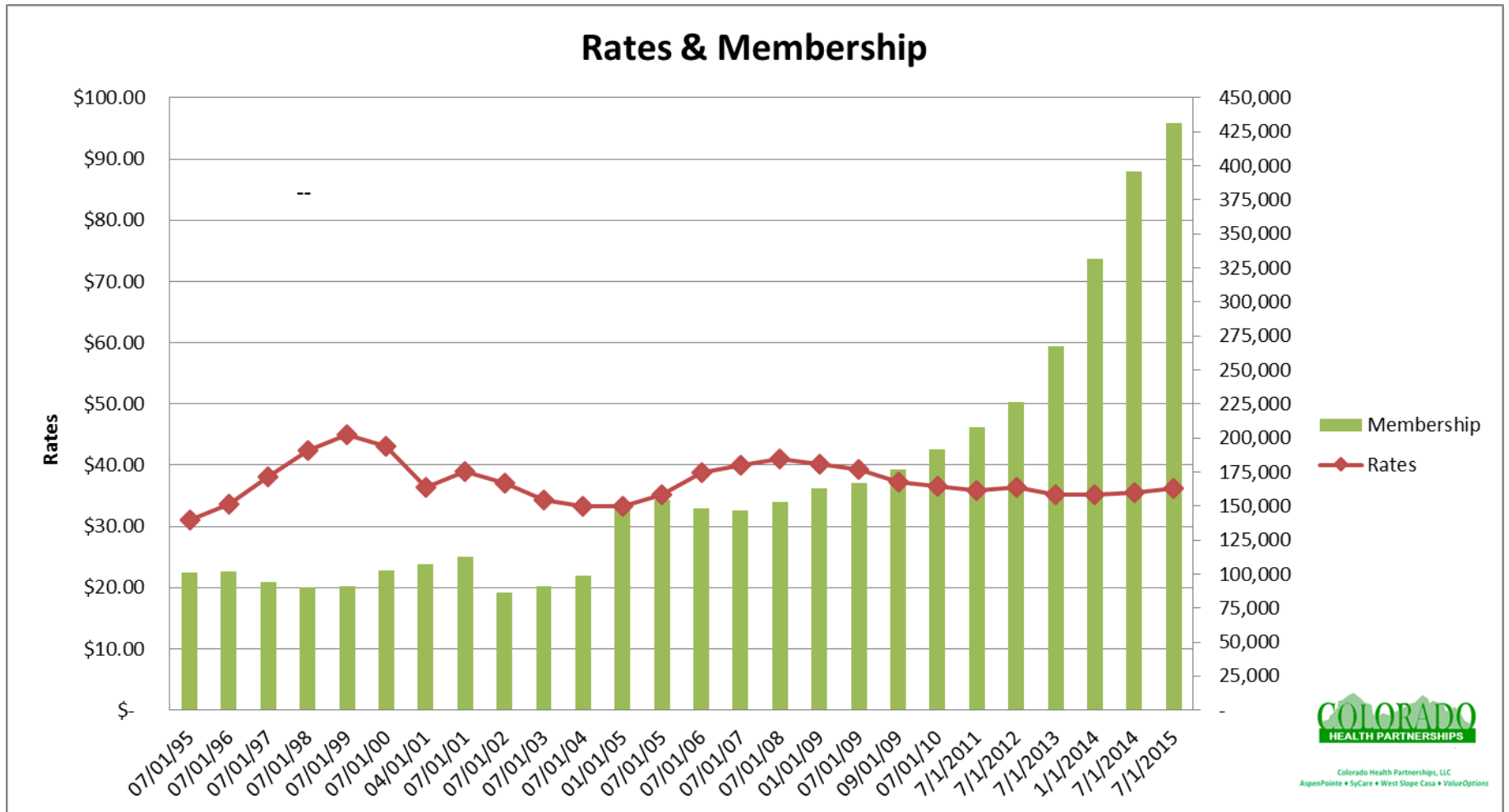
| Colorado Health Partnerships, LLC |              |         |
|-----------------------------------|--------------|---------|
| Gross Revenue PMPM Trends         |              |         |
|                                   |              |         |
|                                   |              |         |
| CHP                               | Avg. Members | PMPM    |
| Jul 1998                          | 39,097       | \$37.28 |
| Jul 1999                          | 38,832       | \$39.93 |
| Jul 2000                          | 38,443       | \$39.57 |
| Jul 2001                          | 42,582       | \$34.63 |
| Jul 2002                          | 46,452       | \$39.14 |
| Jul 2003                          | 48,102       | \$36.01 |
| Jul 2004                          | 51,723       | \$36.54 |
| Jul 2005                          | 151,248      | \$34.81 |
| Jul 2006                          | 153,190      | \$35.89 |
| FY2007                            | 147,663      | \$38.69 |
| FY2008                            | 146,774      | \$39.66 |
| FY2009                            | 157,665      | \$40.28 |
| FY2010                            | 176,381      | \$37.46 |
| FY2011                            | 197,585      | \$36.29 |
| FY2012                            | 215,930      | \$35.77 |
| FY2013                            | 234,722      | \$36.03 |
| FY2014                            | 293,094      | \$39.09 |
| FY2015                            | 341,110      | \$40.96 |
| FY2016                            | 420,000      | \$40.06 |

Colorado Health Partnerships has achieved savings and optimized health with negligible increases in rates over a 20-year period.

# CHP Per Member Per Month Increases Vs. Community Programs Appropriated COLA Increases Vs. the Denver Metro Inflation Rate Vs. the Denver Metro Medical Inflation



# Rates have remained flat for 20 years

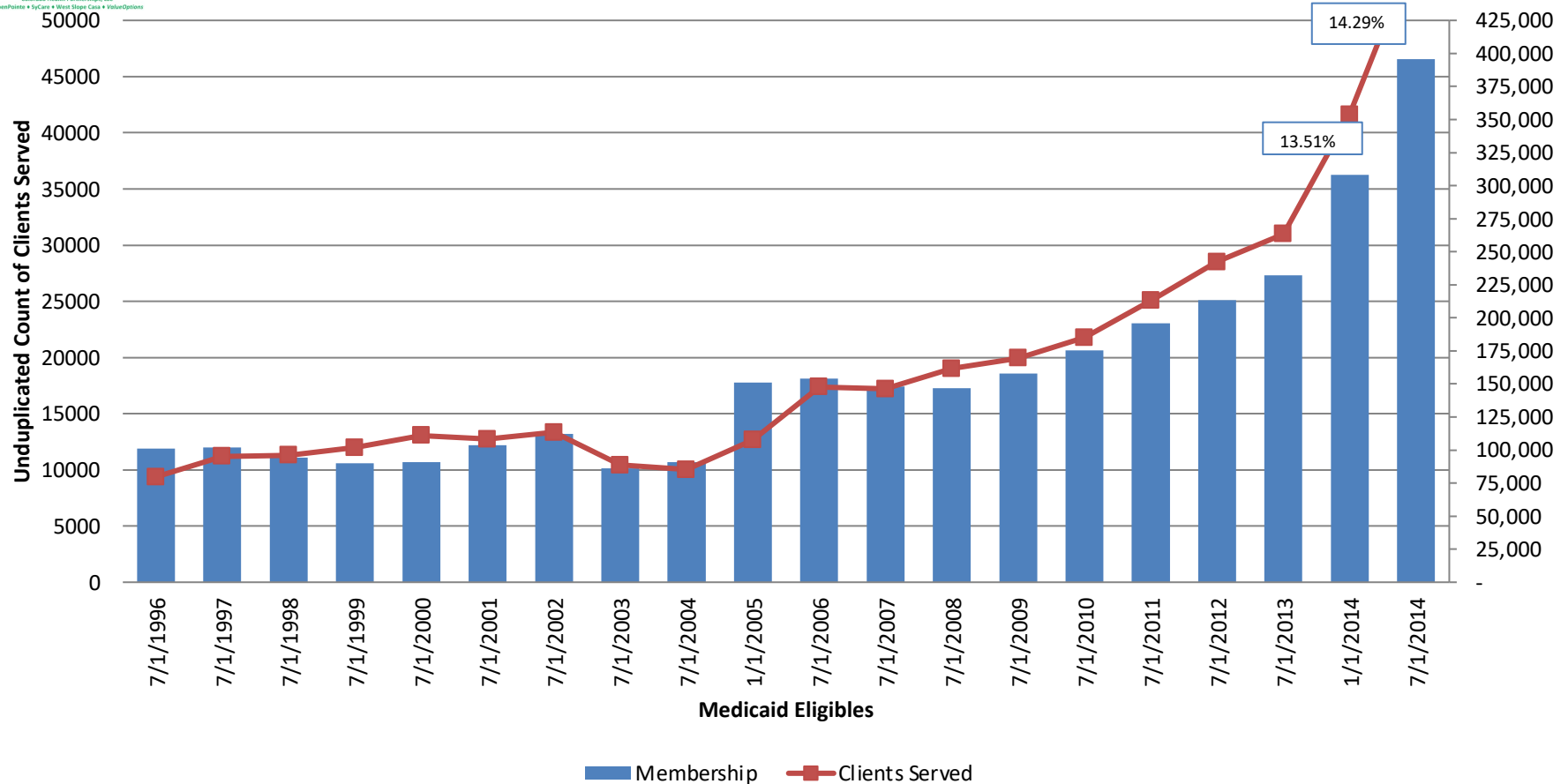


The rate of clients being served, by the Colorado Health Partnerships, has been keeping pace and recently growing faster than the increase in Medicaid membership.

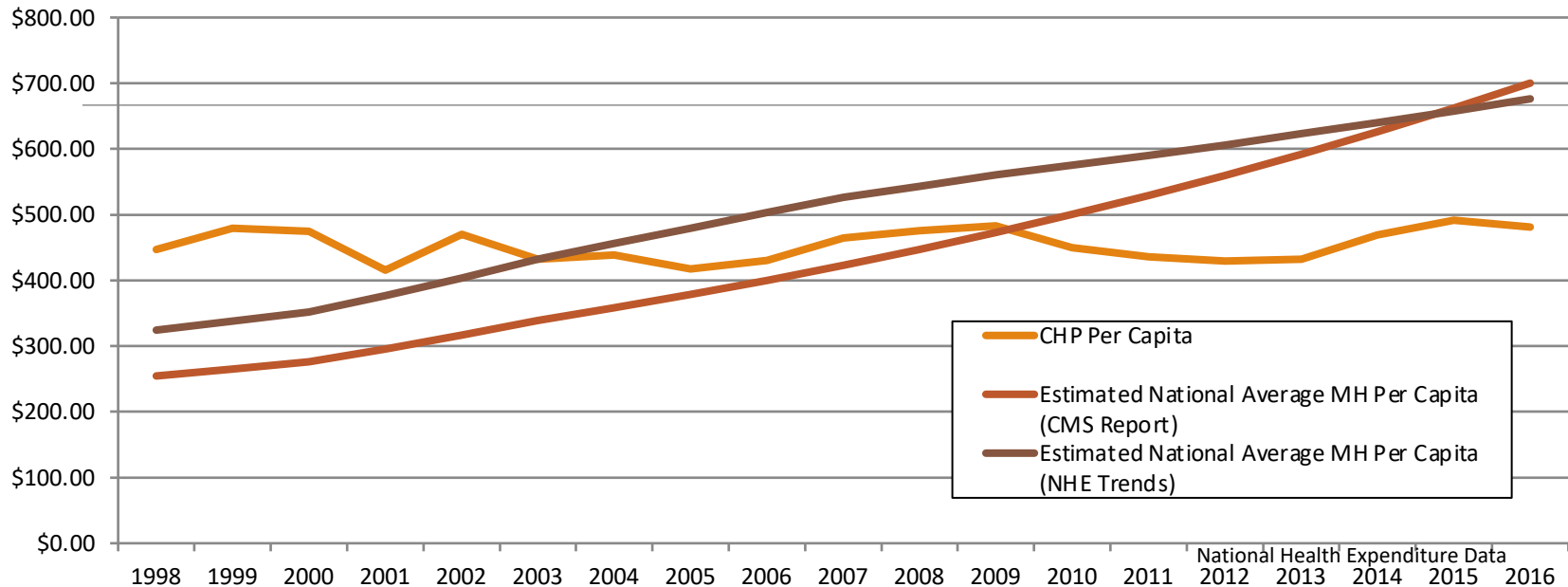


Colorado Health Partnerships, LLC  
AgentPointe • 5x Care • 100% Steps Care • ValueOptions

## Clients Served & Membership

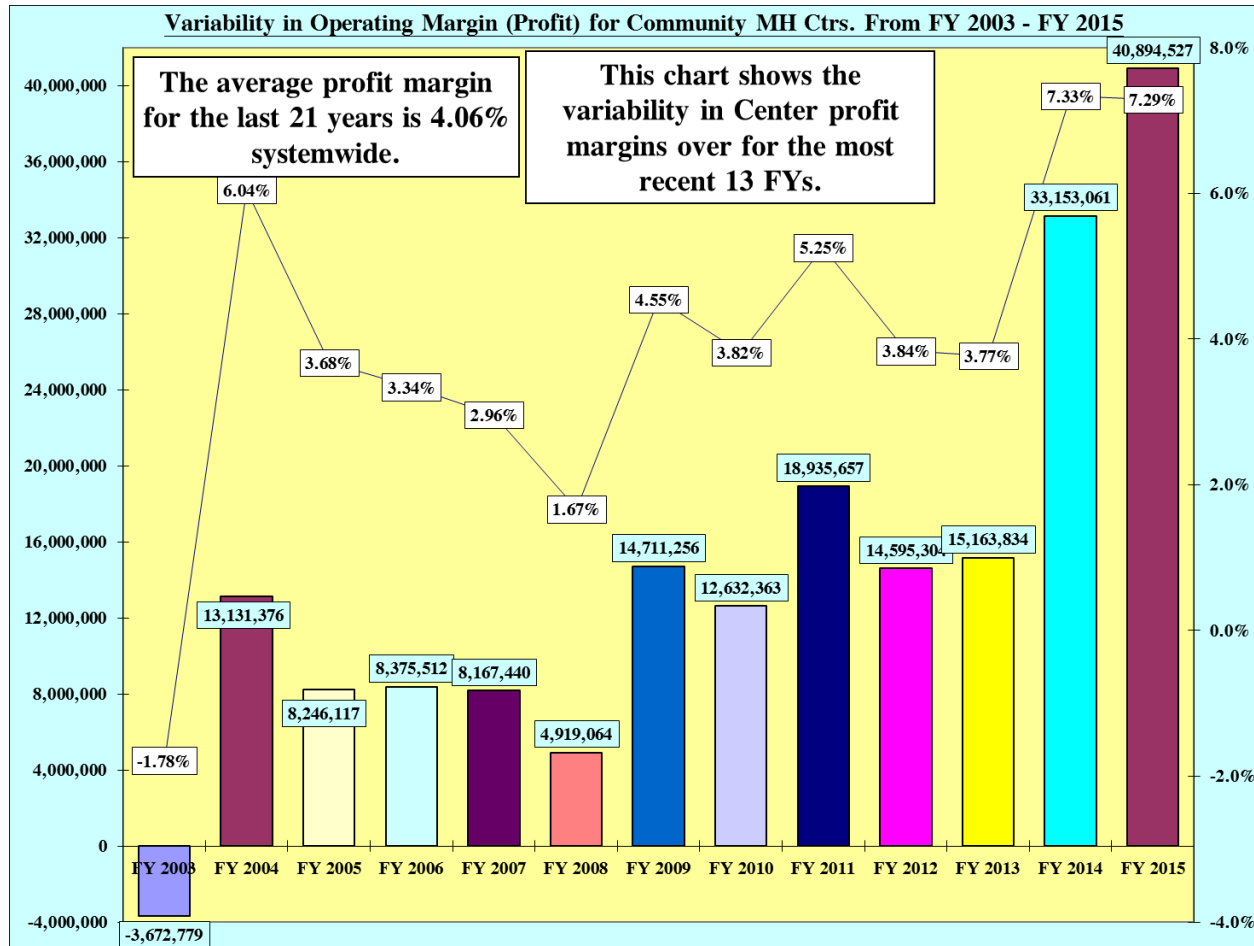


# BHO Cost Savings



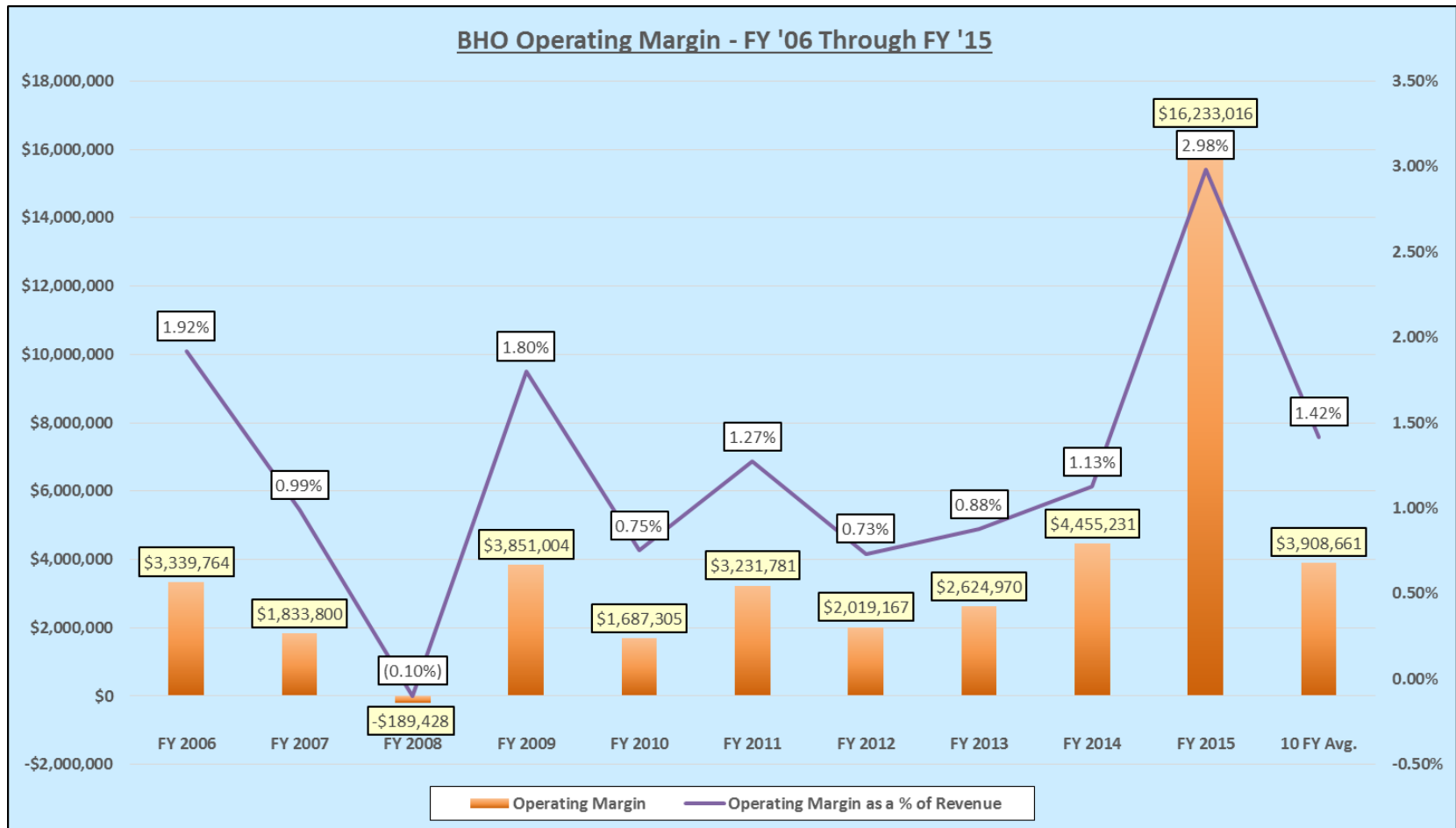
- Colorado Health Partners per capita reimbursement rates are significantly less than the national average per capita expenditures on mental health.
- If BHO per capita reimbursement rates were to increase to the national average mental health per capita:
  - Cost in CHP Regions would increase by \$82 million - \$92 million
  - Statewide BHO costs could increase by approximately \$246 million - \$276 million

# Mental Health Center Revenue over Expense



\* Includes all revenue.

# BHO Revenue over Expense



# Barriers to ACC 2.0

---

## Structural

- ❖ IMD
- ❖ CO won't Qualify for 15 day SUD benefit
- ❖ b3 services - 1915(b)3 waiver
- ❖ Integrated sites
- ❖ Crisis Centers
- ❖ Rural and Frontier Satellite Locations
- ❖ 2.0 is Over Engineered Financing and Program

## Policy

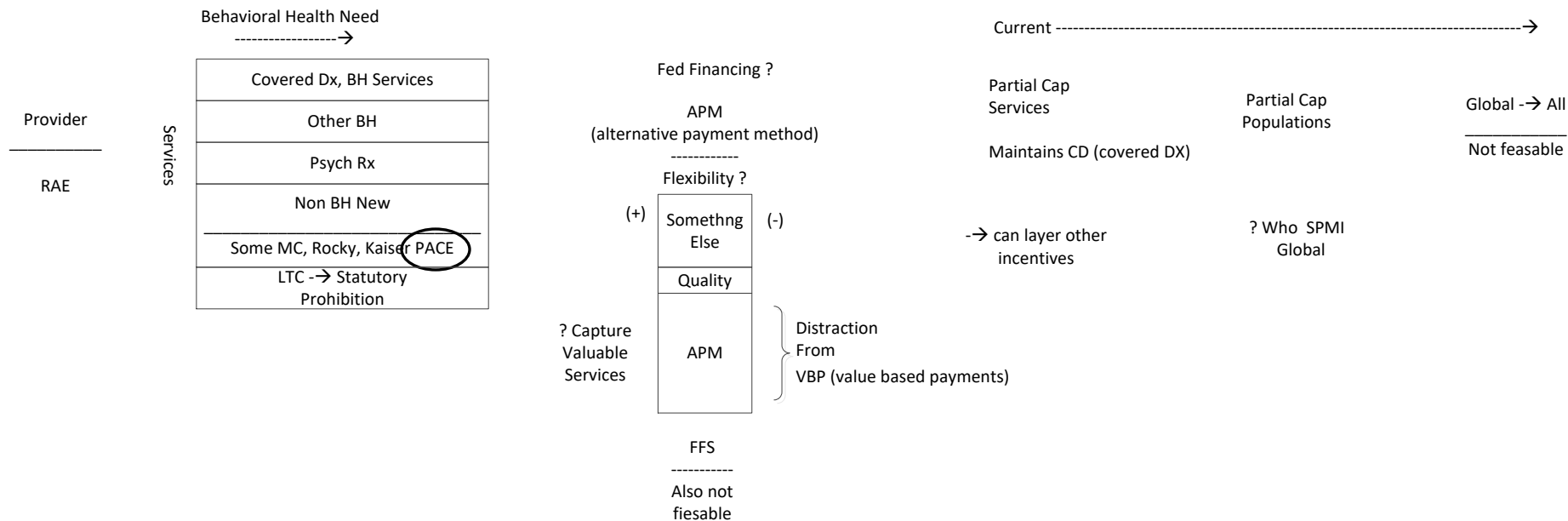
- ❖ FFS vs. HHS Direction (Burwell)
- ❖ BHO Statutory Authority
- ❖ JBC - Increase in Cost
- ❖ BH resources used for primary care

## Resource

- ❖ MIS to pay claims
- ❖ Quantity of staff (understaffed)
- ❖ Quality of staff (experience)

# Brainstorming a model to conceptualize financing of ACC 2.0

- 1) Huge Admin/Risk Premium in early yrs
- 2) Cash Flow - \$300 – 400m
- 3) UPL : HPF



# Proposal (numbers for modeling purposes only)

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|            | <b>Adults</b> | <b>AwDC</b>   | <b>Children</b> | <b>Disabled</b> | <b>Elderly</b> | <b>Foster Crare</b> |
|------------|---------------|---------------|-----------------|-----------------|----------------|---------------------|
| Members Mo | 887,827       | 1,519,763     | 2,050,318       | 397,473         | 165,252        | 83,970              |
| BHO Rev    | \$ 23,810,816 | \$ 79,590,368 | \$ 42,414,668   | \$ 47,996,992   | \$ 2,402,145   | \$ 15,532,785       |
| BHO PMPM   | \$ 28         | \$ 53         | \$ 20           | \$ 111          | \$ 14          | \$ 160              |
| RCCO Rev   | \$ 2,677,501  | \$ 8,949,854  | \$ 4,769,485    | \$ 5,397,212    | \$ 270,119     | \$ 1,746,645        |
| RCCO PMPM  | \$ 3.02       | \$ 5.89       | \$ 2.33         | \$ 13.58        | \$ 1.63        | \$ 20.80            |
| REA PMPM   | \$ 30.70      | \$ 59.15      | \$ 22.78        | \$ 124.23       | \$ 15.32       | \$ 181.23           |

# How do we address the struggle to stay on message

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How do we assure that we don't confuse our message?

Do we have a common message that we all agree on?

- Example PPS Fiasco

Do we all agree with the talking points?

Can we guide CBHC in this process?

What key committees can we participate in to help keep the message consistent?