

CEO Report

March 2024 Board Meeting

- * HCI – Health Colorado Inc
- * HCPF – Health Care Policy and Finance
- * BHA – Behavioral Health Administration
- * BHASO – Behavioral Health Administrative Service Organization
- * RAE – Regional Accountable Entity
- * DOI – Department of Insurance

Health Colorado Inc. (HCI):

March 18th was the scheduling hearing for the criminal case. HCI former employee appeared with her attorney and was seen. They requested a scheduling hearing be set for April 29th at 10:30 so they have time to review their options. HCI CEO will be meeting with the prosecutor March 20th to discuss options. HCI also received the following feedback from the attorney on the wage loss lawsuit. The attorneys are encouraging the staff to walk away. HCI attorneys are preparing a walk away agreement. The agreement will include that if the employee release HCI from the current lawsuit and future lawsuits and HCI will not pursue a civil case. The criminal case will continue.

Lori (HCI CEO) is working with her team and the HCI board/shareholders to determine best way to utilize staff, meet the final year of our contract and a transition plan.

With Brian's resignation HCI has asked me to continue to chair the board meetings for another year as part of the transition plan.

Health Care Policy and Finance (HCPF):

HCPF communicated during the last monthly meeting, HCPF actuaries are reviewing the SFY 2023-24 RAE capitation rates to see if the capitation payment provided is actuarially sound, given that the members retaining coverage through the PHE Unwind may have higher utilization or higher needs compared to those who are disenrolling and given the pace of disenrollment during this fiscal year. HCPF actuaries will review several factors through this evaluation, such as utilization trends, cost trends, and the acuity of the population. For the portion of the capitations covering the CMHC utilization, note that the centers' actual costs were included in the base price built into capitations. If the capitation assessment identifies a data change that would result in a capitation variation that

is larger than 1.5% from the agreed-upon rates, HCPF will make a rate adjustment per 42 CFR 438.7, which would be retroactive to July 1, 2023. This process and adjustment would impact all managed care rates, including but not limited to CMHCs. Note that any adjustment would be to the RAEs, for review and distribution. Any adjustments would not impact fee-for-service rates in physical or behavioral health, as those rates are set through a different process. HCPF included information about the potential need to update the FY 2023-24 rates as part of its February 15, 2024 forecast submission to the JBC. If the JBC is considering a payment directly for CMHCs to address the costs for serving those who are no longer enrolled in Medicaid, then HCPF would not be the payer; HCPF does not have authority to pay for services for people not enrolled in Medicaid.

Behavioral Health Administration (BHA)

BHA informed CBHC on March 4th that they would not make an unspent ARPA funds available for PHE unwind bridge funding. BHA understands the drop in Medicaid enrollment demonstrates a change in the payer mix, but it does not paint the full picture of uninsured and non-reimbursable services. BHA needs additional data and discussion to better understand this impact. BHA also requires additional data about the request to adjust capacity funding to reflect the current populations being served. This data will need to be collected in partnership with safety net providers and will use current criteria and processes for financial distribution. BHA would welcome an opportunity to meet with you to discuss this. BHA understands the impact the Medicaid enrollment changes have had on providers and the severity of the current landscape but does not recommend the redistribution of ARPA funding. BHA programming developed with these funds is dedicated toward stabilizing the system with increased workforce, infrastructure building, and service access. A shift in these funds might solve a short-term problem but will have a detrimental impact on long-term goals to build system capacity.

Colorado Behavioral Health Council (CBHC):

CBHC is working with the centers on the following issues/needs:

- New Provider definitions
- No catchment areas
- Uncertain funding and reimbursement
- New regulatory burden
- New intermediaries Behavioral Health Administration Organizations (BHASO)
- New Medicaid alignment: Accountable Care Collaborative 3.0
- Tracking over 50 bills related to behavioral health
- JBC budget cuts (marijuana tax revenue crisis funding: specifically, walk-in crisis centers, CSUs and facility-based respite programs. program cut directly affects critical healthcare services for vulnerable Coloradans – services that, if not provided, lead to higher costs in other areas like jail and hospital costs, and endanger individual and public safety.

SYCARE:

No update

Southern Colorado Health Network (SCHN):

Moved to quarterly meetings next meeting in April.

Third Horizon Consultation Firm:

Further discussion on using the firm for assistance with CCBHC application and next board retreat as the facilitator.

Local Leadership Connections/Meetings:

Meeting with DSS Directors

Meeting with Alamosa Rotary Club

Janina Arnoldi

Konnie Martin

Lori Laske

Jason Chippeaux

Brian Turner

Adam Roberts

John Sheehan

CBHC CEO work session March 20-22nd