



# BHA Technology Office Hours

July 12, 2023

**THIS MEETING WILL BE RECORDED**



**COLORADO**  
Behavioral Health  
Administration

# What are BHA Technology Office Hours?

Office Hours is a meeting hosted by the BHA technology team for behavioral health providers, specifically data/admin team members, to:

- Receive consistent updates on changes and improvements to BHA-managed technology systems
- Surface and discuss technology-related questions with the BHA tech team
- Provide feedback and expertise to ongoing technology efforts
- Understand opportunities to further engage with the BHA technology team

Past Office Hours can be found on the [For Providers](#) BHA webpage.



# Office Hours Housekeeping

- Take [our survey](#) for next month's hot topics!
- BHA Provider [website page](#) is now Office Hours source of truth!
  - For agendas
  - For slides and recordings
  - For Zoom meeting registration
  - For monthly hot topic survey
- Contact: [cdhs\\_bha\\_provider\\_support@state.co.us](mailto:cdhs_bha_provider_support@state.co.us) with the subject line "Office Hours" if you have any questions!
- <https://bha.colorado.gov/resources-for-providers>

# Agenda

- Quick Updates:
  - BHC&E
  - Administrative Burden Research
  - Referrals Platform Research & User Testing
- Open Discussion / Q&A
  - Engagement Channels





## Quick Updates

---

- BHC&E
- Administrative Burden Research
- Referrals Platform Research & User Testing

# BHC&E | Status

- Live July 1, 2023
  - Eligibility systems
    - Changes to CBMS making BHA Community Services available as a benefit
    - Visible on CBMS for traditional Medicaid eligibility workers, Peak for Coloradans, PeakPro for BHA and SNAP providers
  - Colorado interChange
    - Modified for enrollment of BHA MSOs and ASOs as prerequisite for submitting encounter information
- Check out our [FAQ document!](#)
- FY23-24 will continue as capacity building year to bring BHA providers onboard to utilize HCPF systems



# BHC&E | Enrollment

- Enrollment of BHA MSOs and ASOs can proceed when ready
  - Acceptance of Provider Participation Agreement
  - Access to interChange Provider Portal
  - Required before encounters can be submitted to the interChange
  - Operational support group is reforming in HCPF
- Cannot enroll CMHCs for direct encounter submission yet due to interChange limits



# BHC&E | Eligibility

- What are BHA Community Services
  - Existing BHA funded programs
  - Services offered only through BHA contracted entities
- Clients will start appearing with an eligibility determination
  - A positive eligibility determination is not a guarantee of service
    - Funding limits, program participation requirements, priority populations
  - If currently also a Medicaid provider, use interChange to validate eligibility
  - If not Medicaid provider, working on a solution for this





# BHC&E | PeakPro

- PeakPro training availability is still restricted due to HCPF resource constraints
- More info should be available shortly on initial training (how to get an account set up, training duration, how many people can be trained at one time, possibility of remote training, ...)
- If interested in early access to PeakPro, contact [daniel.vortherms@state.co.us](mailto:daniel.vortherms@state.co.us)
  - Eligibility is live
  - Early view on impacts to operational processes



# BHC&E | Encounter Submission

- Encounter submissions remain unchanged from previous fiscal year
  - Encounters will continue to be submitted directly to BHA per current contract requirements for FY23-24
  - Additional provider companion guides are being developed before moving forward with additional providers submitting to interChange
- CCAR/DACODS
  - No changes due to BHC&E project
  - Current contract and licensing requirements apply
  - Separately, work is underway on CCAR/DACODS Data System Modernization



# BHC&E | From the Hot Topics Survey

*“I'm currently submitting OBH Encounters, how will this change? The current set up has 2 report only guarantors for OBH NM1 and OBH HIP, will the guarantors need to be changed? Will they stay the same? Where will we go to submit these files to the BHA?”*

The BHC&E project does not change any current BHA (previously OBH) data submission requirements until providers are specifically onboarded. You should continue to submit encounter data as required by your current contract and the BHA Finance & Data Protocol #1. If we missed the context of your question, please reach out to [daniel.vortherms@state.co.us](mailto:daniel.vortherms@state.co.us).



# Administrative Burden | Research Scope

**Hypothesis:** Outdated and inefficient State reporting processes create disproportionate burden on public behavioral health providers and ultimately negatively impacts the experience of people seeking care in Colorado.

## Goals:

- Increased understanding of how BHA reporting mandates (specifically CCAR/DACODS) influence provider processes and operations, and how that carries over into client experience.
- Recommendations for improving data quality and reducing administrative burden on providers.



# Administrative Burden | Status

- Active Research **[Complete]**
  - Provider interviews & virtual site visits [X]
- Synthesis **[In Progress]**
  - Internal recommendations review [IP]
  - External share out & revisions [IP]
- Implementation **[Not Started]**



# Administrative Burden | By The Numbers

- Engaged with **16 providers** across a variety of tech setups, geographies, mental health settings, services offerings, and population expertise.
- Talked with **over 60 individuals** in a range of roles from clinicians, administrative staff, data/tech teams, managers, and leadership.
- Spent close to **30 hours** in internal and external interviews and virtual site visits.



# Administrative Burden | Top Insights

1. The data model for CCAR/DACODS is clinically and culturally out of date.
2. Providers are losing out on payment and accurate counts for contractual requirements due to inflexible data intake and error resolution processes.
3. The distinction between CCAR and DACODS perpetuates siloing of behavioral healthcare, and creates high levels of data duplication for the rising population of dual diagnosis clients.
4. Basic usability issues (ex. account management, system time outs, and copy/paste functionality) with BHA technology systems increase the time, effort, and cost providers and intermediary organizations must put in to submit acceptable reporting.
5. Outside of meeting requirements for funding and contracting, CCAR and DACODS data provide no benefit to providers or the state's behavioral health ecosystem at large.
6. CCAR / DACODS requirements are directly impacting how people experience behavioral healthcare in Colorado, especially for initial visits. Clinical processes should be driven by client needs and best practices, not data collection requirements



# Referrals Platform | Status

- **Usability Research [In Progress]**
  - Group 1 [IP]
  - Group 2 [Not Started]
- **Build [In Progress]**
  - Iterative Build [IP]
  - Full Launch January 2024
- **Referrals Research [In Progress]**
  - Interviews & Virtual Site Visits [Not Started]





# Referrals Platform | Capacity Survey

- **Capacity Taxonomy Survey Results:**
  - 31 Responses
    - 5 Data / IT Staff, 5 Leadership, 7 Managers, 3 Clinicians
  - **Key Quotes:**
    - “Referral process is so helpful, and having the forms from the agency that are required be accessible on this platform for them to fill out would be swell”
    - “It seems like the exclusions will be difficult because the practice might be that very few people are categorically excluded, but in practice, the facility may regularly exclude certain populations. What accountability will there be for facilities to actually be truthful and held to the standard of accepting patients? If they regularly refuse a certain type of patient, is there a way to report that or have that population removed from the list of populations served?”



# Referrals Platform | Engagement Opportunities

- **Usability Testing:**

- What is it? Testing an in-progress technology platform through usability sessions and surveys.
- Time Commitment: ~4 hours over 1-2 months
- Email [abigail.fisher@state.co.us](mailto:abigail.fisher@state.co.us) with subject line “Usability Testing”

- **Referrals Research:**

- What is it? Interviews and virtual site visits.
- Time Commitment: 1 - 1 ½ hours
- Email [abigail.fisher@state.co.us](mailto:abigail.fisher@state.co.us) with subject line “Referrals Research”





## Open Discussion / Q&A

---

# Today's Topic | Engagement Channels

- How are you currently being contacted by the BHA Technology Team?
- How do you currently contact the BHA Technology Team?
- How do you learn about policy updates, onboarding, training, rule change, etc. related to BHA technology?
- Do you use the BHA website? What for?
- What would you like to see change about the way the BHA Technology Team communicates with you?
- What are methods or platforms that would be best for your communications processes?



# What questions do you have for us?

We want to be thoughtful so we may follow up afterwards if we don't have answer or right people to address your question.





## Future Office Hours

---

# Office Hours 2023 Schedule

- Second Wednesday of the month:
  - August 9th
  - September 13th
  - October 11th
  - November 8th
  - December 13th



# Questions

---

Future Office Hour Info: <https://bha.colorado.gov/resources/providers>

Contact Us:  
[cdhs\\_bha\\_provider\\_support@state.co.us](mailto:cdhs_bha_provider_support@state.co.us)

