



October 13, 2023

Dear Legislative Audit Committee,

COMBINE represents over 150 clinics and 900 independent providers who contract with RAEs to provide outpatient mental health services. This "independent provider network" provides the backbone for Medicaid outpatient service. The co-signers of this letter operate clinics that care for over 6000 Coloradans in every RAE.

We write today to request a vote on last year's bill draft, amended, to extend the Office of State Auditor's authority to audit public health system managed care entities, through the 2022 Behavioral Health Care Services Legislation, as amended below. Senator Rodriguez motioned to move the bill draft.

We request amendments to this bill to separate the issues of managed care entities from Community Mental Health Centers (CMHCs), and there is draft language for an amended bill appended below, with Community Mental Health Centers struck.

For background, here are the historical notes:

https://leg.colorado.gov/sites/default/files/4a_-_lac_minutes_final_2022_0928.pdf

"12:24 p.m. Behavioral Health Care Services Legislation

Ms. Colin presented an overview of the legislation request and an overview of the bill draft.

Ms. Bimestefer (Department of Health Care Policy and Financing) introduced staff.

Discussion ensued regarding the Office of the State Auditor's authority to audit private entities, information received from regional accountable entities (RAEs), data available to the OSA from the Department of Health Care Policy and Financing (HCPF), and tracking of HCPF funding. Senator Rodriguez made a motion to move the bill draft to bill paper. As there was no second, the motion was no longer considered to be before the Committee."

We attended the hearing last year and heard the debate about the measure. What we understood at the time was that the Legislative Audit Committee was not going to take up the bill because of unknowns about how effective the new (at the time) Behavioral Health Administration was going to be. Since then we have seen no relief from the Behavioral Health Administration, and again we request that RAE practices come under inspection by the Office of State Auditors.

Our clinics provide over 1/2 of outpatient care in Colorado for the Medicaid population, which numbers over a million people. We all suffer under RAE vagaries and this has been the status quo now for four years. In particular, RAE rate setting policy and rates are held as trade secrets, keeping the public from understanding

various dynamics that are obvious to us. For example, the eastern and southern counties, managed by Beacon/Carelon, which has a 19% ownership stake in RAE 4, is simply not paying some providers for claims dating back to 2021.

The managed care entities responsible for the provision of mental health care for Colorado's vulnerable Medicaid population continue to violate MHPAEA Parity law, as they have for four years. There is simply no "similarity" (as required by law) between the rate setting process for medical/surgical services and behavioral health services. In fact, there is no similarity from RAE to RAE. The federal government has repeatedly stated that reimbursement rates and rate setting processes are Parity matters.

Coloradans, particularly in rural southern and eastern counties, deserve to know why their access to mental health care is substantially different from Denver/Aurora and metro counties. How can RAE 3,5 (Access Management/ Colorado Access) afford to pay rates 30-40% higher than rural RAEs? What effect does Beacon (now Carelon/Anthem) owning 19% of RAE 4 have on care? For years, Beacon has forced providers into "settlements" just to get paid on claims. Providers have waited in some cases since 2021 for payments.

United Healthcare purchased the non-profit "Rocky Mountain Health Plan" for \$36 million. Since then what has happened for rural western counties in terms of access to care? This RAE, RAE 1, has a history of forcing providers to individually negotiate for rates, favoring the business savvy, which mental health clinic operators have to varying degrees. This is of course radically different from how medical rates are set.

HCPF in publications has reported that between 100,000 and 150,000 people received care through RAEs. This begs the question, which can be answered by audits, of why this \$1 billion does not reach more people? In March 2023 "figure fixing" Rep. Sirota inquired about the RAEs returning \$99 million to HCPF rather than spending on substance use disorder care. We need to know why that money was not spent when we have providers ready to work.

Mental health care providers need help. RAEs ignore our pleas for payment and settlements, canceling meetings, and sending functionaries without actual power, because they are confident that there are no consequences for corroding the provision of service. There is no effective opposition to RAE intransigence. Complaints to HCPF do not result in better provider support. Providers eventually give up on the system, which we must mitigate. There is no functioning apparatus to investigate MHPAEA Parity complaints, or to substantiate them, and there are no consequences for the daily violations of Parity laws, both state and federal.

We urge you to take up this important piece of legislation to support the health and wellbeing of Coloradans.

Andrew Rose LPC, Policy Committee Chair, COMBINE, combinebh.org
Director, Boulder Emotional Wellness, Boulder and statewide telehealth, 751 Medicaid clients

and with:

Dr. Reo Leslie, LPC, LMFT, LAC, Chair, Colorado AAMFT Legislative Committee

Yakitta Renfroe LPC EMDR, Board Chair COMBINE
New Beginnings Therapy & Healing, Inc
Medicaid approx 100 clients
RAES: 2/4 6/7

Carlos Villafan, LPC PsyD Candidate, Board Member COMBINE
Mind Renewal Behavioral Health Services
We are located in El Paso County (Colorado Springs)
approximately 350 clients with Medicaid

Adrea Zaleski
Zia Healing and Wellness, Colorado Springs (El Paso County) CCHA primarily, but credentialed with most RAEs.
80 Medicaid Clients

Michelle Lefco-Rockey
Creekside Collaborative Therapy
Arapahoe County (Co Access and CCHA and fee for service Medicaid for med management)
Approx 500 Medicaid clients

Alyssa Wright, Integrated Counseling and Wellness, reside in Larimer and serves RMHP, CO Access, NE Health Partners RAEs, currently about 200 Medicaid clients

Amanda Turecek, LMFT, LAC
RAFT Counseling
Parker, CO, Douglas County
Approximately 100 Clients with Medicaid

Lexi Ellis, LPC
The Center for Secure Attachment
We have clients in all RAE's but primarily 3/5, 6/7
Approximately 100 Medicaid clients

Lindsay Millspaugh
Higher Sights Counseling
All counties of Colorado
of Medicaid clients: 689 (active today)

Karla Yates, Mayfield Counseling Centers,
Mainly El Paso County and Pueblo, also Castle Rock, Denver area.
185 Medicaid clients

Dr. Kelli Henderson LMFT, LAC, Harvest Therapeutic Services, COA, CCHA, RMHP,
119 Medicaid clients currently

Cynthia LeBlanc, LMFT, Roots to Ground Counseling,
located in El Paso County,
75 Medicaid clients

Sybil Cummin, MA, LPC, ACS
Arvada Therapy Solutions, PLLC
Serving the Denver Metro Area, Jefferson County, Adam's County, Boulder County
80-100 Medicaid members

Steffanne Ferris
Lighthouse Therapy Team, LLC
Denver Metro
97 Medicaid clients currently

Chan Timmons
FreedomChoice LLC
Denver Metro and Fort Collins
400 Medicaid clients

Allison Bratsch
Center for Resilience Strategies
Denver Metro (Westminster, Wheat Ridge, Denver, Aurora)
of Medicaid clients: Current/active = 205

Stephanie Small LCSW
Las Lobas del Corazón
Serving the Boulder/ Denver Front Range area
20 Medicaid clients

Maggie Whiteley, LPC at Lighthouse Institute of Neurobehavioral Health; serving Longmont/Boulder and surrounding communities, with approximately 93 Medicaid clients.

Felicidad X. Fraser-Solak, LCSW
Grace in Balance, PLLC
Serving Adams and Broomfield Counties primarily, located in Westminster
104 Medicaid Clients

Dr. Trent Langhofer, Community Counseling Center at CCU, El Paso County, 200 Medicaid Clients

Alyssa Wermers
Clinic: Alyssa Wermers LCSW PLLC
Area served: Erie, CO (and surrounding)
of medicaid clients: 26

Nicole Saigeon, LCSW
Art of Healing LLC
Colorado Springs/Denver
(CCHA, Co Access, Rocky Mnt)
20 Medicaid clients (current)...1/3 of clients

Amanda Horak, Original Path Counseling,
Serving Centennial, extended Denver Metro Area
currently serving around 100 Medicaid clients

Letitia Jackson
Reflective Wellness: Mind & Body
Denver Metro Area and I 70 Corridor
We have 195 Colorado Health First Clients

Stephanie Berliant, owner of Better Life Therapy, Denver metro and Lakewood RAES 3,5,6,7 and serving roughly 400 Medicaid clients.

Christine Lanham, LPC, Clinical Director
Alis Behavioral Health, Denver

Cathy Wilson, LPC ACS
LifePaths Counseling Center
CCHA, Colorado Access
20 clients

Kimberly M. Muhlenbruch
SOBT Therapy, LLC
We mostly serve RAEs 3 and 5 (Co Access) but we serve RAEs 3, 5, 6, and 7, CCHA and Co Access.
50 Medicaid clients

Haley Ford, PhD, Mosaic Behavioral Health Services
Larimer County. Current # of medicaid clients being seen is: 22.

Jeremy Sharp, PhD, Colorado Center for Assessment & Counseling
Northern Colorado primarily.
One of few practices that take Medicaid for neuropsych testing.
of Medicaid clients: 584 (about 42% of active clients)

Mary Little, LCSW Owner of Courageous Intentions, LLC (sole practice)
Telehealth Only serving CO ACCESS, CCHA, Rae 4 & 2
Approximately 20 Medicaid clients

A BILL FOR AN ACT
CONCERNING THE STATE AUDITOR'S AUTHORITY TO CONDUCT
PERFORMANCE AUDITS OF CERTAIN PROVIDERS OF BEHAVIORAL
HEALTH-CARE SERVICES.

Bill Summary

Legislative Audit Committee. The bill authorizes the state auditor to conduct, at the state auditor's discretion, performance audits of ~~community mental health centers and~~ managed care entities. The bill requires the state auditor to prepare a written report detailing findings and recommendations from any audit and to present findings and recommendations to the legislative audit committee. The state auditor is responsible for any costs associated with conducting a performance audit. Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. In Colorado Revised Statutes, add 27-60-205 as follows:

27-60-205. Performance audit of ~~community mental health centers and~~ managed care entities - report. THE STATE AUDITOR MAY CONDUCT OR CAUSE TO BE CONDUCTED, AT THE STATE AUDITOR'S DISCRETION, A PERFORMANCE AUDIT OF ~~COMMUNITY MENTAL HEALTH CENTERS, AS DEFINED IN SECTION 27-66-101, AND~~ OF MANAGED CARE ENTITIES, AS DEFINED IN SECTION 25.5-5-403, THAT ARE IN PART RESPONSIBLE FOR THE STATEWIDE SYSTEM OF COMMUNITY BEHAVIORAL HEALTH CARE, AS DESCRIBED IN SECTION 25.5-5-402. UPON THE COMPLETION OF EACH PERFORMANCE AUDIT CONDUCTED PURSUANT TO THIS SECTION, THE STATE AUDITOR SHALL PREPARE A WRITTEN REPORT THAT INCLUDES ANY FINDINGS AND RECOMMENDATIONS. THE STATE AUDITOR SHALL PRESENT THE REPORT AND RECOMMENDATIONS TO THE LEGISLATIVE AUDIT COMMITTEE CREATED IN SECTION 2-3-101. THE STATE AUDITOR HAS CONTINUING AUTHORITY TO CONDUCT PERFORMANCE AUDITS OF ~~COMMUNITY MENTAL HEALTH CENTERS AND~~ MANAGED CARE ENTITIES WHENEVER THE STATE AUDITOR OR LEGISLATIVE AUDIT COMMITTEE DEEMS APPROPRIATE. THE STATE AUDITOR SHALL PAY THE COSTS OF ANY PERFORMANCE AUDIT CONDUCTED PURSUANT TO THIS SECTION.

SECTION 2. In Colorado Revised Statutes, 2-3-107, add

~~(2)(a)(G)~~ and (2)(a)(H) as follows:

2-3-107. Authority to subpoena witnesses - access to records.

(2) (a) (H) Notwithstanding any provision of law to the contrary, the state

1 auditor or his or her designated representative is authorized to have access
2 at all times, except as provided by sections 39-1-116, 39-4-103, and
3 39-5-120, to all of the books, accounts, reports, vouchers, or other records
4 or information in any department, institution, or agency, including but not

5 limited to records or information required to be kept confidential or
6 exempt from public disclosure upon subpoena, search warrant, discovery
7 proceedings, or otherwise. The authority of the state auditor or his or her
8 designated representative to access at all times the books, accounts,
9 reports, vouchers, or other records or information in accordance with this
10 subsection (2)(a) also extends to any fiscal or performance audit the state
11 auditor or his or her designated representative conducts of:

~~(G) A COMMUNITY MENTAL HEALTH CENTER, AS DEFINED IN
13 SECTION 27-66-101; AND~~

12 (H) A MANAGED CARE ENTITY, AS DEFINED IN SECTION 25.5-5-403,
13 THAT IS PARTLY RESPONSIBLE FOR THE STATEWIDE SYSTEM OF COMMUNITY
14 BEHAVIORAL HEALTH CARE, AS DESCRIBED IN SECTION 25.5-5-402.

SECTION 3. Act subject to petition - effective date. This act
18 takes effect at 12:01 a.m. on the day following the expiration of the
19 ninety-day period after final adjournment of the general assembly; except
20 that, if a referendum petition is filed pursuant to section 1 (3) of article V
21 of the state constitution against this act or an item, section, or part of this
22 act within such period, then the act, item, section, or part will not take
23 effect unless approved by the people at the general election to be held in
24 November 2024 and, in such case, will take effect on the date of the
25 official declaration of the vote thereon by the governor.