

Behavioral Health Engagement (For Members Releasing from State Prison)



Measure Description:

- The percentage of members ages 18 and older releasing from state prison who had a behavioral health (BH) service within 14 days of release.
- The measure promotes timely BH engagement to reduce recidivism and support reentry, using administrative data.
- This measure is identical to the CMS Adult Core Set specification for BH follow-up, with payment tied to the overall rate under ACC Phase III RAE performance.
- BH services include outpatient visits, intensive outpatient, partial hospitalization, or telehealth with a BH provider.
- Reportable via claims or EHR, with emphasis on coordination with Department of Corrections (DOC) for release dates.

Numerator:

- Members in the denominator who had at least one BH service within 14 days of release.
- Services must be with a BH provider and documented in claims or EHR.
- Rate calculated as the percentage of engaged members, with payment based on the total rate for all releases.

Denominator:

- All members ages 18 and older releasing from Colorado state prison during the measurement year (CY2026).
- Members must be enrolled in Medicaid on the release date to be included in the denominator.
- Excludes releases to hospice or other non-community settings (see Exclusions section).

Services to Support Behavioral Health Engagement:

- Behavioral health outpatient visits or therapy sessions, provided in community or telehealth settings.
- Intensive outpatient or partial hospitalization programs for higher-need members post-release.
- Community mental health centers for accessible BH services and support groups.
- Telehealth or virtual BH consultations for immediate post-release engagement.
- Pharmacy services for BH medication management, though not direct for the measure.

Best Practices:

- Coordinate with DOC to receive release dates in advance per state protocols, allowing for pre-release planning and immediate BH appointment scheduling.
- Schedule BH services within 7-14 days of release, using integrated care models to address mental health, substance use, and reentry needs.
- Educate members pre-release on BH services using the "Teach Back Method" to confirm understanding, such as asking them to repeat back how to access telehealth.
- Document engagement in structured EHR fields with appropriate CPT codes to facilitate data capture and hybrid reporting.
- Partner with community BH providers for warm handoffs, targeting high-risk groups like those with serious mental illness or substance use disorders.

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- Conduct outreach to released members via phone, text, or portal messages, offering transportation or telehealth to reduce no-shows.
- Common miss: Delayed engagement – always use CPT 90791 in claims for initial BH assessment and track 14-day window.
- Submit claims promptly with CPT codes to ensure engagements are captured in administrative data, reducing the need for chart reviews during audits.
- Monitor performance using EHR dashboards or RAE reports to identify gaps in rates and target interventions (e.g., better coordination for high-volume prisons).
- Collaborate with RAE quality teams for resources like pre-release toolkits, training on reentry BH, or incentives to improve equity in engagement access.

CY 2026 Payment Thresholds

Level	Required Rate	Payout %	Description
Basecamp	N/A	N/A	No Basecamp threshold; focus on building processes.
Tree Line	N/A	N/A	No Tree Line threshold; aim for full compliance.
Summit	≥37.1%	100%	All-or-nothing target; use coordination to achieve.

For the full list of codes, please see Appendix A on the following page.

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Appendix A

Codes to Identify BH Services	
Code Type	Codes
CPT	90791, 90792, 90832, 90834, 90837, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255
HCPCS	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485

Codes for Telehealth BH Services (CPT/POS)	
Code	Description
90791	Psychiatric diagnostic evaluation (POS 02 or 10 for telehealth)
90832	Psychotherapy, 30 minutes (POS 02 or 10)

Codes for Hospice Exclusions (UBREV)	
Code	Description
0651	Hospice routine home care (per diem)
0652	Hospice continuous home care (per hour)
0655	Hospice inpatient respite care (per diem)
0656	Hospice general inpatient care (non-respite) (per diem)
0657	Hospice physician services
0658	Hospice room and board nursing facility (per diem)
0659	Hospice other (per diem)