

Safety Net Provider Forum

April 26, 2024

Presented by:

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Meeting Purpose

The purpose of this meeting is to:

- Provide a learning space for providers highlighting the ongoing and upcoming behavioral health safety net system changes
- Provide discussion opportunities regarding new provider types through a Medicaid lens
- Ensure ongoing availability of BHA team members for discussions regarding licensing requirements and regulations



Meeting Agenda

- BHA Updates:
 - Safety Net Application
- HCPF Updates:
 - CMHC PPS Implementation/Not Included Services
 - Enrollment
 - NPI
 - Training and Technical Assistance (TTA) updates/announcements



Safety Net BHA Application

- Application for Safety Net Approval is now available.
- First step is to submit a Letter of Intent to BHA.
- This can be done along with renewal/application for another license (e.g. BHE) or separate.
- Policies and Procedures for Safety Net Approval required to process the application.
- Need help? [Technical assistance appointments available!](#)



Update on Safety Net Approvals

As of 4/25:

- 18 Comprehensive approval applications in progress
 - Total organizations
- 125 Essential approval applications in progress
 - Total locations

Coming Soon: Dashboard on Rules and Laws web page tracking these numbers!

Questions?

bha_qs_division@state.co.us

Comprehensive Providers

HCPF Enrollment starts by identifying the Provider Type (PT) you want to enroll as

<https://hcpf.colorado.gov/find-your-provider-type>

Comprehensive Safety Net Provider - PT 78

Comprehensive providers will only enroll as this 1 PT - they will NOT need to enroll as a SUD provider also (PT 64) for OP SUD services

May need to enroll separately if providing non-Comprehensive services - SUD Residential, CSU/ATU, OTP, etc.

DO NOT DISENROLL Current PT!!!

^ Comprehensive Safety Net Provider

Provider Type: 78

Specialty: Comprehensive Community Behavioral Health Provider

Specialty Code: 887

Enrollment Type: Group

- Each service location must complete a separate application and pay a
- Must enroll using the organization's federal Employer Identification Nu
- Must have at least one enrolled, licensed Physician (Provider Type 05), Licensed Psychologist (Provider Type 37) affiliated with the group.
- Credentialed individuals (rendering providers) must be enrolled indivi
- For new enrollments, the group must be approved prior to enrollment

Required Attachments:

- Behavioral Health Administration license as a Behavioral Health Entity (application.)
- Behavioral Health Administration approval letter as a Comprehensive



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Essential Providers

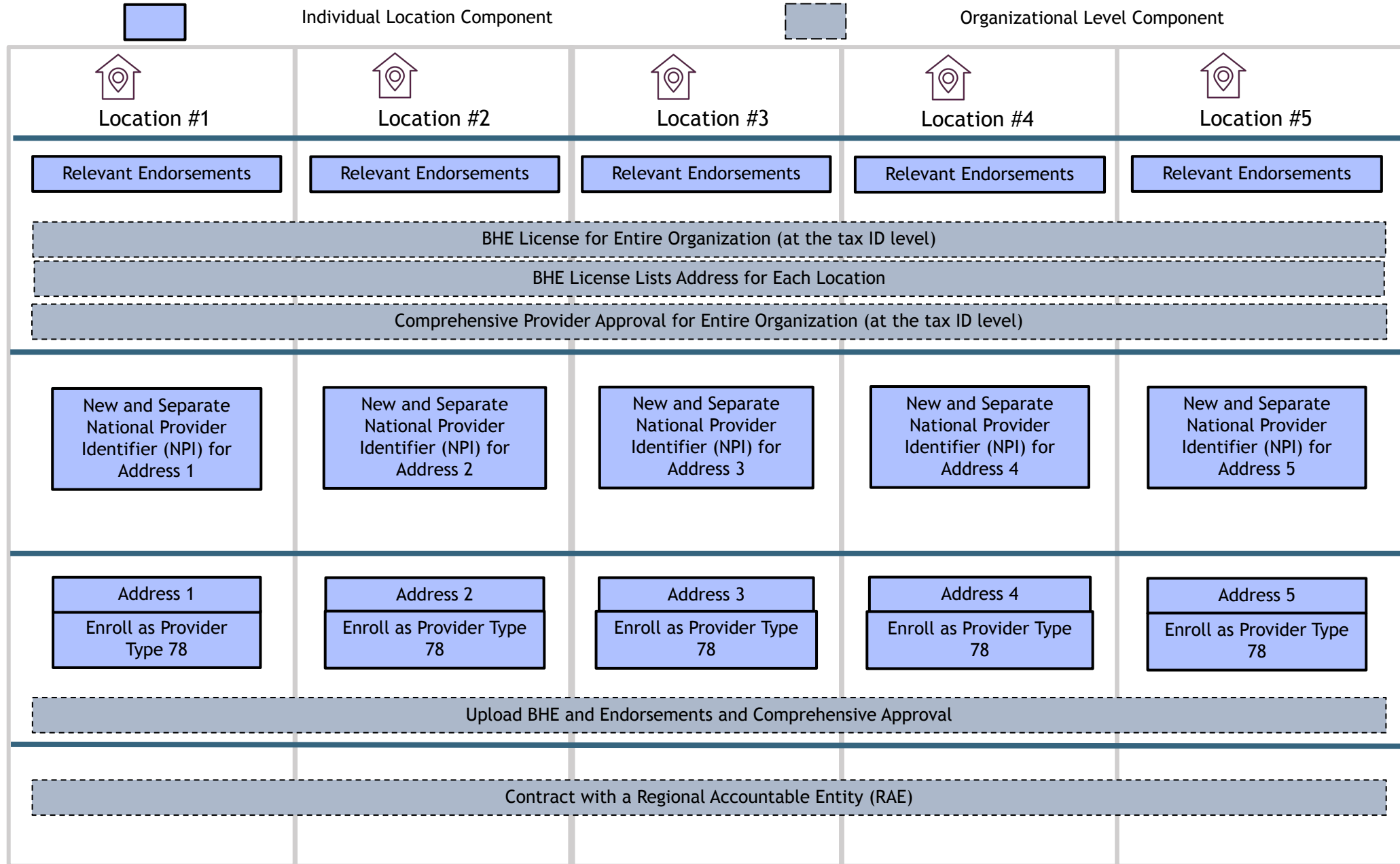
- 1) A Provider gets BHA Approval as an Essential Provider
- 2) A Provider enrolls (or updates enrollment) with HCPF

There is not a distinct Provider Type or Specialty Type for this - it will be a “flag” you select in the enrollment portal under the appropriate existing provider types

 - a) New Providers - Enroll as the appropriate provider type and select “Essential” in the enrollment portal at the time of enrollment. Must upload BHA Approval Letter
 - b) Current Providers - Submit a maintenance request and select “Essential” in the enrollment portal. Must upload BHA Approval Letter
- 3) A Provider must be contracted with an MCE as a safety net provider to receive the enhanced payment.
 - a) MCEs are required to re-contract with existing providers who have secured Essential status.
 - b) MCEs may choose not to contract with new providers based on network needs.
- 4) A Provider will receive the Essential enhanced payment rate based on the effective date of the MCE contract.
- 5) HCPF sends a weekly provider file and a quarterly file to the MCEs. The weekly file includes any changes that were made from the previous weekly file.

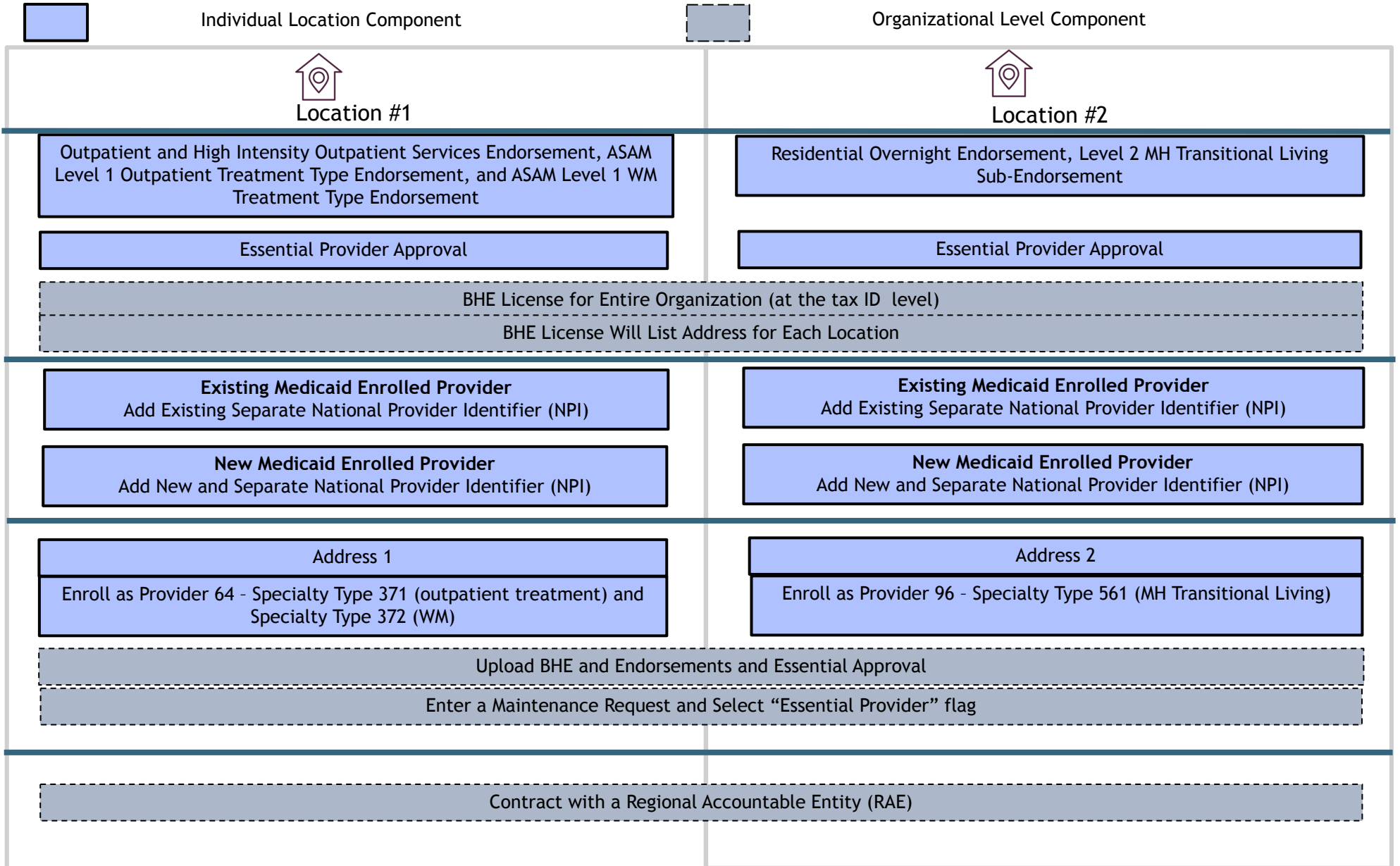


Scenario 1: Very Good Comprehensive Safety Net Provider with 5 Locations



Scenario 2: High Quality Essential Safety Net Provider with Two Locations

Services include ASAM Level 1 Withdrawal Management (WM), ASAM Level, Outpatient (ASAM Level 1.0), and Level 2 Transitional Mental Health Living Home



Scenario 3: Really Good Comprehensive Provider with Essential Services and Approval with 3 Locations

Services include Crisis Stabilization Unit, Level 2 Transitional Mental Health Living Home



Individual Location Component



Organizational Level Component



Location #1



Location #2



Location #3

Relevant Endorsements

Comprehensive Services

Relevant Endorsements

Comprehensive Services

Relevant Endorsements

Comprehensive Services

Essential Services

Crisis Services Endorsement with CSU Treatment
Type Sub-Endorsement

Residential and Overnight Services Endorsement
with Level 2 MH Transitional Living
Sub-Endorsement

Essential Provider
Approval

BHE License for Entire Organization (at the tax ID level)

BHE License Lists Address for Each Location

Comprehensive Provider Approval for Entire Organization (at the tax ID level)

New and Separate National Provider Identifier
(NPI) for Address 1

New and Separate National Provider Identifier
(NPI) for Address 2

New and Separate National Provider Identifier
(NPI) for Address 3

Separate National Provider Identifier (NPI) for
CSU (if existing provider don't need new
National Provider Identifier (NPI))

Separate National Provider Identifier (NPI) for
Mental Health Transitional Home (if existing
provider don't need new National Provider
Identifier (NPI))



Licensure and Approval

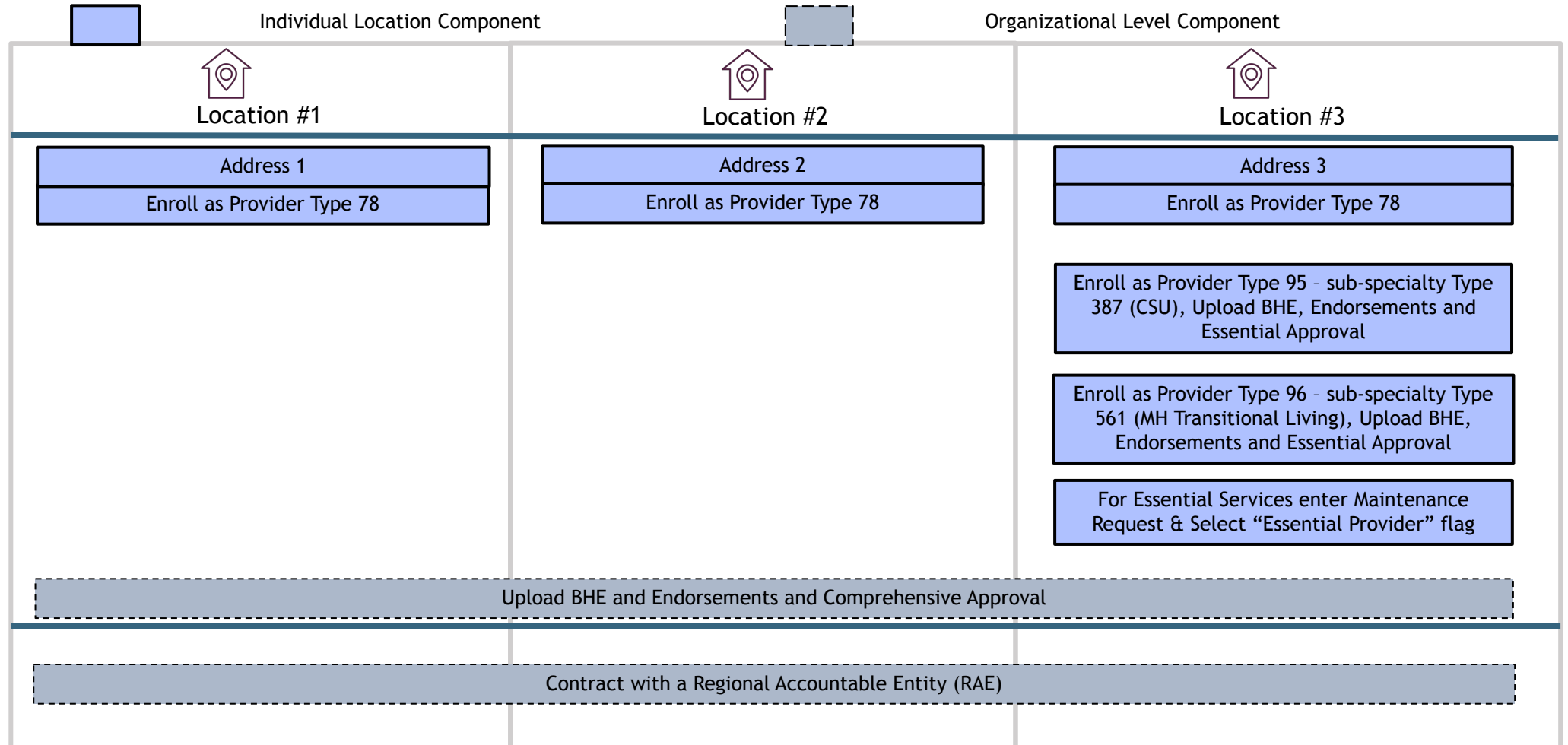


National Provider
Identification (NPI)

Scenario 3: Really Good Comprehensive Provider with Essential Services and Approval with 3 Locations

(continued)

Services include Crisis Stabilization Unit, Level 2 Transitional Mental Health Living Home



Medicaid Enrollment



RAE Contract

Provider Enrollment

Provider Services Call Center

1-844-235-2387

Provider Enrollment Support

<https://hcpf.colorado.gov/regional-provider-support>

[Colorado NPI Law Fact Sheet](#)

[NPI Law FAQs](#)



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CMHCs will be paid the Comprehensive PPS Effective July 1

- HCPF requested CMHCs to attest their intention to be Comprehensive Providers no later than 12/31/23 - All CMHCs attested.
- This qualified them to start receiving their distinct PPS July 1 even under current enrollment as PT 35 CMHC.
- HCPF is designing the billing rules in interChange to pay out the daily encounter rate for CMHCs for [all PPS services](#) just like they will receive as a Comprehensive Provider
- This will have an impact on services that are not included in the PPS (CSU/ATU, OTP, ECT, Adult MH Residential)

Not Included in the PPS

These 9 Codes are NOT included in the Comprehensive PPS

- H2036 Alcohol and/or other drug treatment program, per diem
- H0010 Clinically managed residential withdrawal management: ASAM level 3.2WM, per diem
- H0011 Clinically managed residential withdrawal management: ASAM level 3.7WM, per diem
- H0020 Methadone administration and/or service (provision of the drug by a licensed program)
- 90870 Electroconvulsive Therapy (ECT)
- 00104 Anesthesia for Electroconvulsive Therapy
- H0017 Acute Treatment Unit (ATU) - Behavioral Health; residential (hospital residential treatment program), without room and board, per diem
- H0018 Crisis Stabilization Unit (CSU) - Behavioral Health; short-term residential (non-hospital residential treatment program), without room and board, per diem
- H0019 QRTP/AMH Residential - Behavioral Health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem



Not Included in the PPS

- CMHCs currently serve as OTPs by billing OTP required services by having a secondary enrollment as an SUD clinic-outpatient (PT 64/477)
 - Billing H0020 (Methadone) under PT 64/477
 - Associated E/M codes billed under the CMHC under PT 35 (future 78).
- When HCPF removes 477 under PT 64 and requires OTP providers to select the specific ST for OTPs only the specific OTP specialty type will be allowed to bill H0020.
 - The Comprehensive PPS model does not include H0020
 - The Comprehensive PPS model includes E/M codes

Not Included in the PPS

- ECT/Anesthesia - (90870 Electroconvulsive Therapy (ECT) and 00104 Anesthesia for Electroconvulsive Therapy)
 - This service must be provided in a hospital
 - Hospitals should be billing the MCEs for this service



Not Included in the PPS

- H0018 and H0019 - Adult MH Residential - CMHCs will not be able to bill this since this is not a code included in the PPS
- HCPF created a distinct Provider Type when the BHA established rules for this service - 96 Adult Mental Health Residential (AMH). This is the PT that CMHC (and other/new) programs should enroll as.
 - AMH Residential is both a step-down and a step-up program

Not Included in the PPS

- CMHC Cost Report Data for H0017 and H0018
- Some of these locations are NOT licensed as CSU/ATU and we are working to suss that out
- These facilities will have to enroll as a CSU/ATU (or Adult MH Res) by July 1
- HCPF is working on a cost-informed rate for CSU/ATUs
- HCPF can only pay a reasonable rate
- As “Hospital Alternative” services these rates are currently HIGHER than FFS inpatient psych hospital rates
- HCPF is exploring starting with a Statewide rate based on these numbers

Reimbursement Updates

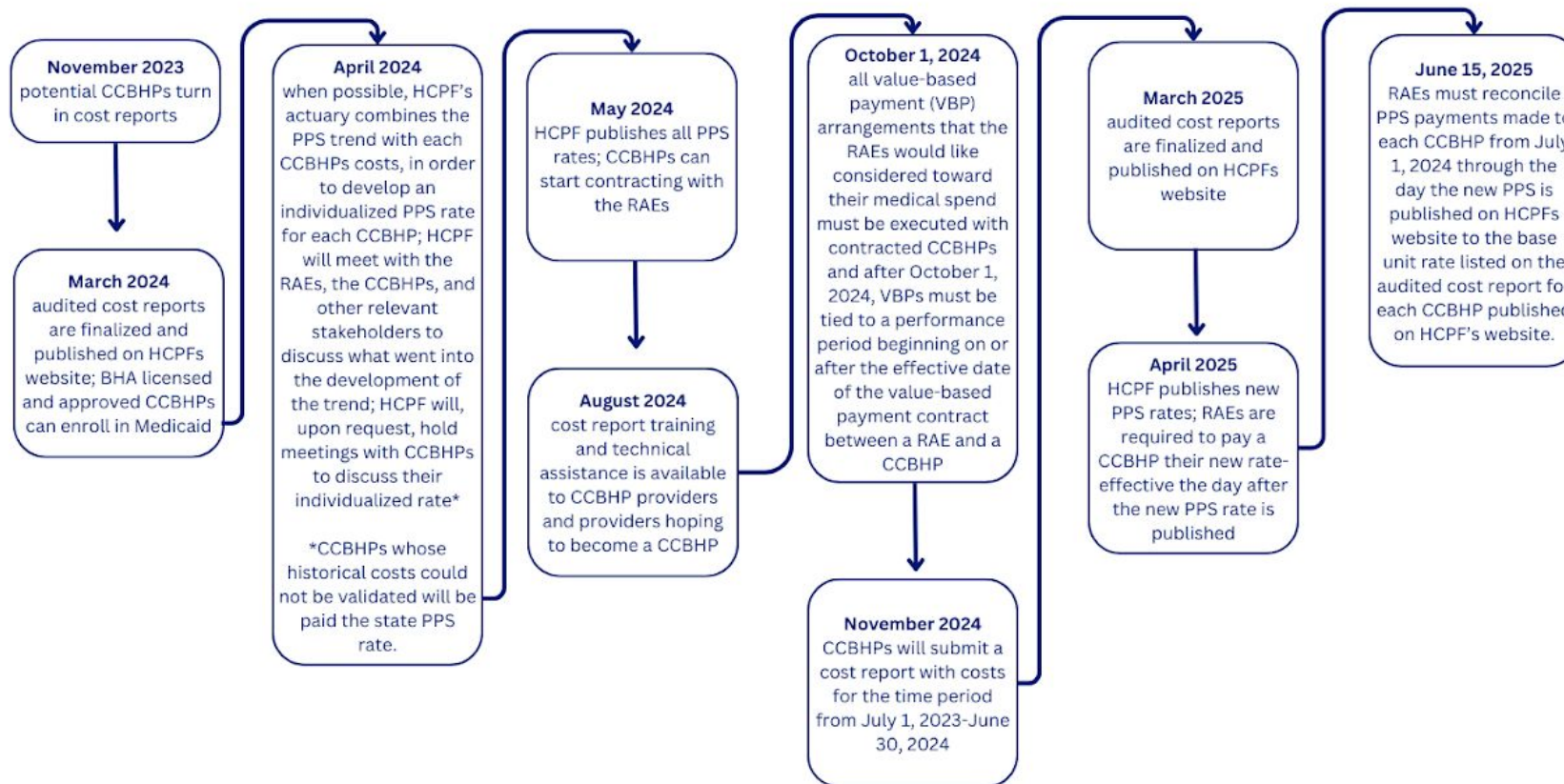
Safety Net Provider Reimbursement Updates

- Comprehensive - Prospective Payment System (PPS)
 - Individual PPS rates were shared with Comprehensive providers this week
 - Individual and Statewide PPS rate will be shared with the provider community soon
 - Both Statewide PPS rate and distinct Comprehensive provider PPS rates will be published in the State Behavioral Health Services (SBHS) Billing Manual published 7/1/24
- Essential - fee schedule
 - Essential fee schedule rates are forthcoming
 - This fee schedule will be published in the State Behavioral Health Services (SBHS) Billing Manual published 7/1/24



Reconciling the PPS

The Life Cycle of the Comprehensive Community Behavioral Health Provider Prospective Payment System: Cost Reporting through Reconciliation



Questions?

hcpf_safetynetforum@state.co.us



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BH Provider TTA Updates

MAY LIVE TRAININGS

National Innovations in Transitions from Institutional Care to Community Care

Thursday, May 9 at 12 p.m.

Care Compact Best Practices and Building Enhanced Referral Networks

Thursday, May 23 at 12 p.m.

May Training Note: The Navigating Complexity: Securing Safe Transport in Tricky Situations Following Mobile Crisis Response originally scheduled for Thursday, May 16 at 12 p.m. will now be delivered as a recorded training rather than live. Please visit the HCPF Safety Net Provider landing page for availability. Those who have already registered have been sent an email indicating the live training has been canceled and switched to a recorded training.

JUNE LIVE TRAININGS

Removing Structural and Organizational Barriers to Access

Thursday, June 6 at 12 p.m.

Building the Bench for Early Childhood Intervention

Thursday, June 13 at 12 p.m.

Increasing Access and Expanding Organizational Capacity for Individuals with Developmental Disabilities

Thursday, June 27 at 12 p.m.



BH Provider TTA Updates

Newly added pre-recorded & recordings of live trainings are available now under the Training Library on the HCPF Safety Net Providers landing page include:

- Improving Health Care Equity, Access, and Outcomes for Coloradans Through Health First Colorado And CHP+
- Cost-Reporting: Capturing What's Important for Your Business to Provide What's Important for Your Patients
- Partners as Assets: Developing an Organizational Strategy to Optimize Partnerships to Advance Community Wellbeing and Health
- I Can Help You? Serving Populations with Complex Behavioral Health Needs

Coming Soon:

- Wrap Around Supports: A 360 Degree Approach
- Safety Net Transition to New Licensure Types
- Assertive Community Treatment

BH Provider TTA Updates

APRIL OFFICE HOURS ARE TODAY AT NOON - IT IS NOT TOO LATE TO REGISTER!

Office Hours provide an opportunity to drop in and ask questions to our subject matter and clinical experts about any of the conducted trainings.

April Office Hours will:

- Focus on safety net reform implementation questions raised by providers
 - Enrollment
 - Launch of new provider types
- Provide an opportunity to do a deeper dive and discuss questions in more detail
- Include BHA and HCPF representatives

Use the QR Code below to register now



BH Provider TTA Updates

Provider Communication Toolkit

- Created to assist providers in sharing information about the TTA program among the provider network to help expand awareness and utilization of the program's resources
- Providers can reference this toolkit when crafting communication efforts to incorporate the TTA program's messaging and creative assets
- Contains links to images and messages and to find content to simply copy and paste into provider communication channels
- The resources are organized by communication channel:
 - Key Message
 - FAQs
 - Social Media
 - E-newsletter
 - Webpage
 - Presentation Slide
 - Assistance

**NEW RESOURCE
REMINDER!**



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BH Provider TTA Updates

Office Hours

Last Friday of the month @ 12pm MST, [Register Here](#)

Listserv

Join the Listserv to receive notifications of trainings, technical assistance, and other stakeholder engagement opportunities:

[Register Here](#)

HCPF Safety Net
Provider Website

Visit the website for details on upcoming training topics and announcements, training recordings and presentation decks, FAQs and more: <https://hcpf.colorado.gov/safetynetproviders>

TTA Request Form
and E-Mail

Request TTA support or share your ideas, questions and concerns about this effort using the [TTA Request Form](#) or e-mail questions and comments to: info@safetynetproviders.com



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Questions?



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Resources

- Next meeting: May 31st 10:00am-11:00am [Register in advance](#)
- [BHA Laws and Rules Webpage](#)
 - SNP regulation resources, licensing and safety net approval info, [book a support session](#)
 - cdhs_bharulefeedback@state.co.us
- [HCPF SNP Webpage](#)
 - SNP forum archive and training resources
 - HCPF Enrollment/Billing Questions - hcpf_safetynetforum@state.co.us
 - Training or technical assistance questions - safetynetta@healthmanagement.com

