

# Welcome

## We are Recording



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## Use Chat



Please ask questions

## Slides



Will be Shared to webpage

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or \*9 to raise hand

## Closed Captioning



Click the Live Transcript icon  
at the bottom of your screen

# Safety Net Provider Forum

May 31, 2024

Presented by:

Mel Tyler, Safety Net Unit Manager - BHA

John Laukkanen, Behavioral Health Strategy Manager - HCPF

Angie Bergefurd, Health Management Associates - HMA

# 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:
  - SUD Continuum
  - Focus: Essential Safety Net Providers
  - Documentation Requirements
- HMA Updates:
  - 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!](#)
- Dashboard on Rules and Laws web page is live and tracking these numbers



# Safety Net Policies & Procedures

- For Provisional Approval Focus:
  - 12.3.2.B.3 - Crisis Response
  - 12.3.2.B.9 - Critical Incident Reporting
  - 12.3.3 - Care Coordination
  - 12.4.3 (Essential)/12.5.3 (Comprehensive) - Screening, Triage, & Care Coordination in alignment with No Refusal
  - 12.4.4 (Essential)/12.5.5 (Comprehensive) - Governance
- During Provisional period we will work with the agency on the rest of their P&P, all Ch 12 must be submitted to move to Full Approval

## P&P Tips:

1. Make sure all points in rule are covered
2. We're looking for the *HOW*
3. If using P&P from another section of rule, reference it if it is in another chapter
4. Not all Essential P&Ps cover Comprehensive P&P requirements, and vice versa

# Update on Safety Net Approvals

As of 05/31:

- 21 Comprehensive approval applications in progress
  - Total organizations
- 131 Essential approval applications in progress
  - Total locations
- First Safety Net approval certificate issued!
- Delayed Enforcement with the exception of Health/Safety/Welfare concerns is in effect for Safety Net providers until July 1st



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# Questions?

[bha\\_qs\\_division@state.co.us](mailto:bha_qs_division@state.co.us)



# 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.



# Enrolling as an Essential Provider

HCPF's provider enrollment system will NOT be ready for July 1, 2024.

HCPF work around until system implementation are complete:

1. Providers will be sent a link to complete the Essential Provider approval form (google form) the first week of June.
2. Providers will complete the required fields and upload a copy of their BHA Essential Approval letter.
3. HCPF will review the completed form to ensure the provider's information matches the provider's existing enrollment record in the interChange/MMIS.
4. HCPF will contact providers if needing clarification or errors are found on the form.
5. HCPF will send the MCEs a list of all the Essential Approved providers.

More details will be shared through email blast, provider bulletin/newsletters, and on the Safety Net Provider Forum website.



# 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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# SUD Continuum

- Current enrolled RESIDENTIAL providers do NOT need to change HCPF enrollment
- Current OP/HIOP providers will need to update HCPF enrollment to align with BHA endorsements and HCPF specialty types.  
*Move from ST 477 to new ST*
- Both RESIDENTIAL and OP/HIOP providers who receive approval to be a BHA Essential Provider need to update their enrollment with the Essential Approval letter
- Because this continuum is under a single provider type # (64) changes to existing enrollments can be made with a “Maintenance Request”
- When adding a Specialty Type to an existing Provider Type no new NPI is required.

Green = Residential  
Blue= OP/HIOP

Orange = New Provider Specialties

X	64	Substance Use Continuum	371	ASAM 1.0
X	64	Substance Use Continuum	372	ASAM 1 WM
X	64	Substance Use Continuum	213	Opioid Treatment Provider (OTP) - Moderate Risk
X	64	Substance Use Continuum	214	Opioid Treatment Provider (OTP) - High Risk
X	64	Substance Use Continuum	373	ASAM 2.1 IOP
X	64	Substance Use Continuum	212	ASAM 2.5 PHP
X	64	Substance Use Continuum	374	ASAM 2WM
X	64	Substance Use Continuum	477	Substance Use Disorder - Clinics
X	64	Substance Use Continuum	870	Special Connections
X	64	Substance Use Continuum	871	ASAM level 3.1
X	64	Substance Use Continuum	872	ASAM level 3.3
X	64	Substance Use Continuum	873	ASAM level 3.5
X	64	Substance Use Continuum	874	ASAM level 3.7
X	64	Substance Use Continuum	875	ASAM level 3.2 WM
X	64	Substance Use Continuum	876	ASAM level 3.7 WM

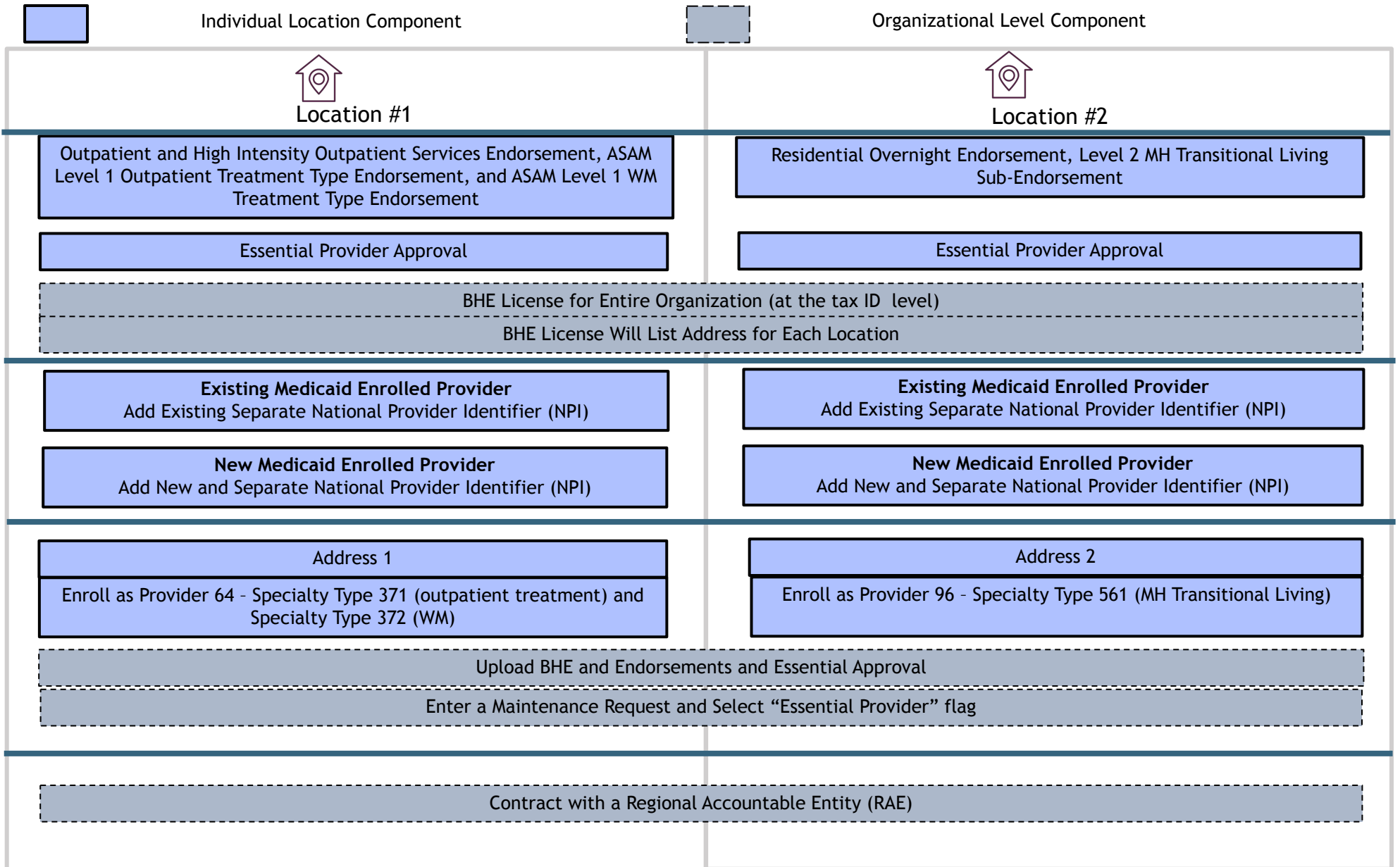


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# Scenario 2: High Quality Essential Safety Net Provider with Two Locations

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



# Essential Fee Schedule

The rates for all Safety Net Providers will be published in the [SBHS Billing Manual](#), APPENDIX D: MEDICAID DIRECTED PAYMENTS

Also posted on our [BH Rates Reform website](#)

There are four (4) categories of services that an Essential provider can offer that are also included in the Comprehensive provider service array: Care Coordination, Emergency and Crisis, Outpatient, and High Intensity Outpatient. For these services a Comprehensive provider will be reimbursed at their distinct daily encounter rate. An Essential provider will be reimbursed based on the rate listed in the fee schedule.

Essential and Targeted Directed Payment Fee Schedule

Code	BHA Leg Category	Included in the PPS	Essential Provider Rate	Targeted Directed Payment Rate
90785	OP	X	\$10.72	
90791	SA	X	\$168.16	
90792	SA	X	\$181.90	
90832	OP	X	\$84.42	
90833	OP	X	\$66.09	
90834	OP	X	\$118.11	
90836	OP	X	\$83.63	
90837	OP	X	\$156.61	
90838	OP	X	\$115.85	
90839	EC	X	\$173.24	
90839+ET	EC	X	\$217.44	
90840	EC	X	\$72.58	
90846	OP	X	\$110.76	
90847	OP	X	\$123.13	
90849	OP	X	\$46.73	
90853	OP	X	\$39.08	
90870	IP		\$110.25	
00104	IP		\$55.25	
90875	OP	X	\$70.42	
90876	OP	X	\$123.13	
90887	SA	X		

# Change to Rendering Provider Policy for CMHCs

- CMHC designation will be discontinued at the end of December 2024
- As the CMHC provider type is end-dated, these providers must enroll as new provider types (Comprehensive, Essential, BH Group, etc.)
- Comprehensive Safety Net Providers will be billing providers and will not be able to bill as the rendering provider (as current CMHCs are allowed).

Question: How will this impact signing/co-signing clinical notes?

Answer: HCPF and the SBHS Billing Manual do not address that level of detail. The only guidance/requirement we have is in Section VIII. Service Documentation Standards. This section requires a clinical note includes the “...provider’s dated signature and relevant qualifying credential. A title should be included where no credential is held.”

# Why the Change?

HCPF is working to come into compliance with the 837 encounter requirements that are part of federal HIPAA requirements.

Per HIPAA, Medicaid is not allowed to vary our billing standards from what other payers require as established in the 837 Implementation Guide.

Per the Technical Report Type 3 (TR3), When the rendering provider is different from the billing provider, the rendering provider is required. If the rendering provider is not different, then you do not send the rendering provider information (only the billing provider details).

Additionally, [42 CFR 455 Subpart E 455.410 \(b\)](#) stipulates: The State Medicaid agency must require all ordering or referring physicians or other professionals providing services under the State plan or under a waiver of the plan to be enrolled as participating providers.

[HCPF General Provider Information Manual](#): Non-enrolled providers

- Services by non-enrolled providers must be ordered by an enrolled provider that can order services
- Services by a non-enrolled provider require Direct Supervision by an on-site enrolled provider during the rendering of services who is immediately available to give assistance and direction throughout the performance of the service
- Services must identify the enrolled provider as the rendering provider.

[Behavioral Health Fee-for-Service \(FFS\) Billing Manual](#):

- Instructions for Box 24J require: “In the shaded portion of the field, enter the NPI of the Health First Colorado provider assigned to the individual who actually performed or rendered the billed service. This number cannot be assigned to a group or clinic.”



# 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

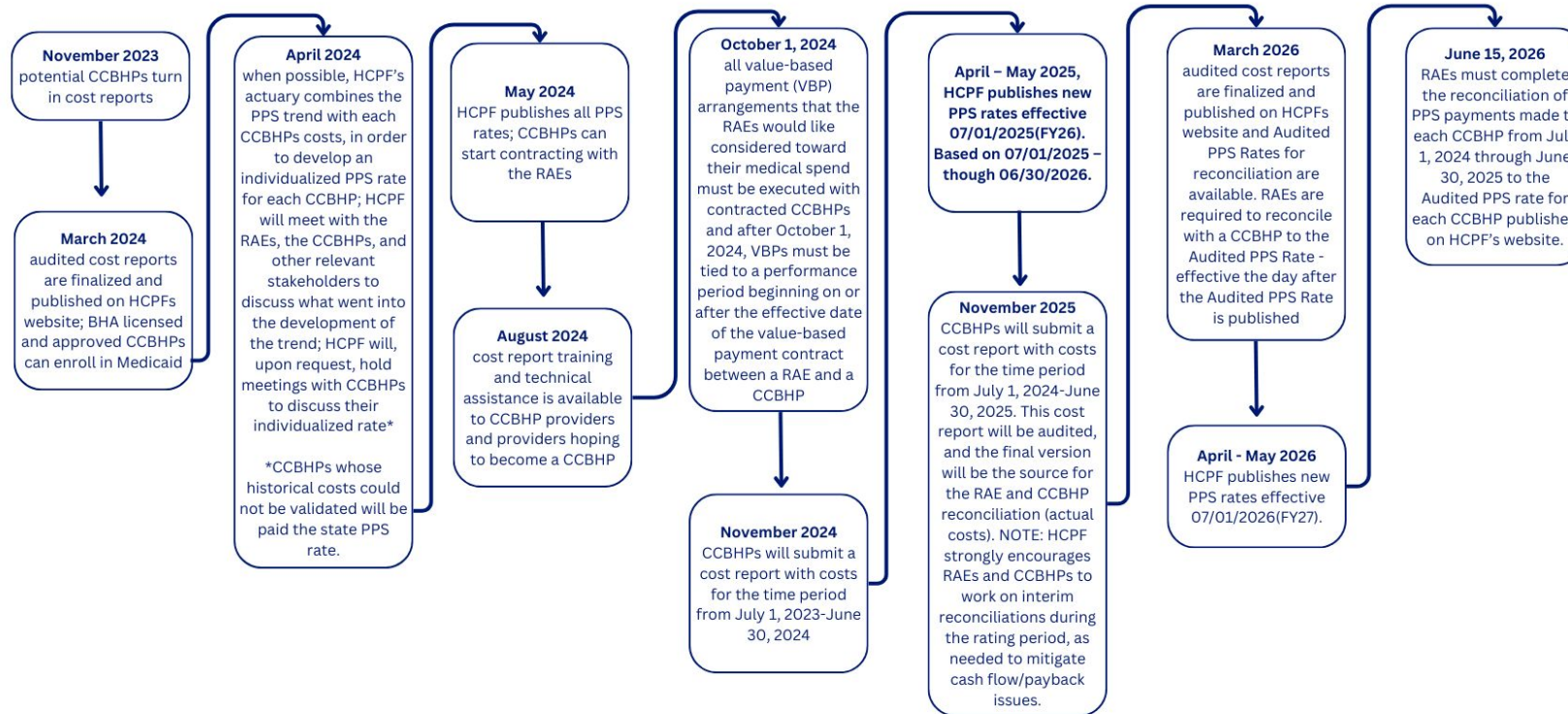
## Safety Net Provider Reimbursement Updates

- 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](mailto:hcpf_safetynetforum@state.co.us)



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# BH Provider TTA Updates

## JUNE LIVE TRAININGS

**Removing Structural and Organizational Barriers to Access**

Thursday, June 6 at 12 p.m.

[Click here to register for Thursday, June 6](#)

**Building the Bench for Early Childhood Intervention**

Thursday, June 13 at 12 p.m.

[Click here to register for Thursday, June 13](#)

**Increasing Access and Expanding Organizational Capacity for Individuals with Developmental Disabilities**

Thursday, June 27 at 12 p.m.

[Click here to register for Thursday, June 27](#)



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# 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:

- Empowerment through Engagement: Assertive Community Treatment (ACT)
- Feeling Like You Have One Foot In Two Worlds? Let's Get Grounded on the Transition to the Behavioral Health Entity License and Safety Net Approvals
- "Get Out & Stay Out!" Maintaining Care After Discharge
- Clinical Innovation for Improved Outcomes: Introduction to Measurement Based Care

Coming Soon:

- All Hands on Deck: Best Practice Strategies in Integrated Care
- Reducing the Impact of Traumatic Events with Trauma-Focused CBT
- We Can't Do it Alone and We Don't Have To: Advancing Mental Wellbeing and Connecting Communities to Care with Behavioral Health Workforce Extenders
- Building Enhanced Referral & Care Compact Relationships: Improving Outcomes Through Effective Collaboration
- Medications Assisted Treatment in Jails/Prisons: Supporting Re-Entry and Recovery
- Building a Harm Reduction Philosophy



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# BH Provider TTA Updates

**MAY 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.

May Office Hours will:

- Focus on Essential Providers
  - Enrollment processes
  - Provider types
  - Specialty types
  - Provider scenarios
  - And more!
- Billing and rendering provider distinctions and requirements
- 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 for June Office Hours](#)

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](mailto:info@safetynetproviders.com)



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# Questions?



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# Resources

- Next meeting: June 28 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](#)
  - General questions: [cdhs\\_bharulefeedback@state.co.us](mailto:cdhs_bharulefeedback@state.co.us)
  - Individual support: [book a support session](#) or contact your safety net licensing manager
- [HCPF SNP Webpage](#)
  - SNP forum archive and training resources
  - HCPF Enrollment/Billing Questions - [hcpf\\_safetynetforum@state.co.us](mailto:hcpf_safetynetforum@state.co.us) or contact your field representative
  - Training or technical assistance questions - [safetynetta@healthmanagement.com](mailto:safetynetta@healthmanagement.com)

