



BEHAVIORAL HEALTH HOSPITAL ENGAGEMENT FORUM

Meeting Minutes

Virtual attendance only

February 12, 2021

1. Call to Order

Sandra Grossman called the meeting to order at 10:02 a.m.

2. Introductions

Introductions were provided:

Billie Bemis (RMHP, RAE 1), Cassidy Edwards (RMHP, RAE 1), Tina McCrory (Health Colorado, RAE 4), Michelle Tomsche (Colorado Access, RAE 3 & 5), Kevin Innarelli (Gainwell), Meg Taylor (RMHP, RAE 1), Cathy Michopoulos (HCI, RAE 4), Hanna Thomas (CCHA, RAE 6 & 7), Triciann Romero (SCL Health), Jen Hale-Coulson (NHP, RAE 2), David Mok-Lamme (RMHP, RAE 1), Kevin Caudill (CHA), Alyssa Rose (Beacon Health Options, RAE 2 & 4), Eileen Barker (COA RAE 3 & 5), Lindsay Cowee (COA RAE 3 & 5), Christen Rodenburg (UCHealth), Mary Bender (SCL Health), Susanna Snyder (HCPF), Lourdes Schlager- (Denver Health), Jeremy Springston (Denver Health), Kari Snelson (NHP, RAE 2), Tayler Morrison (UCHealth Mountain Crest), Brad Sjostrom (SCL Health West Pines), Glenn Most, (SCL Health West Pines), Elicia Bunch (UCHealth), Jann Hodge (Children's Hospital Colorado), Carmella Ybarra (Denver Health), Valerie Baughman (Parkview Medical Center), Wanda Brown (Children's Hospital Colorado), Melanie Rylander (CCHA, RAE 6 & 7), Barbara Reeves (Centura Health), John Carlson (HCI, RAE 4), Amanda Thompson (Denver Health)

3. SUD Implementation Discussion

An announcement was made that Kim McConnell has departed from the Department and so will no longer will be leading the implementation of the substance use disorder (SUD) benefit.

A discussion occurred around a SUD billing issue that the Department has recently been made of aware and is in the process of fixing. Sandra Grossman provided an update that information has been received from hospitals and emergency departments that are providing outpatient services to members with a primary SUD diagnosis, as these claims were being denied and stating that it



should be sent to the Regional Accountable Entities (RAEs). The department is working to ensure these claims are paid through fee-for-service (FFS). The Department will then go back and reprocess the denials. They are currently awaiting information from Gainwell. Once the information has been obtained Sandra will complete the request. It will take about two weeks for the uptake and reprocessing to happen.

- A question was proposed by a hospital representative if the fix will also address inpatient medical management of withdrawal. A response was provided that if it's not provided in a 3.7 detox, it's part of a regular inpatient array of services. There is still the standard understanding that anything on a UB 04 with a SUD diagnosis pays to FFS. The only services excluded from this are the 3.7 WM, 3.7 Residential and SUD IOP are the only services that can be billed in UB 04 from the hospital to the RAEs.
 - There was a question about an IMD and if they would be able to be paid FFS. In response, IMDs should have 3.7 WM and Residential and if they did not then they cannot not get paid. If they do, then payment is based upon the discharge diagnosis as they would get paid by the RAEs for the SUD dollars because IMDs are covered under SUDs.

Discussion on 3.7 WM admissions into hospitals, and transfers from hospitals to an IMD, CMHC or community provider providing assessment. There seem to be concerns from hospitals regarding approval needed from the RAE before a member will be taken in for 3.7 WM. There is no requirement for prior authorization for WM services.

- A hospital representative requested confirmation that they would not need an authorization if they took the admission. In response, a notice of admit will suffice. An additional question was asked if some sort of reference number would be provided by the payer for the notice of admit.
 - All RAEs responded that only notification and no authorization has been required. Additionally, all RAEs responded that a number is given to providers.
 - RAE 3 and 5 provided clarification that a concurrent review can still be done to review the entire stay but no prior authorization is being done for admission. So there will be an authorization number that can be reviewed for the date of admission; however, it's not a prior authorization process.
 - Per RAE 1, there is minimal information needed such as, the member's name, date of birth and a diagnosis.
- Per hospital representative, the form needing to complete to the RAE upon admission to 3.7 WM has taken approximately 30 minutes to complete per patient.
 - The RAEs will further discuss the level of information being required for the notifications of admission in an upcoming RAE meeting.

Discussion around retroactive authorization. A question was asked if a retro authorization can be done if there's uncertainty regarding the primary diagnosis being SUD.

- If the authorization does not match what the provider is billing for due to a change in the primary diagnosis, the provider will need to reach out to the RAE to ensure they complete what is needed and are reimbursed.
 - RAE 2 and 4 noted that they can update the authorization that is on file if it's around the same level of care. A retro authorization will be done if it's not the



- same level of care. There may be additional clinical information needed. It was recommended to still contact the RAE to ensure there is an authorization on file.
- It was further noted that reimbursement will only be received for 3.7 level of care.
 - There was a discussion on the timeframe, from discharge, to submit a request for retro authorization or expectation of the provider to reach out to the RAE.
 - There are limitations with timely filing.
 - Per RAE 2 and 4, providers have a 30 day window post-denial of a claim to submit additional information.
 - It was noted that it's important to recognize that if the treatment is being switched then medical necessity criteria would need to be met. ASAM criteria would be used for SUD while the state's medical necessity criteria would be used for psychiatric diagnoses.
 - Per RAE 3 and 5, the appeal timeframe of a denial on an EOB is 60 days.
 - It was noted by a RAE representative that feedback has been received around the RAEs having different processes, due to the kind of organization they are and there has been work done to have their processes be as uniform as possible. There was willingness expressed to develop an FAQ to note the differences between the RAEs in order to inform providers of the differences.
 - There was agreement among providers with this and to have the goal of uniformity as much as possible.

Feedback was solicited regarding the SUD implementation.

- Per West Pines representative, a thought was shared that processes are smoothing out. The concurrent review has diminished and is appreciated as it was unsustainable. It was requested for this to continue – to find a rhythm of trust between the hospitals and the RAEs. It was noted that less utilization review burden, in the sense of frequency, would be appreciated. The representative specifically referred to 3.7 Residential.

A next step identified is for providers to continue to work with the RAEs, HCPF and the Colorado Hospital Association.

4. Closing remarks/Housekeeping

The next meeting is scheduled for Friday, May 14, 2021.

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify Sandra Grossman at Sandra.Grossman@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.

