



MINUTES OF THE BEHAVIORAL HEALTH HOSPITAL ENGAGEMENT FORUM

Virtual Attendance Only

June 26, 2020

1. Call to Order

Jeff Appleman called the meeting to order at 10:05 a.m.

2. Introductions

Participants on the conference call introduced themselves. A list of attendees was documented.

A. Participants

Eileen Barker (Colorado Access), Valerie Baughman (Parkview Medical Center - Pueblo), Wanda Brown (Children's Hospital Colorado), Lourdes Schlager (Denver Health Hospital), Lila Cummings (Colorado Hospital Association), Vanessa Dusenberry (Children's Hospital Colorado), Gregg Fanselau (Children's Hospital Colorado), Kevin Innarelli (DXC), Cathy Michopoulos (Health Colorado), Alma Mejorado (Beacon), Kelea Nardini (Parkview Medical Center), Janet Pogar (CCHA), Kari Snelson (Northeast Health Partners), Micaela Romero (San Luis Valley Health), Triciann Romero (SCL Health), Alyssa Rose (Beacon Health Options), Helen Ross (SLV Health), Hanna Thomas (CCHA), Michelle Tomsche (Colorado Access), Carmella Ybarra (Denver Health).

B. HCPF staff

Justen Adams, Jeff Appleman, Scott Bennett, Melissa Eddleman, Sandra Grossman, Janna Leo, Amy Luu, Erica Mendoza.

3. Coverage of E&M codes discussion

- Recently, the Department has been working with the Regional Accountable Entities (RAE) concerning the E&M policy. Around 2017 some changes were made to accommodate the introduction for interchange, the Medicaid information system. The Department needed to determine what would be billed under capitation and what would be billed fee-for-service (FFS). During



the time of making these decisions, it was decided to have E&M codes not billed by specialty care providers, to be billed FFS, or for members enrolled with Rocky Mountain Health Plans PRIME or Denver Health Medicaid Choice as a Managed Care Organization (MCO), the MCO would capture the payment. The physician provider groups not able to distinguish as being either a medical provider or a behavioral health provider and do not have it interfere with integrated care in a primary care setting, it was determined to have non-behavioral health specialty provider types bill directly to FFS. In the fall of 2019, it was brought to the Department's attention that inappropriate payments had been made for things billed to the RAEs that should have gone to FFS. There has been various work done to address this as the Department has been in discussion on ways to improve this policy moving forward.

- Discussions occurred on multiple topics regarding billing, timely filing, and claims.
 - Services being referenced here are the E&M codes presented on CMS 1500. If there are multiple services on CMS 1500 then E&M codes would need to go directly to FFS.
 - If providers submit a claim and receive a denial for timely filing, it has been agreed upon for the Department to collect this list of ICNs and for providers to work with their RAEs. The RAEs will compile a list and share it with the Department. A policy transmittal will be put into the system to override the timely filing for these claims.
 - Paper forms usually required for claims that are more than a year old will not be required for this. It is requested that claims close to two years old are prioritized as there is no guarantee to have timely filing overwritten for these.
 - RAEs cannot act as a biller on behalf of providers in response to a question of having the RAEs submit the claims directly to the Department as they have the list of claims from all of their providers. It is not ideal to have the RAE submit a claim for the provider.
 - The spreadsheets with the ICNs being compiled by the RAEs, can go to Melissa Eddleman and Sandra Grossman. The ICN number is the only information that will be needed.
 - For claims in which a member was deemed eligible for Medicaid in the past but has now been deemed as ineligible, it was requested to have the RAEs flag this and then to send to Melissa.
 - Each of the RAEs has developed a standard process for how they plan to collect the information. The RAEs created uniform instructions that were modified accordingly to RAE-specific information. Providers have been informed to bill FFS and then the claims will be recouped by the RAEs.



4. Parity (HB 19-1269) update

- The Department has been working on the Annual Report, a Stakeholder Engagement Report, updating the state board managed care rules and adding parity language into the enrollee handbook, and RAE and MCO websites.
- Both of the reports will be completed by the vendor, CedarBridge. The Annual Report will be submitted to the legislator on September 1, 2020. It will include a comparative analysis of the RAE and MCO non-quantitative treatment limitations (e.g., prior authorization, concurrent review, retrospective review, medical necessity criteria, etc.). This report was required to be submitted on June 1 but experienced delays due to difficulties in securing a vendor and COVID-19. Legislators have already been informed of this delay. The Stakeholder Engagement Report will be posted with the Annual Report on September 1.
- The state board managed care rules have been revised and there is further revision needed. This work is led by Mark Queirolo and he has been working to finalize it.
- Lastly, another requirement within the parity bill is for a statement to be included in the enrollee handbook and, RAE and MCO websites to inform members that their health plan is subject to the Mental Health Parity Addiction Equity Act of 2008 and if members feel they are experiencing a potential parity violation then they may contact the Behavioral Health Ombudsman Office of Colorado, in which their contact information will also need to be included. This parity language has been complete for many months now but a decision was made to have it be more member-friendly and to provide more context as there is also a Managed Care Ombudsman whose contact information is already in the enrollee handbook. All of this has caused a delay in finalizing this language. This language will be included in the August revision of the enrollee handbook.
- The reports and any other parity-related materials are currently planned to be posted on the Department's Regulatory Resource Center webpage. Link: <https://www.colorado.gov/pacific/hcpf/regulatory-resource-center>.
- There was a request for the hospitals to participate in the managed care rules update process, specifically wanting to include their regulatory specialists in the initial/first review. The Department will follow-up on this.

5. HCPF budget discussion

- The Long Bill was recently signed. Several of the Department's processes and rate-setting have been impacted awaiting the Long Bill.
- SUD benefit has been postponed until January 2021. There is continued work with the rates team and CMS for adjustments about cost-effectiveness.
- From a behavioral health perspective, SB 19-195 was impacted.

6. Tele-behavioral health discussion

- The purpose of the discussion was to discuss tele-behavioral health, specifically between the hospital and RAE relationship. The Behavioral Health Task Force (BHTF) has a COVID-19 Special Assignment Committee focused on COVID-19 and behavioral



health. They're charged with developing a report that outlines the short- and long-term impacts of COVID-19 on behavioral health. This committee includes representation from CHA, RAEs, HCPF, and others.

- It was noted that the department is looking to do a lot of stakeholder engagement on this topic and those involved in the Program Improvement Advisory Committee groups with the department will be receiving emails regarding when these stakeholder meetings will occur.
- Summary of BHTF preliminary recommendations
 - Conduct a study to determine the quality and effectiveness of tele-behavioral health
 - Support providers who offer tele-behavioral and offer training.
 - Ensure telehealth solutions are of a continuum that both: a) increases providers via telehealth in a patient-centered way and b) ensures access to in-person care across the continuum
 - A study in which COVID-19 related regulatory flexibilities should remain.
 - Strengthen broadband infrastructure.
 - Ensure adequate, flexible resources are available to providers who proactively outreach.
 - Create a proactive outreach plan.
- Discussion occurred around successes and barriers. It was suggested that it may be helpful to focus on barriers for specific populations (e.g., the indigenous population). Some providers were able to obtain equipment that was donated or refurbished. There has been success seen with a decreased "no show" rate among patients as some have transportation barriers. Another success has been seen with transitioning patients back to their homes after inpatient hospital stays in Institutions for Mental Diseases (IMD). An increase was seen with IMD being able to use telemedicine to provide continuity of care for these patients by following up with them. There are opportunities to think about how to make peer support services like clubhouse, more successful through tele-behavioral health.
- It was mentioned that an analysis will be done by the BHTF in regards to changes with telehealth.
- This topic can be further discussed in the next meeting in August.

7. Closing remarks/Housekeeping

- The next meeting is scheduled for August 21, 2020

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify Jeff Appleman at 303-866-2299 or Jeff.Appleman@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week before the meeting to make arrangements.

