

Integrated Care Sustainability

June 12, 2025

Presented by:
Integrated Care Team, HCPF

Agenda

1. Framework
2. Frequently Asked Questions
 - Practice Assessment and PMPM
 - HBAI codes
 - CoCM codes
 - STBH Benefit
 - Billing and Reimbursement
3. Presentation Dates and Office Hours

Colorado Integrated Care Over a Decade

2015

State Innovation Model (SIM) \$65 million initiative impacted integrated care (IC) throughout CO.

2018

Medicaid begins 6 STBH visit benefit.
Medicare opens the CoCM code set (MA/Commercial payers gradually follow).

2022

HB22-1302 provided \$29 million in grants (seed funding) to establish and expand IC.

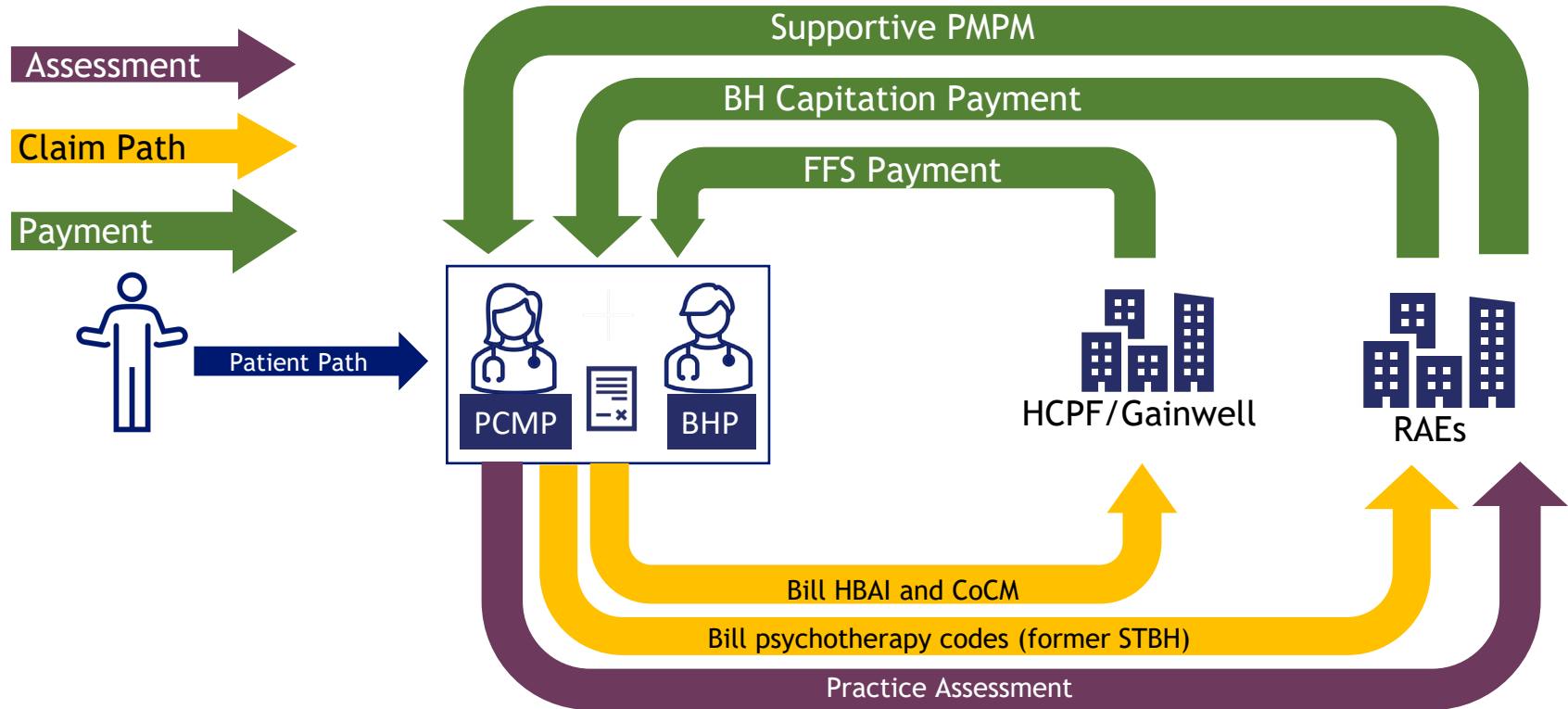
2025

Medicaid IC payment evolution to provide greater IC sustainability.

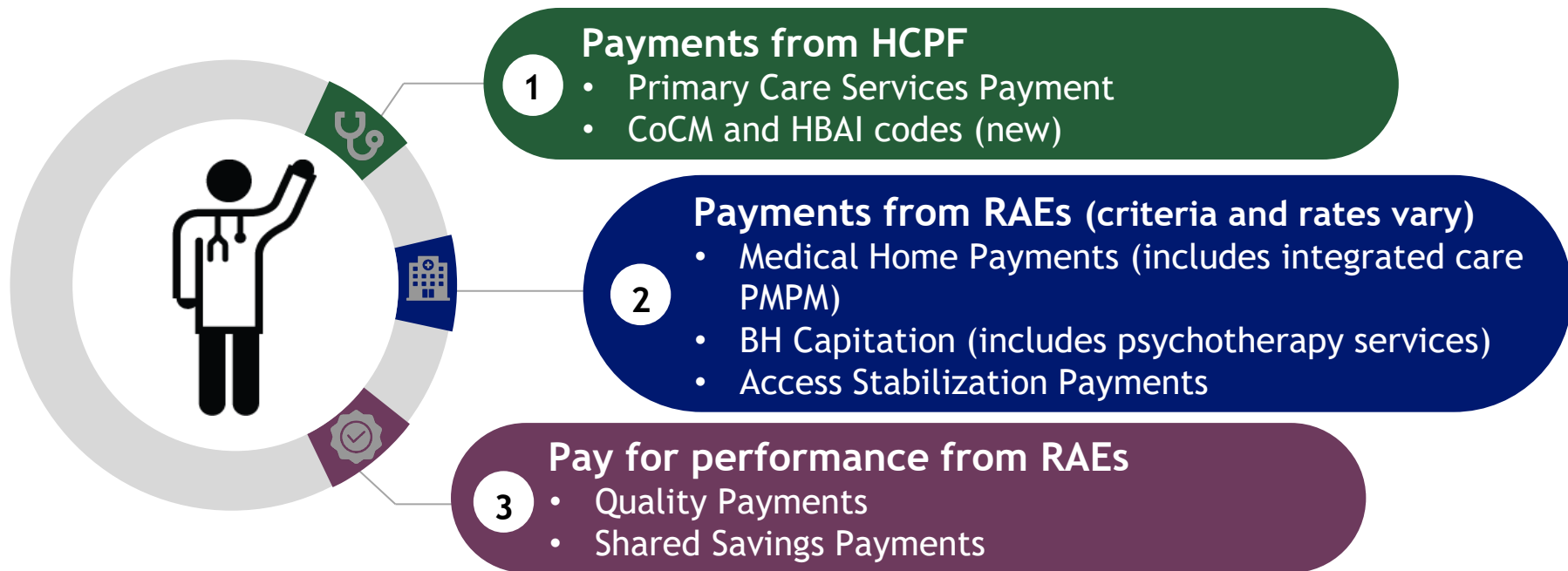
What is HCPF doing?

- Implementing Integrated Care PMPM through the RAE's (PCMP's only).
- Opening Health and Behavioral Assessment and Intervention (HBAI) codes and Collaborative Care Management (CoCM) codes (PCMP's only).
- All psychotherapy codes, including the short term behavioral health codes, are now in the Behavioral Health Capitation.

What is the Integrated Care Sustainability Policy?



Single Comprehensive Payment Structure



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Why is HCPF doing this?

- Sustained integrated care after completion of HB22-1302 funding.
- HBAI and CoCM codes provide increased access to behavioral health care in a primary care setting.
 - HBAI services allow shorter assessment and intervention. Patients don't need psychotherapy.
 - CoCM makes efficient use of scarce psychiatric resources.
 - Both promote equitable outcomes by expanding access for underserved populations, including those in rural areas.
- The policy will grant more flexibility to providers in offering behavioral health services and hiring behavioral health staff, ultimately resulting in increased access and more options to address member's behavioral health needs.



ACC Phase 3 Integrated Care PMPPM and Practice Assessment



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What is the Integrated Care PMPM?

- A primary care medical provider (PCMP) is contracted with a RAE to manage the health care needs of Health First Colorado members. PCMPs must be licensed to practice in Colorado and have an MD, DO, or NP provider license. They must also be licensed in a specialty such as pediatrics, family medicine, internal medicine, obstetrics and gynecology, or geriatrics.
- PCMPs may receive additional payment for delivering highly integrated care if they meet the standards for integration of primary care and behavioral health outlined in the Practice Assessment. For information on the Integrated Care PMPM, please see [ACC PCMP Payment Fact Sheet](#).



What is the Practice Assessment?

- Assessment to evaluate progress along the continuum of advanced primary care.
- Contains a section on integrated care, tied to an additional PMPM for highly integrated practices.
- For information on the Practice Assessment, please see [ACC PCMP Payment Fact Sheet](#).



What requirements does my practice have to meet on the Practice Assessment to receive the Integrated Care PMPM?

Question 1

Does the practice have an established relationship with an integrated behavioral health provider available onsite OR via telehealth to patients on site who is readily available to provide brief interventions for patients with behavioral health conditions or those requiring support for behavior change?

Question 2

Does the practice have an identified interdisciplinary team of champions for advancing Integrated Behavioral Health programming and continuous quality of care?

Question 3

Does the practice implement a protocol for effective information integration between a patient's physical and behavioral health information that allows timely, collaborative care?

Highly Integrated Care

If provider answers "Yes" to all questions, they will receive an extra PMPM payment through the Integrated Care Benefit.



If you are a provider wanting the additional Integrated Care PMPM, please visit:

Colorado's ACC Phase III Primary Care Payment Structure

hcpf.colorado.gov/sites/hcpf/files/ACC_Phase_III_PCMP_Payment_Fact_Sheet_March_2025.pdf

Health Behavior Assessment and Intervention (HBAI) Codes



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What are the HBAI codes?

- Health Behavior Assessment and Intervention
- Focus on brief assessment and interventions to address biopsychosocial needs in a primary care setting
- Led by behavioral health provider in collaboration with a medical provider
- In-person and/or telehealth
- Do not require a BH diagnosis (e.g., chronic pain, diabetes)
- Do not require a psychiatrist consultant
- Well-suited for warm hand-offs/in tandem with PCP visits
- HBAI codes are billed to HCPF not the RAE
 - Includes: 96156, 96158, 96164, 96165, 96167, 96168, 96170, 96171



Who can provide HBAI services?

HBAI services can be billed by a variety of mental health professionals, including but not limited to Licensed Clinical Social Workers, Licensed Mental Counselors, Licensed Professional Counselors, Licensed Marriage Family Therapists as well as clinical psychologists, and psychiatrists. A licensed primary care physician can also bill.

- These services must be billed by a mental health professional or primary care physician.
- Providers must be a PCMP to bill HBAI codes to HCPF.

What are the limitations for the HBAI codes?

- HBAI codes and Collaborative Care Management (CoCM) codes cannot be billed together for the same patient in the same month.
- HBAI codes and a psychotherapy code cannot be billed together on the same date of service for the same member.
- MUE limits per code.



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Collaborative Care Management Codes (CoCM)

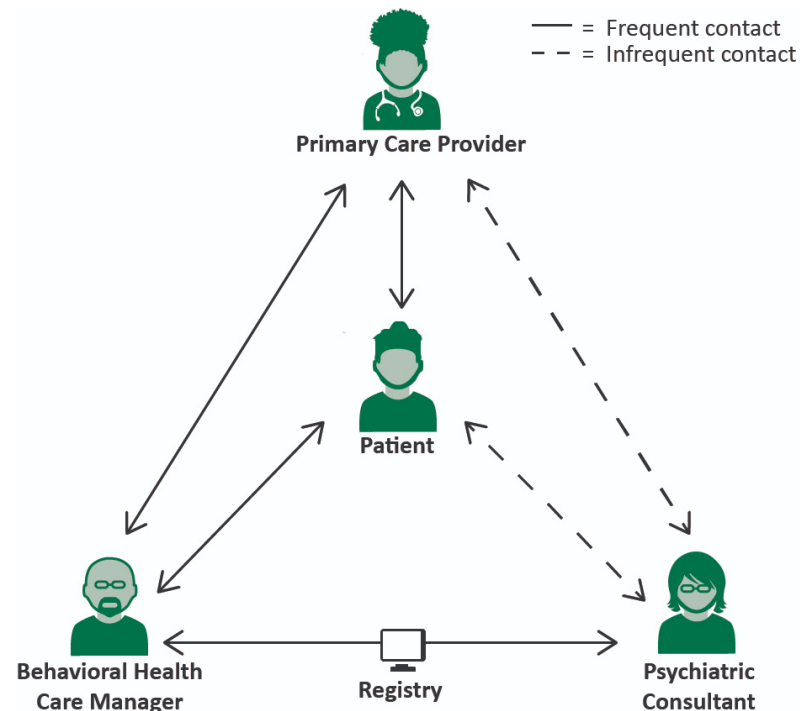


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What are the CoCM codes?

- Collaborative Care Management
- Focus on providing psychiatric care in primary care setting
 - Requires behavioral health case manager (BCHM), consulting psychiatrist and registry
- Includes 99484, 99492, 99493, 99494, G0323, G2214
- Do not require a BH diagnosis
- In-person and/or telehealth
- Providers must be a PCMP to bill CoCM codes to HCPF



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What is the role of the BHCM?

- Outreach and engage patients in treatment directed by the PCP
- Perform initial and follow up assessments of the patient, including administration of validated rating scales
- Create individualized care plans for patients
- Enter patients in a registry and track patient follow-up and progress
- Hold weekly caseload consultations with the psychiatric consultant
- Provide brief interventions using evidence-based techniques
 - Ex. Behavioral activation, motivational interviewing, and other focused treatment strategies

Who can be a behavioral health care manager?

Behavioral
Health RN

LPC
(licensed
professional
counselor)

LCSW
(licensed
clinical
social
worker)

LMFT
(licensed
marriage
and family
therapist)

LAC
(licensed
addiction
counselor)

Psycho-
logists/MDs



Who can be a psychiatric consultant?

Psychiatrist

Psychiatric
Nurse
Practitioner



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What is a Registry?

- Tracks clinical outcomes and progress for patients
- Tracks clinical outcomes and progress for population
- Facilitates treatment-to-target by summarizing patient's progress in an understandable and actionable way
- Enables efficient psychiatric consultation and case review



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What are the limitations for CoCM codes?

- A CoCM code and a HBAI code cannot be billed together for the same patient in the same month.
- 99494 may be billed a maximum of two times per calendar month.
- Billing CANNOT exceed
 - 2 hours and 10 minutes in the first month
 - 2 hours in a subsequent month.



Short-Term Behavioral Health Benefit

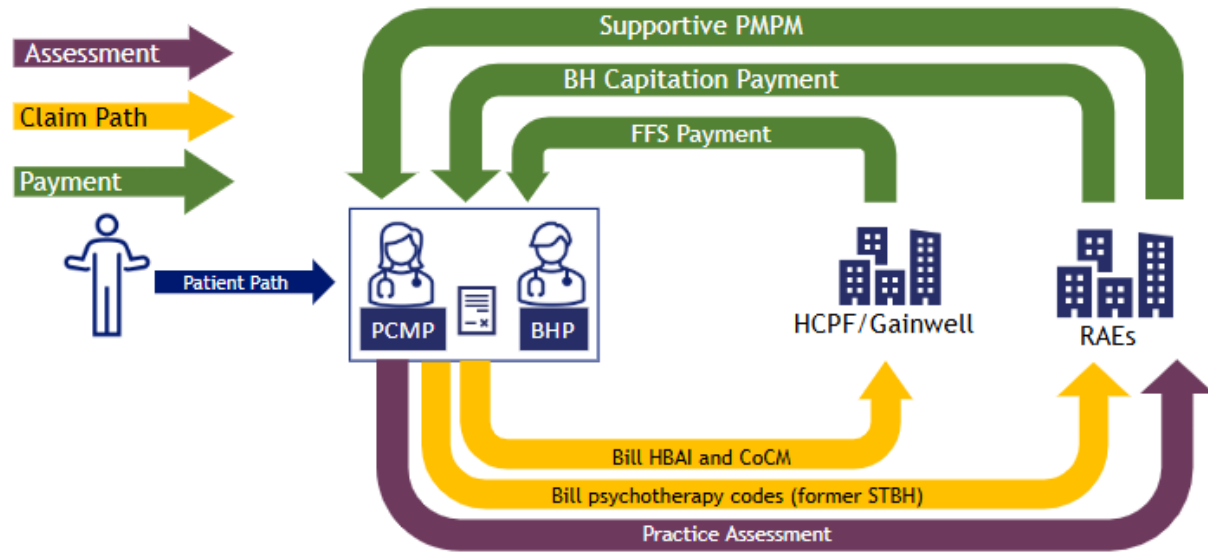


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How will short-term behavioral health (STBH) codes work going forward?

- The STBH codes (psychotherapy codes) will still be available, but they will be billed to the RAEs through the behavioral health capitation program.



Can PCMPs still bill the psychotherapy (STBH) codes without a diagnosis?

- NO- Diagnoses will be required to bill these codes unless the member is under 21 years of age.
 - See [HCPF SB23-174](https://hcpf.colorado.gov/sb23-174-coverage-policy) for more information.
<https://hcpf.colorado.gov/sb23-174-coverage-policy>
 - SDOH and deferred diagnosis can be used
- Remember...
 - All psychotherapy services need to be medically necessary
 - Diagnosis for low acuity may include anxiety, depression, etc.

Is a treatment plan required to bill the psychotherapy (STBH) codes?

- Yes, a behavioral health treatment plan must be developed to determine medical necessity in order to bill the behavioral health capitation.
- Practices may develop their own document and/or template, or use an existing template to outline treatment plans.



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What if my practice does not have the capacity to build treatment plans?

- The HBAI codes and CoCM codes will be available for practices to bill without a prior authorization or treatment plan.
 - The intention of this policy is to fill the gap the STBH codes will leave with the HBAI codes.



Code Comparison: Example STBH Benefit to Integrated Care Codes

STBH Benefit Psychotherapy Codes	HBAI and CoCM Codes
90791: Psychiatric Diagnostic Evaluation	Bill FFS 96156, Health Behavior Assessment OR FFS 99492, Initial Psychiatric CoCM. (CoCM Code)
90832: Psychotherapy with member, 30 minutes	Bill FFS 96158, Health Behavior intervention, individual, 30 min. OR FFS 99492, Initial Psychiatric CoCM. (CoCM Code)
90832: Psychotherapy with member, 45 minutes	Bill FFS 96158, Health Behavior intervention, individual, 30 min. AND 96159, Health Behavior Intervention, individual, add. 15 minutes OR FFS 99492, Initial Psychiatric CoCM. (CoCM Code)
90837: Psychotherapy with member, 60 minutes	Bill FFS 96158, Health Behavior intervention, individual, 30 min. AND 96159 (x2), Health Behavior Intervention, individual, add. 15 minutes OR FFS 99492, Initial Psychiatric CoCM. (CoCM Code)
90846: Family psychotherapy without member	Bill FFS 96170, Health behavior intervention, family w/o patient present, 30 min. AND 96171, Health behavior intervention, family w/o patient present, add. 15 minutes
90846: Family psychotherapy with member	Bill FFS 96167, Health behavior intervention, family w/ patient present, 30 min. AND 96168, Health behavior intervention, family w/ patient present, add. 15 minutes
N/A	Bill FFS 96164, Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes
N/A	Bill 96165, Health behavior intervention, group (2 or more patients), face-to-face; add. 15 minutes



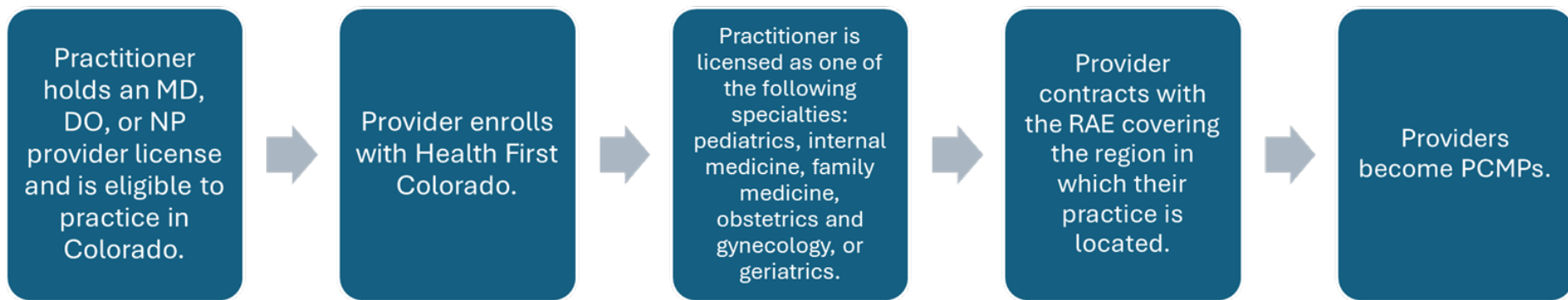
Billing and Reimbursement



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If you are a provider wanting to become a PCMP:



If you are a provider wanting to become a PCMP:

Regional Provider Support: Provides information on how to become a provider and provider support through Regional Field Representatives.

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

Provider Enrollment in Health First Colorado

hcpf.colorado.gov/sites/hcpf/files/Enrollment_Training_031925.pdf

What practices are eligible to bill the HBAI and CoCM codes and receive the integrated care PMPM?

Billing FFS

- Practice must be a PCMP
 - This is due to budget reasons, our intention is to allow all PCP's to bill HBAI and CoCM codes in the coming years.
- Applicable providers must be credentialed

Integrated Care PMPM

- Practice must be a PCMP
- Practice must score as highly integrated on the Practice Assessment

Who can be a billing provider for the HBAI and CoCM codes?

The billing provider on the claim must be the PCMP billing as one of the following primary care provider types:

- 16 - Clinic (primary care);
- 32 - Federally Qualified Health Center (FQHC);
- 45 - Rural Health Clinic (RHC);
- 61 - Indian Health Services provider (IHS); or
- 25 - Non-physician practitioner group.



Who can be a rendering provider?

Only the supervising physician or other listed practitioner may be listed as the rendering provider. Additionally, we require general supervision by a physician or other listed practitioner for behavioral health services provided by auxiliary personnel incident to the professional services of a physician or other listed practitioner.



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Who do we list on the claim?

- Billing provider: Clinic/practice
- Rendering provider: Licensed clinician that is enrolled in Medicaid that is either providing or supervising the integrated care service

Can an unlicensed provider (masters level) provide services?

While an unlicensed provider can provide hands-on care to a Medicaid member, the licensed provider who is a credentialed Medicaid provider is the one responsible for services and must be the “rendering provider” on the claim.



Do I need a behavioral health diagnosis to bill HBAI or CoCM codes?

No, but all claims require a diagnosis/medical necessity must be shown. If the referring diagnosis is part of the FFS benefit, then the provider needs to submit their claim to Gainwell for reimbursement.



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What does “medical necessity” mean?

- Medical necessity does NOT mean that services require prior authorization.
- Physician services are reimbursable when the services are a benefit of Medicaid and meet the criteria of Medical Necessity as defined in 10 C.C.R. 2505-10
- <https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=7284>



How will the HBAI and CoCM services work with the Managed Care Organizations (Rocky Mountain Health Plan Prime and Denver Health Medicaid Choice)?

PCMPs must be contracted with an MCO in order to bill the MCO for HBAI and CoCM codes. HBAI and CoCM codes are payable by MCOs at rates the MCO negotiates with PCMPs.



What if a member is attributed to a RAE, but the behavioral health provider is not in that RAE?

All behavioral health providers who want to receive reimbursement for providing services covered by the capitated behavioral health benefit must be enrolled as a Health First Colorado provider and be contracted and credentialed directly by the RAEs. Behavioral Health providers are encouraged to contract with multiple RAEs to promote a statewide behavioral health network. For more information, please visit [ACC Phase III Behavioral Health Providers](#).

Recap:

In order to participate in this policy beginning 7/1/25, a provider must be contracted with a RAE and must be a PCMP.

- To bill the STBH codes that are moving to the BH capitation, the provider must be PCMP.
- To bill HBAI and/or CoCM codes, the provider must be a PCMP.
- To receive the PMPM, the provider must be a PCMP.

Questions?

Contact the Integrated Care Team:

hcpf_integratedcare@state.co.us

<https://hcpf.colorado.gov/integratedcare>

Presentation Dates:

Wednesday, June 11, 2025, 12:30-1:30pm
Friday, June 20, 2025, 9:00-10:00am

HCPF IC Office Hours:

Friday, June 13, 2025, 9:00-10:00am
Monday, June 23, 2025, 9:00-10:00am
Thursday, June 26, 2025, 8:30-9:30am

Thank you!