

Essential Provider Information and Engagement Session

July 18 and 25, 2024

Meeting Purpose

The purpose of this meeting is to:

- Provide a learning space for current and future Essential Providers highlighting the ongoing and upcoming behavioral health safety net system changes and payment rates
- Solicit input from current and future Essential Providers on the system changes and how they would like to stay engaged with and supported by RAEs and HCPF, if and when challenges or opportunities for program improvement arise



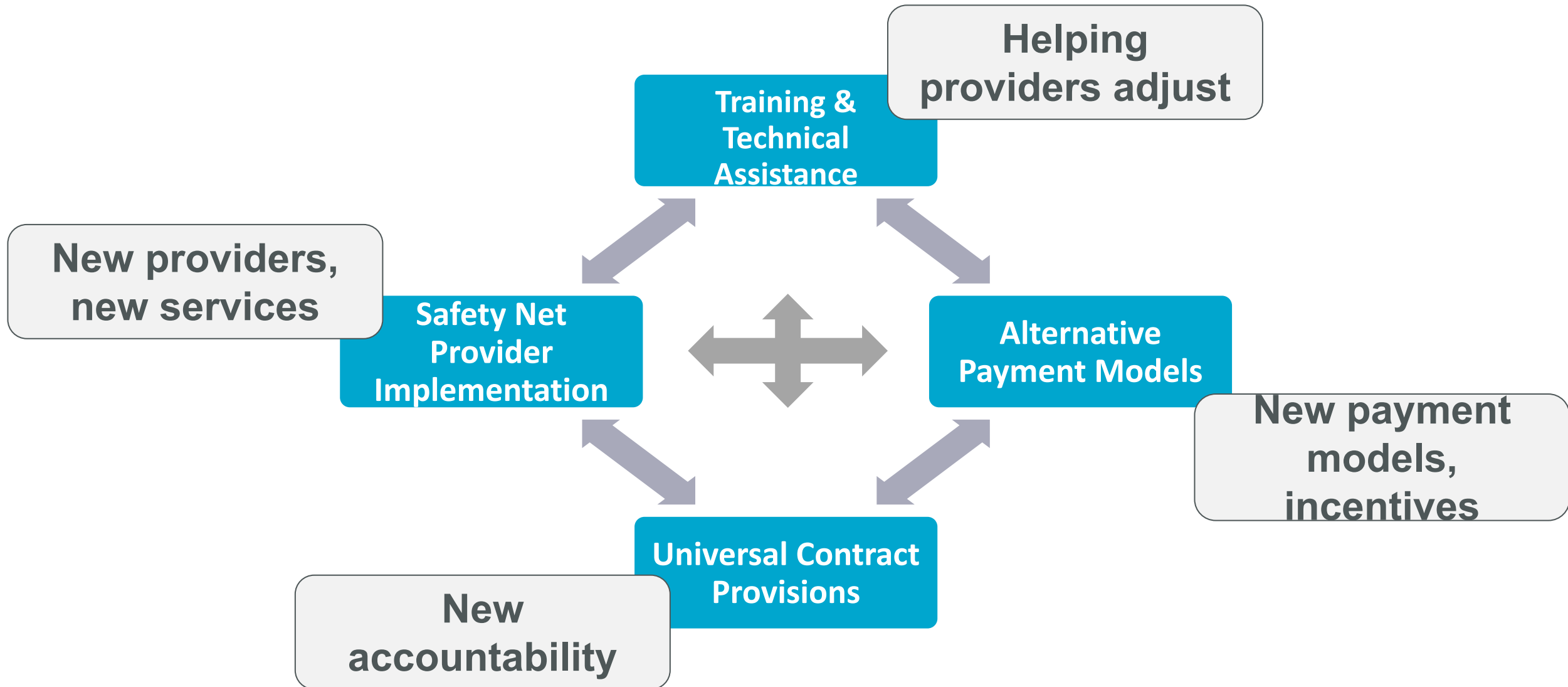
Meeting Agenda

1. Welcome
2. Safety Net Provider Expansion Overview and Essential Provider Description
3. Essential Safety Net Provider Fee Schedule Background and Overview
4. Breakout Sessions: Feedback from Current and Future Essential Providers
5. Resources and Opportunities to Stay Engaged



Safety Net Provider Expansion Overview and Essential Provider Description

Safety Net Ecosystem



Behavioral Health Safety Net Providers

- HCPF and the Behavioral Health Administration (BHA) are working together to expand the network of safety net providers.
- Provider organizations choose to be a part of the safety net
- Safety net providers are required to follow revised standards and rule outlined by BHA
 - Rules can be viewed here:
<https://docs.google.com/document/d/1yHT6peHqQDCrqqLwM5SWlpRtieMNXMxy/edit?rtpof=true&sd=true>
- Providers must apply for and be approved by the BHA as a safety net provider.

Two types of Approved Behavioral Health Safety Net providers

Comprehensive Safety Net Providers

- Providers with a Behavioral Health Entity (BHE) license from the BHA
- Offer **ALL** of the following services directly or through contracted agreement:
 - Emergency and crisis behavioral health services
 - Mental health and substance use outpatient services
 - Behavioral health high-intensity outpatient services
 - Care management
 - Outreach, education, and engagement services
 - Mental health and substance use recovery supports
 - Outpatient competency restoration
 - Screening, assessment, and diagnosis, including risk assessment,
 - crisis planning, and monitoring to key health indicators

Essential Safety Net Providers

- Providers with a Behavioral Health Entity (BHE) license from the BHA or providers approved by the BHA to deliver care coordination *and* at least one of the following services:
 - Emergency or crisis behavioral health services
 - Behavioral health outpatient services
 - Behavioral health high-intensity outpatient services
 - Behavioral health residential services
 - Withdrawal management services
 - Behavioral health inpatient services
 - Integrated care services
 - Hospital alternatives
 - Additional services that the BHA determines are necessary in a region or throughout the state

VBP for BH Safety Net Providers

Payment Stability
and Flexibility

System Quality and
Accountability

Comprehensive Community Behavioral Health Provider

Eligible for cost-based **Prospective Payment
System (PPS)** from HCPF July 1, 2024.

Essential Behavioral Health Safety Net Provider

Eligible for **Essential Rate Model** from HCPF
July 1, 2024.

Essential Safety Net Provider Fee Schedule Background and Overview

Comprehensive vs Essential

Comprehensive Providers

- Prospective Payment System (PPS) rate
- Daily rate based on all services provided within a single visit
- Built on audited cost reports

Essential Providers

- Fee schedule
- Per procedure code payment
- Built on historical and nationwide data

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		

Fee Schedule Build

The Essential Provider fee schedule was built from a variety of sources including:

- Medicaid Fee schedules from Colorado and 10 other states
- Cost report information from existing CMHCs
- Historical rates paid to the Independent Provider Network (IPN)

The rates were independently reviewed by multiple actuarial consultants before being finalized. Several rates were adjusted based on feedback from subject matter experts at the HCPF.

Fee Schedule Build

The Colorado Medicaid Fee schedule was used as a “lower bound” in the range of rates for services.

Rates were considered from Arizona, Idaho, Iowa, Kansas, North Dakota, Nebraska, Oklahoma, Oregon, Washington, and Wyoming. Comparable codes were not always available, but were included where available.



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Fee Schedule Build

Historical rates were also considered from the CMHC cost reports and the contracted rates for IPN providers. This is reflective of what has been historically paid for services within the State.

CMHC cost reports were also valuable for Residential services, as explicit audited costs could be taken into account.



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Fee Schedule Build

Once the rates were built, actuarial consultants from inside the Department's contracted actuary independently reviewed the methodology for reasonableness.

Additionally, Department SME's reviewed the rates to look for disparities or misalignment in levels of care. Any anomalous rates were discussed and reviewed with the actuaries.



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CSU/ATU Rates

Rates for Crisis Stabilization Units (CSU) and Acute Treatment Units (ATU) were set separately. These rates were based on historical cost report information.

- Unique status due to previous statute
- Not appropriate to be part of the PPS for Comprehensive providers
- Statewide rates for new Essential providers
- Based on audited cost reports
- Trended from the cost report time period to reflect future costs

Breakout Sessions: Feedback from Current and Future Essential Providers

Breakout Session

- Participants will be placed in a breakout room for a 30 minute discussion
- Rules for engagement
 - Please be open and honest - your comments will not be shared anywhere in an identifiable way
 - Be courteous and respectful of other participants
 - Allow everyone to speak
- We will come together at the end to debrief



Breakout Session Questions

- Do you have feedback or concerns on the Essential Provider enrollment process or rate structure?
- What do you need to be prepared to participate in the new rate arrangement?
- How can providers alert HCPF of challenges or sustainability issues?
 - How do you use your regular (quarterly) discussions with RAE to elevate questions and concerns?
 - What supports would you need to raise questions and concerns?
 - What would you like the RAEs to report on to HCPF to support monitoring?



Debrief from breakout room conversations

BH Provider TTA Updates



Office Hours

Listserv

HCPF Safety Net
Provider Website

TTA Request Form
and E-Mail

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

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

[Register Here](#)

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

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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Behavioral Health
Administration

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



HCPF Enrollment Updates

- 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

HCPFs provider enrollment system is NOT ready.

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 on a regular cadence.

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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Resources

- [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
 - Individual support: [book a support session](#) or contact your safety net licensing manager
 - Licensing site: <https://bha.colorado.gov/behavioral-health/designation-and-licensing>
 - Safety Net approval paths resource: [Safety Net Approval Paths.pdf - Google Drive](#)
 - Safety Net provider enrollment scenarios: [Safety Net Provider NPI Examples 05062024.pptx \(1\) \(colorado.gov\)](#)
- [HCPF SNP Webpage](#)
 - SNP forum archive and training resources
 - HCPF Enrollment/Billing Questions - hcpf_safetynetforum@state.co.us or contact your field representative
 - Training or technical assistance questions - safetynetta@healthmanagement.com



Thank you!

Questions? Please contact: hcpf_safetynetforum@state.co.us



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