Housekeeping

- IPN Collaborative will be held on the 1st Friday of each quarter (Sept, Dec, March, June)

- Meeting will be recorded and posted on IPN Webpage:
  https://hcpf.colorado.gov/behavioral-health-independent-provider-network-collaborative

- Standing Agenda items:
  - Communication Efforts
  - Policy Updates
  - Billing/Coding Updates
  - Rates
  - Legislative Update
  - IPN Working Group Updates

- Share Questions/Comments in chat function

Communications Update

HCPF has contracted with Arrow Performance Group (APG) to conduct the IPN Provider Survey for a third year.

- This will allow us to receive feedback from providers to see how the system is working (and ideally improving) for providers.
- We will look at this year's results along with the previous 2 years.
- This will help us identify any existing or additional pain points we need to address.

Please look out for emails related to the survey and please share as broadly as you can with all IPN.

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Communications Update

Provider Bulletins

If you miss an email with a Provider Bulletin, or want to reference an older bulletin, please bookmark this site: https://hcpf.colorado.gov/bulletins

Escalating a Concern About a Managed Care Entity (MCE) or Managed Care Organization (MCO)

Contact the contracted MCE first to resolve any concerns. Complete the Complaint Submission Form if unable to resolve concerns. Do NOT include any PHI.

https://docs.google.com/forms/d/e/1FAIpQLSfBmXdALnrgrZbALjYc0dg43s8Q5Uqix28_X2Fvc-Q1qY-KRw/viewform

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Policy Updates

Provider Revalidation

The flexibility that paused disenrollment for providers past their revalidation date during the COVID-19 Public Health Emergency (PHE) is ending effective November 12, 2023. As a result of the PHE ending, <u>Providers will need to revalidate.</u> Providers will not be disenrolled (Contract will remain open), however we will suspend claims

Providers are encouraged to review revalidation information and resources for guidance on the provider revalidation process. Refer to the <u>Revalidation Quick Guide</u> located on the <u>Quick Guides web page</u> and the <u>Provider Revalidation Manual</u> located under the Revalidation Resources section on the <u>Revalidation web page</u> for more information.

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Policy Updates

SB23-174 goes live on July 1 - Act requires HCPF to provide certain behavioral health services for Medicaid members who are under 21 years of age. HCPF will be publishing a set of Symptomology and SDOH codes as allowable for the select BH services for members under 21 in the July 1 Billing Manual.

https://hcpf.colorado.gov/sb23-174-coverage-policy

Qualified Behavioral Health Assistant (QBHA) - Press Release
- A new entry-level credential for BH service provider
- The QBHA will be allowed to provide key services to Medicaid members such as Wellness Promotion Education, Psychoeducation, Screening, Referral, Intake, Navigation, and Case Management
- QBHA will be added to the SBHS Billing Manual where Peer Specialist is for July 1 SBHS Billing Manual.

Policy Updates

Essential Provider Enrollment

HCPF has created this [Enrollment Update Form for Essential Providers](#) for providers who have received their Essential Approval Letter from BHA and need to update their Medicaid enrollment. This is a work-around process while HCPF is building out the Essential Flag function in our Provider Enrollment system.

TO BE CLEAR - providers need to be enrolled with HCPF as an eligible Essential Provider type before they can complete this form. Any non-enrolled provider (like new CSUs) must enroll prior to submitting the Enrollment Update Form for Essential Providers. This form will then be used to note a provider's BHA Essential Approval in the Medicaid system.

Once a provider completes their [Enrollment Update Form for Essential Providers](#), the HCPF system team will validate the information and place providers on the HCPF Essential Provider Status list, which will be sent to RAEs weekly on Thursdays.

For any questions about this process, please email: hcpf_safetynetforum@state.co.us

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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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		

Billing and Coding Updates

Start Value	End Value
F10.10	F19.99

Start Value	End Value
F20.0	F69
F90.0	F98.4
F98.8	F99
R45.1	R45.2
R45.5	R45.82

A new edition of SBHS Billing Manual will be published July 1. Please bookmark and look at https://hcpf.colorado.gov/sbhs-billing-manual

Coding Committee minutes are posted there so you can see what issues were discussed and any action items. Additionally a Change Tracking Log is published with each edition.

Expanded Covered Diagnosis Spans for both SUD and MH will be included in the July 1 SBHS Billing Manual

A new CPT Code has been added - H0016 to cover SUD PHP

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IPN Working Group Updates

Recommendations Addressed/In Process

1. Improve proactive communication about changes (Comms)

2. Solve the family therapy service code issue regarding length of sessions (HCPF is committed to resolve) (P&R)

5. Establish an IPN advocate or liaison within each RAE and HCPF to focus on service quality initiatives (SQ)

6. Coordinate single points of contact at each RAE to enhance service quality so the IPN can establish relationships for problem solving (SQ)

7. Simplify use of modifiers (B&C)

15. Create streamlined USCM training developed by HCPF/RAEs (B&C)

16. Ensure that key disparities between RAEs are collaboratively resolved for the impacted provider [IPN] community (B&C)

17. Authorize more diagnosis codes to be reimbursable (P&R)

19. Reduce redundant and duplicative entry of information (C&C)

21. Develop a universal credentialing process (C&C)

IPN Working Group Updates

Remaining Recommendations to Address

3. Create an end-to-end roadmap for IPNs on the HCPF website (C&C)

4. Institute clear & specific messages, or key, to claims denial messages that sent through electronic platforms (B&C)

8. Continue to include all voices at the table + create a collaborative effort for updating the USCM (B&C)

9. Create a collaborative work group among RAEs and HCPF to drive more consistency of service quality processes among the RAEs (SQ)

10. Form a collaborative communications work group that includes various stakeholders (Comms)

11. Address codes for service in contracts (C&C)

12. Clarify/expand circumstances that warrant use of add-on code for services (P&R)

13. Using the work group, identify and answer common systemwide service quality problems to provide the same answers and information across all RAEs (SQ)

14. Improve navigation of the HCPF website so people can find the information they need easily. (Comms)

18. Establish a collaborative process for rate setting and fee setting to include HCPF-RAE-IPN (P&R)

20. Improve problem resolution process to include metrics, quality, assurance, and accountability (Comms)

IPN Working Group Updates

1. Language has been drafted and is working through the contract amendment cycle to be included in the July 1 edition of RAE contracts to address Recommendations:

   #5   Establish an IPN advocate or liaison within each RAE and HCPF

   #6   Coordinate single points of contact at each RAE

2. WG agreed that recommendation 19. Reduce redundant and duplicative entry of information (C&C) is closely linked with recommendation 21. Develop a universal credentialing process (C&C), so we will move that up under the "being addressed" list.

3. WG agreed the next recommendation to address would be

   20. Improve problem resolution process to include metrics, quality, assurance, and accountability.

RAE Disparity Issues

- HCPF is working with the RAEs to update the Consolidated RAE OP Behavioral Health Audit Tool for July 1. The goal is to focus audits on Medicaid scope of responsibility while BHA will be taking on regulatory oversight of their standards.
- HCPF is working on an Third Party LIability (TPL) FAQ to address common challenges/issues related to this. HCPF is also reviewing current language/guidance on HCPFs website in order to align, clarify, and update.
- HCPF is continuing to work with the RAEs on the implementation of removing 1st position modifiers. Working toward January 1 as date for providers to be in full compliance (claims would be denied if excess modifiers are included on claims).
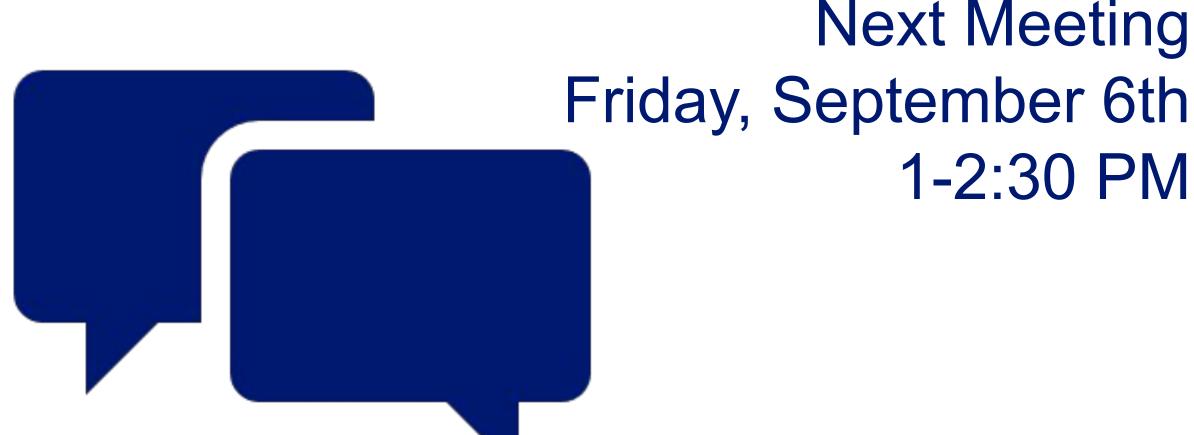
Legislative Updates

HB24-1038	High-acuity Crisis For Children & Youth	Expands programs for youths who are in, or are at risk of being placed in, out-of-home care
HB24-1045	Treatment For Substance Use Disorders	Creates and expands programs and services for substance use disorder treatments
HB24-1322	Medicaid Coverage Housing & Nutrition Services	Requires HCPF to study covering housing and nutrition services under Medicaid and to seek federal approval to provide these services if they have a neutral impact on the state General Fund
HB24-1384	Certified Community Behavioral Health Clinics	Requires HCPF to seek a federal grant for CCBHCs
SB24-047	Prevention Of Substance Use Disorders	Creates several measures regarding the prevention of SUD, including modifying the Prescription Drug Monitoring Program (PDMP), establishing procedures for local drug overdose fatality review teams, and providing additional modifications to existing programs.
SB24-135	Modification of State Agency & Department Reporting Requirements	Modifies statutory reporting requirements for certain state departments

Rates Updates

RAE Capitation Rate Presentation - June IPN Collaboration

- Enrollment and how it is used
- Rating cohorts and risk
- Base data and adjustments
- Cost and utilization trend
- Policy updates
- Administration costs
- Rate ranges and final Per Member Per Month (PMPM) rates
- Reconciliations and the Medical Loss Ratio (MLR)

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Next Meeting
Friday, September 6th
1-2:30 PM

John.laukkanen@state.co.us

IPN Working Group Updates

Members of the Working Group:

Providers:

Candace Eritano Richey

Jenni Barker Santopietro

Lexi Ellis

Ken Winn

Lisa Whalin

Maya Redhorse

Katherine Katherine

Rickelle Hicks

RAE Staff:

Meg Taylor - RAE 1

David Witt - RAE 2, 4

Michelle Tomsche, Travis Roth - RAE 3, 5, DH

Marianne Lynn - RAE 6, 7

State Staff:

John Laukkanen

Matt Sundeen

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