

Independent Provider Network Collaborative

March 1, 2024

Presented by: John Laukkanen



COLORADO
Department of Health Care
Policy & Financing

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

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

New Coverage Type Not Eligible for Medicaid or Child Health Plan Plus (CHP+)

Providers may now see a new “Coverage” type for Behavioral Health Administration Benefits (BHAB), shown in the Provider Web Portal as “BHA Benefit Plan” and “BHAB.” BHAB is a new program utilizing the Colorado interChange system. It is overseen by the Behavioral Health Administration (BHA), a separate entity that is addressing behavioral health needs of individuals not covered by other medical assistance programs.

Upcoming Changes in Substance Use Disorder (SUD)

Provider Types House Bill (HB) 22-1278 requires that by July 1, 2024, Behavioral Health Administration (BHA) establishes a comprehensive behavioral health safety net system. The Department is working to respond to and align with the new categories, criteria and infrastructure for the safety net system as detailed in BHA rules.

Communications Update

Alternative Payment Methodology (APM)

For Comprehensive Behavioral Health Safety Net, a payment methodology for providers is being designed in partnership between the Department and stakeholders.

Review of Fee-For-Service (FFS) Behavioral Health Substance Use Disorder (SUD) Services

Fee-For-Service (FFS) behavioral health Substance Use Disorder (SUD) services (H0001, H0004, H0005, H0006, H0010, S9445 and H0020) are scheduled to be reviewed under the Medicaid Provider Rate Review Advisory Committee (MPRRAC) process in 2024.

Stakeholder feedback is critical to the review process. The next meeting is March 29, 2024, from 9:00 a.m. to 2:00 p.m. MT. <https://hcpf.colorado.gov/rate-review-public-meetings>

Pediatric Behavioral Therapy (PBT) Providers: Supplemental Rate Increases

It is anticipated that the Colorado General Assembly will approve rate increases for Pediatric Behavioral Therapy (PBT). These increases will be effective retroactively to dates of service on or after February 11, 2024. Specifically for codes: 97151, 97153, 97154, 97155, 97158.

Communications Update

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

The [ACC Phase III Draft Contract](#) has been posted for public review. [Feedback](#) is due March 10th

HCPF is considering conducting the IPN Provider Survey for a third year.

Stay Tuned

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, Providers will need to revalidate. 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 [Revalidation Quick Guide](#) located on the [Quick Guides web page](#) and the [Provider Revalidation Manual](#) located under the Revalidation Resources section on the [Revalidation web page](#) for more information.

Policy Updates

New Provider Types

PT 77/388 - Behavioral Health Group Provider with Prescriber - added to all pages with PT 16

PT 77/389 - Behavioral Health Group Provider without Prescriber - added to all pages with PT 25

PT 64/371 - ASAM Level 1.0

PT 64/372 - ASAM Level 1 WM

PT 64/373 - ASAM Level 2.1 IOP

PT 64/XXX - ASAM Level 2.5 PHP - [Coming July 1, 2024 \(pending budget approval\)](#)

PT 64/374 - ASAM Level 2 WM

PT 64/XXX - ASAM - OTP - [coming July 1, 2024](#)

PT 64/477 - Substance Use Disorder-Clinics - [will be closed June 30, 2025](#)

Policy Updates

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

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

Next Stakeholder Meeting THIS AFTERNOON at 2:30 PM

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.

Billing and Coding Updates

Medicare Allowing Licensed Marriage and Family Therapists (LMFTs), Licensed Professional Counselors (LPCs) and Licensed Addiction Counselors (LACs) to Enroll

CMS has announced a rule change that now allows marriage and family therapists and mental health counselors - including eligible addiction, alcohol or drug counselors who meet qualification requirements for mental health counselors - to enroll for the first time in Medicare. Newly eligible practitioners can enroll in Medicare starting November 1, 2023, and can start billing Medicare effective January 1, 2024. Refer to the [CMS announcement](#) for more information.

These providers currently must use Modifier HO on claims submitted directly to Medicaid without a Medicare denial. The policy will be changing effective April 1, 2024. The use of the HO modifier will only be allowed after April 1, 2024, in situations where enrolled Medicare providers are supervising unlicensed behavioral health providers and submitting claims as the rendering provider.

Billing and Coding Updates

- There will be an April Edition of the [SBHS Billing Manual](#). Key changes include:
 - Adding PT 78 Comprehensive Safety Net Provider provider type
 - Adding QBHA as a service provider
 - Updating the HO Modifier policy

- HCPF is working to add more covered diagnoses under the Capitated BH Benefit for July 1:
 - SUD Dx
 - Sexual Disorder Dx
 - Other general MH Dx

These will be shared in an upcoming Provider Bulletin

Rates Updates

FFS Rate Review - <https://hcpf.colorado.gov/rate-review>

- 3 year review cycle **Next Meeting - Friday Mar 29, 2024**

RAE Capitation Rate Process

- Collect utilization and enrollment data for RAEs (Nov)
- Reprice cost-based utilization including sub-capitated arrangements (Dec)
- Make adjustments for known policy changes or updates (Jan-Feb)
- Trend the data into the future period for both utilization and cost trends (Mar)
- Make final pricing and policy adjustments based on audit findings and legislative updates (Mar-May)

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)

Rates Updates

Auditing & Accounting Committee

The A&A Committee meets in order to provide feedback to HCPF and the BHA relating to what **can** and **cannot** be included in cost reports for safety net providers. These cost reports factor into rate setting and affect the ways that managed care providers are paid.

Organizations or individuals interested in applying for this committee should:

- Understand how cost reports interact with their systems
- Be interested in contributing feedback on the contents of codes which are and are not allowed on the cost report
- Have the ability to attend monthly committee meetings

https://docs.google.com/forms/d/1smmaHdcPFmLgr_REryrcq8UcKW_V7PBAttVnR7b_zKQ/edit

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Legislative Updates

- [HB24-1146 - Medicaid Provider Suspension for Organized Fraud](#) The bill allows the Department of Health Care Policy and Financing to suspend the enrollment of a provider in cases of alleged organized crime or fraud.
- [SB24-141 - Out-of-State Telehealth Providers](#) The bill permits out-of-state health care providers to register and practice telehealth in the state.
- [HB24-1217 - Sharing of Patient Health-Care Information](#) The bill requires the Behavioral Health Administration to create a universal behavioral health consent form and friends and family input form and to convene a workgroup to study a centralized consent repository.
- FY24/25 Budget Request:
 - Add coverage for SUD Partial Hospitalization Program (PHP) - ASAM Level 2.5
 - BHA to cover standardized room and board for youth residential services
 -

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

Steven Coen, David Witt - RAE 2, 4

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

Marianne Lynn - RAE 6, 7

State Staff:

Emma Oppenheim

John Laukkanen

IPN Working Group Updates

1. Discussed potential scope of RAE contract language that would establish/address Recommendations:
 - #5 Establish an IPN advocate or liaison within each RAE and HCPF
 - #6 Coordinate single points of contact at each RAE

Language has been drafted and is working through HCPF review. Language will be shared back with the WG and RAEs and then move through contract amendment cycle to be included in the July 1 edition of RAE contracts.
2. For Recommendation #15 Create a streamlined training of the billing manual - John Laukkanen will work on creating a video orientation/training for providers. Goal is to have this created by July 1.

RAE Disparity Issues

- The IPN WG discussed RAE disparity issues related to Third Party billing guidance/practice. HCPF is working on an 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. Goal is to have a draft of the FAQ by April to share with IPN and get additional feedback.
- HCPF is continuing to work with the RAEs on the implementation of removing 1st position modifiers. Most of the initial challenges have been resolved and we are discussing the next steps related to provider/provider systems being in compliance with the SBHS Billing Manual.

**Next Meeting
Friday, June 7th
1-2:30 PM**

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