

Thank You

Thank you for joining us, we will get started in just a few minutes to allow others to call in.

Please make sure your line is muted.

To receive the slides shared today please email
COProviderRelations@BeaconHealthOptions.com



January SUD Expanded Benefit Provider Forum

Agenda

- 01 Welcome & Introductions

- 02 Authorization Process

- 03 Single Case Agreements (SCA's)

- 04 Provider Billing

- 05 Upcoming Events

- 06 Questions & Open Discussion

Chapter

01

Welcome and Introductions

Welcome!

Please enter your name, organization, and email
In the Q&A box



Beacon / Health Colorado / Northeast Health Partners

- Contact Information
COProviderRelations@BeaconHealthOptions.com
- Barbara Rhodes, Manager of Provider Relations
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Signal MSO



- Introduction
- Contact Information
 - **Main Number:** (303) 639-9320
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AspenPointe MSO



- Introduction
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 - Angela Manley Angela.Manley@aspenpointe.org

Chapter

02

Authorization Process

Tiffany Jenkins, LPC

UM Manager

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Prior Authorization Guidelines

The following levels of care do **not** require prior authorization for in-network (INN) providers

- Outpatient (1)
- Social Detox (3.2 WM) – Initial authorization, only. Concurrent reviews require authorization.
**Prior authorization is not required for INN providers. However, the provider must *contact the regional accountable entity (RAE) for authorization* within 24 hours of admission and complete the medical necessity criteria (MNC) review. If MNC is met, retro authorization back to day of admission. If MNC is not met, the entire stay may be denied.
- ** Medically Managed Intensive Inpatient/Acute Detox (3.7 WM) – **Prior authorization is not required for INN providers. However, the provider must *contact the RAE for authorization* within 24 hours of admission and complete MNC review. If MNC is met, retro authorization back to day of admission. If MNC is not met, the entire stay may be denied.

Prior Authorization Guidelines

- The following levels of care **do** require prior authorization:
 - Intensive Outpatient Services (2.1)
 - Clinically Managed Low-Intensity Residential Treatment Center (RTC) (3.1)
 - Clinically Managed, Population-Specific, High-Intensity RTC (3.3)
 - Clinically Managed Medium-Intensity RTC (3.5)
 - Medically Monitored High-Intensity Inpatient (3.7)

Prior Authorization Process

- The assessing provider will contact Beacon Health Options to present clinical information.
 - **Access to Care Lines:**
 - **Health Colorado: 888-502-4185**
 - **Northeast Health Partners: 888-502-4189**
- Out-of-Network providers must complete a Single Case Agreement (SCA) form, biopsychosocial assessment, and treatment plan, which will be submitted along with their request for prior authorization for all SUD levels of care.

Clinical information we'll be requesting:

- Level of care being requested
- Diagnoses, psychosocial stressors, medical problems
- Medications
- Mental Status Exam
- Urine Toxicology (UTOX) results
- Blood Alcohol Level (BAL)
- Withdrawal symptoms
- Treatment protocol
- Clinical Institute Withdrawal Assessment (CIWA) score
- Clinical Opiate Withdrawal Score (COWS)
- Treatment plan
- Post-Acute-Withdrawal Syndrome (PAWS)
- Vitals
- History and Physical
- ASAM dimensions clearly identified
- SUD history
- Family / Legal history
- Current/historic SI/HI

Important Information

- If a member is approved for services and the level of care/provider has a waiting list, the authorization is good for 45 days without re-assessment. If the member has not admitted within 45 days, they will need to be reassessed.
 - Providers are encouraged to assist the member is obtaining support services while waiting on the approved level of care.
- Turn-Around-Time:
 - Levels 1 and 2.1 – 10 calendar days
 - Levels 3.1, 3.2, 3.3 and 3.5 – 72 hours
 - Levels 3.7 and 3.7WM – 24 hours
- A provider can request a peer-to-peer reconsideration review if a request is denied.
 - The reconsideration review must be requested within 24 hours of the denial.
 - If the denial is upheld after the peer-to-peer reconsideration, the member has the right to appeal.

Verify Members Eligibility

To qualify for residential and inpatient SUD services, individuals must:

- be enrolled as a member with Health First Colorado
- have a SUD diagnosis,
- meet ASAM criteria for appropriate level of care, and
- demonstrate medical necessity for the level of care recommended for their SUD treatment or withdrawal management.

Any member can access covered SUD services in non-Institutions for Mental Diseases (IMD)s. Because of the IMD restriction that is part of Medicaid regulations, the State pursued the 1115 waiver. That waiver applies to members aged 21 and up. In addition to treatment in any appropriately licensed program this is not an IMD, members under 21 will continue to be able to access care through the Early and Periodic Screening, Diagnostic and Treatment benefit (EPSDT).

To verify eligibility for members use this quick guide to identify a members RAE

<https://www.colorado.gov/pacific/hcpf/verifying-eligibility-quickguide>

Chapter

03

Single Case Agreements

Andrea Schmidt, LCSW, LAC

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Changes to Single Case Agreements

Providers who have signed a contract with Beacon Health Options and have submitted the appropriate forms for the credentialing process for ASAM levels 3.1-3.7 (both 3.7 & 3.7WM) are required to obtain the appropriate approvals for services but will not be required to complete the single case agreement process for the services indicated. Providers will be paid at the rate agreed upon in the contract.

Clinical Information

As Beacon and our partners, Health Colorado and Northeast Health Partners work towards a uniform authorization process, we want to ensure you understand our expectations for clinical reviews for substance use disorder treatment services. We recognize that this process is new to many of you and hope that the following information will assist you in your requests. For concurrent authorizations in ASAM RTC level 3.1, 3.3, and 3.5, the following information is required at each review:

- 1) Patient participation in treatment and overall demeanor and cooperativeness within the last covered reporting period.
- 2) Any recent consults for medical or psychiatric issues, including medications and medication changes.
- 3) Any new severe psychosocial issues, such as a death in the family, divorce, child custody, or legal issues.
- 4) Current (within 3 days of the review), symptoms that would indicate need for continued treatment at this level of care, including PAWS, level of cravings, anxiety/depression levels, mood swings, impulsiveness, inappropriate behaviors, insomnia, appetite, and medical related symptoms.
- 5) An updated, current (within 3 days of the review), ASAM six dimensions, indicating what the program plans to do to help the patient show improvement in each of the dimensions.
- 6) Recommended level of care, recommended length of stay, discharge plan, and criteria to be discharged to a lower level of care.
- 7) Date of admission (not the day Beacon started reviewing for medical necessity), last covered day, and list of diagnoses.

If this information is missing, outdated or incomplete, Dr. Venard will begin issuing denials.

Chapter

03

Billing Information

New Beacon Providers

If you are a New Provider to the Beacon network we will hold a separate training to go over the fundamentals of the Beacon Provider portal, Provider Connect, and billing processes.

Join us January 29th → To register email COProviderRelations@BeaconHealthOptions.com

For self service information prior to that training please visit
The RAE website → Provider tab → *Are you a newly contracted provider? Click here!* section
at the top of the page.

HOME / PROVIDERS

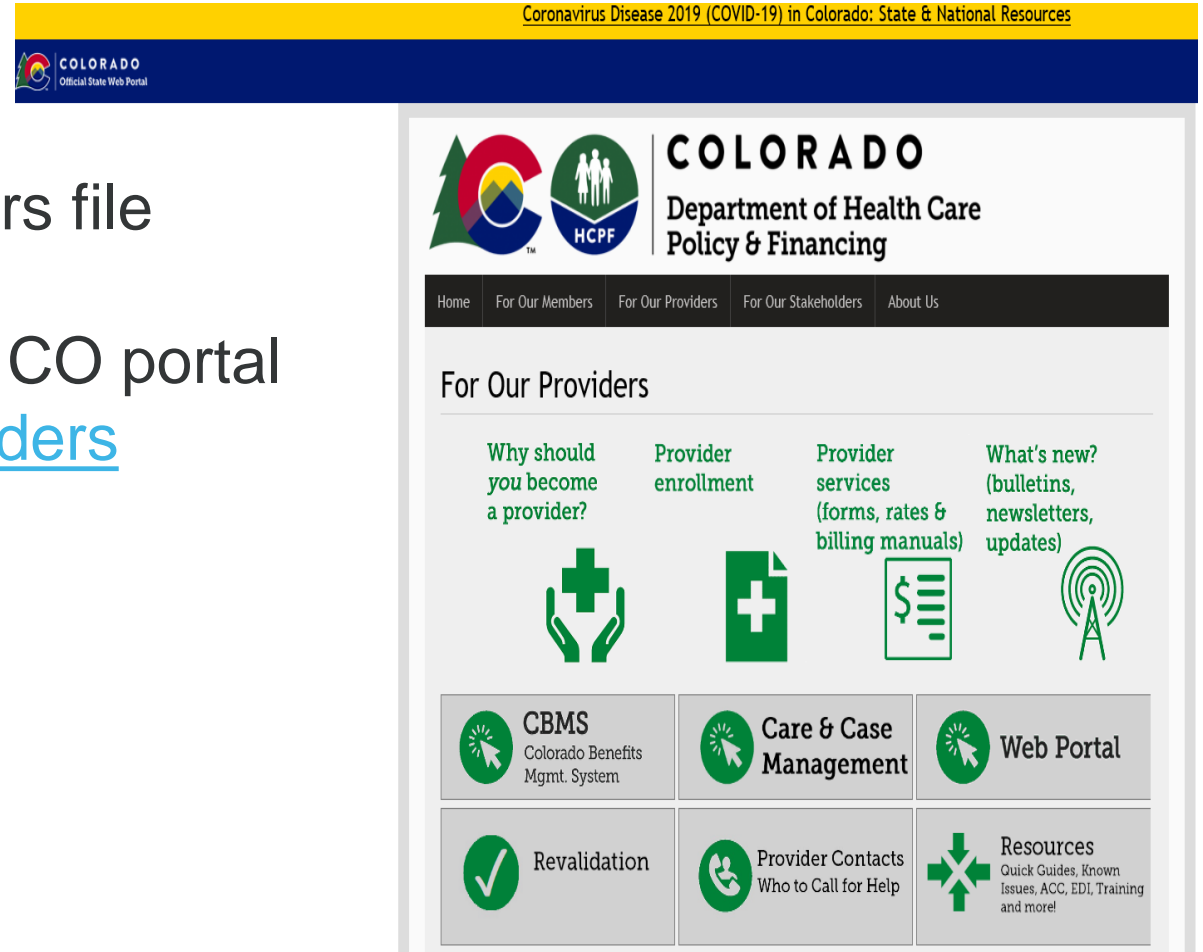
Providers

Upcoming Events / Get Involved! +

Are you a newly contracted provider? Click here!

Checking Eligibility

1. Obtain the members Medicaid ID
2. Retain the Medicaid ID in the members file
3. Verify eligibility using the Health First CO portal
<https://www.colorado.gov/hcpf/our-providers>



Provider Manual Published

November 2020 Health Care Policy and Finance published the Provider Manual for Residential and Inpatient Substance Use Disorder (SUD) Services.

Find the manual here...

<https://www.colorado.gov/pacific/hcpf/ensuring-full-continuum-sud-benefits>

NOTE! The HF modifier is required in the 1st position for these new services

Provider Enrollment

- Enroll as a provider with Health First Colorado. Visit the [Provider Enrollment](#) webpage for more information about provider types

Do you have one of these provider types?

ASAM Level	Specialty Type
3.1	871
3.3	872
3.5	873
3.7	874
3.2WM	875
3.7WM	876

If NO - Visit the provider enrollment webpage to enroll ASAP
Without one of these enrollments the RAEs will be unable to pay your claims.

Chapter

04

Upcoming Events

HCPF Provider Office Hours

The Department of Health Care Policy and Financing, in conjunction with its partners at the Colorado Office of Behavioral Health, Regional Accountable Entities, and Managed Services Organizations, will host a series of 60-minute Provider Office Hour sessions, where residential and inpatient SUD treatment providers may ask questions and receive support on issues relating to the SUD benefit expansion.

To submit a question or for more information visit

<https://www.colorado.gov/pacific/hcpf/ensuring-full-continuum-sud-benefits>

FIRST Wednesday of the month

Meeting link:

meet.google.com/ypv-vtau-kfp

Call-in number: (419) 812-2582

PIN: 931 626 035#

January 6, 10:30 - 11:30 a.m.

February 3, 2:00 - 3:00 p.m.

March 3, 2:00 - 3:00 p.m.

THIRD Wednesday of the month

Meeting link:

meet.google.com/jsw-mjwf-khk

Call-in number: (916) 836-2601

PIN: 951 467 943#

January 20, 2:00 - 3:00 p.m.

February 17, 2:00 - 3:00 p.m.

March 17, 2:00 - 3:00 p.m.

Join Us Next Month!

The 3rd Tuesday of the month

February 16th at 10am

Chapter

05

Questions & Open Discussion

Thank You

Contact Us



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