

Thank you

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

We will get started at 11:00 am

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

the slides and recording will also be posted to the RAE 2 and RAE 4 websites in the next week



Before we get started...

Please type your name and organization in the chat
so we know who you are.

If you have questions at any time during the webinar,
we ask that you type them in the Q&A

Everyone's line is muted during the webinar.

Thank you





July Provider Support Call

Monthly Provider Roundtable

July 14th, 2023

What is the RAE?

The RAEs are responsible for the health and cost outcomes for members in their region, as well as:

- Developing a network of Primary Care Medical Providers (PCMPs) to serve as medical home providers for their members,
- Developing a contracted statewide network of behavioral health providers,
- Administering the Department's capitated behavioral health benefit,
- Onboarding and activating members,
- Promoting the enrolled population's health and functioning, and
- Coordinating care across disparate providers, social, educational, justice, and other community agencies to address complex member needs that span multiple agencies and jurisdictions.



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FQHCs:



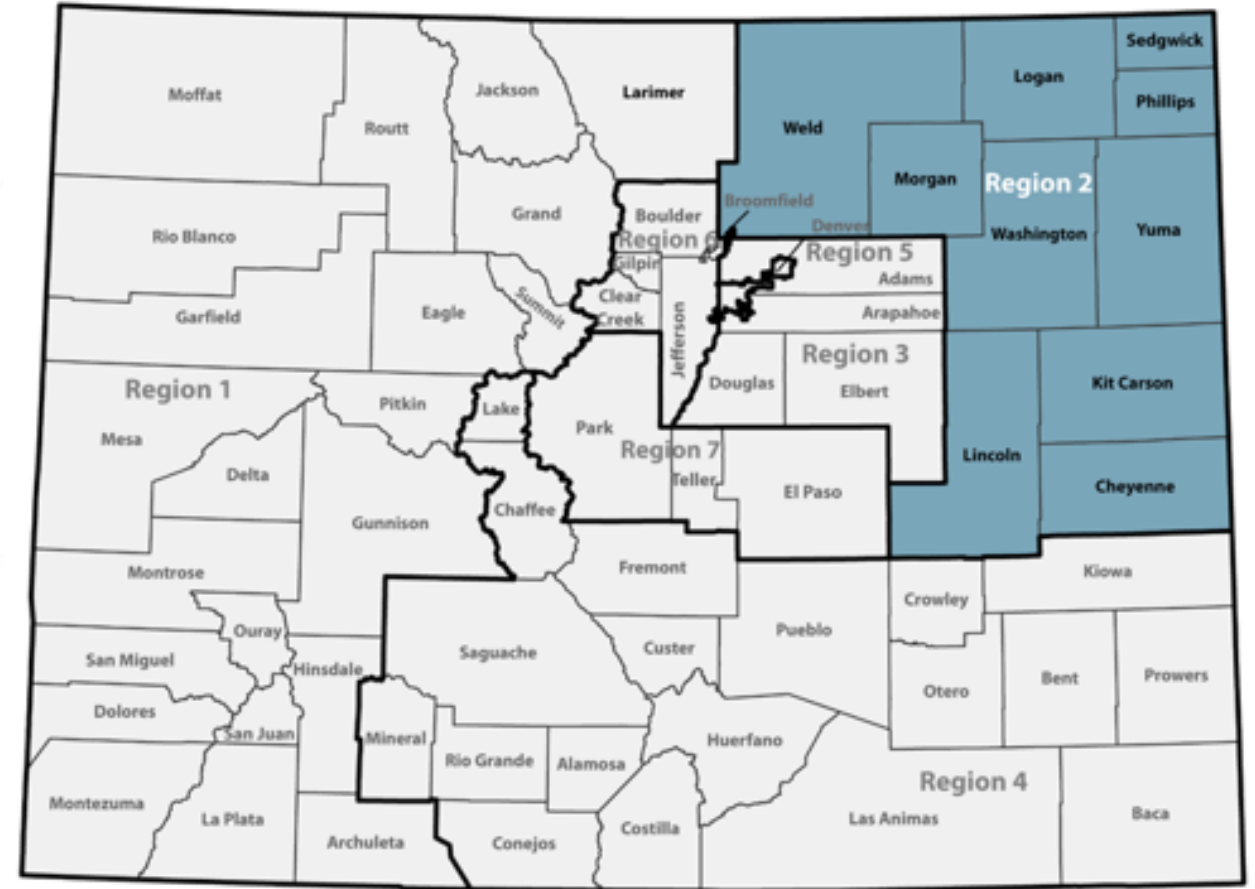
CMHCs:



Administrative Service Organization:



Northeast Health Partners





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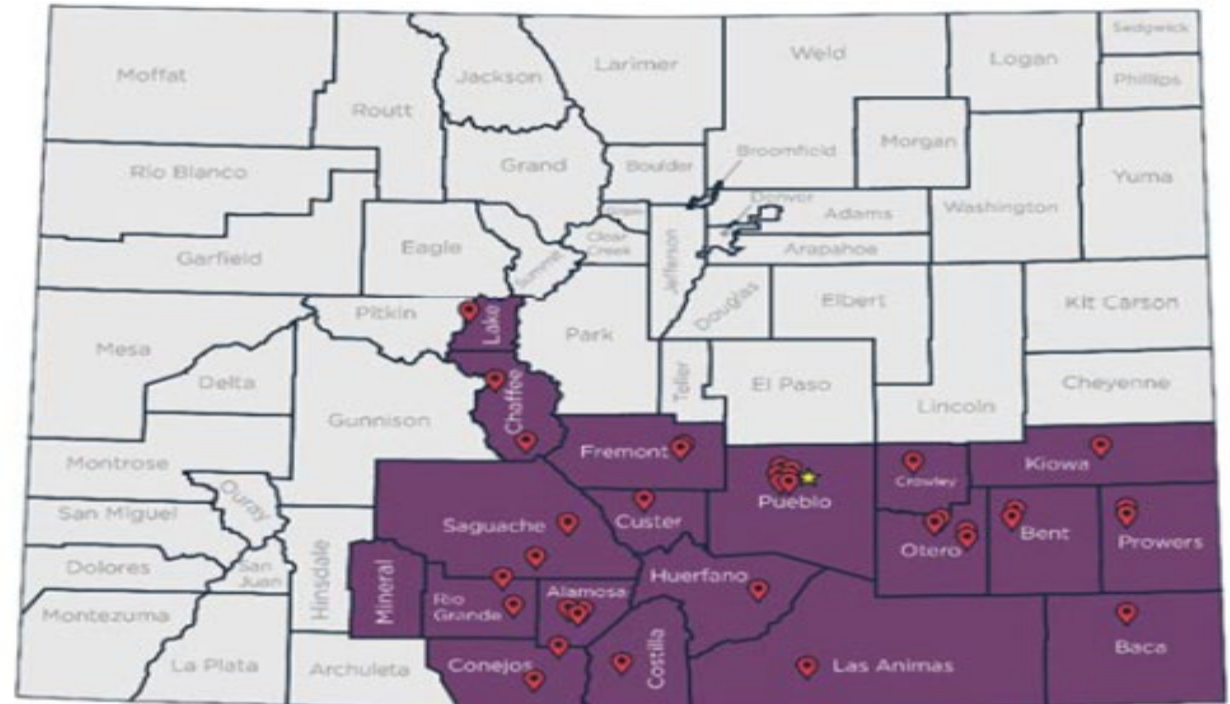
Valley-Wide
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SAN LUIS VALLEY
Behavioral Health Group
Dedicated to Hope, Healing and Recovery



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What is a RAE Roundtable?

This is a monthly meeting where we share updates, provide information, training, and welcome your questions and discussion.

Feel free to share this invitation with colleagues who may also have an interest in attending.



Agenda

1. Welcome and Introductions
2. CO Medicaid Eligibility and Application Process
3. Medicaid Benefits
4. Access to Care Standards
5. Payment Standards
6. Updates
7. Reminders, Questions & Open Discussion

Chapter 01

Welcome and Introductions

Thank you for joining the July Provider Support Call



7/14/2023

Chapter 02

CO Medicaid Eligibility & Application Process



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CO Medicaid Eligibility & Application Process

Many Coloradans have recently lost their jobs and their health care, and they may not know about all their options. Please help by sharing the information below

Any Coloradan who needs health care coverage should apply for Health First Colorado and CHP+.

- Applications can be submitted any time of the year--there is no enrollment period for Health First Colorado and CHP+
- No one should assume they don't qualify--there are different eligibility categories for different situations. The only way to know for sure is to apply!
- Anyone can apply online at [Co.gov/PEAK](https://www.colorado.gov/PEAK) or by phone at 1-800-221-3943 (Press "1" for phone applications)
- More information for applicants is on our website <https://www.colorado.gov/pacific/hcpf/colorado-medicaid>

Coloradans can also apply for financial help to purchase private health insurance through [Connect for Health Colorado](#). Anyone can apply within 60 days of a [life changing event](#), including loss of job-based coverage.

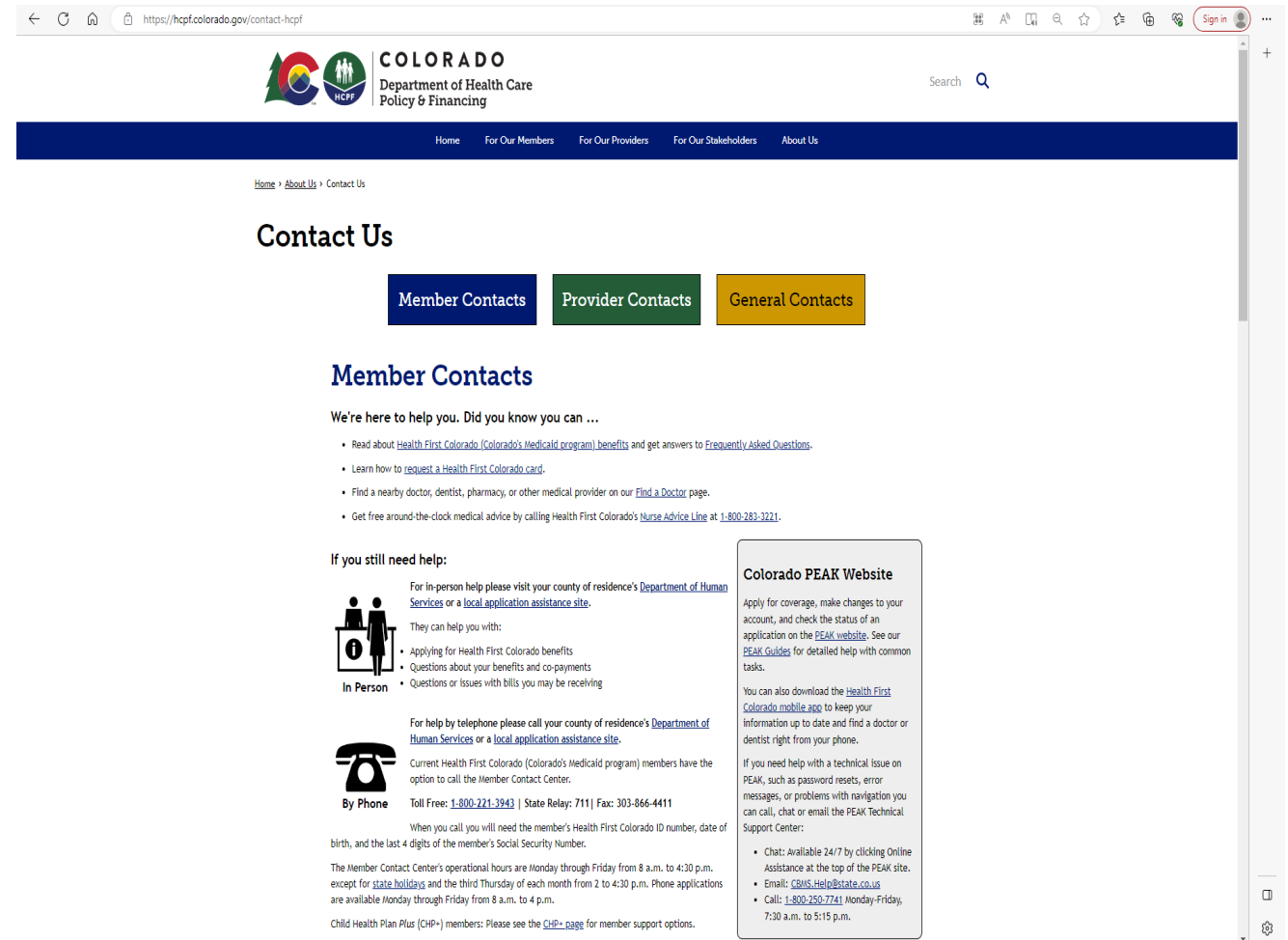


CO Medicaid Eligibility & Application Process

For more information, useful tools, and tips about applying for Health First Colorado and CHP+ please visit:

<https://hcpf.colorado.gov/contact-hcpf>

or email:
COProviderRelations@Carelton.com



CONTACT US

Member Contacts

We're here to help you. Did you know you can ...

- Read about [Health First Colorado \(Colorado's Medicaid program\) benefits](#) and get answers to [Frequently Asked Questions](#).
- Learn how to [request a Health First Colorado card](#).
- Find a nearby doctor, dentist, pharmacy, or other medical provider on our [Find a Doctor](#) page.
- Get free around-the-clock medical advice by calling Health First Colorado's [Nurse Advice Line](#) at 1-800-283-3221.

If you still need help:

In Person

For in-person help please visit your county of residence's [Department of Human Services](#) or a [local application assistance site](#).

They can help you with:

- Applying for Health First Colorado benefits
- Questions about your benefits and co-payments
- Questions or issues with bills you may be receiving

By Phone

For help by telephone please call your county of residence's [Department of Human Services](#) or a [local application assistance site](#).

Current Health First Colorado (Colorado's Medicaid program) members have the option to call the Member Contact Center.

Toll Free: 1-800-721-3942 | State Relay: 711 | Fax: 303-866-4411

When you call you will need the member's Health First Colorado ID number, date of birth, and the last 4 digits of the member's Social Security Number.

The Member Contact Center's operational hours are Monday through Friday from 8 a.m. to 4:30 p.m. except for [state holidays](#) and the third Thursday of each month from 2 to 4:30 p.m. Phone applications are available Monday through Friday from 8 a.m. to 4 p.m.

Child Health Plan Plus (CHP+) members: Please see the [CHP+ page](#) for member support options.

Colorado PEAK Website

Apply for coverage, make changes to your account, and check the status of an application on the [PEAK website](#). See our [PEAK Guides](#) for detailed help with common tasks.

You can also download the [Health First Colorado mobile app](#) to keep your information up to date and find a doctor or dentist right from your phone.

If you need help with a technical issue on PEAK, such as password resets, error messages, or problems with navigation you can call, chat or email the PEAK Technical Support Center:

- Chat: Available 24/7 by clicking Online Assistance at the top of the PEAK site.
- Email: CRMUS.Help@state.co.us
- Call: 1-800-250-7741 Monday-Friday, 7:30 a.m. to 5:15 p.m.

CO Medicaid Eligibility & Application Process

Who Qualifies for Health First Colorado?

Health First Colorado (Colorado's Medicaid Program)		
Who's Covered?	Requirements	Income
<ul style="list-style-type: none">- Children, pregnant women, single adults, and families- Health First Colorado	<ul style="list-style-type: none">- Individuals ages 0 – 64 years old- No disability requirement- No resource limit	<ul style="list-style-type: none">- Income limits based on household size and tax filer information. Some making more may qualify.- Income Guidelines
<ul style="list-style-type: none">- Certain parents or relatives living with a dependent child under the age of 19 who had Health First Colorado for at least 3 out of the last 6 months, may be eligible for up to 12 additional months of coverage after they exceed the income limit for your household.- Parents and children may also qualify for a 4 month coverage extension if they exceeded the income limit due to an increase in alimony or spousal maintenance.		

For more information <https://www.colorado.gov/pacific/hcpf/Colorado-medicaid>



CO Medicaid Eligibility & Application Process

There are several ways to apply:

- Online at - [Colorado.gov/PEAK](https://colorado.gov/PEAK) -- this is the fastest way to apply
- In person at your local county office or an Application Assistance Site
- By phone at 1-800-221-3943 / State Relay: 711
- By mail

For details on how to apply, visit: <https://www.healthfirstcolorado.com/apply-now/>



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CO Medicaid Eligibility & Application Process

What Information Do I Need When Applying For Health First Colorado?

- The name, address, and contact information of each person applying;
- Social Security numbers of each member of your household seeking medical assistance (or document numbers for lawfully present individuals);
- The birth dates of each person applying;
- Employer information for each member of your household;
- Income information for each member of your household (for example, wage and tax statements such as pay stubs or W2 forms);
- Information about any other income you receive;
- Information and policy numbers for health insurance plans currently covering members of your household; and
- Citizenship and identity documentation



Chapter 03

Medicaid Benefits



Medicaid Benefits

Medicaid Benefits and Services

If you qualify for Health First Colorado, some of the benefits you can receive include:

- Behavioral health
- Dental services
- Emergency care
- Family planning services
- Hospitalization
- Laboratory services
- Maternity care
- Newborn care
- Outpatient care
- Prescription drugs
- Preventive and wellness services
- Primary care
- Rehabilitative services

See a full list of benefits and co-pays by visiting: <https://www.healthfirstcolorado.com/benefits-services/> and learn more about your coverage and how to use it in the latest [Health First Colorado Member Handbook](#).



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Chapter 04

Access to Care Standards



Access to Care Standards - Waiting Room Times

- A Health First Colorado member who arrives on time for their scheduled appointment shall wait no longer than fifteen (15) minutes to begin their scheduled appointment. If the appointment does not begin within fifteen (15) minutes, the member shall be offered the option of rescheduling for the next available appointment. Members shall be notified of the option to reschedule through a posted notice in the waiting area or by having the wait time policy reviewed with the member at the initiation of treatment.
- Members who were scheduled for prescriber services should be provided an appointment date that does not cause a delay or gap in their prescribed medication regimen. Members indicating urgent or emergent concerns should be provided an appointment that meets the access standards for urgent/emergency requests.



Access to Care Standards - Practice Hours

Hours of Operation: Providers who serve Health First Colorado members shall offer hours of operation that are no less than the hours of operation offered to commercial enrollees. Minimum hours of Carelon's Policy and Procedure Manual for Providers 22 provider operation shall include covered service coverage from 8 a.m. to 5 p.m. Monday through Friday and emergency coverage 24 hours a day, seven (7) days a week.

Extended Hours of Operation: Extended Hours of Operation and covered service coverage must be provided at least two (2) days per week at clinic treatment sites, which should include a combination of additional morning, evening or weekend hours, to accommodate members who are unable to attend appointments during standard business hours.

Evening and/or Weekend Support Services: Members and families should have access to clinical staff over evenings and weekends, not just an answering service or referral service staff



Access to Care Standards - Appointment & Availability Behavioral Health

Behavioral Health Providers are required to render services to Members on a timely basis, as follows:

Urgent Care – within twenty-four (24) hours after the initial identification of need.

Outpatient follow-up appointments – within seven (7) days after discharge from hospitalization.

Non-urgent Symptomatic Care Visit – within seven (7) days after the request.



Access to Care Standards - Appointment & Availability Behavioral Health (cont'd)

- Emergency Behavioral Health Care – by phone within fifteen (15) minutes after the initial contact, including TTY accessibility; in person within one (1) hour of contact in Urban and suburban areas, in person within two (2) hours after contact in Rural and Frontier areas.
- Non-urgent, Symptomatic Behavioral Health Services – within seven (7) days after a Member's request. Administrative intake appointments or group intake processes will not be considered as a treatment appointment for non-urgent symptomatic care.
- In-person or telehealth visits - are considered meeting the Access to Care standards.
- *The RAE will not place Members on wait lists for initial routine service requests.*



Access to Care Standards - Unavailable to see members?

Participating providers should:

- Contact their regional provider relations team via email located under Contact Us on the Providers section of the regional organization websites. Behavioral health providers may contact the Carelon National Provider Services Line (see Contact Page) to inform Carelon of any unavailability or absence.
- Upon return, participating providers should contact their regional provider relations team via email located under Contact Us on the Providers section of the regional organization



Access to Care Standards - Administrative Monitoring

Behavioral Health:

- Providers are audited for Access to Care standards annually to monitor and ensure access to care for all Medicaid members.
- Information on the access to care standards is outlined in the HCI and NHP Provider handbooks. As a reminder, this handbook is an extension of your Provider Agreement with Carelon Behavioral Health



Chapter 05

Payment Standards



Payment Standards - Overpayments/ Recoup

Providers should routinely review claims and payments to assure that they have not received any overpayments. Carelon will notify providers of overpayments identified by Carelon, clients, or government agencies.

Overpayments include, but are not limited to:

- Claims allowed/paid greater than billed
- Claims paid in error
- Inpatient claim charges equal to the allowed amounts
- Duplicate Payments
- Payments made for individuals whose benefit coverage is/was terminated
- Payments made in excess of amounts due in instances of third party liability and/or coordination of benefits



Payment Standards - Overpayments/ Recoup

Subject to the terms of the provider agreement and applicable state and/or federal regulations, Carelon or its designee will pursue recovery of overpayments through:

- Adjustment of the claim or claims in question creating a negative balance reflected on the Provider Summary Voucher (claims remittance)
- Written notice of the overpayment and request for repayment of the claims identified as overpaid

Failure to respond to any written notice and/or request for repayment of identified overpayments in the time period identified in the notice/request is deemed approval and agreement with the overpayment; thereafter, Carelon will adjust the claim or claims in question creating a negative balance.

Any negative balance created will be offset against future claims payments until the negative balance is zeroed out and the full amount the overpayment is recovered.



Payment Standards - Overpayments/ Recoup

If the *provider* disagrees with an overpayment recovery and/or request for re- payment of an overpayment, the *provider* may request Carelon to review in writing- the written request for review needs to be received by Carelon on or before the date identified in the notice of overpayment recovery or request for re-payment of an overpayment.

Please attach a copy of your written demand or request letter to your request for review and include the following information:

- *provider/participating provider's* name
- identification number and contact information
- *member* name, and number
- a clear identification of the disputed items to include the date of service and the reason the disputed overpayments are being contested.

Overpayment Recovery should be mailed to:

Carelon Behavioral Health
1330 Amerigroup Way
Virginia Beach, VA 23464



Payment Standards - No Balance Billing

Participating providers may not balance bill members for covered services rendered.

This means that the participating provider may not bill, charge or seek reimbursement or a deposit, from the member for covered services except for applicable member expenses, and non-covered services.

Participating providers are required to comply with provisions of Carelon's code of conduct where applicable, including, without limitation, cooperation with claims and billing procedures and participation in training and education.



Chapter 06

Updates



Carelon Training Webinars

Carelon offers monthly training webinars for providers. Here is the list of scheduled webinars for July.

You can register for any of these trainings by going to:

<https://www.carelonbehavioralhealth.com/providers/resources/trainings>

Upcoming Webinars

Disease Self-Management

Wednesday, July 19, 2023 at 3 p.m. ET

Claims Submission Guidance

Thursday, July 20, 2023 at 12 p.m. ET

ProviderConnect Overview

Wednesday, July 26, 2023 at 2 p.m. ET



HCPF Uniform Services Coding Manual Changes



The screenshot shows a web browser at the URL <https://hcpf.colorado.gov/sbhs-billing-manual>. The header features the Colorado Department of Health Care Policy & Financing logo and a search bar. A dark blue navigation bar contains links: Home, For Our Members, For Our Providers, For Our Stakeholders, and About Us. The breadcrumb trail reads: Home > For Our Providers > Provider Services > Billing Manuals > State Behavioral Health Services Billing Manual. The main heading is "State Behavioral Health Services Billing Manual". The introductory text states: "This document sets forth the requirements of billing procedure codes for behavioral health services covered by HCPF and the Behavioral Health Administration (BHA). The State Behavioral Health Services Billing Manual (the billing manual) is a living document that is updated periodically to maintain consistency between the Regional Accountable Entity (RAE) and Managed Care Organization (MCO) -together referred to as Managed Care Entities (MCEs) - contracts, BHA contracts, State Plan Amendments, 1915(b)(3) waiver, and coding guidelines." A list of links follows:

- [SBHS Billing Manual July 2023](#)
- [July 2023 Manual Tracking Form](#)
- [Uniform Service Coding Standards January 2023](#)
- [January 2023 Manual Tracking Form](#)
- [Uniform Service Coding Standards October 2022](#)
- [October 2022 Manual Tracking Form](#)
- [Uniform Service Coding Standards July 2022](#)
- [July 2022 Manual Tracking Form](#)

Below the list, it says: "For copies of previous coding documents, please email John.Laukkanen@state.co.us." At the bottom, it says: "To understand the history, design, content, and management approach of the the billing manual, please see the [Uniform Service Coding Standards \(USCS\) Manual Orientation](#)."



HCPF Uniform Services Coding Manual Changes

- The title of the manual has been changed to: “State Behavioral Health Services Billing Manual”
- Changed term “telemedicine” to “telehealth” throughout
- Updated H0036 and H0037 to explicitly call out Functional Family Therapy (FFT) in the service description and required Modifier HA for billing FFT
- Added POS 18 to codes H2024 and H2026
- Added HQ Modifier back to code H2030



HCPF Uniform Services Coding Manual Orientation

To understand the history, design, content, and management approach of the the billing manual, please see the [Uniform Service Coding Standards \(USCS\) Manual Orientation](#).



HCPF Uniform Services Coding Manual Orientation

Uniform Service Coding Standards (USCS) Manual Orientation

Presented by: John Laukkanen
April 2023



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Healthcare Common Procedure Coding System (HCPCS)

HIPAA 1996

- HIPAA required the Secretary of the Department of Health and Human Services (DHHS) to adopt standards for coding systems that are used for reporting health care transactions. Regulations were published in the Federal Register on August 17, 2000 (65 FR 50312), to implement standardized coding systems under HIPAA. These regulations provided for the elimination of "local codes" by December 31, 2003.

AMA/CMS

- The Secretary of DHHS has delegated authority under HIPAA to the AMA and CMS to maintain and distribute annually.
- **Level I** - Current Procedural Terminology (CPT), a uniform coding system consisting of descriptive terms and codes that are used primarily to identify medical services and procedures furnished by physicians and other health care professionals. [AMA controls]
- **Level II** is a standardized coding system that is used primarily to identify drugs, biologicals and non-drug and non-biological items, supplies, and services not included in the CPT code set jurisdiction, when used outside a physician's office. [CMS controls]

State
Medicaid

- CMS releases its decisions on all coding actions on a quarterly basis and updates its coding manual annually. Each payer effectuates the changes to the code sets on its own timeframes. States have the authority to "open" codes at their discretion. But parameters of open codes should align with published details.



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Provider Portal/Provider Connect MFA

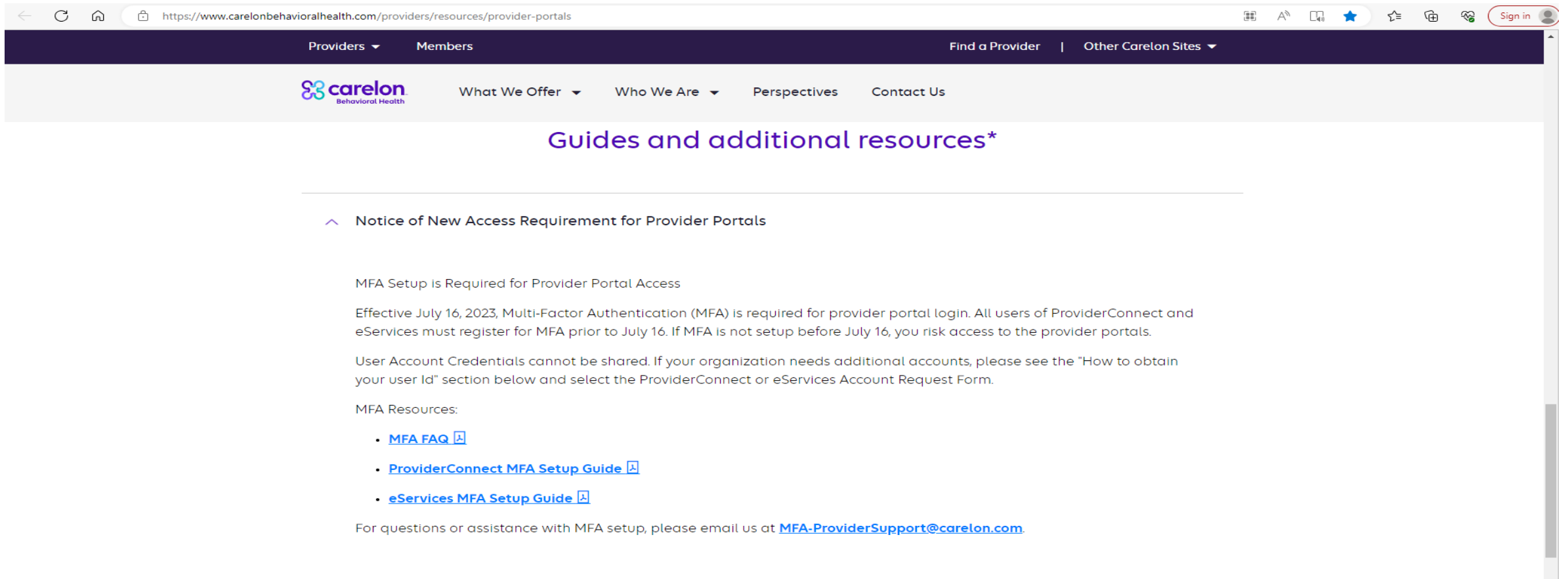
Carelon is moving to Multi-Factor Authentication (MFA) for Provider Portal login

- This will be effective July 16th, 2023
- This will affect the Provider Portal/Provider Connect
- A step-by-step setup guide is available explaining how to get registered for the MFA.
- Please visit the Provider Portals page on the Carelon website and look under Guides and Additional Resources
- For help or questions please email: MFA-ProviderSupport@Carelon.com




Provider Portal/Provider Connect MFA (cont'd)

<https://www.carelonbehavioralhealth.com/providers/resources/provider-portals>



The screenshot shows the Carelon Behavioral Health website. The header includes navigation links for Providers, Members, Find a Provider, and Other Carelon Sites. The main content area is titled "Guides and additional resources*" and features a section for "Notice of New Access Requirement for Provider Portals". This section states that MFA Setup is required for Provider Portal Access, effective July 16, 2023. It explains that Multi-Factor Authentication (MFA) is required for provider portal login and that users must register for MFA prior to July 16. It also notes that User Account Credentials cannot be shared and provides instructions on how to obtain a user ID. A list of MFA Resources includes links to the MFA FAQ, ProviderConnect MFA Setup Guide, and eServices MFA Setup Guide. A final note directs users to email MFA-ProviderSupport@carelon.com for questions or assistance with MFA setup.

Providers ▾ Members Find a Provider | Other Carelon Sites ▾

 What We Offer ▾ Who We Are ▾ Perspectives Contact Us

Guides and additional resources*




^ Notice of New Access Requirement for Provider Portals

MFA Setup is Required for Provider Portal Access

Effective July 16, 2023, Multi-Factor Authentication (MFA) is required for provider portal login. All users of ProviderConnect and eServices must register for MFA prior to July 16. If MFA is not setup before July 16, you risk access to the provider portals.

User Account Credentials cannot be shared. If your organization needs additional accounts, please see the "How to obtain your user Id" section below and select the ProviderConnect or eServices Account Request Form.

MFA Resources:

- [MFA FAQ](#) 
- [ProviderConnect MFA Setup Guide](#) 
- [eServices MFA Setup Guide](#) 

For questions or assistance with MFA setup, please email us at MFA-ProviderSupport@carelon.com.

Chapter 07

Reminders, Questions & Open Discussion



Provider Revalidation w/HCPF

The Public Health Emergency(PHE) ended in May. During the PHE revalidation was put on hold by HCPF

With the end of the PHE, revalidation as to be implemented again

HCPF will send out notifications and more information for providers whose revalidation was delayed during the PHE

Be sure to watch for this notification as it will include information on timelines and requirements

HCPF Website - <https://hcpf.colorado.gov/>



Continuous Coverage Ending

Continuous coverage for HCPF Members who no longer qualify for coverage ended in May. The PHE end date was 5/11/2023.

The state has a 12-month redetermination process – not all members will lose coverage at the same time. Members will receive multiple alerts.

Members with May renewals were sent notices in March, with the last day of coverage being 5/31/2023, if they did not return a signed copy of the renewal packet.

HCPF estimates that approximately 325,000 members will no longer be eligible over the course of the COVID unwind year.



Continuous Coverage Ending – What can providers do?

Check member eligibility to ensure member is still covered with Health First Colorado.

If members lost coverage because they are no longer eligible based on Federal Poverty Guidelines, they can be directed to Connect for Health Colorado.

If members inform you that they received a renewal packet and need help with completing it, direct them to DHS or a Certified Application Assistance Site (CAAS).

The renewal packet would have come in an envelope that states in RED letters: **URGENT – PLEASE REPLY**

Direct members to <https://www.healthfirstcolorado.com/renewals/> for more information



Community Partners PHE Unwind Webinar information

Time: 1 – 2:30 pm

Dates:

July 26, 2023

October 25, 2023

To register, go to:

<https://hcpf.colorado.gov/covid-19-phe-planning>



Register

You can review previous presentations by going to the above website.



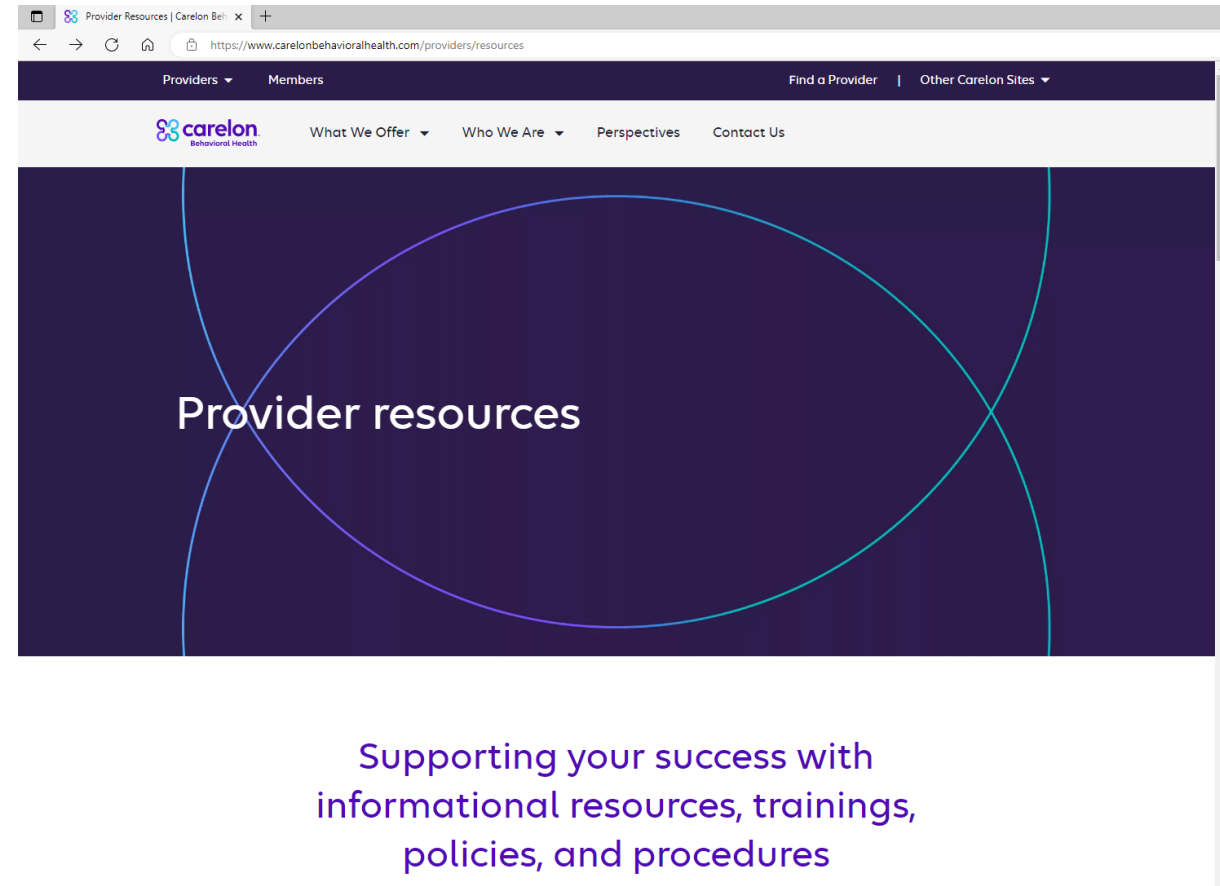
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Carelon Resources – Provider Resources

<https://www.carelonbehavioralhealth.com/providers/resources>



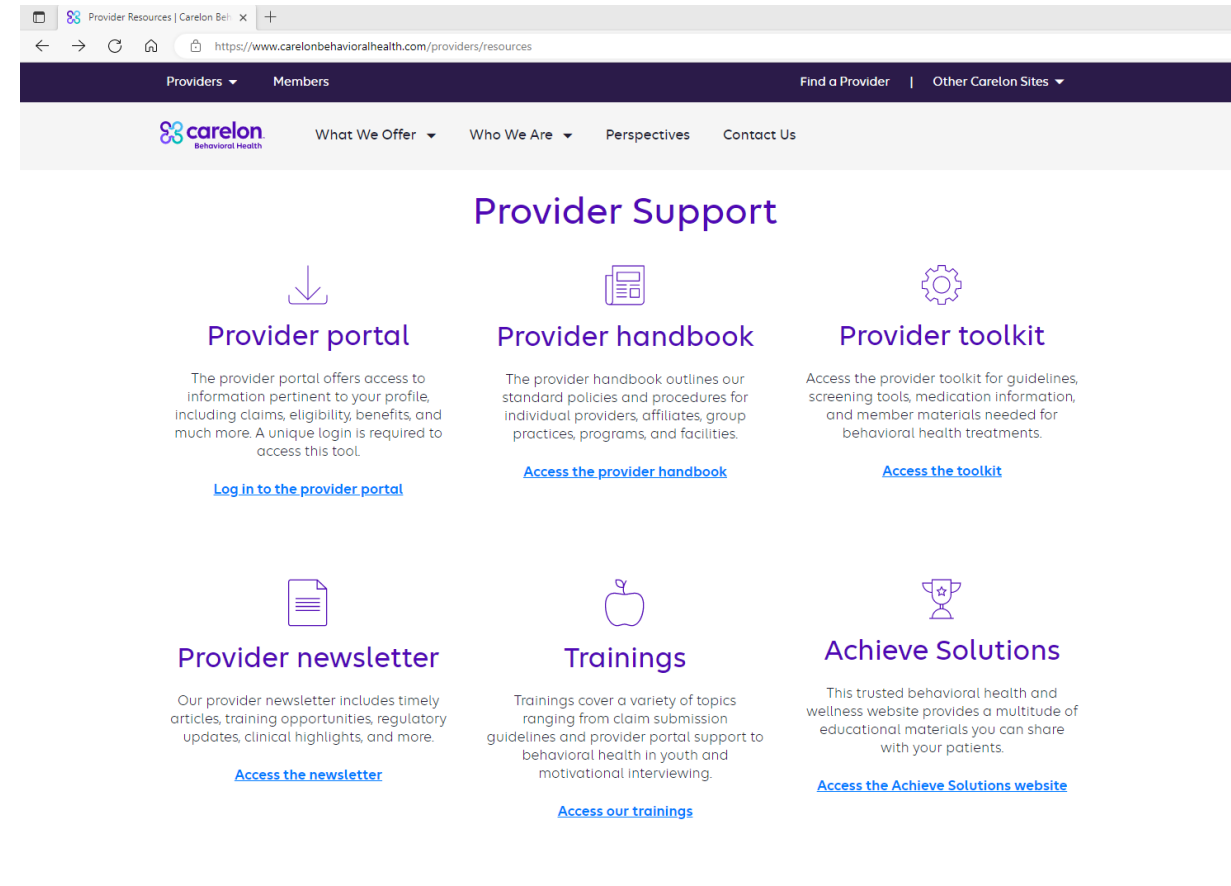
Provider Resources | Carelon Behavioral Health

Providers Members Find a Provider | Other Carelon Sites

What We Offer Who We Are Perspectives Contact Us

Provider resources

Supporting your success with informational resources, trainings, policies, and procedures




Provider Resources | Carelon Behavioral Health

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Provider Support



Provider portal

The provider portal offers access to information pertinent to your profile, including claims, eligibility, benefits, and much more. A unique login is required to access this tool.


[Log in to the provider portal](#)



Provider handbook

The provider handbook outlines our standard policies and procedures for individual providers, affiliates, group practices, programs, and facilities.


[Access the provider handbook](#)



Provider toolkit

Access the provider toolkit for guidelines, screening tools, medication information, and member materials needed for behavioral health treatments.


[Access the toolkit](#)



Provider newsletter

Our provider newsletter includes timely articles, training opportunities, regulatory updates, clinical highlights, and more.


[Access the newsletter](#)



Trainings

Trainings cover a variety of topics ranging from claim submission guidelines and provider portal support to behavioral health in youth and motivational interviewing.

[Access our trainings](#)



Achieve Solutions

This trusted behavioral health and wellness website provides a multitude of educational materials you can share with your patients.

[Access the Achieve Solutions website](#)



Carelon Resources – How to connect...

Call the National Provider Service Line (NPSL) at:
800-397-1630

Email Colorado Provider Relations at:
CoProviderRelations@carelon.com



Stay Up To Date

Every month we provide a Newsletter that has information for providers- including upcoming webinars, events, updates, and resources.

Be sure to check out the Inspire Wellness newsletter!!

It's easy to join our mailing list!

Just send your email address by text message:

Text
BEACONHEALTH
to **22828** to get started.



Message and data rates may apply.



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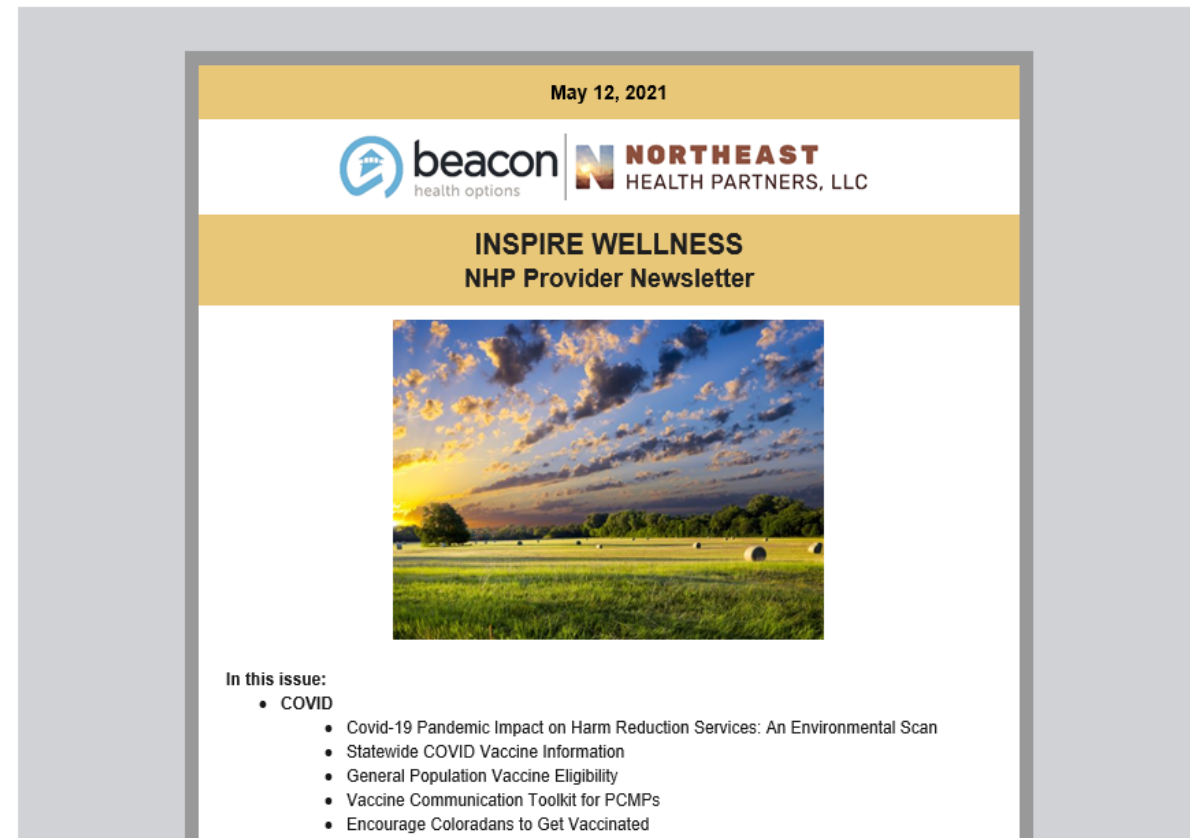


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Wed 5/12/2021 7:02 AM

Beacon Health Options Provider Relations <coproviderrelations@beaconhealthoptions.com>

NHP Provider Newsletter 5.12.2021



7/14/2023

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Upcoming Training

The Next RAE Roundtable

The 2nd Friday of the month

August 11, 2023


11a m




Thank you

Contact Us



 888-502-4189

 888-502-4185

 www.northeasthealthpartners.org

 www.healthcoloradora.com

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