

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



November SUD Expanded Benefit Provider Forum

Agenda

01

Welcome & Introductions

02

ASAM Training Opportunity

03

New! Provider Manual

04

Coming Soon

05

Questions & Open Discussion

Chapter

01

Welcome and Introductions

Welcome!

Please enter your name and email in the Q&A box



Beacon / Health Colorado / Northeast Health Partners

- Introduction
- Contact Information
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Join Our Mailing List

It's easy to join our mailing list!

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by text message:

Text

BEACONHEALTH
to **22828** to get started.



Message and data rates may apply.

Signal MSO



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Chapter

02

ASAM Training Opportunities



Chapter

03

Provider Manual for Residential and Inpatient Substance Use Disorder (SUD) Services

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>

**Clinically Managed Population-Specific High-Intensity Residential Services
(ASAM Level 3.3)**

Provider Manual Example

SUD Residential Treatment – Clinically Managed Population-Specific High-Intensity Residential Services: ASAM level 3.3		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
H2036	Alcohol and/or other drug treatment program, per diem	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Structured alcohol and/or drug treatment program specifically tailored to meet the needs of individuals who are unable to participate in other levels of care due to <u>cognitive limitations</u> . The recovery environment is combined with high-intensity clinical services in a manner that meets the functional limitations of the individual. If the limitation is temporary, the individual may be transferred to another level of care when he or she is no longer impaired. A planned program of professionally directed evaluation, care and treatment for persons with alcohol and/or drug addiction disorders.	Shift Notes or Daily Note (summary of shift notes) <i>See technical documentation requirements in Appendix B, p. 15.</i>	
NOTES	EXAMPLE ACTIVITIES	
<p>Procedure code H2036 is used to bill for ASAM level 3.1, 3.3, 3.5, and 3.7 services. Modifiers will be used to distinguish between these levels of care. Modifiers used for level 3.3 services are as follows:</p> <p>First position: HF Second position: U3</p> <p>Room and board is billed separately to the Office of Behavioral Health or their designee.</p>	<p>This per diem could include services such as:</p> <ol style="list-style-type: none"> 1. Substance use disorder assessment 2. Individual and family therapy 3. Group therapy 4. Alcohol/drug screening counseling 5. Service planning 6. Discharge planning 	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input checked="" type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: N/A Maximum: 24 Hours
FACILITY TYPE	PROGRAM SERVICE CATEGORY(IES)	
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health and enrolled with Medicaid under the 3.3 Specialty Provider Type (872) and SUD Clinic Provider Type (64). Refer to the Provider Enrollment Manual for enrollment requirements and procedures.	<input checked="" type="checkbox"/> HF (SUD) (First position) <input checked="" type="checkbox"/> U3 (Second position)	
PLACE OF SERVICE (POS)		
<div> <input type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> RSATF (55) </div> <div> <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> NF (32) <input type="checkbox"/> RHC (72) </div> <div> <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> School (03) </div> <div> <input type="checkbox"/> Outp Hospital (22) <input type="checkbox"/> Home (12) <input type="checkbox"/> SNF (31) <input type="checkbox"/> Other POS (99) </div>		

Chapter

04



RAE Contracting

RAEs are working to finalize rates with The Department of Health Care Policy and Finance (HCPF).

In the interim we are working with providers to begin the contracting process.

If you are interested in contracting please contact us at
COProviderRelations@BeaconHealthOptions.com

Authorization Process

Join us for the December Provider Forum as we walk through the Authorization Process.

Chapter

05

Questions & Open Discussion

Thank You

Contact Us



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