

## Things behavioral health providers need to know under the new Medicaid Contract:

**Important:** Please read this bulletin carefully and share it with all appropriate staff.

### Register for ProviderConnect to update your demographic information today!

<https://www.valueoptions.com/pc/eProvider/providerLogin.do>

The information you have on the ProviderConnect will show on the Provider Directory to members. Update practice profile/records including demographics, specialty, ADA compliance, Accepting new Medicaid Members, Cultural Competency Training, and phone numbers.

Other services you can use ProviderConnect for:

- 1- Verify eligibility
- 2- Submit inquiries to Beacon's customer service
- 3- Authorization requests and letters
- 4- Claims Submission
- 5- View Provider Summary Vouchers

### Make sure to adhere to Authorization Guidelines

For contracted Independent Providers, there is no requirement for authorization for the first six (6) outpatient behavioral health visits for assessment (90791, 90292) individual therapy (90832, 90834, & 90837) and family therapy (90846 & 90847) for a covered diagnosis.

If additional sessions are required, then please contact Beacon to request an authorization. Payment will be done by Beacon for HCI and NHP members for authorized services only.

In order to receive payment, the provider will need to:

- Have an authorization for the service level and dates of service, AND
- Be Medicaid Enrolled, AND
- Be contracted as a behavioral health provider with Beacon

Please call: 888-502-4185 Health Colorado or 888-502-4189 Northeast Health Partners

### Make sure to adhere to Claims Guidelines when submitting claims

Remember that **Timely Claims Filing is 90 days from the date of service**. If you receive a denial, you have 60 days to submit a corrected claim.

The timely filing timeframes also applies to claims under the behavioral health organization (BHO) of Colorado Health Partnerships (CHP) and Foothills Behavioral Health Partners (FBHP) and the RAE (Health Colorado and Northeast Health Partners).

We recommend that you submit claims via ProviderConnect as listed above for easier processing and tracking of your claims.

You can also set up to get your payments online through PaySpan. The Payor ID is 00813 or you can contact our EDI HelpDesk at:

- 1-888-247-9311
- E-support.services@valueoptions.com

For more information, visit the Provider Handbook available in the RAE websites listed below.

## Remember to complete CCARs for all behavioral health services in accordance with HCPF requirements.

You can submit your CCARs to Beacon through

<http://www.chneforms.com/ccar/login.cfm>

Are the members that you are trying to do CCARs for assigned to region 2 (Northeast Health Partners) or region 4 (Health Colorado)?

If not, then you will not be able to do any CCAR for these members, not even discharges.

You will see the following message:

**Submitting data only available for  
RAE2 or RAE4 Members**

You will need to contact the region the member is assigned to for access to their CCAR system

## Check out the Regional Accountable Entities phone numbers and websites!

### RAE Region 4

Health Colorado: [www.healthcoloradorae.com](http://www.healthcoloradorae.com)

- Customer Service: 888-502-4185
- Care Coordination: 888-502-4186
- Administration: 888-502-4187

### RAE Region 2

Northeast Health Partners: [www.northeasthealthpartners.org](http://www.northeasthealthpartners.org)

- Customer Service: 888-502-4189
- Care Coordination: 888-502-4190
- Administration: 888-502-4191

If helpful, Beacon's [Colorado Medicaid page](#) is a central location and contains both RAE links

## Make sure to know the Transition of Care Policy

The Colorado Department of Health Care Policy & Financing has created a policy for transition of care to help guarantee that members of Health First Colorado who on July 1, 2018, are changing health plans (e.g. movement from a RCCO or BHO to a RAE or movement from one RAE to another) have a smooth transition and can access the services they need.

It is *essential* that Health First Colorado members do not fall through the cracks and experience disruptions in treatment plans starting July 1, 2018.

### **Incoming Regional Organization (RAE) will coordinate care with Providers currently serving Members**

It is the Department's policy that all out-going BHO or RCCO perform the following for all members who would suffer serious detriment to their health or be at risk of hospitalization or institutionalization—all members who are pregnant are considered to be at risk of suffering serious detriment to their health in the absence of continued services:

1. Coordinate care and develop a new care plan as appropriate.

2. Ensure access to any ongoing course of treatment without authorization and without regard to the provider's participation in the regional organization (RAE) network for a minimum of sixty (60) days.
  - If necessary, this would include paying use of single-case agreement of paying out-of-network providers for any ongoing course of treatment at a rate no less than the prior BHO rate (or at a rate no less than the Medicaid FFS rate applicable for that service) for a minimum of sixty (60) days.

### What do Providers need to do?

1. Continue to provide medically necessary services covered by Health First Colorado.
2. Verify eligibility of the member through the [provider portal](#).
3. Contact the Clinical team to coordinate care for members assigned to:
  - Health Colorado: 888-502-4185
  - Northeast Health Partners: 888-502-4189

If a Provider is currently not contracted with Beacon Health Options for Northeast Health Partners or Health Colorado, then the Clinical team will assist the provider in requesting a single case agreement for the transition of care.

### Discharge Planning

Health First Colorado requires that all outpatient treatment records include appropriate discharge planning to ensure maintenance of treatment gains and to prevent unnecessary destabilization or symptom recurrence. It is an important element of care and a critical activity in the delivery of high quality behavioral health services. Clinical research suggests that effective discharge planning results in improved patient safety, reduced readmissions, and proper medication usage.

Discharge planning is a process that begins with the initial assessment and treatment planning process, and it should be reflected in the documentation of treatment services. It must be individualized and reflect the client's participation in the planning process. Additionally, it should include the following elements:

1. Identify any ongoing medical or medication needs and the plan for ensuring that these needs are met.
2. Identify any remaining stressors that might significantly impact the client's ability to maintain treatment gains. For example, housing or food insecurity might affect the client's mental health stability, yet these needs might be met by referral to the appropriate social services agency.
3. Identify how the client can access crisis services and non-emergent care, if needed.
4. Identify any scheduled follow-up appointments or referrals that are being provided to the client.

*Tip: A best clinical practice is to use a separate treatment summary and discharge planning form. One copy can be placed in the member's record; one copy can be given to the member.*

### On-Boarding for Behavioral Health Providers Training

Provider Relations is offering on-boarding training to successfully participate with Health First Colorado under Health Colorado and Northeast Health Partners.

See attached flyer for more details.