

# Thank You

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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](mailto:COProviderRelations@BeaconHealthOptions.com)



# January Provider Support Call

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# Agenda

- 01** Welcome & Introductions

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- 02** Reportable Events

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- 03** Access to Care Standards

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- 04** Payment Standards

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- 05** Updates

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- 06** Questions & Open Discussion

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Chapter

# 01

## Welcome and Introductions

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

Chapter

# 02

## Reportable Events

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Quality Management Specialist

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# Reportable Events

## Serious Reportable Events (SRE)

- Events that result in actual or potentially significant or serious harm to a member
  - Examples: attempted suicide, death, allegations of abuse/neglect by staff, assaults with physical harm, AWOL, medication errors, accidental overdose

## Trending Events (TE)

- Any action (or failure to act) on the part of a provider that has the potential to decrease the likelihood of positive health outcomes and/or is inconsistent with current professional knowledge and/or puts the safety of the member at risk
  - Examples: Failure to coordinate care, practices that put members at risk or result in serious reportable event, failure to adequately monitor patient.
- All providers must report SREs to Beacon Health Options when impacted Members:
  - Receive services managed by Beacon Health Options
  - Recently discharged from services managed by the Beacon Health Options

# Who is Responsible for Reporting and How to Report

## WHO Reports?

- All providers and staff working with Members are responsible for *identifying* and *reporting* Serious Reportable Events and Trending Events.

## HOW to Report?

- Fill out a reporting form electronically and submit it to Beacon Health Options Quality Management Department by fax to 719-538-1456 or secure email.
- Incident reporting forms can be found on the RAE website or can be obtained by contacting Courtney Hernandez via email at [courtney.hernandez@beaconhealthoptions.com](mailto:courtney.hernandez@beaconhealthoptions.com)

## QUESTIONS:

Contact Courtney Hernandez via email at [courtney.Hernandez@beaconhealthoptions.com](mailto:courtney.Hernandez@beaconhealthoptions.com) or telephone at 719-226-7798.

# REPORTING SERIOUS REPORTABLE EVENTS (ADVERSE INCIDENTS) & TRENDING EVENTS (QUALITY OF CARE CONCERNS) FOR ALL PROVIDERS Tip Sheet



## REPORTING SERIOUS REPORTABLE EVENTS (ADVERSE INCIDENTS AND TRENDING EVENTS (QUALITY OF CARE CONCERNS) CONCERNS FOR ALL PROVIDERS

Managing care effectively and assuring the safety of members is a principal philosophy of Beacon Health Options Colorado. Every provider is *required* to report incidents involving Medicaid members that either harmed or had the potential to harm a member. This includes members receiving services now, and those discharged in the last 90 days.

Types of Serious Reportable Events/Adverse Incidents include:

- Attempted or completed suicide or homicide at any level of treatment;
- Death by any cause while in treatment;
- Allegations of sexual or physical abuse or neglect by staff toward member, or by one member towards another in a treatment setting;
- Assaults with physical harm in which the member is the initiator or victim;
- Runaways from a facility;
- Absence without leave, AMA, or missing and considered a danger to self and/or others; and/or endangered and unable to care for self;
- Accidental injuries requiring medical treatment in a facility or provider office;
- Medication errors/adverse drug reactions;
- Accidental Overdoses
- Other variances inconsistent with routine patient care.

Incidents should be reported promptly using the reporting template available on both the Northeast Health Partners (<https://www.northeasthealthpartners.org/>) and Health Colorado Inc. (<https://www.healthcoloradoae.com/>) websites, but a few days' delay is acceptable if it leads to a more complete and detailed report. Missing information (e.g. cause of death) should be reported as soon as it is available. Beacon is interested in issues relating to the care the member received prior to the incident, actions taken by your center, etc. Beacon reviews and investigates incidents according to severity and best practices. We may ask for a provider response, medical records, or a corrective action plan.

Beacon providers should also report occurrences that appear to indicate that a member received less than optimal care from a provider, hospital, or other facility. Generally, this involves a provider reporting a concern about some other provider or facility.

Examples of Trending Events/Quality of Care Incidents:

- Inappropriate prescribing patterns
- Lack of coordination of care from one level of care to the next
- Failure to follow professional standards of care
- Unacceptable delays in getting needed treatment
- Refusal to share records despite having an appropriate release
- Abandonment of the member

Forms are located on the RAE websites. Please fax it to Beacon Quality Management at (719) 538-1456, or email it securely to your contact person. Your cooperation is appreciated in reporting all incidents.





Chapter

# 03

## 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.

# 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 Beacon'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

# 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 a hospitalization.
- **Non-urgent Symptomatic Care Visit** – within seven (7) days after the request.
- **Well Care Visit** – within one (1) month after the request; unless an appointment is required sooner to ensure the provision of screenings in accordance with the Department's accepted Early Periodic Screening, Diagnostic and Treatment (EPSDT) schedules.

# Access to Care Standards Behavioral Health (Cont.)

- **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.
- **Administrative intake** appointments or group intake processes will not be considered as a treatment appointment for non-urgent symptomatic care.
- **The RAE will not place Members on wait lists for initial routine service requests.**

# Out of Office Coverage

## 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 Beacon National Provider Services Line (see Contact Page) to inform Beacon 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

# Administrative Monitoring

## Physical Health

- Administrative oversight in the form of annual monitoring will be conducted by the regional organization's administration. PCP's are required to participate in this annual monitoring process to verify that Members have access to routine, non-urgent/symptomatic, and urgent care within the required timeframes, as noted above.

## Behavioral Health

- Periodic test calls are performed at random by the Beacon quality improvement staff to monitor provider compliance with these standards. Should a provider receive a test call and not meet the access to care standards, a corrective action plan (CAP) may be requested. The CAP should include how the provider intends to correct any access to care discrepancies and how these will be avoided in the future. A provider's non- response to a requested CAP may result in network disenrollment.

Chapter

# 04

## Payment Standards

Crystal Asuncion  
Provider Relations  
Manager



# Overpayments/ Recoup

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

Subject to the terms of the provider agreement and applicable state and/or federal regulations, Beacon 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, Beacon 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.

If the *provider* disagrees with an overpayment recovery and/or request for re- payment of an overpayment, the *provider* may request Beacon to review in writing- the written request for review needs to be received by Beacon 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:

Beacon Health Options  
1330 Amerigroup Way  
Virginia Beach, VA 23464

# 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 Beacon's code of conduct where applicable, including, without limitation, cooperation with claims and billing procedures and participation in training and education.

Chapter

# 04

## Updates & Important Information

# Colorado's NPI Law Change Effective 1/1/2021

Who is impacted? Any organization health care providers (facilities, not individual providers)

What is needed? A unique NPI for every location and provider type → Email NPI's to [COProviderRelations@BeaconHealthOptions.com](mailto:COProviderRelations@BeaconHealthOptions.com)

What happens if we do not comply? Claims will be denied starting 1/1/21 if we do not have your unique NPI for each service location and provider type within that location.

What is the turn around time for NPI provider service location validations? Initial review of a Provider Maintenance to update an NPI could take up to 4-5 weeks. These requests cannot be returned for corrections, so if they are correct and complete, they are sent to QA Review status, which could take another 4 weeks. If they are not correct or complete, the request will be denied and the provider must re-submit the request. Gainwell is working to reduce the backlog over the next two months. For more information please visit the Colorado NPI Law webpage.

# CPT Coding Manual Changes

It is that time of year again! We have CPT coding changes taking effect on 1/1/2021 that we would like to share.

Please visit <https://www.colorado.gov/pacific/hcpf/accountable-care-collaborative-phase-ii-provider-and-stakeholder-resource-center>

Highlights of the changes are (these are just a few of the 4 pages of changes made in this iteration, Please review the list of changes and the new manual for any updates that impact service codes you bill) -

- Moved the home of the coding manual to under the ACC Behavioral Health Services section on the HCPF website ACC Phase II
- Deleted the “Telemedicine (Telehealth)” text box under Allowed Modes of Delivery in Section VIII. Procedure Code Page Outline & Deleted “Face-to-Face, Video Conf, Telephone” from the Mode of Delivery box on each Coding Page
  - This text box was no longer relevant with the expanded Telemedicine policy.
- Deleted HCPF and OBH social detox coding pages for S3005, T1007, T1019, and T1023

# SUD Service Providers- SUD Expansion Program

Beginning January 2021, Health First Colorado will add residential and inpatient SUD treatment and withdrawal management services to its continuum of covered SUD services. General information about the benefit is available in the [Ensuring a Full Continuum of Substance Use Disorder \(SUD\) Benefits Frequently Asked Questions document.](#)

For up-to-date information about the implementation of the benefit, visit the [Ensuring a Full Continuum SUD Benefits web page.](#)



# Add your phone to fight COVID -19

An app to help fight COVID-19 is now available for download. CO Exposure Notifications will quickly send notifications if virus exposure is likely within the last 14 days, allowing the ability to seek timely medical attention and take action to protect others.

The app is free and **does not** share personal information. Visit [AddYourPhone.com](https://AddYourPhone.com) to watch a short video about how it works and how to turn it on with Apple or Android devices.

# Stay Up To Date

Each week we provide a Newsletter including upcoming webinars or events, updates, and resources.



Be sure to check out the Inspire Wellness newsletter!!

Wed 1/6/2021 8:30 AM

Beacon Health Options <coproviderrelations@beaconhealthoptions.com>

NHP Weekly Provider Newsletter 1.6.2021

arbara



**Check out the latest news!**

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Time sensitive topics inside!

Click the link below to go to the newsletter.

**INSPIRE WELLNESS**

WE WISH YOU A HAPPY




*new year*

— 2021 —

**January 6, 2021**

Let's go!

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# Join Our Mailing List

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.

Chapter

# 04

# Questions & Open Discussion

# Thank You

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## Contact Us



 888-502-4189

 [www.northeasthealthpartners.org](http://www.northeasthealthpartners.org)

 [northeasthealthpartners@beaconhealthoptions.com](mailto:northeasthealthpartners@beaconhealthoptions.com)

 <https://www.facebook.com/northeasthealthpartners.org/>

 888-502-4185

 [www.healthcoloradocolorae.com](http://www.healthcoloradocolorae.com)

 [healthcolorado@beaconhealthoptions.com](mailto:healthcolorado@beaconhealthoptions.com)

 <https://www.facebook.com/healthcoloradocolorae/>