

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



July Provider Support Call

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.

NORTHEAST HEALTH PARTNERS, LLC

FQHCs:



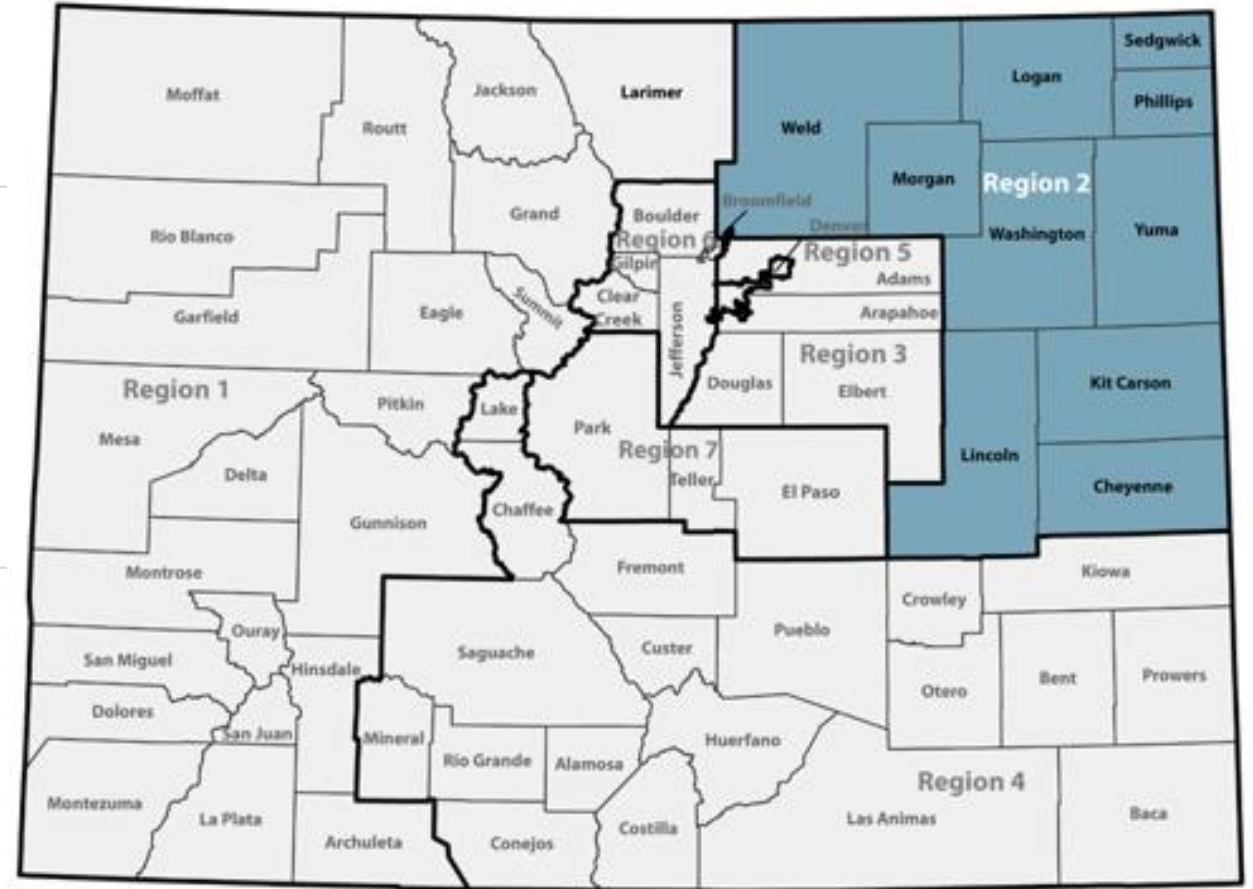
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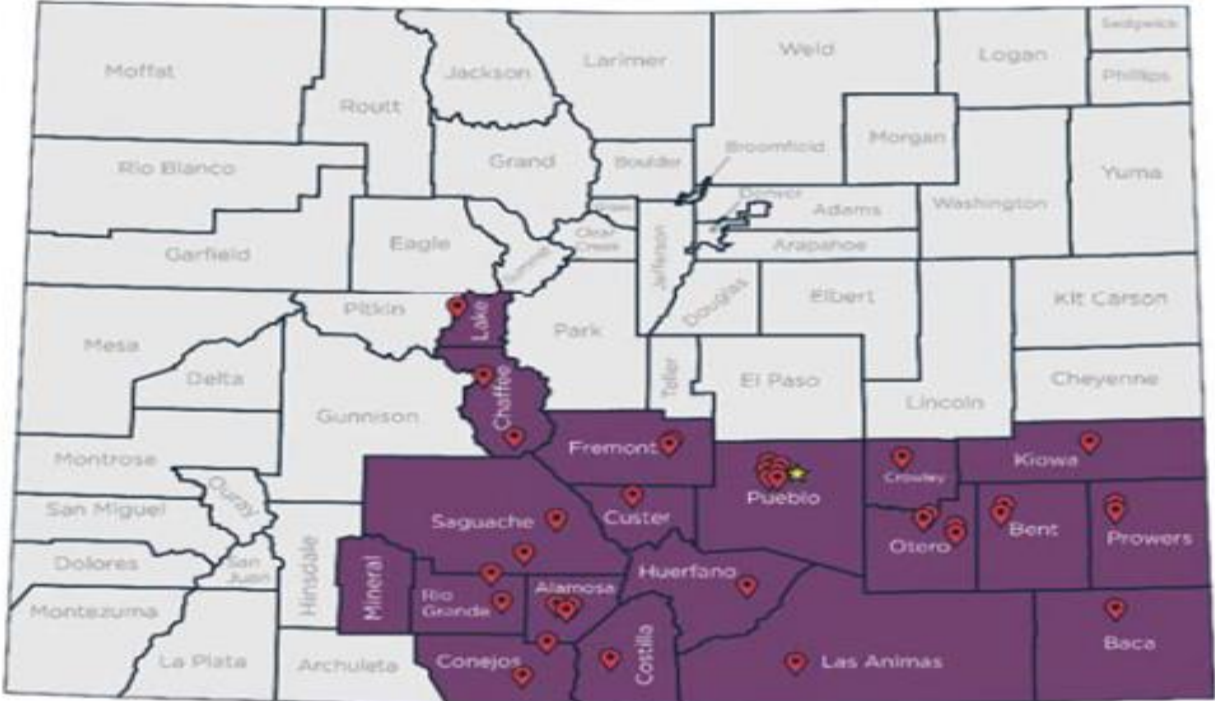


Administrative Service Organization:



Northeast Health Partners





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

- | | | | |
|-----------|-------------------------|-----------|---|
| 01 | Welcome & Introductions | 02 | CO Medicaid Eligibility and Application Process |
| 03 | Medicaid Benefits | 04 | Access to Care Standards |
| 05 | Payment Standards | 06 | Minority Mental Health Month |
| 07 | Updates | 08 | Reminders, Questions & Open Discussion |

Chapter

01

Welcome and Introductions

Thank you for joining
the July Provider
Support Call

Chapter

02

CO Medicaid Eligibility & Application Process

CO Medicaid Eligibility and 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.



Thank you for helping us spread the word!

For a comprehensive handout to provide to individuals on Eligibility and the Application Process, go to

<https://www.colorado.gov/pacific/sites/default/files/Getting%20Health%20Care%20Coverage%205-22-2020.pdf>

or email
COProviderRelations@BeaconHealthOptions.com

Getting Health Care Coverage Through Health First Colorado and Child Health Plan Plus

The economic downturn caused by the COVID-19 pandemic is having a significant impact on many Coloradans. Many have lost their jobs, and along with that, their employer-sponsored health benefits. During this pandemic – which is creating both health risk and increased stress and anxiety – it is especially important for all Coloradans to have health care coverage.

We may be able to help. You, or members of your family, may qualify for Health First Colorado (Colorado's Medicaid program), Child Health Plan Plus (CHP+) or financial assistance to purchase private health insurance through Connect for Health Colorado.

See If You Qualify for Health First Colorado or CHP+



Coloradans can apply for Health First Colorado and CHP+ any time of the year. Unlike employer-sponsored coverage or the Connect for Health Colorado marketplace exchange, there is no "enrollment period." The quickest and easiest way to apply is online at CO.gov/PEAK. Apply online any hour of the day, upload needed documents with your application, and track the status of your application.

Find information on how to apply by mail at colorado.gov/hcpf/how-to-apply#by-mail, your

county's department of health and human services at colorado.gov/cdhs/contact-your-county, or an application site at apps.colorado.gov/apps/maps/hcpf.map. Apply over the phone by calling 1-800-221-3943, option 1 (State Relay: 711); hold times may be long. Call your county before visiting in-person during this "safer at home" time during the COVID-19 pandemic.

Apply now! It's the only way to know for sure if you qualify.

Connect for Health Colorado - The State's Marketplace Exchange



If you don't qualify for Health First Colorado or CHP+, you may qualify for financial help to purchase private health insurance through Connect for Health Colorado, which is Colorado's individual and family marketplace exchange. Many commercial carriers provide coverage policies on the Connect for Health exchange. Connect for Health Colorado is the only place you can apply for financial help to lower the cost of private health insurance. The financial help you can get to lower your monthly payment is called a Premium Tax Credit. Information about financial assistance, discounts and tools

to help you estimate savings are available at [Connectforhealthco.com/financial-help](https://connectforhealthco.com/financial-help). Visit [Connectforhealthco.com](https://connectforhealthco.com) or call to learn more or to apply for private health insurance. 855-PLANS-4-YOU (855-752-6749); TTY 855-346-3432.

You can apply within 60 days of a life change event, such as job loss or marriage, or during Connect for Health Colorado's Open Enrollment Period.

While there is an open enrollment period for Connect for Health Colorado, losing your employer-sponsored coverage is a qualifying event that will enable you to purchase coverage outside of the traditional enrollment period.

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>

Medicaid 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/>

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 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 in the [Health First Colorado Benefits & Services Overview](#) and learn more about your coverage and how to use it in the latest [Health First Colorado Member Handbook](#).

Chapter

04

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

05

Payment Standards

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

06

Minority Mental Health Month

Crystal Asuncion



<https://www.minorityhealth.hhs.gov/minority-mental-health/>

National Minority Mental Health Awareness Month is observed each July to bring awareness to the unique struggles that racial and ethnic minority communities face regarding mental illness in the United States. The COVID-19 pandemic has made it harder for racial and ethnic minority groups to get access to mental health and substance-use treatment services.

Throughout the month, the HHS Office of Minority Health (OMH) will focus on promoting tools and resources addressing the stigma about mental health among racial and ethnic minority populations, particularly during the COVID-19 pandemic.

2021 Theme: Strength In Communities



This year's theme is Strength in Communities, where we will be highlighting alternative mental health supports created by BIPOC and queer and trans BIPOC (QTBIPOC), for BIPOC and QTBIPOC.

Our 2021 toolkit will examine community-developed systems of support created to fill in gaps within traditional systems that may overlook cultural and historical factors that impede BIPOC and QTBIPOC mental health. It will explore three topic areas: community care, self-directed care, and cultural care and why these types of care are valid and valuable choices people can make for their mental health.

- **Community care** refers to ways in which communities of color have provided support to each other. This can include things such as mutual aid, peer support, and healing circles.
- **Self-directed care** is an innovative practice that emphasizes that people with mental health and substance use conditions, or their representatives if applicable, have decision-making authority over services they receive.
- **Cultural care** refers to practices that are embedded in cultures that are passed down through generations that naturally provide resiliency and healing.

[Download The Toolkit](#)

Chapter

07

Updates

- *New Coding Manual July 2021*
- *Outpatient Authorization Requirements*
- *Provider Participation and Program Integrity*

Updates – New Uniform Services Coding Standards

Effective July 1, 2021 the Uniform Services Coding Manual updated.

Please access the link below for the most current version & review the full revision document:

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

Recap of impactful changes:

- ✓ Added CAT to H0006, CAT/CAS to H2027, CAS to H0032 on Medicaid Pages
- ✓ Added partial per diem page for 3.2WM (H0010)
- ✓ Amended duration for 3.2WM full per diem page (H0010)

Updates – Outpatient Authorization Requirements

Services up to session 25 do not require an authorization.
Sessions 26+ require an authorization.

Reminder! Sessions are counted fiscal year (7/1 – 6/30)

Any authorizations you had for members expired 6/30/2021 & the new count began July 1, 2021.

Updates – Provider Participation and Program Integrity

If a provider objects to providing a service on moral or religious grounds, the provider must furnish information about the services that will not be covered:

- To the State upon contracting, or, when adopting the policy during the term of the contract
- To members before and during enrollment
- To members 30 days prior to adopting the policy with respect to any particular service

If a provider objects to providing services, as described above, they are required to refer the member back to the RAE (HCI/NHP) to find a new provider.

Chapter

08

Reminders, Questions & Open Discussion

Stay Up To Date

Every 2 weeks we provide a Newsletter 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.

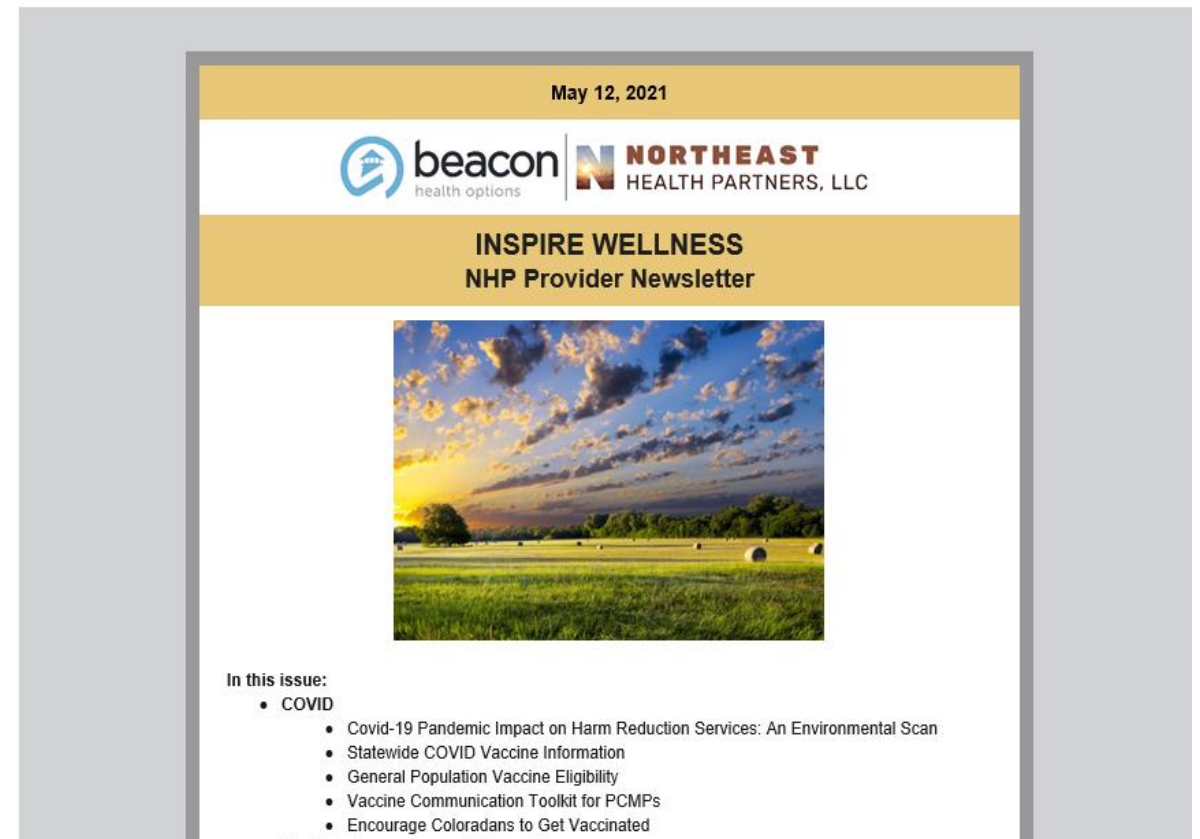


Message and data rates may apply.

Wed 5/12/2021 7:02 AM

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

NHP Provider Newsletter 5.12.2021




Upcoming Trainings

**The Next RAE Roundtable – The 2nd Friday of the
month
8/13/2021 @ 11am**

Thank You

Contact Us




 888-502-4189

 www.northeasthealthpartners.org

 northeasthealthpartners@beaconhealthoptions.com

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