

# 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)



# July Provider Support Call

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7/8/2022

# 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:



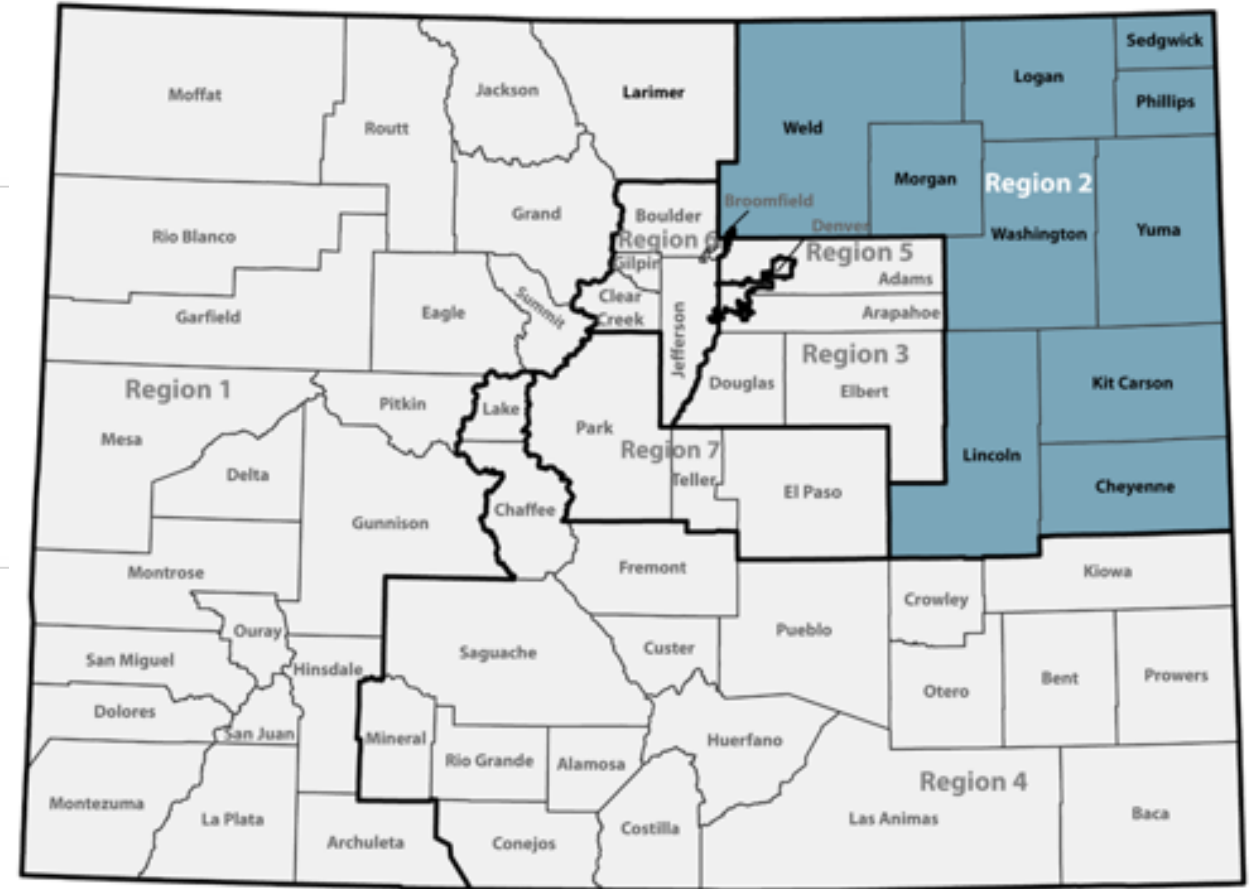
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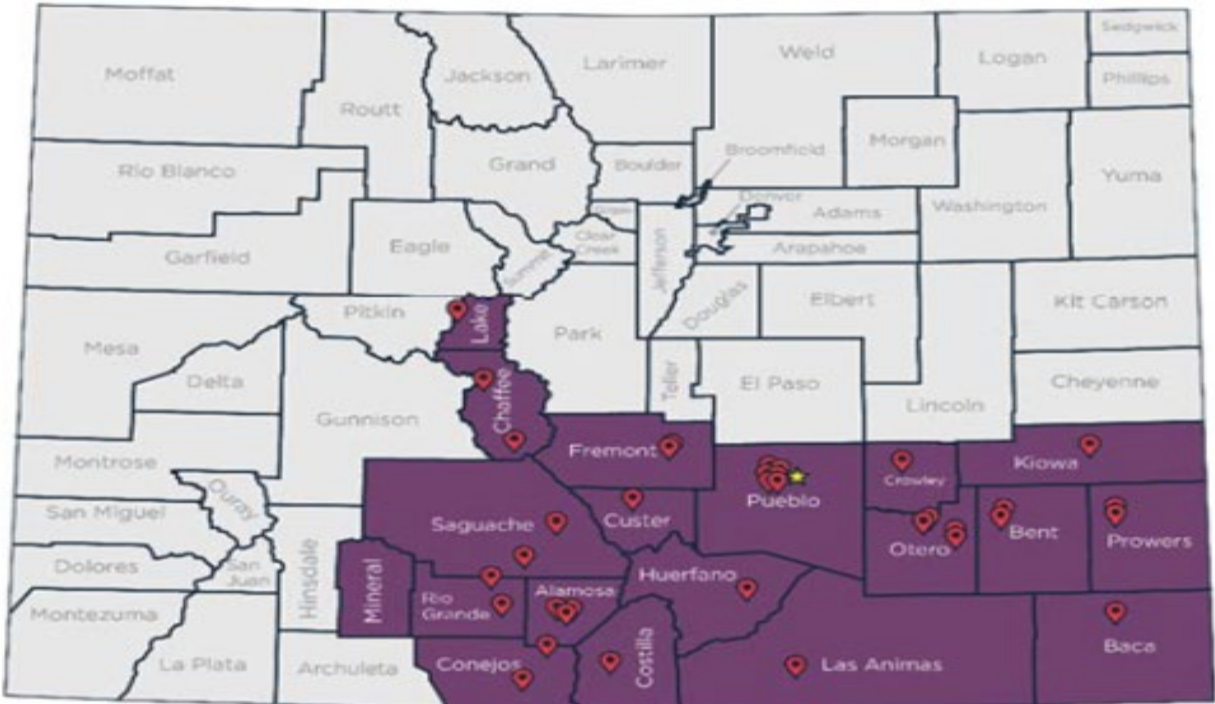


Administrative Service Organization:



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

- |           |                         |           |   |
|-----------|-------------------------|-----------|---|
| <b>01</b> | Welcome & Introductions | <b>02</b> | CO Medicaid Eligibility and Application Process |
| <b>03</b> | Medicaid Benefits       | <b>04</b> | Access to Care Standards                        |
| <b>05</b> | Payment Standards       | <b>06</b> | ASAM Levels                                     |
| <b>07</b> | Updates                 | <b>08</b> | 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](mailto: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](https://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](https://colorado.gov/hcpf/how-to-apply#by-mail), your

county's department of health and human services at [colorado.gov/cdhs/contact-your-county](https://colorado.gov/cdhs/contact-your-county), or an application site at [apps.colorado.gov/apps/maps/hcpf.map](https://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"><li>- Children, pregnant women, single adults, and families</li><li>- <a href="#">Health First Colorado</a></li></ul>	<ul style="list-style-type: none"><li>- Individuals ages 0 – 64 years old</li><li>- No disability requirement</li><li>- No resource limit</li></ul>	<ul style="list-style-type: none"><li>- Income limits based on household size and tax filer information. Some making more may qualify.</li><li>- <a href="#">Income Guidelines</a></li></ul>
<ul style="list-style-type: none"><li>- 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.</li><li>- 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.</li></ul>		

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.

# 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.
- **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.**

# 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 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

## 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 Beacon Health Options

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

## ASAM Levels

Tiffany Jenkins

Chapter

# 07

## *Updates*

- *New Coding Manual  
July 2022*
- *Outpatient  
Authorization  
Requirements*

# Updates – New Uniform Services Coding Standards

Effective July 1, 2022

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 section on Third Party Liability – to address the policy regarding non-Medicare eligible providers and the use of the HO modifier
- ✓ Added information related to billing under supervising provider allowed

# Outpatient Authorizations – Effective 4/1/22

Outpatient services which are considered "routine" do not require prior authorization. Those include the following codes:

- 0510
- 0513
- 90791
- 90791
- 90792
- 90832
- 90834
- 90837
- 90839
- 90846
- 90847
- 90849
- 90853
- 96372
- H0001
- H0002
- H0004
- H0005
- H0006
- H0018
- H0020
- H0023
- H0025
- H0031-38
- H2014-18
- H2021
- H2022
- H2027
- H2030
- H2031
- S9445
- S9453
- S9454
- T1017
- T1023
- ALL E&M CODES



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.

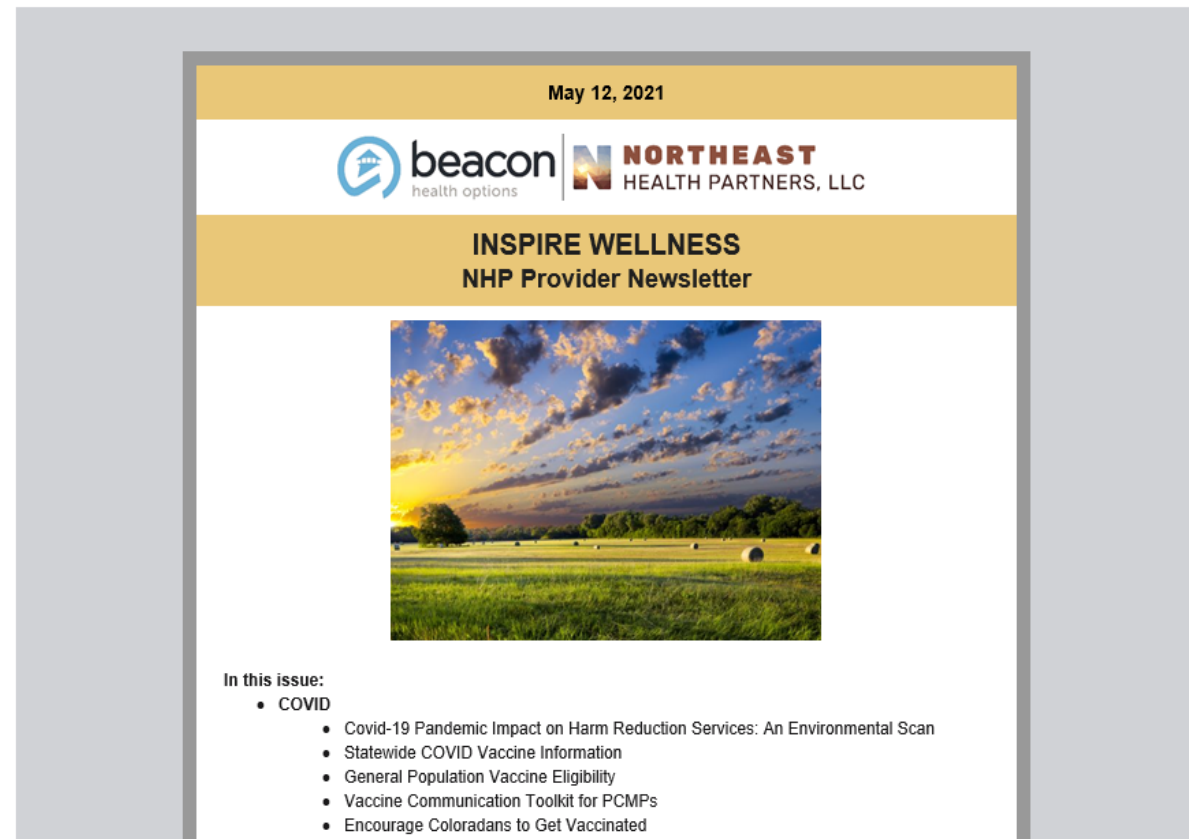


Message and data rates may apply.

Wed 5/12/2021 7:02 AM

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

NHP Provider Newsletter 5.12.2021



# July 2022 Newsletter Highlights

**JULY IS NATIONAL MINORITY MENTAL HEALTH AWARENESS MONTH** - Visit the U.S. Department of Health and Human Services [Office of Minority Health webpage](#) for extensive information and resources.

**INCORRECT HEALTH FIRST COLORADO MEMBER BILLING** - From Colorado Department of Health Care Policy & Financing - Health First Colorado members cannot be billed for services covered by Health First Colorado. Visit the [Policy Statement: Billing Health First Colorado Members for Services web page](#) for more information.

**HOME AND COMMUNITY BASED SERVICES (HCBS) RATE INCREASES** - Do not lose out on the increase. Be sure to submit your claims or adjust your paid claims ASAP! [Operational Memo 21-072](#) outlines how providers go about billing the increased amounts.

**IN CASE YOU MISSED IT: RAE ROUNDTABLE BEHAVIORAL HEALTH RESOURCES** - [Here](#) is a link to resources that were offered in previous Beacon RAE Roundtables, including information on Zero Suicide, the Public Health Emergency (PHE), and authorizations.

# July 2022 Webinars

**Credentialing/Re-credentialing Overview:** Webinar will cover credentialing overview for solo practitioners, groups and facilities. **July 27 at 2 PM EST**

[Registration Link](#)

**ProviderConnect Overview:** This webinar is intended for providers and office staff becoming familiar with ProviderConnect for the first time. **July 13 at 2 PM EST**

[Registration Link](#)

**Claims Submission Guidelines:** This live training provides an overview of billing and claims information and how to submit claims to Beacon Health Options along with reviewing best practices and avoiding claim denials. **July 20 at 2 PM EST**

[Registration Link](#)

A full list of topics is available on the Beacon website:

<https://www.beaconhealthoptions.com/providers/beacon/>

## Upcoming Trainings


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

# 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.healthcoloradarae.com](http://www.healthcoloradarae.com)

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