

Substance Use Providers Integrating with BHO/RCCO



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Objectives

Understand:

- Medicaid reimbursement for behavioral health services
- Billing for BHO covered services
- Strategies to integrate with primary care & mental health providers

Medicaid BHO Program

Services and Coverage

Behavioral Healthcare Organizations (BHOs):

Responsible for payment and ensuring access to and quality of specialty behavioral health services for all Colorado Medicaid members

- ✓ Covered diagnoses
- ✓ Covered services



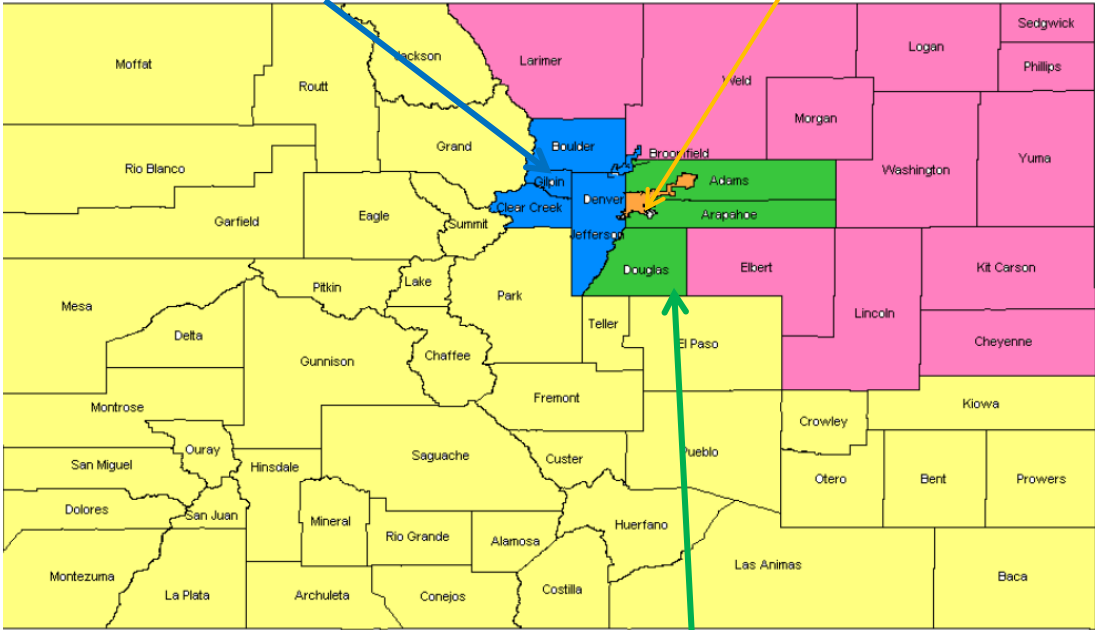
Five BHO Regions

Metro West:
Foothills Behavioral
Health Partners

Colorado Medicaid
Community Mental Health Services Program
Geographic Service Areas
2005

Denver:
Colorado Access

Northeast:
Colorado Access



South West:
Colorado Health Networks

- Denver Metro
- Metro East
- Northeast
- South West
- Metro West

Metro East:
Behavioral Healthcare, Inc. (BHI)

BHO Program

Covered Services

Medically necessary

- Assessment, screening and monitoring (mental health and alcohol/drug)
- Inpatient (MH Diagnosis only), outpatient, emergency/crisis
- Individual , group, family therapies
- Psychiatrist, medication services/management
- Detoxification services (not to include room and board)
- Intensive outpatient (IOP)
- Assertive Community Treatment (ACT), case management
- Rehabilitative and recovery services
- Vocational, clubhouse, drop-in
- Residential (MH diagnosis only)
- Home-based services (children)
- Prevention, early intervention (children)

BHO Program

Covered Substance-Related and Addictive Disorders

- **Effective January 1, 2014**
- **Two main categories of substances *induced* disorders**
 - 291- Alcohol Related
 - 292- Drug Related
 - Includes: intoxication, withdrawal, delirium, other mental disorder, psychotic disorder with delusions/with hallucinations, mood disorder, anxiety disorder, sexual dysfunction, etc.
- **Main categories of substance *use* disorders**
 - 303 – Alcohol Use
 - 304 – Drug Use
 - 305 – Mild alcohol or drug use
- **Each category has sub categories; *i.e.* 292.81- Drug-intoxication delirium**

BHO Program

Covered Mental Health Diagnoses

295	Schizophrenia
296/311	Mood disorders
297/8	Delusional/psychotic disorders
300	Anxiety disorders
301	Personality disorders
307	Eating, elimination, and childhood disorders
308	Acute stress disorder
309	Separation & adjustment disorders, PTSD
312	Impulse control and behavioral disorder
313	Childhood and adolescent disorders
314	Attention disorders



Ref: CO Medicaid Bulletin B9501239

BHO Program

Non-Covered Diagnoses

- Sexual disorders
- Autism
- Developmental disabilities
- Neurologic mental disorders, dementia
- Traumatic brain injury

BHO is responsible for providing services for covered diagnoses/services if co-occurring with these conditions.

Billing and Reimbursement for BHO Covered Services

- Provider must first become contracted & credentialed with the BHO(s).
- BHOs are required to follow NCQA requirements for credentialing. CAC Is and CAC IIs are not eligible for individual credentialing. Their services may be reimbursable IF part of an organization with licensed clinician oversight/organizational credentialing.
- Provider Network Services at the BHOs help providers enroll
 - Information is available through BHO websites; *i.e.*
<http://coaccess.com/become-a-colorado-access-provider>
- Claims for covered services (as specified by your contract) are submitted directly to the BHO within timeframe specified by each BHO contract (usually 60 to 120 days).
- Use standard claims forms and contracted BHO service codes.
- BHO will reimburse approved claims within 30 days of an electronic submission and 45 days of a paper submission.
- Clinical documentation must adhere to the Colorado Uniform Service Coding Standards Manual.



Becoming a Provider with Colorado Access

Home

Become A Colorado Access Provider



Become A Colorado Access Provider

We understand that your priority is caring for your patients. That is why we strive to be the easiest health plan for providers like you to work with.

Some of the benefits of being a Colorado Access contracted provider include:

- Dedicated liaisons to meet your individual needs
- Care managers who work with members who require extra care
- A variety of user friendly online tools, including claim status check, and eligibility verification
- A comprehensive provider training program
- Communication and updates through informative bulletins and newsletters
- Extra benefits for Colorado Access members

How do I Become a Colorado Access Provider?

If your group or solo practice is already contracted with Colorado Access and you would like to add an individual provider to your practice, please complete a [Clinical Staff Update Form](#)  and send it by email to our provider relations department at pns@coaccess.com  or fax it to 303-755-2368.



Regional Care Collaborative Organizations

Services and Coverage



RCCOs: Coordinating & Integrating Care

- Creating medical neighborhoods to connect Medicaid members to needed care and community and social services in their area.
 - If you are interested in being part of the medical neighborhood:
 - Contact your local RCCO representative:
 - (https://www.colorado.gov/pacific/sites/default/files/Regional%20Care%20Collaborative%20Organization%20Customer%20Contacts_1.pdf)
 - Your RCCO representative can help make an introduction and identify primary care practices and other providers with whom you might collaborate

Integrated Care Strategies

- **Access**
 - Same-day access
 - Co-location or proximity
- **Communication and coordination**
 - Rapid feedback
 - Link with care managers to coordinate care and mobilize resources
- **Clinical populations and treatment models**
 - Voluntary population
 - Early intervention/brief treatment
 - Abstinence only doesn't work for a lot of clients
 - Prescription drugs, opiates for pain, BDZ