

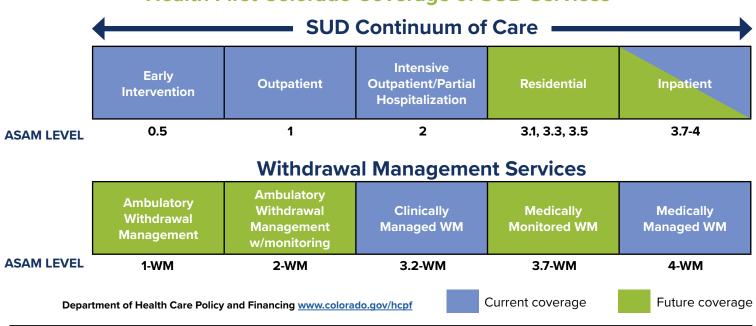
Colorado Healthcare Policy

Health First Colorado Substance Use Disorder Benefit Changes

Beginning January 1st, 2021, Substance Use Disorder (SUD) inpatient, residential, and withdrawal management services will be fully available under Health First Colorado's Medicaid Plan in accordance with House Bill 18-1136. These services will be reimbursed by the Regional Accountable

Entities (RAEs) as part of the capitated, managed behavioral health care benefit. These services will be in addition to current SUD and behavioral health benefits covered by Health First.

Health First Colorado Coverage of SUD Services



Provider Participation

Colorado's health plans are committed partners in helping facilitate a smooth transition to the new benefit, helping providers understand the authorization process, and ensuring that Colorado's Medicaid members have access to the care they need. While the RAEs are responsible

for developing and maintaining an adequate network of qualified providers, providers must initiate the initial steps with the State in order to be eligible for reimbursement. The RAEs do not have the ability to control or expediate these steps although the RAEs are always available to providers for education, guidance, and support.

The following actions must be taken by providers, in the following order, to be eligible for reimbursement for the newly covered SUD services:

- 1. License with the Office of Behavioral Health. All providers must comply with the American Society of Addiction Medicine (ASAM) rules and program criteria in order to be licensed by the Office of Behavioral Health (OBH). This may require providers to obtain an entirely new license or alter current licenses. Providers must initiate this step themselves and it can only be completed by OBH. The RAEs are not able to license or submit applications for licenses on behalf of providers.
- 2. Enroll with Health First Colorado. Providers must enroll with the Department of Health Care Policy and Finance (HCPF) and be approved as Medicaid providers by the State in order to bill for any Medicaid services including the newly covered SUD services.
- 3. ASAM Level of Care: After a provider is approved by HCPF as a Medicaid provider, and after the provider obtains the proper license from OBH, the provider must enroll for each ASAM level of care they will provide. This step must be initiated by providers and completed HCPF. RAEs are not able to initiate the enrollment process or validate providers. There is a specialty provider type for each level and providers must be validated for each level. Providers cannot be reimbursed for their services until they have been validated. Providers must also obtain a new National Provider Identifier (NPI) number for each physical location of their practices. The RAE cannot move forward with contracting a provider until this step is complete.

ASAM-Defined Levels of Care

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM'S Criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1 DIMENSION 1

Acute intoxication and/or Withdrawal Potential

Exploring an individual's past and current experiences of substance use and withdrawal

DIMENSION 2

Biomedical Conditions and Complications

Exploring an individual's health history and current physical condition

B DIMENSION 3

Emotional, Behavioral, or Cognitive Conditions and Complications

Exploring an individual's thoughts, emotions, and mental health issues

DIMENSION 4

Readiness to Change

Exploring an individual's readiness and interest in changing

DIMENSION 5

Relapse, Continued Use, or Continued Problem Potential

Exploring an individual's unique relationship with relapse or continued use or problems

6 DIMENSION 6

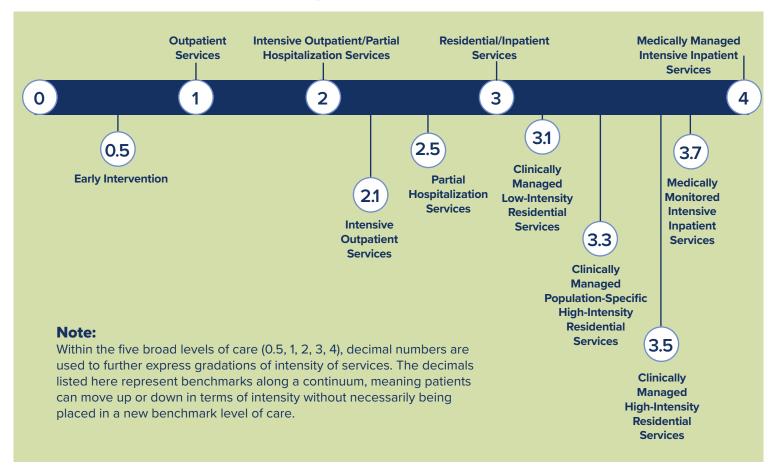
Recovery/Living Environment

Exploring an individual's recovery or living situation, and the surrounding people, places, and things

When seeking treatment, individuals are assessed using the ASAM criteria and approved for the appropriate level of care. The assessment is based on six "dimensions," as defined by ASAM. Providers must be specifically validated for each ASAM level of care they will provide, and RAEs are prohibited from reimbursing a provider for a level of care for which they are not validated. Thirty states, including Colorado, require ASAM criteria to be followed in rendering and billing for SUD services.

Source: American Society of Addiction Medicine www.asam.org The dimensional assessment informs which level of care an individual needs. These guide providers when seeking validation, and guide RAEs when contracting with and reimbursing providers.

Reflecting the Continuum of Care



4. Providers can contract with RAEs upon licensure and validation: After a provider receives licensure from OBH and validation from HCPF, providers can then contract with the RAEs. The RAEs are committed to ensuring the contracting process is completed as timely and efficiently as possible. The credentialing department within the RAEs are fully prepared to assist providers with any questions or concerns. Many SUD providers are already contracted for outpatient SUD services with their RAEs, which will significantly expedite the credentialing process.

Services Provided During the Contracting Process

While the RAEs strive to contract with each provider in as timely a manner as possible, it is important to note that once a provider has licensed and is validated with the appropriate State agencies, they are eligible for Medicaid reimbursement. There are procedures in place, including a clinical review, to ensure that providers receive payment for services rendered during the contracting process with RAEs. Validated providers awaiting contracting confirmation will be reimbursed with out-of-network rates for services rendered during that period. Once the contract is finalized, providers will be reimbursed retroactively, when possible, for the full in-network amount.