

Behavioral Health Provider Bulletin

April 2022

Colorado Community Health Alliance (CCHA) thanks you for the services you provide to Health First Colorado (Colorado's Medicaid Program) members. We value our partnership with you and want to share the helpful behavioral health resources CCHA has developed for all providers and community partners.

You will receive this Behavioral Health Provider Bulletin each month in addition to the behavioral health updates in the monthly News and Updates newsletter.

Do you have questions or need support?

Contact your [CCHA Behavioral Health Provider Experience representative](#).

Behavioral Health Provider Open Mic Calls

Behavioral Health Provider Open Mic Calls

Our Provider Relations staff will be available to provide updates and respond to your questions about CCHA and the Health First Colorado program during our behavioral health open mic calls.

The next open mic call will take place on **April 14, 2022, from noon to 1 pm**. [Please register here](#).

If you cannot attend but have questions, please email CCHA@anthem.com.

Behavioral Health Updates

Place of Service Code 10 for Behavioral Health Telehealth

In alignment with the recent Centers for Medicare & Medicaid Services (CMS) [bulletin](#), CCHA requires behavioral health providers to use the new place of service (POS) code 10 for telehealth services provided in the patient's home beginning **April 4**. In order to accept the POS 10 code, CCHA has made system changes ahead of the April 4 deadline from the Department of Health Care Policy and Financing (HCPF) and CMS.

- CMS is revising the description of Place of Service (POS) code 02 and creating a new POS code 10 to meet the overall industry needs, as follows:
 - **POS 02: Telehealth Provided Other than in Patient's Home**
 - **Descriptor:** The location where health services and health-related services are provided or received through telecommunication technology. The patient is not located in their home when receiving health services or health-related services through telecommunication technology.
 - **POS 10: Telehealth Provided in Patient's Home**
 - **Descriptor:** The location where health services and health-related services are provided or received through telecommunication technology. The patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health-related services through telecommunication technology.

CCHA no longer denies claims billed with POS 10. If you have questions or need additional support, contact your [CCHA Provider Experience representative](#).

Updates to the Behavioral Health Provider Manual

Annual updates to the [CCHA Behavioral Health Provider Manual](https://cchacares.com/providertools) are now available at [CCHAcres.com/providertools](https://cchacares.com/providertools) > Behavioral Health Providers > Manuals and Resources.

Behavioral Health Provider Escalation Path

To better serve behavioral health providers, CCHA has developed a [Behavioral Health Provider Escalation Path](#).

Use this document to guide you in receiving assistance and escalating issues with:

- Behavioral health provider contracting
- Behavioral health provider experience

The Behavioral Health Provider Escalation Path guidance is available at [CCHAcres.com/providertools](https://cchacares.com/providertools) > Manuals and Resources > [Behavioral Health Provider Escalation Path](#).

Provider Demographic Changes

If you are an existing provider group and wish to make a demographic change, such as updating your address or telephone number, or if you would like to remove a practitioner from your practice, please go to [CCHAcres.com/providertools](https://cchacares.com/providertools) > Behavioral Health Providers > Individual Provider/Practitioner > [Behavioral Health Practice Profile Update Form](#). Submit the form to COProviderData@anthem.com.

Provider Revalidation Update

Providers are strongly encouraged to submit their revalidation application by their scheduled due date. Revalidation applications are processed within five business days on average.

Visit the [revalidation webpage](#) and download the provider revalidation spreadsheet to verify the next revalidation due date. Providers will also receive an email approximately six months before their revalidation deadline with further instructions on submitting a revalidation application.

As a reminder, only one update can be processed at a time. If providers need to make an additional update while a revalidation application is in process, contact the [HCPF Provider Services Call Center](#).

December 2021 Listening Session Update

In December 2021, CCHA held behavioral health listening sessions for the provider community. We would like to thank the providers who participated in the open dialogue.

CCHA behavioral health leadership responded to the questions and issues raised during our December 2021 Region 6 and Region 7 listening sessions in the [Listening Session Responses FAQ](#).

Who to Contact with Questions
[Providers can contact their CCHA Behavioral Health Provider Experience representative for more information.](#)

Timely Filing Requirements

Both professional billers and facilities have 120 days from the date of the service to submit a clean claim to CCHA for processing when CCHA is the primary payer. If CCHA is the secondary payer, the time period is 365 days. Claims are defined as clean when they are submitted without any defects, with all information required for processing and within the timely filing period. For corrected claims, the time period is 120 days from the date of service.

Learn more by reading the [Timely Filing Requirements: Scenarios For Overrides And Demonstrating Good Cause](#) document.

What are Taxonomy Codes?

Taxonomy codes are national specialty codes used by providers to indicate their specialty and provider type. Providers may have multiple taxonomy codes but should only include the taxonomy code that applies to the services performed and reported during claim submission.

Providers choose their taxonomy code when applying for a National Provider Identifier (NPI). The chosen taxonomy code at the time of a provider's NPI application is reflected on the confirmation notice received from the National Plan and Provider Enumeration System (NPPES) along with the provider's assigned NPI number.

Read [What Are Taxonomy Codes](#) for more information on topics such as:

- How to update your taxonomy code through the NPPES
 - Taxonomy qualifier requirements for electronic claims submissions
 - Taxonomy qualifier requirements for paper claims submissions
-

Correct Coding and Billing Reminders for Behavioral Health Providers

CCHA wants to remind you of important coding and billing considerations for behavioral health providers:

- For residential services, the HK modifier is appropriate for adults with mental health issues that are severe enough to require a 24-hour structured program but do not require hospitalization. Each code page in the [Uniform Service Coding Standards Manual \(USCSM\)](#) includes a section titled Applicable Populations, including definitions of adult and young adult. Please reference this information to ensure you are using the appropriate modifier.
- Codes H0010, H0011 and H2036 must be billed with the modifier HF in the primary position. If you do not include the HF modifier, these claims will not be accepted into the CCHA processing system, and they will be rejected from the clearinghouse.
- You should always bill units of service to CCHA in whole numbers. Claims billed with non-integer units will be rejected. These claims will not be accepted into the CCHA processing system, and they will be rejected from the clearinghouse.
- Both professional billers and facilities have **120 days** from the date of the service to submit a clean claim to CCHA for processing when CCHA is the primary payer.
 - Claims are defined as clean when they are submitted without any defects, with all required information for processing, and in the timely filing period.
- Providers who have been overpaid need to send either payment or notification to CCHA within 60 days of the date the overpayment was identified.

If you realize you have been overpaid, you can use either a [Behavioral Health Refund Notification Form](#) and submit a check or the [Behavioral Health Recoupment Notification Form](#) for a payment offset. Both forms can be found at: CCHAcres.com/providertools under Behavioral Health Providers > Claims and Billing.

Please note:

- Do not bill CCHA for services rendered in a prison/correctional facility (place of service 09).
- Modifiers 59, XE, XP, XS and XU should be used to designate Distinct Procedural Service modifiers. Generally, these modifiers are not applicable to BH codes. Please review the use of these modifiers on the claims you are billing to CCHA. CCHA may deny and/or recoup your claim due to incorrect use of Modifiers 59, XE, XP, XS and XU.

The CPT® guidelines for Distinct Procedural Service modifiers say: Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-evaluation and management (E/M) services performed on the same day. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances should modifier 59 be used.

Please keep in mind:

- Documentation should support the procedure code and modifier(s) usage. Depending on the episode of care, more specific documentation, in compliance with federal and state regulations, may be required for the medical records to be considered complete.
- While every effort is made to deny claims if they are not billed using correct coding guidelines, and with the direction provided in the [USCSM](#), incorrectly billed claims are subject to future recoupment. Please check the Uniform Services Coding Standards Manual before billing any

Get Faster Payments with Electronic Funds Transfer

On November 1, 2021, EnrollSafe* at [Enrollsafe.payeehub.org](https://enrollsafe.payeehub.org) replaced Enrollhub® from the Council for Affordable Quality Healthcare, Inc. (CAQH) as the electronic funds transfer (EFT) enrollment website.

EnrollSafe is safe, secure, and available 24-hours a day

Log on to the [EnrollSafe enrollment hub](https://enrollsafe.payeehub.org) to enroll in EFT. You will be directed through the EnrollSafe secure website to the registration page, where you will provide the required information to create an account and then enroll to supply your banking information.

Already enrolled in EFT through CAQH Enrollhub?

If you were previously enrolled in EFT through CAQH Enrollhub, no action is needed unless you are making changes. Your EFT enrollment information will not change as a result of the new enrollment hub.

If you have changes to make, use [Enrollsafe.payeehub.org](https://enrollsafe.payeehub.org) to update your account.

For more information or additional questions regarding the EnrollSafe Enrollment Hub portal, contact the support team at 1-877-882-0384, Monday through Friday, 7 am to 6 pm.

Member Resources

CCHA offers a range of patient education materials and provider tools to support you and your practice in serving Health First Colorado members.

Handout topics include:

- CCHA Member Guide [English](#) | [Spanish](#)
- [Early and Periodic Screening, Diagnostic, and Treatment \(EPSDT\)](#)
- Foster Care [Region 6](#) | [Region 7](#)
- Advance Planning [English](#) | [Spanish](#)
- [Diabetes](#)
- Suicide Awareness [English](#) | [Spanish](#)
- [Flu](#)
- and more!

These materials are available to your practice or organization at no cost at CCHAcres.com/order. [Read more about ordering online materials](#) or access ordering instructions at CCHAcres.com/providertools > General Resources for All Providers > Provider Education and Training > [CCHA Online Order Instructions](#).

Appeals and Grievances

CCHA is committed to providing the best services for our members. If one of your patients has a concern with their Health First Colorado services, please encourage them to contact [CCHA Member Support Services](#).

Filing a grievance

If CCHA is unable to resolve your patient's concern when they call us, they can file a grievance. Once they file a grievance, it will be reviewed and they will receive a letter with a decision. If they do not agree with the response, they may be able to ask for a second review. [Learn more about filing a grievance](#).

Filing an Appeal

There may be times when a service that was approved will be denied or reduced. In other cases, all or part of the care a provider asked for may not be paid. Your patients will receive a letter called a Notice of Action for any decision that affects their coverage or services. It will detail for them the decision made, why it was made and how to appeal if they disagree. If your patient wishes to appeal, they can fill out the [Member Appeal Request Form](#).

For more information on member appeals and grievances, visit the [CCHA appeals and grievances webpage](#). Members can also consult the [Member Handbook](#) for information on their right to file a complaint or an appeal and contact [CCHA Member Support Services](#) with questions.

New CCHA Appeals Email

CCHA members and providers now have another option to submit appeals following a CCHA denial in the form of an email box. The below email is currently live and able to accept appeals. We are working to update all of our external communication including the denial letter for members with this new email.

The new email is BHAppealsIntake@anthem.com.

CCHA Care Coordination

CCHA Care Coordination Services

CCHA Care Coordination supports providers through a multidisciplinary team of clinical care coordinators (nurses, social workers and behavioral health specialists) and non-clinical member support specialists (resource experts, community health workers and peer support specialists).

Care Coordination assists providers with Health First Colorado members, especially those who:

- Call frequently
- Have complicated health needs or difficulty accessing the health care they need
- Need to connect with non-medical resources such as transportation, childcare, food assistance or housing
- Would benefit from additional disease/medication education
- Miss appointments or have transportation issues
- Are diagnosed with complex or chronic disease
- Frequently visit the hospital or ER
- Frequently utilize behavioral health or crisis support services

CCHA Care Coordination works together with providers and members to develop care plans, support transitions of care, offer community resource guidance and provide health education.

CCHA Care Coordination Provider Escalation Path

Care Coordination Referral Process

Please reference the region-specific care coordination referral forms at CCHAcares.com/providertools

> General Resources for All Providers > Care Coordination Referral.

- Region 6 – Boulder, Broomfield, Clear Creek, Gilpin, and Jefferson counties:
 - Complete the [Region 6 Referral Form](#) or call **303-256-1717**
- Region 7 – El Paso, Park, and Teller counties:
 - Complete the [Region 7 Referral Form](#) or call **719-598-1540**
- Regions 6 and 7:
 - Toll free: **1-855-627-4685**
 - Limited services 24/7, full services Monday through Friday from 8 am to 5 pm:
 - Callers with hearing or speech disabilities: **711** (TTY)

How to Escalate a Referral

If you do not receive an acknowledgment of your initial referral within two business days, please escalate your original inquiry with **ESCALATION** included in the subject line to the following:

- Behavioral Health Care Coordination Managers: Michelle Blady at Michelle.Blady@CCHAcares.com
- Physical Health Care Coordination Managers: Laura Johnson Laura.Johnson@CCHAcares.com and Jessica Zaiger at Jessica.Zaiger@CCHAcares.com

If you do not receive an acknowledgment of your escalated inquiry within two additional business days after reaching out to the appropriate manager or you are experiencing an urgent matter, please escalate your previous inquiries to the following:

- Kelli Gill, Director of Behavioral Health: Kelli.Gill@CCHAcares.com
- Krista Newton, Director of Care Coordination: Krista.Newton@CCHAcares.com

Information regarding the CCHA Care Coordination Provider Escalation path is available at CCHAcares.com/providertools > General Resources for All Providers > Care Coordination Referral > [Care Coordination Escalation Path](#).

Early and Periodic Screening, Diagnostic, and Treatment Benefit

The EPSDT benefit provides comprehensive and preventive health care services for children and youth ages 20 and under, including pregnant adults, who are enrolled in Health First Colorado. EPSDT is key to ensuring that children and youth receive appropriate preventive, dental, mental health, developmental and specialty services.

Use the following resources to learn more about EPSDT benefits

- [CCHA EPSDT webpage](#)
- [CCHA FAQ page](#)
- [HCPF EPSDT fact sheet](#)

Are you looking for materials to share with members? An [EPSDT Well-child Member Guide](#) is available to your practice or organization at no cost at [CCHAcare.com/order](#).

[Read more about ordering online materials](#) or access ordering instructions at [CCHAcare.com/providertools](#) under *General Resources for All Providers > Provider Education & Training > CCHA Online Order Instructions*.

Early and Periodic Screening, Diagnostic and Treatment Benefit Webinar

CCHA recently recorded an EPSDT webinar to provide an overview of the EPSDT benefit, including what services are covered, the components of the benefit and how the benefit can be utilized to furnish services to Health First Colorado-eligible children. The webinar also provides an overview of CCHA and how we can assist with the EPSDT process.

[View the CCHA EPSDT webinar here](#). The webinar is also available at [CCHAcare.com/providertools](#) > General Resources for All Providers > Provider Education and Training.

Marshall and Middle Fork Fire Resources

Assistance for Members Affected by the Marshall and Middle Fork Fires

As the regional organization for Boulder and Broomfield counties, CCHA is committed to meeting the needs of Health First Colorado members affected by the fires. If you have a patient in need of assistance, please direct them to our [Marshall & Middle Fork Fire Assistance webpage](#) or [CCHA Member Support Services](#) for help.

Your patients can connect with [CCHA Member Support Services](#) at **303-256-1717**. If you would like to refer a Health First Colorado member for care coordination services, please complete a region-specific referral form:

- [Referral form for members attributed to providers in Boulder, Broomfield, Clear Creek, Gilpin and Jefferson counties \(Region 6\)](#)
- [Referral form for members attributed to providers in El Paso, Park and Teller counties \(Region 7\)](#)

Support for Providers and Members

For Providers	For Members
Behavioral Health Provider Manual	Find a Provider
Provider Resources & Training	Connect with a CCHA Care Coordinator
Free Educational Materials	Support and Resources
Behavioral Health Provider Contact List	Join the Member Advisory Committee
COVID-19 Provider Resources	

Connect with us



Colorado Community Health Alliance | 1125 17th Street, Suite 1000, Denver, CO 80202

[Unsubscribe kalena.wilkinson@phpmcs.com](mailto:kalena.wilkinson@phpmcs.com)

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