Early Intervention
Provider and Invoicing Manual

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RMHS
Rocky Mountain Human Services

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Welcome to the Rocky Mountain Human Services (RMHS) provider network. This manual is an extension of your contract and is a resource about the RMHS continuum of services. It will also provide you with guidelines for doing business with RMHS, including policies and procedures. Throughout this manual and the contract, you receive from RMHS, individuals who provide services may also be called Subcontractors. Both the term “provider” and “subcontractor” may be used at different places in the manual. We use the term “Subcontractor” in the contract because RMHS is considered by Medicaid, insurance companies, and EI Colorado as the “provider” when we are invoicing for EI services, and RMHS is considered the “contractor” for EI Colorado services. If an individual therapist is directly invoicing Medicaid or an insurance company for the services they provide, they are considered the “provider.”

Rocky Mountain Human Services is a 501(c)3 nonprofit organization that serves clients in a variety of programs. In our Early Intervention program, we serve over 1000 children and families at any point in time, and we consider all our subcontractor providers an integral part of ensuring that we can meet the needs of the people we serve.

Rocky Mountain Human Services is committed to ensuring that everyone who interfaces with our organization is provided with an experience that is helpful, meaningful, and individualized. We strive to ensure that our values of respect, integrity, courage, excellence, and dynamism are present in all our interactions. In our Early Intervention program, we operate from a family-centered philosophy: the child, family, service providers and service coordinators all make a team to support the development of infants and toddlers in the context of their family.

The information in this manual will provide you with a better understanding of what to expect while doing business with RMHS, but it should not be relied upon for your own company’s business, financial or legal advice. If you have any questions about the information contained in this manual, our staff welcome your call. Our goal is for this manual to facilitate a better understanding of the requirements for providers, and we will update it frequently as substantive changes are made to information, processes, etc. You can find the most current version of this manual on the RMHS website at www.rmhumanservices.org/ei-providers. We welcome you to RMHS and thank you for your commitment to working together with us to offer a great start to infants, toddlers and their families!

Julia Spratt

Julia Spratt, M.S., CCC-SLP, Associate Director of Developmental & Behavioral Health

EI Provider & Invoicing Manual

The provider shall comply with all portions of the Early Intervention Provider & Invoicing Manual, which may be amended from time to time. The provider understands that RMHS has the sole discretion to amend such manual. The provider shall comply with any amended provisions of the Early Intervention Provider & Invoicing Manual within a reasonable time after notice is given to the provider of any amendment. The provider understands the provider is responsible for reading the Early Intervention Provider & Invoicing Manual and contacting RMHS if any current provisions or amendments are unclear to the provider.

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Provider Requirements & Provider Credentialing

Provider Requirements

Minimum Provider Qualifications to Deliver Early Intervention Services

Providers are responsible for ensuring they have the appropriate qualifications and licensure to provide Early Intervention (EI) services. If a service requires licensure, the provider must have a valid license and provide a copy of that license to RMHS. The provider is responsible for notifying RMHS within five (5) business days if their license is revoked or suspended, or they have had a malpractice claim filed against them.

The link below outlines the qualifications required to provide various allowable EI services. Provider qualifications link: RMHS cannot pay for services that are not on the list.

2023 Personnel Standards.pdf - Google Drive

Provider Portal

Please log in to the EI Colorado Provider Portal as soon as possible at www.eicolorado.org. Click on "For EI Professionals," then click on the link to the Early Intervention Provider Portal. All providers and employees must be entered in the database prior to providing EI services and profiles must be updated annually. Providers should upload all applicable licenses, certification, insurances, and trainings, including the Early Intervention Provider Training required by Early Intervention Colorado.

Requirements

All EI providers and Community Centered Board users must complete and maintain a current record in the Provider Portal Provider Registration screen. Instructions can be found at www.eicolorado.org. The Provider Portal Support contact is Tracy Sperry. She can be reached at 303-866-5916 or Tracy.Sperry@state.co.us. Providers should request to affiliate with RMHS in the portal and have an “active” status before picking up RMHS referrals.

Obtaining an NPI Number

Providers of health care services are required to have a National Provider Identifier (NPI) number. NPI is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use NPI#s in the administrative and financial transactions adopted under HIPAA.

As outlined in the Federal Regulation, HIPAA-covered providers must also share their NPI with other providers, health plans, clearinghouses and any entity that may need it for invoicing purposes. Providers should apply for an NPI number at https://nppes.cms.hhs.gov/#/

Becoming a Medicaid Provider

The State of Colorado requires all licensed providers to become an approved Health First Colorado Medicaid provider to treat Medicaid patients and invoice Medicaid for payment. This includes allowable Early Intervention Physical Therapy, Occupational Therapy and Speech/Language services that are funded by the Medicaid State Plan. which are both Medicaid-funded; thus, all EI subcontracted providers are required to be approved by Medicaid prior to billing.

To become a Medicaid provider, you must submit an application through the Health First Colorado Provider Enrollment page at Provider Enrollment.

Further instructions for completing a Medicaid application can be found at www.colorado.gov/hcpf/provider- enrollment. Contact the Health First Colorado (Medicaid) Provider Services Call Center at 844-235-2387 to request guidance or assistance with your application, as well ask as claims questions.

Information helpful in completing the process:

Enrollment Type – you must choose an Enrollment Type based on how you plan to bill Medicaid.

1. Billing Individual – If an individual provider who wants to bill Medicaid directly does not have a company to bill under, billing and payments will be made under the individual's social security number. This is the only application needed.
2. Individual Within a Group – An individual provider who performs services (rendering provider) but does not bill directly using their social security number must register as an Individual within a Group and associate themselves with a Medicaid-approved Group, identified in the system by the Group's Type 2 NPI#. This type of provider's billing is processed through his/her Company, or a Trading Partner/Billing Agent such as RMHS. Individuals within a Group still need to use their own social security number in the first part of the application, because the application is for the individual provider. The Group's Type 2 NPI and Tax ID will be required in the next section.
3. Group – Bills on behalf of rendering providers under the Company's Tax ID. If you are the sole proprietor or owner of a company/corporation with its own Tax ID and Type 2

NPI, you need to submit your company's Group application first and receive approval before submitting your own Individual Within a Group application.

- Provider Type for Individuals – depends on the Provider's specialty; Speech Therapy, Physical Therapist, Occupational Therapist, etc.
- Provider Type for Groups – most used for EI provider groups is Non-Physician Practitioner - Group
- Provider Taxonomy – Your taxonomy must match the primary taxonomy registered to your NPI number.

- If you are not sure what your registered taxonomy is, you can find that information at https://npiregistry.cms.hhs.gov/registry/.
- If your taxonomy listed with your NPI is incorrect or has changed, you should correct that first before submitting your Medicaid application. Changes to your NPI are done through the NPPES at https://nppes.cms.hhs.gov/NPPES/Login.do?subAction=LoginA list of all taxonomies can be found at Certification/MedicareProviderSupEnroll/Downloads/TaxonomyCrosswalk.pdf

DORA License

Providers are required to hold a current, active and unrestricted license through (Colorado Department of Regulatory Agencies (DORA), to complete credentialing with RMHS. Providers are required to upload a copy of their current DORA license to the Early Intervention Portal.

If you recently changed your name make sure your DORA license has been updated first before submitting your Medicaid application. Your NPI registry needs to be updated as well. – everything must match, or your application will be returned.

Provider Credentialing

Requirements for Provider Credentialing

RMHS abides by the state and federal regulations requiring formal credentialing of Practitioners/Providers licensed by the state to practice independently and without supervision. Credentialing of these provider types must be completed before seeing patients and billing for services:

- PT
- OT
- SLP
- Psychiatrist
- Doctoral or master's level Psychologists (PhD, CP, LP))
- LPC
- Master's Level Social Worker (MSW, LCSW)
- BCBA; RBT
- Assistants, Aids, or Clinical Fellows: Supervisor must be listed on the provider add form, and supervisor must also be credentialed with RMHS.

RMHS utilizes the Council for Affordable Quality Healthcare (CAQH) ProView system for credentialing purposes.

Each provider who requires credentialing, within a contracted group or as an individual, must set up and maintain an active up to date CAQH profile; at no cost to the provider. If you do not

have a current CAQH account, you need to register as soon as possible for credentialing to be completed and receive referrals through RMHS. CAQH requires the provider to re-attest quarterly, any lapses could result in being removed from the referral list. New users may self-register through the CAQH ProView portal at https://proview.caqh.org/pr.

EI subcontracted providers are not employed by RMHS and RMHS should not be listed in the Employment History Section. RMHS should not be listed as a subcontractor's primary practice in the Practice Location section of their CAQH application but instead as an additional practice location to establish their relationship with RMHS for billing and referral purposes.

The following information for listing RMHS as an additional practice location:
Rocky Mountain Human Services 9900 E Iliff Ave, Denver CO 80231
303-247-8423 (EI Appointment Line) 303-636-5614 fax
Tax ID: 84-1182143
Type 2 NPI for EI Services: 1316291040
Credentialing Contact: credentialing@rmhumanservices.org :

Providers must complete the CAQH application and upload the required documents before their information can be released to any credentialing bodies. Current professional liability in the amounts of 1m/3m aggregate is required and proof in the form of a Certificate of Insurance. (COI) must be uploaded in CAQH. If you are a provider whose liability insurance is through a group policy, your name must appear on the policy face sheet, or a letter or roster indicating the providers covered under that policy needs to be attached to the COI.

The Employment History Section requires at least the most recent five years of work history. Include start and end dates in Month/Year format. If there is a gap of 30 days or more (as required by the state of Colorado), you must include an explanation (i.e., leave of absence, parental leave, active duty, illness, relocation, stayed home with children; in between jobs).

In the Specialty Section, all providers should answer YES to having a Specialty; then a further YES or NO to being Board Certified. List your board certification with expiration dates if applicable. ASHA, NBCOT, ABPTS and BACB are considered board certifications, not licenses

If you have already created your CAQH ProView account, please be sure your information and all necessary expiring documentation, is current and matches the details listed in your data profile. CAQH requires re-attestation after making any edits or adding information/documents.

A variety of resources, including short how-to videos and a Quick Reference Guide, to help providers and their practice managers use CAQH ProView is available at www.caqh.org/solutions/caqh-proview. The CAQH Help Desk (888-599-1771) is available Monday through Friday, 7 a.m. to -7 p.m., Eastern Time; online Live Chat is also available.

If you are not sure that your specific provider type requires credentialing, or have any questions regarding credentialing, please contact the RMHS Credentialing Department at

credentialing@rmhumanservices.org or 303-522-4685. or 303-636-5839.

Practitioner/Provider Rights

Practitioners applying to become part of the RMHS EI Provider Network have the right to:

- Review information submitted to support their credentialing application.
- Be informed of and correct erroneous information.
- Request review of their credentialing information by contacting the credentialing specialist by phone or email.
- Receive the status of their credentialing or recredentialing application.
- Receive notification of their credentialing approval/denial within 30-days of the decision.
- If denied, reapply after a 60-day waiting period.

Adding & Exiting Practitioners/Providers

Additions:

First Steps: If you are a contracted agency with RMHS for Early Intervention and you have a qualified provider on staff who is interested in EI, please reach out to the RMHS Therapy Manager. RMHS will determine if we have a need for a new provider before adding. Agencies should work with the RMHS Therapy Manager prior to completing any forms.

Form(s): If the RMHS Therapy Manager approves the request to add a provider, Agencies/providers will be asked to complete the following items:

(1) Questionnaire: A link will be sent to the new provider to our online questionnaire for subcontractors to fill out themselves. This helps the RMHS Therapy Manager get to know the provider's skills and background.
(2) The add/exit form (which is always up to date on the website)

Exits:

Form: If you are a contracted agency with RMHS for Early Intervention and you have a credentialed provider leave, please find the add/exit form on the website and send it to the e-mail address at the top of the form. *(Forms always most up to date on the website)*. Note: The exit portion is the bottom part of the add/exit form.

Caseload and Who to Contact: It is the agency's responsibility to find coverage for that provider's caseload to the best of their ability with other credentialed EI providers within that same agency.
Please immediately alert the following individuals:

(1) Service Coordinators involved with those EI cases
(2) The RMHS Therapy Manager at DBH@rmhumanservices.org

Delivery of Early Intervention Services

By becoming an Early Intervention Provider with RMHS, you are agreeing to promote the Primary Service Provider Model. The designation of a primary service provider maintains the integrity of the team interaction while minimizing the number of professionals that families and childcare providers are required to interact with on a regular basis. A primary service provider model uses a trans-disciplinary process but details the role of this primary service provider team member.

Primary Service Provider Model

The Primary Service Provider Model is a transdisciplinary, home-based service delivery approach. The state of Colorado is currently working towards implementing a model like this across the state to the best of our ability. In general, one provider of the program acts as the primary service provider to the parents or other caregivers and is selected based on expertise in child development, family support and coaching. The primary service provider has awareness of and access to other providers with a variety of knowledge, skills, and experiences. The primary service provider is seen as a coach, and reciprocal coaching and learning occur between the primary service provider and caregivers and between the primary service provider and other providers. The primary service provider receives coaching from other providers through ongoing interactions and promotes a parent's or other caregiver's ability to support a child's participation in everyday experiences and interactions with family members and peers across settings.

Joint visits should occur at the same place and time whenever possible with other providers to support the primary service provider as often as deemed appropriate by the PSP and IFSP. When visits occur at separate times, the primary service provider and other program staff must inform the care providers that the purpose of the visit is to gain information that will be shared with the primary service provider for his or her continued work with the family. Ongoing interaction provides opportunities for reflection and information sharing. Other providers providing coaching to the primary service provider may vary depending on the need or desire for timely ideas and feedback.

It is critical for providers to promote the Primary Service Provider Model with families to the best of our ability. All providers will have the opportunity to be a member of a trans-disciplinary team where they are able to use their expertise to jointly evaluate, assess and plan to best meet the needs of the child and the family in a cohesive way. Teaming through regularly scheduled meetings offers a formal time for provider-to-provider information sharing and support, so the team can develop strategies designed to build the capacity of parents and other caregivers to meet child and family outcomes.

Therapy Assistants

RMHS may utilize therapy assistants to deliver Individual Family Service Plan (IFSP) services when there is a shortage of licensed professionals within a specific discipline. RMHS may

utilize Physical Therapy Assistants, Certified Occupational Therapy Assistants, Speech Language Pathology Assistants and Paraprofessionals providing Behavioral Intervention. All assistants must be employees of subcontracted agencies and may not be independent providers with RMHS. It is the responsibility of the provider to inform families of their professional status prior to initiating services. Therapy Assistants are reimbursed at a lower rate. When submitting billing, please include the word "Therapy Assistant" next to the provider name on each progress note. This will notify RMHS to reimburse providers at the appropriate rate. Also, a signature of the supervising staff member and date of supervision must be included on each progress note. *Supervisor must also be RMHS credentialed as an EI provider. The following requirements are in the Early Intervention Colorado State Plan (Rule 12CCR 2509-10, 7.951).

Use of assistant level clinicians is permitted if the following occurs:

- Ongoing supervision is provided by a qualified professional to assure that the assistant understands the intervention plan and all procedures to be followed; and

When an assistant providing Early Intervention services:

- The Individualized Family Service Plan strategies are developed by a qualified professional; and
- The qualified professional trains the paraprofessional to implement the plan; and
- The qualified professional providers supervision through ongoing and periodic discussions and face- to-face or videotaped observations at least monthly and in accordance with the guideline of the affiliated professional organization, if appropriate; and
- All supervision of Developmental Intervention Assistants must complete the Department-approved Developmental Intervention Supervisor Academy prior to assignment of supervisory responsibilities.
- Follow EICO Provider Guidelines: 2023 Personnel Standards.pdf - Google Drive

Clinical Fellows for Speech Language Pathologists (SLPs)

EI agencies shall be allowed to utilize clinical fellows to serve people accepting services from RMHS. In accordance with Colorado Medicaid guidelines, billing will be submitted by the SLP supervising provider of the clinical fellow. When submitting billing, please include the words "Clinical Fellow" next to the provider name on each progress note. Progress notes should contain the signatures of both the supervising SLP and the Clinical Fellow for all billable services, regardless of the child's funding source. *Supervisor must also be RMHS credentialed as an EI provider. Agencies utilizing clinical fellows will be expected to comply with the Division of Professions and Occupations Office of Speech Language Pathology Certification requirements.

EI agencies will be responsible for notifying RMHS when the Clinical Fellow completes their fellowship and receives their Certificate of Clinical Competence (CCC). Newly licensed providers will need to be formally credentialed and should submit a Medicaid application as soon as possible. Services may be billable to State General Fund for a limited time while awaiting Medicaid approval.

Individual Family Service Plan

The Individual Family Service Plan (IFSP) documents the treatment plan for the child and family. The IFSP outlines the types of services needed by the child as well as the frequency, scope, and duration of those services. Services should be provided in accordance with the IFSP. Providers need to be cognizant of amount of services authorized for each child they serve; providers who are not invoicing through RMHS should track their utilization of units authorized in the IFSP.

If the provider believes that additional units of service or a different service is needed that is not listed on the IFSP, the following process shall be followed:

1. When appropriate, the provider shall discuss the area of concern with their transdisciplinary team and obtain recommendations and strategies from their team to support the child and family.
2. The provider shall notify the RMHS Service Coordinator of the new developmental concern that is outside of provider's area of expertise.
3. The provider shall implement strategies provided by transdisciplinary team member(s).
4. The provider shall notify the RMHS Service Coordinator if there is a need for a provider of another discipline to attend an upcoming visit with provider to gather information on the child's current skill level and provide targeted strategies to both provider and the family. Do not state to the family that a child "requires" an additional service or discipline.
5. The RMHS Service Coordinator will talk with the family about their concerns and discuss when they feel it would be appropriate to have another therapist meet their child.
6. If the family would like to make changes to the IFSP, the RMHS Service Coordinator will notify the provider. A determination will be made if a provider from the primary provider's team is available to meet the child and determine if there is a need to change the services provided. If the team cannot provide this visit, the RMHS Service Coordinator will locate a provider.
7. IFSP Review will be held with the family, current provider and possibly the provider of the new area of concern to add a visit (or multiple if determined necessary) in the area of concern and obtain the parent/guardian consent. The provider should not provide additional services until the IFSP has been reviewed; doing so would put the provider at risk of nonpayment of the services provided prior the review of the plan.

IFSP Meeting Participation

Providers are expected to attend and participate in all IFSP meetings for children receiving services. If, for any reason, a provider is unable to attend in person, the provider may attend via phone, web conference, or submit a written report to the RMHS Service Coordinator prior to the IFSP meeting. Providers are responsible for providing age equivalences during Annual IFSPs in all areas of development (Adaptive, Cognitive, Communication, Physical and Social &

Emotional) regardless of provider's discipline.

The provider and service coordinator have a shared responsibility for knowing when an IFSP will expire. If an IFSP expires prior to a new Annual IFSP being complete no services may occur during this Annual gap. If a provider selects to provide services prior to the IFSP Annual, the provider will not be paid for those services. Types of IFSPs include Initial IFSP, 6 month/Periodic IFSP Review Meeting, Annual IFSP, and Addendum IFSP meeting.

Components of many IFSP meetings include the following activities, which are facilitated by the service coordinator and the provider. Additional detail is provided in the Global Outcomes Training, which is required to be completed by all providers.

- Family Assessment (SAFER)
- Global Outcomes Ratings (strengths, needs, exit rating, etc.)
- Decision Tree
- Age Anchoring
- IFSP Outcome Writing and Strategies

*If you are looking for more training and support in these areas (IFSPs, Global Outcomes, etc.) please contact the Therapy Manager at DBH@rmhumanserivces.org

Cancellations of IFSP Meetings

If either party will not be able to attend due to illness, contact the SC/Provider directly to inform the other party of the cancelation. The SC is responsible for contacting the family and for rescheduling the Initial IFSP. If the IFSP slot is not scheduled within 48 hours of the start time, the slot is forfeited, and the provider is released of the responsibility of participating in an IFSP meeting during this time.

Coaching Model of Service Provision

Coaching interactions can be used by practitioners during early intervention visits to help parents develop their abilities to interact with their children in ways that support their child's development. *The Early Childhood Coaching Handbook* (Rush and Sheldon, 2013) defines coaching as "an adult learning strategy in which the coach promotes the learner's (coachee's) ability to reflect on his or her actions as a means to determine the effectiveness of an action or practice and develop a plan for refinement and use of the action in immediate and future situations"

Looked at this way, coaching reflects a supportive relationship that develops over time between the coach and the coachee in which learning is consistently achieved and refined. Through this relationship, the early intervention professional can most effectively convey the knowledge and expertise that they have in situations and in ways that families identify as most supportive. Coaching has emerged as an evidence-based practice based on key concepts and

principles found in the early childhood education literature. It is as much a process as it is a practice.

Provider Responsibilities

Informing RMHS Service Coordinator of Start Date

When starting with a new family, providers are required to inform service coordinators within 24 hours of their initial visit or start date.

Change in Provider

If the current provider is no longer able to work with the family, the provider shall inform the RMHS Service Coordinator, providing as much warning as possible, to allow the RMHS Service Coordinator to locate a new provider to minimize the impact on the family.

Change in Insurance

Providers will notify RMHS if they become aware of family insurance changes. Please notify the RMHS Service Coordinator as soon as possible so that RMHS has ample time to collect new insurance information for billing purposes. Providers should verify insurance eligibility prior to each session. Eligibility for children with publicly funded plans (all types of both Medicaid and CHP+) must be verified in the HCPF portal on at least a monthly basis.

Exiting a Child from Services

When a child is making gains in development and the provider suspects that ongoing intervention may no longer be needed for the child to continue to make progress, the provider shall notify the RMHS Service Coordinator. The RMHS Service Coordinator will contact the family to discuss the child's progress and how the family feels about exiting services (with a single discipline or from all EI services). The family may request an IFSP meeting to update the IFSP and graduate the child from service(s). If the child is exiting from Early Intervention services, the provider and IFSP team shall complete the Exit Global Outcome Rating.

Exiting EI at Age 3 – The SC schedules the Transition Conference with Denver Public Schools if applicable and notifies the provider that the "Transition Report" is due. The provider and family complete the Transition Report and the completed report is sent to the SC at least 48 hours prior to the Transition Conference. The SC will share information from the Transition Report with Denver Public Schools at the time of the Transition Conference. Prior to the child's third birthday, the SC will finalize the Exit Rating with the family and provider(s).

Transdisciplinary Teaming

RMHS currently has over ten subcontractor transdisciplinary teams that meet monthly and bi-weekly to lend their expertise to give strategies to best meet the needs of the child and family under the Primary Service Provider model. These teams meet at various times and locations, including virtually, in Denver County. Being on a team is highly encouraged! We can assist you in joining a transdisciplinary team. Please contact our EI Therapy Manager and Subcontractor Support Specialist at DBH@rmhumanservices.org and LAbrams@rmhumanservices.org.

Transdisciplinary Teaming Background

At this time, not all CCBs in Colorado have transdisciplinary teams. At RMHS, we are trying to practice the Primary Service Provider (PSP) model and trans-teaming, as best we can, by promoting our EI providers to work with a team of professionals to "team" and learn strategies to try with their families. In EI, we are looking at the whole child and able to work on all areas of development. Therefore, it's important to utilize our team and learned strategies, approaches, and coaching techniques with families before adding consults or other providers to the family's plan.

As of October 2023, there is a Workforce Committee ("PSP Workgroup"), through EICO, meeting and discussing the Primary Service Provider Model and Transdisciplinary Teaming for Colorado. We will continue to learn updates as they discuss, vote, and make decisions. You can learn more about their progress through the EICO website and communications from them. There is more information about our current implementation of trans teaming in the RMHS manual including how to bill for it (it's reimbursable at the reduced teaming rate). Subcontractors are not required to join a transdisciplinary team, but it is highly encouraged.

Process for Consults

Background

In September 2023, we announced a change in how consults will be added for a family's plan. Previously, consults were added to an IFSP, and then put on the referral spreadsheet. In order to find a match for that consult in a more succinct and targeted manner, we are requiring that we find a provider for the consult before adding it to the IFSP plan. This way, the consult is not on the referral spreadsheet along with families who are needing regular services to start.

Process

Option A (on a trans team)
Going forward, we would like for Early Intervention providers to first bring up any concerns that they think may lead to a consult to their transdisciplinary team. You will be able to implement strategies provided to you by your team members and work together to determine if consult is needed.

- Consult with a transdisciplinary team member: If someone on your team can provide consults, let the SC know, so the IFSP can be updated.
- If a consult cannot occur with a transdisciplinary team member, you will reach out to the therapy manager and support specialist (see process below for when someone is not on a trans team).

Option B (not currently on an RMHS trans team)
If you are not on a transdisciplinary team, we will work to find a provider to do that consult BEFORE adding it to the IFSP. This does not mean that a family cannot receive consults if not on a transdisciplinary team.

If you are talking to your service coordinator about consults, and you are not on a trans-team, please know that they will ask you to reach out to the Therapy Manager and our Support Specialist for support in finding a provider to engage in that consult for you and your family.

Both the support specialist and therapy manager know our providers and their skillsets and will work diligently to find a consult provider! Once a provider is found, the consult would then be added to the IFSP and the services will start (reminder, consults still follow the funding hierarchy). Once again though, if you are on a trans team, please be utilizing your team for this support and coaching for role expansion.

*Please see “Consultative Services” under the Invoices/Revenue Cycle section for more information on **billing** for consults.

No-Shows

A “no-show” is considered when a family cancels a visit within 24-hours of the scheduled appointment or does not show up to a scheduled appointment. Cancellations outside of these parameters are not reimbursable.

The provider will be reimbursed for their time at one unit per no show for direct services and up to two units for IFSP meetings. This payment is contingent upon the provider notifying the Service Coordinator immediately after the service provider is aware of the missed appointment. The service provider must document the missed appointment on the progress note.

A provider will only be reimbursed for four no-shows in a six-month period per child, with an additional two no shows allotted in the same period for IFSP meetings. After the first no-show, the service coordinator will contact the family. After the second no-show, the Service Coordinator will set up a meeting with the family to review the IFSP services and ensure all needs are being met. Reminder: Stay in touch with your Service Coordinator around no-shows!

*Please see “no-show” under the Specific Billing Scenario section for more information on billing for no-shows/late cancellations.

Make Up Visits

It is best practice to reschedule cancelled or missed visits within the same week when possible. All visits should follow the frequency listed in the IFSP and the approved sessions from any Prior Authorizations (PAR).

Telehealth Services

RMHS recognizes Telehealth as an Early Intervention service-delivery method available to providers who service Early Intervention Colorado clients. To provide telehealth services, providers must demonstrate compliance with all requirements from Early Intervention Colorado and RMHS as described below:

- Be licensed in the State of Colorado.
- Be an approved Medicaid provider through Health First Colorado (as required)
- Complete a telehealth training, including but not limited to the training provide by Early Intervention Colorado.

Providers must obtain all required consents/authorizations and provide Telehealth services through HIPAA- compliant, interactive audio-visual communications. . Forms, checklists, and brochures are available at www.eicolorado.org.

Play and Learn Library (PAL)

The RMHS Play & Learn Library offers therapists and families a variety of innovative toys to help children learn and grow. A provider who is contracted with RMHS can make loans from the Play & Learn Library when they are working with any children birth through age 6 enrolled in the Early Intervention, CES and Family Support Services Program. Providers are responsible for checking out and returning items that are loaned, informing families of the purpose and correct use of the item, and agree to return the item clean and in the same condition as when it was loaned out.

Referrals

Referrals are sent out weekly on a spreadsheet to all provider agencies and practitioners. If you are interested in accepting a referral, please reply to the email with the information asked for within the email.

The spreadsheet can be opened in Microsoft Excel and sorted and filtered to search for clients by zip-code, discipline, etc. If you would like to review how to pick-up referrals or sort through the spreadsheet, please reach out to the Therapy Manager.

Guidelines for Medical Record Documentation

Providers are responsible for accurately documenting the medical services provided for Early intervention Children. Please refer to the appropriate specialty billing manual for Colorado Medicaid documentation requirements. The website is:
https://www.colorado.gov/pacific/hcpf/billing-manuals

Colorado Medicaid documentation requirements for therapy services include; Rendering providers must document all evaluations, re-evaluations, services provided, member progress, attendance records, and discharge plans. All documentation must be kept in the member's records. Documentation must support both the specialty care, the medical necessity of services and the need for the level of skill provided.

Incident Reporting

Our early intervention providers work very hard to build solid and trusting relationships with the families of children for whom they are providing therapy. It is often very difficult when a therapist, either directly or indirectly, becomes aware of the possible abuse or neglect of a child. (Abuse may be emotional, physical, sexual, or institutional.) All RMHS contracted providers are mandated reporters and therefore have the responsibility to keep all children safe and to prevent harm. A report must be made when a reporter, in his or her official capacity, suspects or has reasons to believe that a child has been abused or neglected. Another standard frequently used is in situations in which the reporter has knowledge of or observes a child being subjected to conditions that would reasonably result in harm to the child.

Providers should review the State of Colorado website, which has information about mandated reporters, definitions of abuse and neglect, and phone numbers to report abuse and neglect. The website is www.colorado.gov/pacific/cdhs/report-abuse.

As a mandated reporter, if you become aware of a situation where a child's physical and or emotional well-being is at risk, you are required to call the following phone number for reporting abuse and neglect:

1-844-CO-4-Kids or 1-844-264-5437 to report all concerns for a child's safety and well-being.
REMEMBER:

- If a child is in imminent danger, please contact the local police immediately.
- Suspicion of abuse is all that is necessary to report.
- Reports are confidential.
- Caller must know where the child lives.
- You will be asked to describe your concerns about the child, and it will be helpful if you can provide the child's name, age, address, gender, school attended (if possible) and parents' names.

Please contact the Service Coordinator immediately after you report the suspected abuse/neglect to the proper authorities to inform him or her of the situation. If the Service Coordinator is not available, please contact his or her supervisor, or another member of the management team in the Developmental & Behavioral Health Department.

If RMHS becomes aware of an allegation of abuse/neglect involving a child in our program and it is discovered that one of our contracted providers had knowledge of but failed to make a report, that provider may be subject to a full investigation and the following may occur:

1. At a minimum, a hold may be placed on any new referrals to the provider.
2. Current services being provided by the therapist may be suspended. The arrangement for coverage of those services to customers will be made by the Developmental & Behavioral Health Department.
3. Termination of his/her contract with RMHS.

Immunity from Liability – Person's Reporting

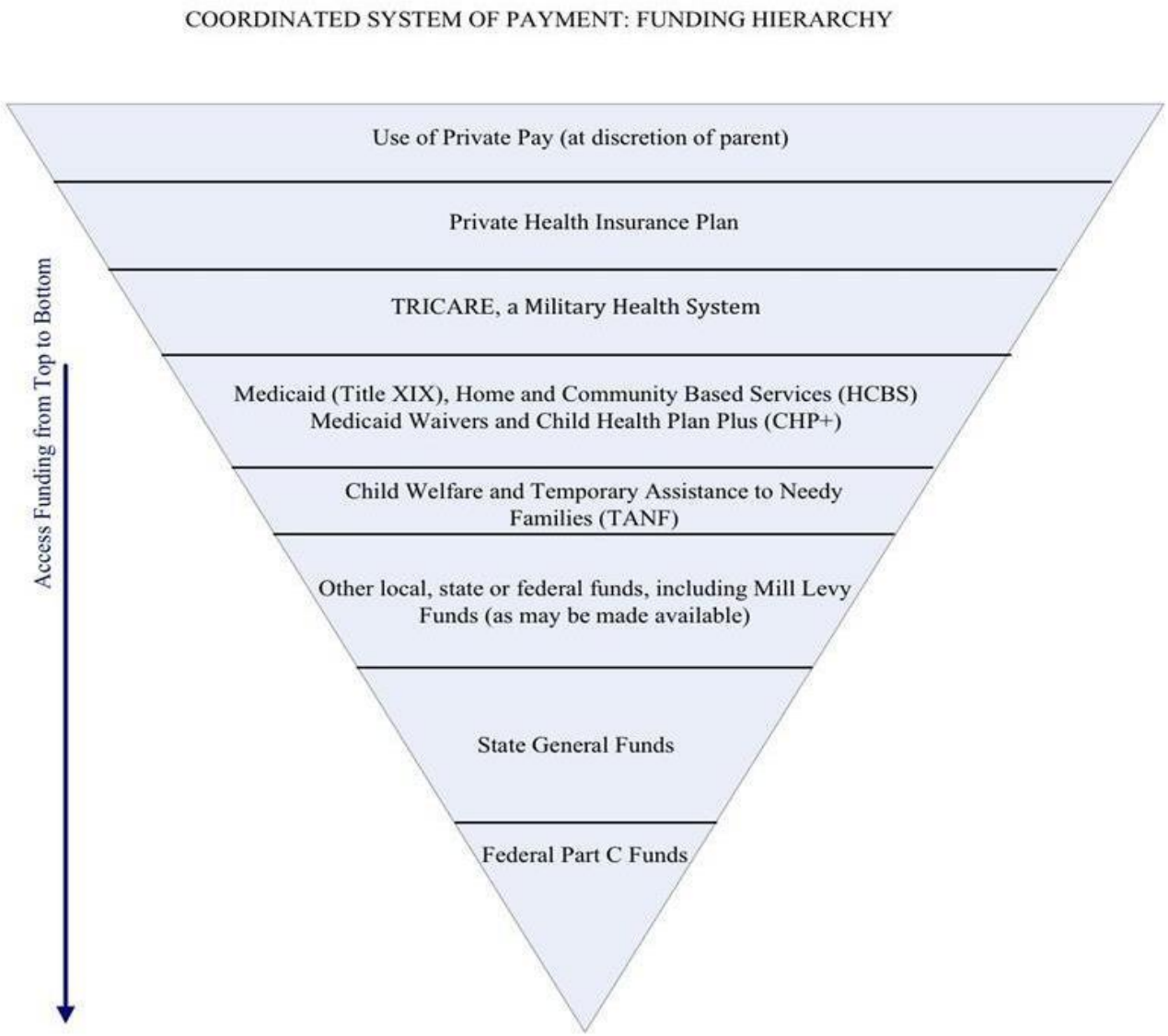
(Taken from the Colorado Code State Statute 19-3-309)
Any person, other than the perpetrator, complicator, coconspirator, or accessory, participating in good faith in the making of a report, in the facilitation of the investigation of such report, or in a judicial proceeding held pursuant to this title, the taking of photographs or X-rays, or the placing in temporary custody of a child pursuant to section 19- 3-405 or otherwise performing his duties or acting pursuant to this part 3 shall be immune from liability, civil or criminal, or termination of employment that otherwise might result by reason of such acts of participation, unless a court of competent jurisdiction determines that such person's behavior was willful, wanton, and malicious. For the purpose of any proceedings, civil or criminal, the good faith of any such person reporting child abuse, any such person taking photographs or X- rays, and any such person who has legal authority to place a child in protective custody shall be presumed.

Invoicing / Revenue Cycle

The Funding Hierarchy

According to Early Intervention Colorado, the funding hierarchy determines the order in which funding is utilized to cover the cost of services. The funding hierarchy must be followed, and each source evaluated as to whether it is appropriate to pay for a given service.

This means RMHS must have providers in our network who accept reimbursement from private health insurance and Medicaid. RMHS expects providers to be prepared to follow the funding hierarchy accordingly.



Use of Private Pay

Though rare, families may choose to pay for EI services themselves. However, unless explicitly agreed upon, families should not be charged for any services in EI, including private insurance patient responsibility or denials.
*Families may have financial responsibility to keep Assistive Technology Devices after exiting services.

Trust Eligible Insurance Policies

Providers will be notified if a child on their caseload is found to have a qualifying health plan under the Early Intervention Services Trust Fund. Services cannot be billed to the insurance company if the policy is Trust eligible and should be invoiced to RMHS for reimbursement. If claims are sent to insurance for Trust eligible policies in error or prior to Trust notification, the claims must be voided by the provider. Denver Health private insurance policies, Denver Health CHP+ and Kaiser CHP+ plans are always Trust eligible. Insurance cards listing CO-DOI are likely to be Trust eligible, but it is not guaranteed. Please note the below exceptions for Trust eligible policies:

- Some policies are not Trust eligible until the deductible has been met. Providers should bill insurance in these instances until the deductible is met and the policy is deemed Trust eligible.
- If Trust benefits are exceeded during a benefit period and secondary coverage is available, providers must obtain prior authorization and submit billing directly to the next funding source for reimbursement. A letter can be obtained from the State of Colorado to bypass billing the primary insurance policy.**RMHS recommends that providers obtain and maintain a secondary authorization when applicable to be prepared to follow the funding hierarchy.

Non-Trust Qualifying Private Insurance Plans

Providers are required to bill private insurance policies that do not qualify for the EI Trust. Please see the sections regarding submitting patient responsibility, insurance denials, or scenarios in which private insurance can be bypassed with exemption requests further in this manual for more information.

Tricare

For billing purposes, Tricare is treated as a private insurance policy. Tricare is always secondary to any private insurance and is never Trust eligible.

Medicaid & CHP+

Providers are required to obtain any applicable prior authorizations and bill Medicaid and CHP+ for EI services. Early Interventions providers do not need to submit any billing/invoicing

to the HCBS waivers.

TANF

Providers do not need to submit any billing/invoicing to TANF for EI services.

Mill Levy Funds

Providers do not need to submit any billing/invoicing to Mill Levy for EI services. Mill Levy funds are used to supplement the EI program at RMHS through various means such as supporting unmet needs not covered by State General Fund dollars for Denver County RMHS clients.

State Genral Funds

SGF is the payer of last resort on the funding hierarchy. SGF dollars may be used for services that are not billable to private insurance/Medicaid and for patient responsibility after insurance processing. Providers will invoice RMHS for all services to be billed to SGF.

Federal Part C Funds

EICO may use Federal Part C Funds when state funds are exhausted. Providers will not know when federal funds are being utilized and should invoice RMHS as normal for SGF services.

Extended Part C

Extended Part C services still follow the funding hierarchy. If a child was previously Trust eligible, State General Funds become the funding source for services. Any existing private insurance exemption requests must be renewed. Children not eligible for Extended Part C are only eligible for EI services/reimbursement through the day before their third birthday.

Consultation Services

Consultation or short-term visits still follow the funding hierarchy and must be listed on the IFSP.

Insurance Eligibility Verification

Providers are responsible for verifying insurance eligibility upon accepting a referral and before each session. Providers will notify RMHS Service Coordinators as soon as possible if they become aware of family insurance changes. Children with public insurance plans can change insurance types on a frequent basis, and eligibility should always be verified through the HCPF portal. RMHS is not able to accept denials from Medicaid, Denver Health Medicaid, or CHP+ if prior authorization is not obtained when a child moves from one funding source to another. Please note that the child's IFSP is not the ultimate determinate of the child's funding source

as insurance plans can often change within an IFSP period. The HIA is the source of "truth."

Insurance Declination Forms

Families maintain the right to decline the use of insurance for EI services. If a family signs an Insurance Declination Form, then invoicing should be submitted directly to RMHS for reimbursement. Secondary insurance coverage cannot be billed if the primary policy is declined.

Prior Authorization Requests (PAR's)

Medicaid and CHP+

Providers are responsible for obtaining any required prior authorizations. A prior authorization should be obtained as soon as a referral is accepted. Denials for no authorization will not be accepted for Medicaid and CHP+. Providers are responsible for researching and appealing any denied claims or PAR's.

Resources for Obtaining Prior Authorization

- Medicaid prior authorization training https://hcpf.colorado.gov/par
- Colorado Access CHP+ Forms https://www.coaccess.com/providers/forms/
- EI Colorado Billing Padlet https://padlet.com/beth_cole/8874dp04byg0

Denver Health Medicaid

RMHS will submit PARs on behalf of providers who are unable to independently bill Denver Health Medicaid. A Prior Authorization Request form needs to be completed for each individual child listing any CPT codes that may be billed, including evaluation codes. Forms must be submitted at the onset of services (immediately after a referral is accepted) and after every IFSP meeting. Do not submit PAR request forms when no CPT codes are being billed.
TIP: You should verify in your contract if you are responsible for submitting PAR request forms.
Questions? Contact contracts: (see last page for contact details).

The Prior Authorization Request Form can be found on the RMHS website
https://www.rmhumanservices.org/ei-providers
Providers must send all forms to eligibility@rmhumanservices.org or fax to 303-636-5627.

Payment may be withheld if a PAR form is not submitted prior to services being rendered. Authorization requests must follow the duration and frequency of services as outlined on the IFSP.

Providers will monitor their own individual billing and comply with their individual authorization. Unless otherwise notified, providers should assume that all CPT codes and units on their

request form have been approved.

If changes are needed to the authorization (codes, frequency, change in provider, etc.), please resubmit a PAR form and note that an amendment is being requested. Otherwise, RMHS will renew the authorization according to your initial request.

Providers may be contacted by RMHS to supply a treatment summary to renew an authorization if requested by DHMC.

Example of Completed PAR Form

Prior Authorization Request

Please complete this form in its entirety and send in a HIPAA secure format to Eligibility@Rmhumanservices.org **prior to rendering services.**

Patient Name: Jane Doe
DOB: 3/15/18
Member ID: P123456
ICD-10 Diagnosis: (No Descriptions) R62.0
Place of Service: Home
Provider Name: John Doe
Service Requested: Speech Therapy

Start Date	End Date	CPT Code	Modifiers	Units/Visit	Frequency (Weekly, Monthly, Etc.)	Total # of Units
11/13/2019	11/12/2020	92507	GN, TL	1	Weekly	52
11/13/2019	11/12/2020	92523	GN, TL	1	Biannually	2

Modifiers:

Speech Therapy	GN
Occupational Therapy	GO
Physical Therapy	GP
Early Intervention Add-On	TL
Telehealth Add-On	GT
Habilitative Add-On (RMHS Internal CC Providers Only)	96
Rehabilitative Add-On (RMHS Internal CC Providers Only)	97

Progress Note Requirements

Progress notes act as the provider invoice. RMHS cannot currently process billing from an itemized provider invoice due to the volume of billing, documentation requirements for the Early Intervention program, and the high number of discrepancies that can occur between provider invoices and the corresponding provider progress notes.

Progress notes are required for all children enrolled in the RMHS Early Intervention Program, regardless of funding source or invoicing method. This includes progress notes for services both billed by the provider or by RMHS. All documents must be submitted on time and be of high quality. They must include complete, accurate, and legible information. Notes must be typed and will only be accepted in English. A separate progress note is required for each child. Industry standards and best practices are that progress notes should be completed within 24 hours of service provision. Progress notes are subject to review, and insufficient documentation may be subject to non-payment or post-payment recoupment.

Providers are highly encouraged to use the RMHS progress note template, which can be found at www.rmhumanservices.org/ei-providers. Providers using their own note template are still encouraged to review the RMHS template as all documentation requirements listed below must be met regardless of the note template being used.

- Provider's first and last name as registered in state portal
- Provider's agency name as listed on RMHS contract
- Child's full legal name as written on the IFSP
- Child's date of birth
- The ICD-10 diagnosis if CPT codes are listed on a billing
- The IFSP service that is being performed
- An indication of who is responsible for billing each service (Provider or RMHS). If this is not listed, it may not be clear that reimbursement is expected, and notes will be processed as "for filing only"
- Date of service
- Place of service (e.g., Home, Community, etc.)
- CPT codes or "billing/service codes"
    - Some Early Intervention provider types cannot bill insurance, such as ECSE's. The IFSP service can be used as a "billing/service code" in the place of CPT codes.
- The units for each code
- Total session duration
- A thorough narrative of each date of service that includes any progress toward the stated goals on the IFSP, the start and end time of that activity, as well as current techniques and activities used to help the child achieve outcomes (SOAP format).
- Each progress note must be signed and dated

Provider Coding & Billing Responsibilities

Providers are responsible for assigning the appropriate CPT and ICD-10 codes for services and for following all Centers for Medicare & Medicaid Services (CMS) regulations.

Example of Completed Progress Note

RMHS
Rocky Mountain Human Services

Early Intervention Program Progress Note

Client Name: Harry Potter	**Client Date of Birth:** 1/1/2022
Provider's Name: Hermione Granger	**Provider's Company Name:** Magic PT
Service Location: 10- Telehealth (Client in Home)	**Telehealth Modality:** Audio/Visual
ICD-10 Diagnosis: R62.0	**Date of Service:** 1/15/2024
EI Service: Physical Therapy	**Provider Verified Insurance:** ☒
Note Type: DHMC Medicaid Opted In- RMHS Bills, PAR form must be submitted	

Billing Information:

Select a Service Code or Type a CPT Code	Units	Duration
97530	4	**Start Time:** 1:02PM **End Time:** 2:00PM **Total Minutes:** 58 minutes

Session Information:

Any updates from family, subjective notes about client's demeanor:

Harry has some new teeth! MOC reported some irritation around them coming in but H. was happy throughout session.

Outcome(s)/session plan:

Harry made nice progress today and per parent, throughout this week. He was able to bend down from a standing position and pick up blocks placed on the floor around him during play time with mom. PT coached MOC on waiting a bit before physically assisting H. He imitated mom with the game "spring like a kangaroo" and caught a small ball when mom went outside with him and the dogs.

Observations/progress toward IFSP goal(s):

Family is continuing to work on building opportunities to build upper body strength and coordination. Harry is showing some nice progress toward meeting IFSP outcome around engaging in various gross motor activities to increase this strength, balance, and coordination.

Recommendations/strategies:

Family continue to set up opportunities to throw, catch and pick up items from standing like today. See again next week, same time, continue with weekly PT coaching visits. Meet next month for annual review – discuss progress and any possible IFSP changes.

Provider Signature: Hermione Granger DPT **Date:** 1/15/2024

Supervising Staff Signature (If Applicable): Enter text. **Date:** Enter a date.

Supervising Staff Printed Name (If Applicable): Enter text.

**Please convert this document to a PDF format before submitting securely to Invoices@rmhumanservices.org
Updated January 2024

Progress Note Submission Requirements

- Progress notes must be submitted no later than 5:00 p.m. on the third business day of the month following the service date. RMHS encourages providers to submit invoicing/progress notes more frequently, such as weekly.
- Progress notes must be accurate. If a progress note contains errors or is missing information, an RMHS Billing Specialist will email the designated billing contact for each agency for a correction. Providers will be notified if corrections are needed within 30 days.
- Payment for any corrected, resubmitted invoices will be processed within 30 days from the new date of receipt.
- Corrections should be sent back to the Billing Specialist who requested the correction.
- RMHS may charge a $5.00 billing correction fee for each invoice that does not comply with the invoicing procedures set forth in this manual.

Invoices must be submitted electronically in a non-editable PDF format via a HIPAA secure encryption platform to Invoices@rmhumanservices.org

- Providers can access RMHS' secure email portal, Mimecast at: https://rmhumanservices.login-us.mimecast.com/u/login/?gta=secure#/login
- Please email Billingquestions@rmhumanservices.org if you have not yet received a secure email from RMHS to create an account.
- Providers can expect to receive an email confirmation within three business days of progress note submission. If you do not receive an email confirmation within this time, it is likely RMHS did not receive your progress notes. All inquiries can be sent to Billingquestions@rmhumanservices.org
- RMHS encourages you to use the following naming convention for each progress note: "Agency Name_date sent to RMHS_child_date of service."
    - Example: ABC Provider_07.01.23_John Doe_June 6 2023
- Progress notes that are being submitted for client record purposes only (insurance paid in full, no charges to RMHS) should be labeled as such
    - Example: ABC Provider_07.01.23_John Doe_July2023_FOR FILING ONLY
- Progress notes that are being submitted for the speech therapy stipend purposes only should be labeled as such
    - Example: ABC Provider_07.01.23_John Doe_July2023_ST STIPEND

*The invoices inbox should only be used for billing submissions. Providers should contact Billingquestions@rmhumanservices.org for any other billing related matters.

Billing and Attendance for Transdisciplinary Team Meetings

**Please refer to your rate sheet within your contract for the current teaming rate. This is a reduced rate from the direct service rate. 8 units/month can be billed for teaming (this equals 2 hours/month).*

There are two types of notes that are produced from a transdisciplinary team meeting:

1. ***PROVIDER ATTENDANCE ONLY:*** If you attended a transdisciplinary team and did not discuss a specific child on your caseload, then you will submit a transdisciplinary team meeting note with the following information: date of meeting, duration of meeting (up to 2 hours maximum per month), provider name, provider agency, and "teaming" indicated as the non-CPT code. This note will document your attendance at the meeting an
2. ***RMHS EI CLIENT DISCUSSED – DOCUMENTATION:*** If you attended a transdisciplinary team meeting and discussed a child on your caseload, please include the above attendance note **AND** a second progress note with a short narrative about the discussion and strategies that will be attached to the child's record.
    a. The narrative note should include the following: a short description documenting the discussion, child's legal name, child's date of birth, date of meeting, provider agency name, provider name, provider signature and date, and "No Charges-For Client Record Only" There is no extra payment is issued for submitting a DI-Teaming note.

Attendance Quick Facts

- This can be a simple invoice that lists the provider's name and agency, the date of the meeting, and the units/duration of the meeting, and the provider's dated signature
- Multiple providers can be listed on the same invoice, but all providers still need to have a dated signature to attest to attending the meeting
- Should not list a specific child.
- "Trans-team" should be listed as the billing code.
- A maximum of 8 units can be billed per month

Transdisciplinary Teaming Note Examples

- As a helpful resource, please refer to Transdisciplinary Billing Note Examples

Provider Payments

- Payment will be issued via mailed check within 30 days of receipt of accurate invoicing. Payment may be issued early, dependent on billing volume. RMHS mails checks once per week, typically on Fridays. A remittance advice is included with each payment. RMHS is currently unable to offer direct deposit payments but is actively working to build a system that can offer this service.
- Providers are reimbursed based on their session duration

- Providers should reconcile each payment and send any questions within 30 days to billingquestions@rmhumanservices.org.
- RMHS makes our best effort to pay out each batch of billing together on one single check, but occasionally payment will be "split" between check runs, still within the 30-day window
- Takebacks may be issued if a payment error occurs, resulting in overpayment. Takebacks are issued as a credit from the next check run. If no future check runs are pending, an invoice will be sent to the provider to reimburse RMHS.

Units to Minute Conversion Guide

Units to Minutes Conversion Guide	
1 Unit	8 minutes through 22 minutes
2 Units	23 minutes through 37 minutes
3 Units	38 minutes through 52 minutes
4 Units	53 minutes through 67 minutes
5 Units	68 minutes through 82 minutes
6 Units	83 minutes through 97 minutes
7 Units	98 minutes through 112 minutes
8 Units	113 minutes through 127 minutes
The pattern remains the same for treatment time +2 hours	

Specific Billing Scenarios

Speech Therapy Medicaid Stipend

A progress note showing the outpatient CPT encounter code that was billed to Medicaid (Ex: 92507, 92526) must be submitted to the Invoices inbox listing an additional 1-unit charge line for "ST Stipend"

The stipend is not billable when:

- Revenue codes are billed (Home Health providers)
- Two CPT codes are billed together
- An evaluation code is billed (Ex: 92523)
- The visit was less than 53 minutes (4 units)
- Any scenario in which RMHS is the responsible biller and the RMHS contracted rate is being paid
- If "ST Stipend" is not listed on the contact note
- For any service other than Speech Therapy on the IFSP
- It is helpful if the file is labeled to show an ST Stipend is being charged
- Example: ABC Provider_08.03.23_John Doe_July 1 2023_ST STIPEND

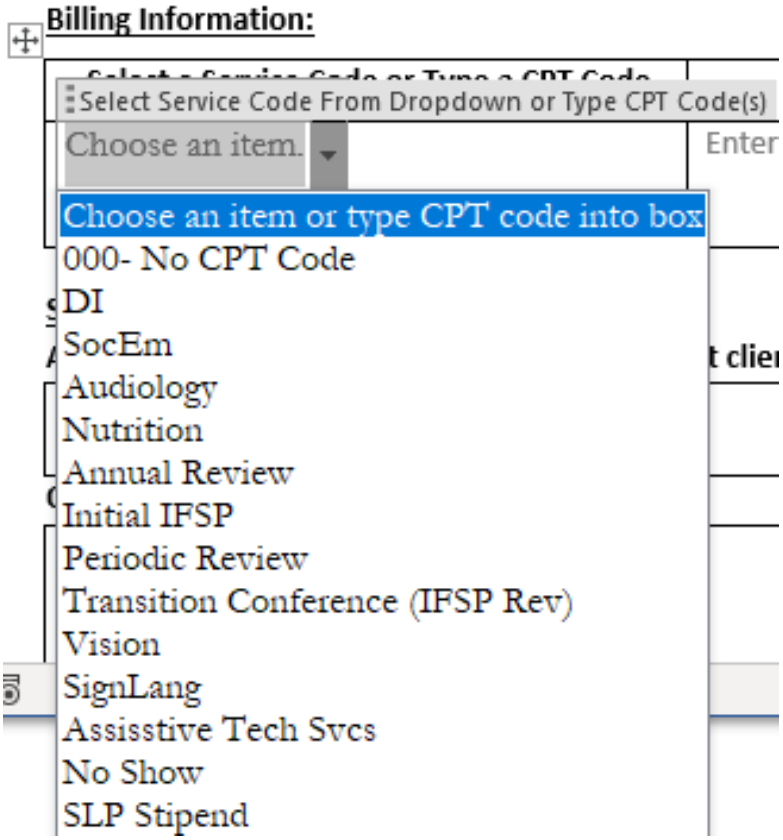
000 Miscellaneous Code

- This code should be used for services that are otherwise billable to insurance/Medicaid but do not fall under a CPT code (typically OT,PT,ST)
- The IFSP authorized service must still be listed
- “000” should be used as the billing code and cues the RMHS biller that the funding hierarchy can be bypassed to use SGF dollars for the service
- The number of units should match the session duration
- Cannot exceed the duration/frequency authorized on the IFSP
- Can only be used when non-CPT billable services are provided
- Contact note documentation must support that a CPT code is not appropriate. Please be aware that service definitions were expanded after 2020 for many activities that would have previously been considered 000

Services Not Billable to Insurance

Providers may use “billing/service codes” in place of CPT codes for services that are not regularly billable to insurance, such as services provided by an ECSE.

The RMHS note template lists service codes that are easily recognizable by RMHS billers for reimbursement.



No Shows

- Can only be billed if the family cancels within 24 hours of the scheduled visit or does not show up to a scheduled visit
- The IFSP authorized service must still be listed
- "No Show" should be used as the billing code
- A maximum of 1 unit can be billed for direct on-going services
- A maximum of 4 no shows are reimbursable within a 6-month period
- A maximum of 2 units can be billed for IFSP meetings
- Two additional no shows can be billed for IFSP meetings in a 6-month period

Encounter/Untimed Codes

- Encounter and untimed codes are sufficient to cover the entire session's duration
    - 1 unit is billed for the entire session and payment is issued based on the length of the visits
    - . Examples include: 92507, 97162, 97167, etc.)
- In scenarios where RMHS is the responsible biller, progress notes will not be accepted that list:
    - Two encounter codes billed in one session
    - An encounter code billed with any timed codes in one session
- RMHS will only accept modifiers used to show distinct procedural services (ex: 59) in exceedingly rare circumstances. The documentation and justification for the use of this modifier must be clearly substantiated

IFSP Meetings

- Providers may bill RMHS for reimbursement.
- The type of IFSP meeting should be listed as the service type and billing code.
    - Initial Assessment
    - IFSP Review
    - Annual Assessment
- The number of units should match the session duration.
- Transition Conferences are not a distinct IFSP type in the state portal. Please list the corresponding IFSP type for these meetings (typically "Periodic Reviews").

**If a CPT code is applicable, insurance *can* be billed for IFSP meetings.

Clinical Fellows, Therapy Assistants and Aids:

- "Clinical Fellow" or "Therapy Assistant (Aid)" must be documented with the service provider's name and signature
- The supervising provider's name must be listed.
- All notes must be co-signed and dated by the supervising provider.
- The supervising provider must be credentialed with RMHS

Siblings Seen in Succession

- Providers may only invoice for the time spent with an individual child.

Ex: A provider spends 1 hour with a family- 30 minutes with Twin A and 30 minutes with Twin B. The provider cannot submit two invoices for 1 hour or 1 contact note for both children. Each child should have their own contact note for the 30 minutes spent with them.

Co-Visits

- Please reference HCPF's updated co-treatment policy in their provider manuals for billing guidance.
- Providers who never bill insurance for their services may invoice RMHS as usual
- The former RMHS policy that the primary provider bill insurance and the secondary provider invoice RMHS is no longer applicable.
- Providers may invoice RMHS for their indirect time spent in the session using 000

Mileage/Transportation

RMHS is not currently able to provide reimbursement to subcontractors for mileage and transportation. *Pending guidance from EICO, this manual and provider contracts will be updated if this policy changes.*

Submitting Insurance Denials and Patient Responsibility

Publicly Funded Plans

Medicaid, Denver Health Medicaid, and CHP+ denials will not be accepted for no prior authorization, submitting to the incorrect funding source, or for failing to complete the Electronic Visit Verification (EVV). Providers are responsible for researching and appealing any prior authorization or billing denials. If a child loses Medicaid eligibility, RMHS will become the responsible billing party. If Medicaid coverage is retroactively reinstated, the provider is expected to bill Medicaid and reimburse RMHS.
* RMHS *can accept DHMC denials if the auth is denied due to medical necessity, an exemption request should be submitted with the authorization denial letter as documentation*

Electronic Visit Verification

EVV is required for many Early Intervention services. RMHS will not be able to provide reimbursement for EVV denials. Denver Health Medicaid and CHP+ do not currently require EVV. Please refer to HCPF for the most up to date EVV requirements
https://hcpf.colorado.gov/evv

Private Insurance Denials

RMHS can accept a wider range of private insurance denials. Providers must submit the Explanation of Benefits (EOB) listing the denial reason and corresponding progress note to RMHS for reimbursement. Documentation must be submitted by the third business day of the next month after it is received. Providers are encouraged to obtain any necessary prior authorizations but can submit any denials for no authorization to RMHS for reimbursement. Reasonable requests from private insurance companies must be accommodated: Examples of private insurance denials that are *not* accepted by RMHS are listed below. This list is not definitive:

- Timely filing
- Most commercial payers require claim submission within 90 days of services being rendered. Providers are responsible for knowing the timely filing guidelines of any payer they are submitting claims to.
- Request for more information, within reason.
- Submission to incorrect funding source.

Patient Responsibility

Please be aware that any co-pays, co-insurance, and deductibles cannot be charged to families receiving EI services. Patient responsibility will be reimbursed by RMHS according to the EOB from insurance and up to the cost of Early Intervention services. Providers must submit the EOB from insurance and corresponding contact note to the Invoices inbox for reimbursement.

HSA/HRA Payments

Families are encouraged to sign a Declination of Insurance form if there is a known Health Savings Account (HSA) or Health Reimbursement Account (HRA) as payments are typically automatically withdrawn to cover services. Any payments that might be received from a family's account must be returned.

- Contact the individual policy for how to void the claims and return the funds to the account.
- Contact the SC to obtain a declination of insurance and invoice RMHS directly for services.

Balance Billing

Providers who are out-of-network with a child's insurance company can "balance bill" above the private insurance company's allowable rate, up to their contracted rate with RMHS. The provider contact note must clearly notate "Out-of-Network Balance Billing for $xx." Balance billing is not legally permissible for publicly funded plans or for private insurance companies with which the provider is contracted.

Balance Billing Examples

1. Insurance allows $70 and pays in full. An out-of-network provider can balance bill RMHS for the difference up to their contracted rate. An in-network provider cannot invoice RMHS for any amount.
2. Insurance allows $70 but applies it to the deductible and pays $0. An out-of-network provider can balance bill RMHS for the full contracted rate. An in-network provider can invoice RMHS for the $70 deductible
3. Insurance allows $200, pays $175, and assigns a $25 co-pay. Regardless of network status, providers can only invoice RMHS for the $25 co-pay. The in-network provider can only do so because they are contractually obligated to accept the payer's rate, and the out-of-network provider because the payment from insurance is already at or above the RMHS contracted rate.
   **Note- Even though insurance company already paid above the RMHS rate, providers can still collect the co-pay because the amount of SGF dollars that will be used does not exceed the RMHS rate.*

Private Insurance Billing Exemptions

Providers may bypass billing private insurance and invoice RMHS directly in some scenarios when there is documentation that insurance will not pay for service. Exemptions are not guaranteed based solely on a provider's contract status with the private insurance payer. Many policies have out-of-network benefits that can and should be accessed in accordance with the funding hierarchy. A Private Insurance Exemption Form must be submitted prior to invoicing RMHS. This form can be located on the RMHS website at **https://www.rmhumanservices.org/ei-providers**. An Insurance Exemption is valid for the length of the IFSP, at which time, a new form must be submitted (at the onset of services and at Annual Assessments). A new form must be submitted if the child changes insurance policies or switches providers. Exemptions cannot be granted if a child has a secondary publicly funded plan, including Denver Health Medicaid.

The following scenarios are approved to apply for a private insurance exemption:

- **Non-Covered Services**
  The IFSP service is not covered under the child's insurance plan, for the child's diagnosis, are not found to be medically necessary, or have exceeded the plan's therapy limits

- **No Out-of-Network Benefits**
  The provider is not in network with the child's insurance and the plan does not cover services rendered by a non-network clinician.
  *Providers who are not contracted with Kaiser HMO can submit Exemption requests without backup documentation as services will not be covered. Effective 1/1/24, Kaiser is offering a PPO policy with out of network benefits that *does* require backup documentation.
- **High Deductible Health Plans**
  The child's deductible is greater than $2,500 or the family is not likely to meet their deductible. Justification for scenarios where the family is not likely to meet the deductible under $2,500 must be included on the request form (ex: the child is aging out in two months and the deductible will not be met)
- **Unable to Obtain Prior Authorization**
  PAR requirements exceed those of Medicaid and cannot be obtained.
- **Untimely Response**
  Providers may invoice RMHS for claims in which no final EOB has been provided after 45 days.
  Providers are responsible for reimbursing RMHS if any payment is eventually received from the insurance company.
- **Payment is Issued Directly to the Family**
  Some out of state plans will issue payment directly to the family. This can be confirmed when verifying benefits.

Tips for verifying insurance benefits!

Many insurance companies have their own portals that offer access even if you are not in network. Providers can also call the phone number listed on the back of the insurance card or on the HIA. Providers can use the exemption reasons as an outline for what types of questions to research/ask the representative (ex: What is the deductible? Is it different for out-of-network providers? Is the diagnosis of xx covered for xx therapy?) Be sure to ask for a call reference number for your documentation if you do have to call an insurance company. Additional documentation can be considered such as authorization denial letters from private insurance, EOB's showing services are not covered or benefit limits have been met, EOB's showing payment was mailed to the family, etc.

Example of Completed Exemption Request Form

RMHS Rocky Mountain Human Services

Private Insurance Exemption Request

Please complete this form and send in a HIPAA secure format to Eligibility@rmhumanservices.org **prior to invoicing RMHS.** Billing will not be processed if an exemption is submitted after invoicing, and resubmission may be needed. Exemptions will only be considered for commercial insurance plans.Exemptions cannot be granted when there is secondary Med/DHMC/CHP+ coverage. Exemptions must be renewed at each annual review, if there is a policy change, or for change in providers. Further details about insurance exemptions can be found in the Provider Manual.

Patient Name: Mary Smith
DOB: 1/1/2021
Date Form Completed: 7/1/2023
Provider Agency: Early Intervention Inc.
Provider Name(s): Jane Doe

Insurance Carrier: Anthem
Member ID: ABC123456789
Secondary Coverage: N/a
(If applicable)
Annual IFSP Date: 6/1/2024
*Exemptions can only be approved through the Annual IFSP date
Provider Network Status: Out of Network

IFSP Service	Exemption Reason	Requested Start Date	Justification for Retro Start Date (If applicable)
Physical Therapy	High Deductible Plan $2,500+	7/15/2023	

Insurance Benefit Verification Details: Please verify and record the private insurance benefits that correspond with the exemption reason you are seeking. Benefits should be verified according to your in or out-of-network status. You can use this form as a guide for the type of information to obtain when contacting insurance companies.

High Deductible Plan
Individual Amount: $3,000
Expected to be met? No
Individual Remaining: $3,000
Family Amount:
Family Remaining:

Unable to Obtain Prior Auth
Is Prior Authorization Required?:
Are you Able to Obtain Prior Authorization?:

No Out of Network Benefits/ Non-Covered Services
Are Services Covered?:
Note: Services not covered due to the child's condition/diagnosis would be considered Non-Covered Services. Ex: Some policies do not cover therapies unless there is an injury/stroke. It may help to ask the insurance company if the child's diagnosis is covered.

Untimely Response
Date of Submission to Insurance:

Payment Issued to Family
Who Will Payment be Issued To?:

Any Additional Details to Justify Request?:

Required
Date Benefits Verified: 7/1/2023
Call Reference Number: 567890
(Or Attach Online Verification)

To Be Completed By RMHS:
Insurance Exemption: Approved
Denial Reason:
Insurance Exemption Date Range: 7/15/2023-5/31/2024
Review Date: 7/2/2023
Review Staff Initials: LH

Additional Billing Resources:

Please visit the RMHS website for additional resources including billing materials, required forms, newsletters, access to the RMHS secure email system Mimecast, recorded trainings and presentations (password protected to respect the intellectual property of presenters- see the provider welcome letter for the password), and so much more!

- RMHS Early Intervention Provider/Practitioner Page
- RMHS EI Newsletter Subscribe

Contact Information

Revenue Cycle Department:

- Billing Questions & Payment Appeals: billingquestions@rmhumanservice.org
- Revenue Cycle Department.: Lindsey Hausman (Revenue Cycle Manager)
    - 303-636-5848 | lhausman@rmhumanservices.org

Address/Name/Number Changes:

- 303-636-5839 | contracts@rmhumanservices.org

Contracts/Credentialing/Compliance:

- 303-636-5839 | contracts@rmhumanservices.org
- Contracts, Credentialing, Compliance: Erika Smith (Compliance and Contracts Manager)
    - Contracts: 303-636-5839 | contracts@rmhumanservices.org
    - Credentialing: 303-636-5839 | credentialing@rmhumanservices.org
    - Compliance: 303-636-5839 | compliance@rmhumanservices.org

Reporting Concerns:

- Early Intervention: Amanda Pedrow (EI Program Manager)
    - 303-704-9249 | APedrow@rmhumanservices.org
- Clinical/Provider Related: Danielle Castle (Therapy Manager)
    - 720-653-5648 | DCastle@rmhumanservices.org
    - OR DBH@rmhumanservices.org

Early Intervention Program:

- Lending Library: Ann Howell: ahowell@rmhumanservices.org
- Referrals - EI Provider Referral: ei-provider-referral@rmhumanservices.org