Early Intervention
Provider and Invoicing Manual

Updated August 2022

RMHS
Rocky Mountain Human Services

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

Contents

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

Private Insurance Exemption Request

Please complete this form and send in a HIPAA secure format to Eligibility@rmhumanservices.org **prior to invoicing RMHS**. Exemptions will only be considered for commercial insurance plans. You will be contacted if your exemption is **not** approved. Further details about insurance exemptions can be found in the Provider Manual.

Patient Name: Jane Doe
DOB: 3/15/18
Date Form Completed: 6/29/20
Provider Agency: EI Services Inc.
Provider Name(s): John Doe SLP, Sarah Doe PT

Insurance Carrier: Anthem
Member ID: ACD123456
Secondary Coverage (if applicable): N/a
Network Status: Out of Network

IFSP Service	Exemption Reason
ST	High Deductible Plan
PT	High Deductible Plan

Insurance Benefit Verification Details: Please verify and record below 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. Benefit verification tips are available on the EI Colorado Billing Padlet. https://padlet.com/beth_cole/8874dp04byg0

Individual Deductible Amount:Individual $2,500
Individual Deductible Amount Remaining: $2,430
Family Deductible Amount: $6,000
Family Deductible Amount Remaining: $5,930
Is Deductible Expected to Be Met?: No
Is Prior Authorization Required?: Please Select...
Are You Able to Obtain Prior Authorization?: Please Select...

Are Services Covered?: Please Select...
If Untimely Response, List Date of Submission:
Date Benefits Verified: 6/29/20
Call Reference Number *(or attach online verification)*: ABC123
Notes/Comments:
Family reports that no other out of network services are being sought. They do not anticipate their out of network deductible will be met.

To Be Completed By RMHS:
Insurance Exemption: Approved
Denial Reason: N/a
Insurance Exemption Date Range: 7/1/20-6/30/21
Review Date: 6/30/20
Review Staff Initials: LH

EI Provider and 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.

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.

https://dcfs.my.salesforce.com/sfc/p/#410000012srR/a/41000000CgNP/nqH0WiTYgXeFCBbQrkTuWwgc_m.Esi5fO81OvXL4N4A

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 www.colorado.gov/hcpf/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. I

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.
Health First Colorado (Medicaid) Provider Services Call Center: 844-235-2387

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 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, maternity 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 303-636-5839.

Practitioner 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.

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. 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. 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 paraprofessional is permitted if the following occurs:

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

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).

Specific Services

"000" Miscellaneous

There may be times when a provider will need to bill for additional services that are performed ***without a CPT service*** and last for the entire session duration. 000 should be documented on progress notes along with; The EI Allowable Service, 000 as the CPT code, the unit amount, duration of the session, and "No CPT code associated with service" in the narrative section. In rare cases, an additional service may be performed in conjunction with "000." In these situations, separates notes with in/out times that clearly document the two different types of services will be required. Examples of when to use 000 include:

- Parent education is provided in the family's home while the child is sleeping for the entire session duration.
- The provider is assisting the family to obtain or locate a document, item, or service for the duration of the session (ex. Library card, alternative housing, etc.).
- Participation in an IFSP when the provider is not delivering direct services to the child and a CPT code cannot be utilized. The type of IFSP meeting must also be indicated.

"000" is a State General Fund code that must match the service units indicated on the IFSP.

**Consults still follow the funding hierarchy

Transdisciplinary Teaming

Transdisciplinary Team meetings are intended to encourage collaboration between providers in the Early Intervention model, and teaming is included on every client's IFSP. Teams primarily meet one time a month, for an up to two hours maximum, and must be approved by RMHS. When a provider participates in a transdisciplinary team, this should be documented in progress notes with the non-CPT code listed as Teaming Strategies, and a maximum of eight units documented per session.

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 and drives reimbursement.

If you attended a transdisciplinary team meeting and discussed a child on your caseload, please include a second progress note with a short narrative about the discussion and strategies that will be attached to the child's record. 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, unit(s) – minimum of one unit, provider signature and date, and Teaming indicated as the non-CPT code. There is no extra payment is issued for submitting a DI-Teaming note.

RMHS offers monthly meetings for many different transdisciplinary teams to meet and lend their expertise to give strategies to best meet the needs of the child and family. These teams meet at various times and locations in Denver County. We can assist you in joining a transdisciplinary team. Please contact our EI Therapy Manager at DBH@rmhumanservices.org

No-Shows

A "no-show" is when the provider is en route to or arrives at the family's home and the family is unavailable for a scheduled therapy session. A Telehealth no show is considered if the family does not answer for the scheduled session
Late cancellations outside of these parameters are not reimbursable.
The provider will be reimbursed for their time at one unit per no show. 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 two no-shows in a six-month period per child. 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.

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. Provider must indicate that Telehealth services were provided by including the appropriate service CPT code with a "TH" clearly indicated for each date of service described on the progress note. Progress note documentation must also clearly indicate that services were provided via Telehealth. 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 will be sent to all providers who can independently bill the child's funding source and who have the appropriate skills to fit the needs of the child and family. If you are interested in accepting the referral, please reply to the email with your availability to see the child. Referrals will be assigned after 48 hours. Referrals are placed based on the following criteria:

1. Does the provider have the appropriate skill set to help the child and family meet the goals addressed in the IFSP?
2. Can the provider bill appropriately and follow the funding hierarchy?
3. Is the provider part of a transdisciplinary team?
4. What availability matches best with the family's needs?
5. Which provider has gone the longest without a referral?

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

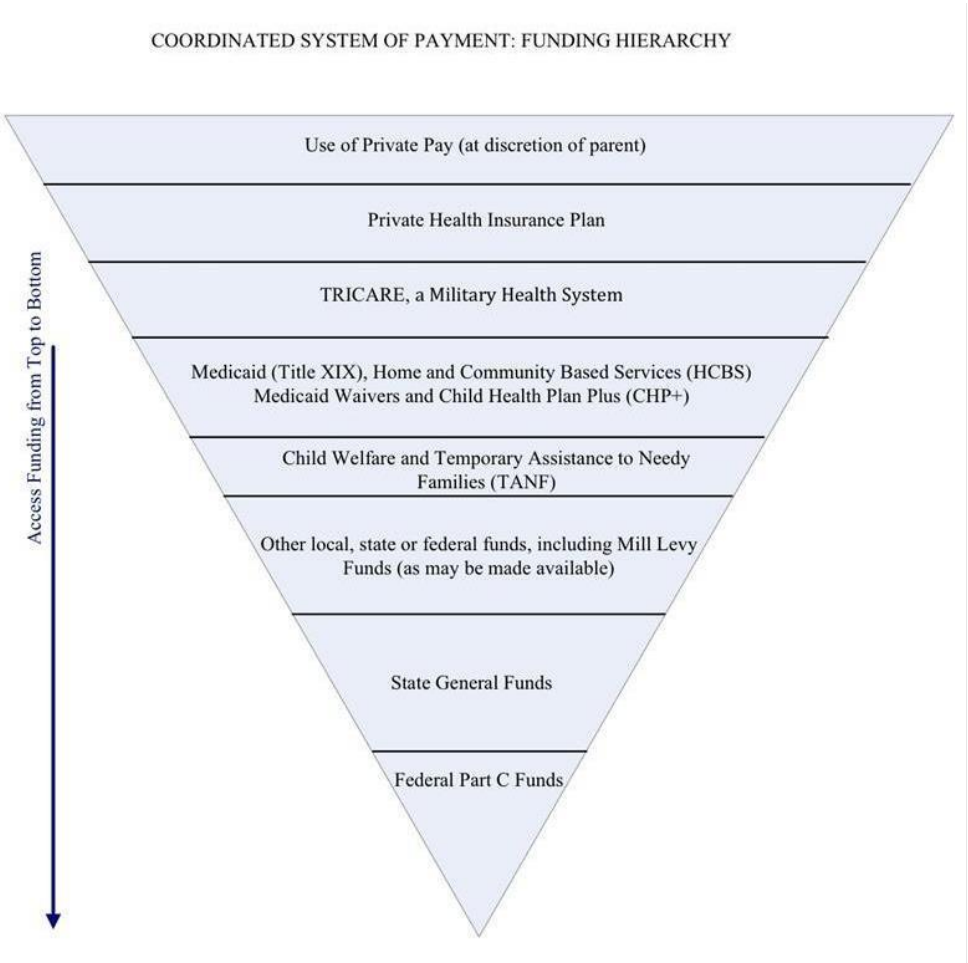
(Taken from the Colorado Code State Statute 19-3-309)
Any person, other than the perpetrator, complicator, coconspirator, or accessory, participating in good faith in the making of a report, in the facilitation of the investigation of such report, or in a judicial proceeding held pursuant to this title, 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

Funding Hierarchy

According to Early Intervention Colorado the funding hierarchy determines the order in which funding is investigated 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. Families maintain the right to decline the use of insurance for Early Intervention services.

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



Trust Eligible 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 RMHS will request that you void those claims. Denver Health CHP+ and Kaiser CHP+ plans are always Trust eligible. Insurance cards listing CO-DOI should be Trust eligible. 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

Extended Part C
Extended Part C services still follow the funding hierarchy except for children who were Trust eligible in Early Intervention. If a child was previously Trust eligible, State General Funds become the funding source for services.

Insurance Eligibility Verification

Providers are responsible for verifying insurance eligibility on the acceptance of a referral and prior to 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 frequently change within an IFSP period. HIA is the source of "truth."

Prior Authorization (PAR) Requests

Medicaid, CHP+ and Private Insurance

Providers are responsible for obtaining any needed 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 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 PAR request form needs to be completed for each individual child that lists any CPT codes that will 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 located 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

If a form is not received, RMHS will contact providers directly to request submission. Payment may be withheld if a PAR form is not submitted prior to services being rendered
PAR 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 code and units on their request form have been approved.

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

Providers may be contacted to provide a treatment summary if needed to renew an authorization

Example of Completed PAR Request 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

Invoice Requirements

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 paid by Medicaid, Private Insurance, or the State General Fund. All documents must be submitted in a timely manner 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.

Providers are highly encouraged to use the RMHS progress note template, which can be found at www.rmhumanservices.org/ei-providers. All documentation requirements listed below must be met.

Progress Note Requirements

- Provider's first and last name
- Provider's agency name
- Child's full legal name as written on the IFSP
- Child's date of birth
- The ICD-10 diagnosis, if applicable
    - A diagnosis is required if a provider is invoicing for a service that has a CPT code
- IFSP service that is being performed
- RMHS Service Coordinator
- The funding source for the service (e.g., Medicaid, Denver Health Medicaid Choice, Kaiser, etc.)
- An indication of who is responsible for billing each service (Provider or RMHS)
- Date of service
- Place of service (e.g., Home, Community, Daycare)
- CPT code(s), if applicable
    - Some Early Intervention services, such as Developmental Intervention and Vision, do not have CPT codes. Providers are responsible for knowing what services require a CPT code
- The units for each CPT code
- Total session duration
- A narrative including 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

Example of Completed Progress Note

Early Intervention Progress Note

Client Name: Mary Smith **DOB:** 1/1/2020 **ICD10:** R62.0

Service Coordinator: Jane Doe **EI Service:** Physical Therapy

Provider Name: John Doe **Provider Agency:** Early Intervention Inc.

IFSP Service Frequency: 1x/week **Service Location:** Home

Telehealth: ☐ **Reason for additional units, if applicable:** _____

Date of Service: 7/1/2020 **Start Time:** 10:00 a.m. **End Time:** 11:00 a.m.

Funding Source:

Medicaid ☐ **State General** ☐ **Denver Health X Trust Fund** ☐ **CHP+** ☐ **Private Insurance:** _____

Key for services with no CPT code: NS=No show PE=Parent Education 00000=Misc. Code

Units	CPT Code	Outcomes/Session Plan	RMHS or Provider to bill	Total Session Duration (mins.)
3	97530	Mary made good progress this week. She was able to bend down from a standing position to pick up objects placed on the floor around her. She was able to imitate games such as "Spring like a kangaroo". She was able to catch a small ball when it was gently thrown to her.	X RMHS ☐ Provider	60
1	PE	See description of Parent Ed/Teaming Strategies.		

Observations/Progress toward IFSP Goal(s):

Mary is making significant progress toward meeting her IFSP outcome around engaging in various gross motor activities to increase her upper body strength, balance and coordination.

Recommendations/Strategies:

Continue with Physical Therapy on a weekly basis until the IFSP team meets in October at Mary's annual review to discuss her progress and any possible changes regarding her therapy and services.

Provider Signature: John Doe **Date:** 7/1/2020

Supervising Staff Signature (if applicable): _____ **Date:** _____

Progress Note Submission Requirements

Progress notes act as an invoice and 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 on a weekly basis.

- 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 will be based only upon receipt of the corrected progress note prior to the deadline. 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 timeframe, it is likely RMHS did not receive your progress notes. All inquiries can be sent to Billingquestions@rmhumanservices.org
- RMHS encourages you to utilize the following naming convention for each progress note: "Agency Name date sent to RMHS_child name month of service."
    - Example: ABC Provider_07.01.19_John Doe_July2019
- 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_07.01.19_John Doe_July2019_FOR FILING ONLY

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

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.

- Providers are reimbursed based on their session duration
- Providers should reconcile each payment and submit 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

000 Miscellaneous Code

- The IFSP authorized service must still be listed
- "000" should be used as the billing code
- 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

No Shows

- Can only be billed if the family does not answer when the provider arrives, or cancels while the provider is en route to the appointment

- A Telehealth no show is considered if the family does not answer for the scheduled session
- Late cancellations are not billable
- 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
- Only 2 no shows are reimbursable within a 6-month period
- The child’s SC must be notified within 48-hours

Encounter Codes

- The intention of an encounter code is to cover the entire duration of the session (1 unit is billed for the entire session. (E.g., 92507)
- In scenarios where RMHS is the responsible biller, we cannot accept progress notes 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 documented.

IFSP Meetings

- If a CPT code is applicable, insurance can be billed for IFSP meetings.
- If a CPT code is not applicable, 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 (this includes Transition Conferences)
- Annual Assessment
- The number of units should match the session duration.

Trans team Attendance

- 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.

DI-Teaming

- A separate progress note should be submitted for each child discussed on your caseload during a Transdisciplinary Team meeting.

- Reimbursement is provided from attendance, but DI-Teaming notes are a requirement if a specific child is discussed.
- The child's name, DOB, DOS, and a short summary of the discussion must be listed.
- The 8-minute rule does not apply (children do not need to be discussed for 8+ minutes)
- Clinical Fellows, Therapy Assistants and Aids: On these notes the words "Clinical Fellow" or "Therapy Assistant (Aid)" must be documented with the service provider's name.
    - The supervising provider's name must be listed.
    - All notes must be co-signed and dated by the supervising provider.
    - Supervising Provider must also be a credentialed RMHS EI Provider

Temporary COVID-19 Guidance

Please check the EI Colorado, CDC, and HCPF websites frequently for the most up to date information on any temporary guidance in place.

Electronic Visit Verification

EVV is required for many Early Intervention services
RMHS will not be able to provide reimbursement for EVV denials

Please refer to HCPF for the most up to date EVV requirements https://hcpf.colorado.gov/evv

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.* *We can accept DHMC denials if they denied the authorization due to medical necessity.*

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 are currently able to 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

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 can "balance bill" above a private insurance company's allowable rate, up to their contracted rate with RMHS, only if the provider is out of network/not contracted with the private payer. 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 private insurance companies with which the provider is contracted.

Private Insurance Billing Exemptions

Providers may bypass billing private insurance and invoice RMHS directly in some scenarios. 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. 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.

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 be included 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 benefits portal, that offers 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 on what types of questions to research/ask the representative

(ex: What is the deductible? Is it different for out of network provides? Are out of network services covered? Is the diagnosis of xx covered for xx therapy?) Be sure to ask for a call reference number as your documentation if you do have to call an insurance company.

Example of Completed Exemption Request Form

Private Insurance Exemption Request

Please complete this form and send in a HIPAA secure format to Eligibility@rmhumanservices.org **prior to invoicing RMHS**. Exemptions will only be considered for commercial insurance plans. You will be contacted if your exemption is **not** approved. Further details about insurance exemptions can be found in the Provider Manual.

Patient Name: Jane Doe
DOB: 3/15/18
Date Form Completed: 6/29/20
Provider Agency: EI Services Inc.
Provider Name(s): John Doe SLP, Sarah Doe PT

Insurance Carrier: Anthem
Member ID: ACD123456
Secondary Coverage (if applicable): N/a
Network Status: Out of Network

IFSP Service	Exemption Reason
ST	High Deductible Plan
PT	High Deductible Plan

Insurance Benefit Verification Details: Please verify and record below 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. Benefit verification tips are available on the EI Colorado Billing Padlet. https://padlet.com/beth_cole/8874dp04byg0

Individual Deductible Amount:Individual $2,500
Individual Deductible Amount Remaining: $2,430
Family Deductible Amount: $6,000
Family Deductible Amount Remaining: $5,930
Is Deductible Expected to Be Met?: No
Is Prior Authorization Required?: Please Select...
Are You Able to Obtain Prior Authorization?: Please Select...

Are Services Covered?: Please Select...
If Untimely Response, List Date of Submission:
Date Benefits Verified: 6/29/20
Call Reference Number *(or attach online verification)*: ABC123
Notes/Comments:
Family reports that no other out of network services are being sought. They do not anticipate their out of network deductible will be met.

To Be Completed By RMHS:
Insurance Exemption: Approved
Denial Reason: N/a
Insurance Exemption Date Range: 7/1/20-6/30/21
Review Date: 6/30/20
Review Staff Initials: LH

Provider Appeals

Providers who wish to appeal a payment decision may contact BillingQuestions@rmhumanservices.org

Contact Information

Early Intervention Program:

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

Revenue Cycle Department:

Revenue Cycle Billing Questions : billingquestions@rmhumanservice.org
Revenue Cycle Dept.: Lindsey Hausman (Revenue Cycle Manager)
303-636-5848 | lhausman@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
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