Foundations of Medicaid Participation & Organizational Readiness

PRESENTED BY THE STEADMAN GROUP

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Welcome & Introductions

Sharon Steadman, Managing Principal

Samantha Strobing, Senior Consultant



Participant Introductions

Answer via Zoom chat

Name

Organization

Your role

Where you are at in the Medicaid participation process

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Learning Objectives

By the end of this training, you will be able to:

- Describe Colorado's Medicaid system
- Explain the benefits of Medicaid participation
- Understand the path to becoming a Medicaid provider
- Assess your organization's readiness
- Identify available support resources

Understanding Medicaid: The Foundation

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What is Medicaid?

- Federal-state partnership (CMS & state Medicaid agencies)
  - State-by-state differences
- Health coverage program
- Covers eligible low-income individuals
- Provides access to physical and behavioral health care, hospitalization, nursing facility care, prescription drugs, dental care and other benefits.
  - Largest payer of behavioral health services

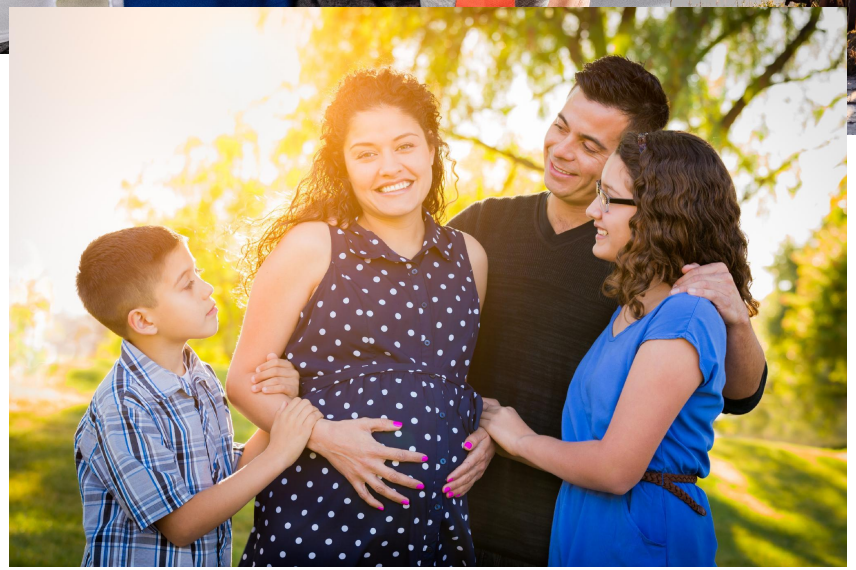
Who does Medicaid serve?











WHY MEDICAID MATTERS FOR BEHAVIORAL HEALTH

- Largest payer of behavioral health services
- Expands access to care
- Supports healthier communities
- Provides a sustainable reimbursement source for many organizations

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How Medicaid Differs from Commercial Insurance

Topic	Medicaid	Commercial Insurance
Eligibility	Based on income and other qualifying criteria	Employer-sponsored or individually purchased coverage
Benefits	Comprehensive benefits defined by state and federal rules	Varies by employer or insurance plan
Administration	Managed by state Medicaid agency and contracted organizations	Managed by private insurance companies
Prior Authorization	May require authorization depending on service	Varies by payer and plan
Provider Participation	Requires Medicaid enrollment and, in many cases, credentialing and contracting	Requires credentialing and contracting with each insurer

Understanding Colorado Medicaid

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How Colorado Medicaid Works

Colorado Medicaid is a partnership between the state, Regional Accountable Entities (RAEs), providers, and members to connect people to care and ensure services are covered and paid.

HCPF

The Department of Health Care Policy & Financing (HCPF) oversees Colorado Medicaid.

- Oversees the program
- Administers Health First Colorado
- Sets policies and rules
- Manages contracts with RAEs and evaluates performance

HEALTH FIRST COLORADO

Colorado's Medicaid program (Health First Colorado) provides health coverage to eligible Coloradans.

- Covers both medical and behavioral health services
- Most non-behavioral health services are paid through Health First Colorado
- Members are automatically enrolled based on their eligibility

RAEs

Regional Accountable Entities (RAEs) are community-based organizations responsible for Colorado's behavioral health benefit.

- Pay for most behavioral health services
- Build and manage provider networks
- Coordinate and connect members to care
- Ensure quality and appropriate access to services

PROVIDERS

Providers deliver covered services to members and play a critical role in their health and recovery.

- Include behavioral health clinicians, clinics, agencies, hospitals, and others
- Must be enrolled with the state and contracted with the member's RAE (for behavioral health services) or Health First Colorado (for medical services)
- Bill the appropriate payer for covered services

MEMBERS

Eligible Coloradans enroll in Health First Colorado and receive the services they need.

- Enroll in Health First Colorado
- Receive medical services through Health First Colorado
- Receive most behavioral health services through their assigned RAE
- Work with providers to access care

Working Together for Better Health

These partners collaborate to ensure members get the right care, at the right time, in the right setting—supporting healthier lives and stronger communities across Colorado.

Policies & Oversight → Coverage & Payment (BH) → Care Delivery → Better Health Outcomes

Key Takeaway: HCPF oversees the program, Health First Colorado covers medical and most non-behavioral health services, RAEs pay for and coordinate most behavioral health services, providers deliver care, and members receive the services they need.

Who You'll Encounter on Your Medicaid Journey

Key partners and when you'll interact with them

HCPF

Colorado Department of Health Care Policy & Financing

You'll work with HCPF when:

- Enrolling as a Medicaid provider
- Completing revalidation
- Receiving policy updates and guidance

Health First Colorado

Colorado's Medicaid Program

You'll use Health First Colorado to:

- Verify member eligibility
- Understand covered benefits
- Access provider resources

Regional Accountable Entities (RAEs)

Your regional managed care partner

You'll work with your RAE when:

- Credentialing
- Contracting
- Billing and reimbursement
- Provider support
- Care coordination and quality improvement

BHASOs

Behavioral Health Administrative Service Organizations

You'll work with your BHASO when:

- Providing crisis services
- Providing select behavioral health services
- Participating in state-funded behavioral health programs

Behavioral Health Administration (BHA)

The Behavioral Health Administration (BHA) is the state administration responsible for ensuring all people in Colorado have access to quality mental health and substance use disorder services, regardless of where they live, or ability to pay.

You'll potentially encounter the BHA if:

- Your organization needs to be a licensed or designated behavioral health organization

Remember: You won't work with every organization in the same way. Your interactions depend on the services you provide, where you're located, and where you are in your Medicaid journey.

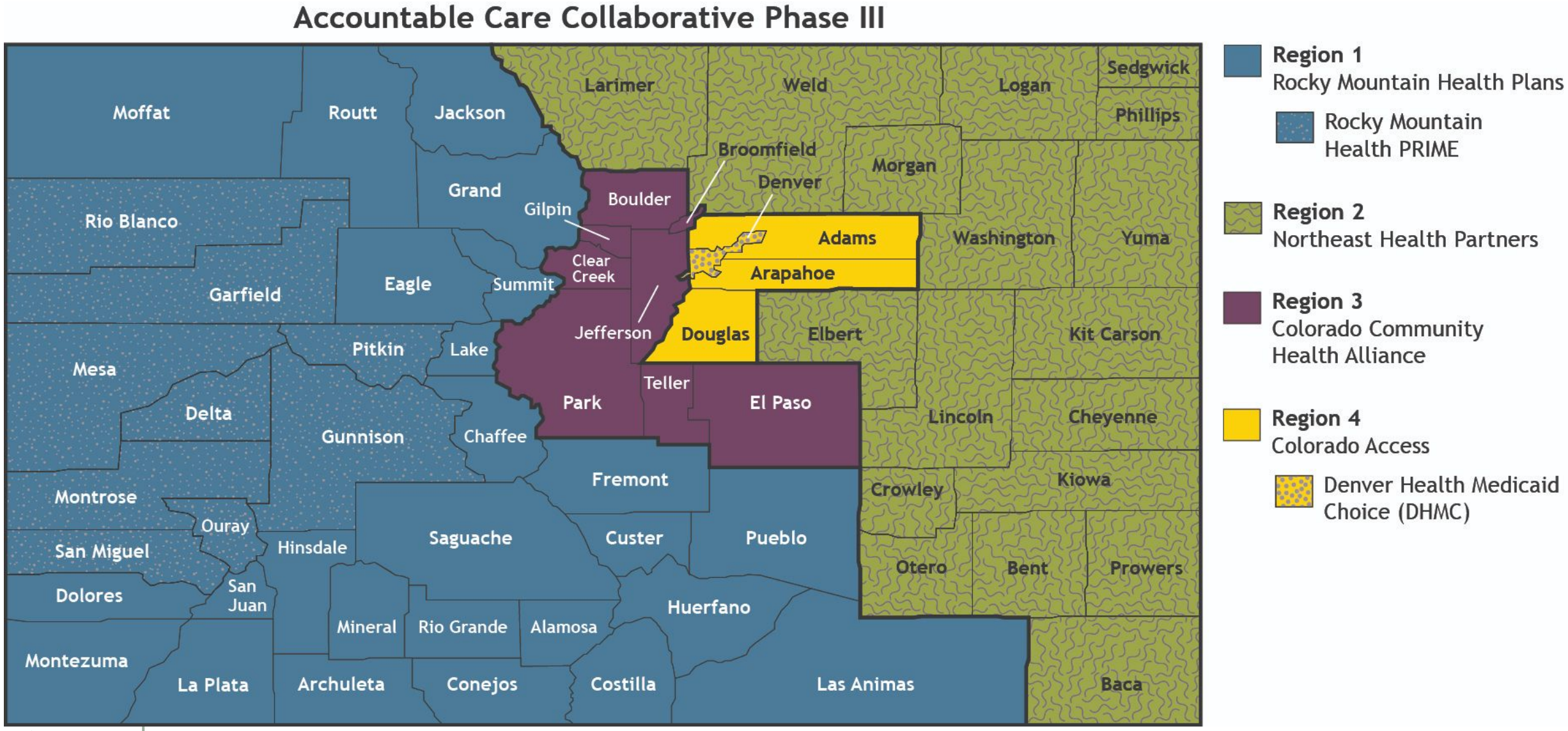
KNOW THE RAES

Colorado's four Regional Accountable Entities:

- Region 1 — Rocky Mountain Health Plans (RMHP)
- Region 2 — Northeast Health Partners (NHP)
    - **Larimer County moved to Region 2 (NHP) on July 1, 2025**
- Region 3 — Colorado Community Health Alliance (CCHA)
- Region 4 — Colorado Access (CO Access)

Colorado Medicaid members are **attributed to a RAE based primarily on their selected or assigned primary care medical provider (PCMP) and that provider's region.**

Current RAE Map of Colorado



Behavioral Health Payment Pathways

Most behavioral health services follow one of two payment pathways

Capitated Behavioral Health Benefit	Medicaid Fee-for-Service (FFS)
Managed through the member's **Regional Accountable Entity (RAE)**	Administered by **HCPF as part of Health First Colorado**
Includes **most behavioral health services**	Includes **certain behavioral health services and special programs**
Claims are generally submitted to the **RAE**	Claims are submitted to **Health First Colorado fee-for-service system**

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Understanding Colorado's Medicaid Landscape

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COLORADO'S MEDICAID LANDSCAPE

- **~1.27 million** members (approximately **21% of Colorado's population**) enrolled in Health First Colorado and CHP+ (FY 24-25)
    - ~16% of Larimer County population was enrolled (FY 24-25). (HCPF 2025 Report to the Community)
- **~24% of Health First Colorado members accessed capitated behavioral health services,** including mental health and substance use disorder (SUD) services (FY 23-24). Which was a 25% increase over the previous four years. (HCPF BH Services & Network Report)
- **Medicaid is constantly evolving.** Policies, payment models, covered services, program requirements, and funding decisions change over time, making it essential for providers to stay informed.
- Organizations that **monitor and adapt** to these changes are better positioned to maintain compliance, optimize reimbursement, and deliver high-quality care.

What Providers Should Expect

Current Direction	What This Means for Providers
Financial Sustainability Colorado is focused on slowing and managing rising Medicaid costs while maintaining access to care. HCPF is emphasizing efficiency, accountability, and responsible stewardship of Medicaid resources.	**Build Sustainable Operations** Organizations should focus on efficient workflows, strong financial management, and accurate billing to remain successful Medicaid providers.
Continued Demand for Behavioral Health Services Behavioral health utilization among Health First Colorado members continues to increase, creating ongoing demand for behavioral health providers across Colorado.	**Expand Access to Care** Organizations that participate in Medicaid are well positioned to meet growing community needs while diversifying their payer mix and revenue sources.

What Providers Should Expect, continued

Current Direction	What This Means for Providers
Increasing Accountability & System Change Providers are expected to maintain strong documentation, support care coordination, meet quality expectations, and adapt to ongoing changes in payment models (including value-based care), technology, and Medicaid policy.	**Invest in Organizational Readiness** Strong documentation, effective workflows, staff training, and adaptable systems will help organizations successfully navigate Medicaid participation over the long term.

Becoming a Colorado Medicaid Provider

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BHA: BEHAVIORAL HEALTH AGENCY DESIGNATION

What is it?

- Depending on your **organization type and services**, additional **BHA licensure, designation, or approval may be required**. These requirements help ensure behavioral health organizations meet statewide standards for safety, staffing, and quality of care.

Who May Need Additional Designation or Approval?

- **Behavioral Health Entities (BHEs)**
  - Organizations designated to provide certain types of behavioral health services or are of a certain size.
- **Recovery Support Services Organizations (RSSOs)**
  - Organizations providing recovery support and peer services.
- **Substance Use Disorder (SUD) Treatment Providers**
  - Organizations providing licensed SUD treatment services that may require additional state approval.
- **Safety Net Providers**
  - Organizations designated to ensure access to comprehensive or essential behavioral health services within their communities.

Note: Contact the BHA for further information on whether or not your organization needs this and what the licensing process entails.

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The Medicaid Participation Journey

Key steps to becoming and thriving as a Medicaid provider



1 Learn & Prepare

Understand the Medicaid process and begin preparing your organization for implementation.

2 Enroll

Complete Medicaid provider enrollment with HCPF.

3 Credential

Complete credentialing requirements with your Regional Accountable Entity (RAE).

4 Contract

Sign a provider agreement with your RAE.

5 Implement

Set up internal processes, systems, and staff workflows to deliver services and document appropriately.

6 Bill

Submit clean claims and follow billing requirements for timely payment.

7 Improve

Monitor performance, learn from data, and continuously improve quality and outcomes.

This is a journey, not a one-time task.

Each step builds on the last and supports long-term success in Medicaid.

MEDICAID PROVIDER ENROLLMENT

Purpose

- Become an **approved Health First Colorado** provider.

What You'll Do

- Complete **provider enrollment through HCPF**
  - Determine the appropriate **enrollment type** for your practice and providers
  - Submit required **organizational and/or individual provider information**
  - Complete the applicable enrollment application(s)
- Receive your **Health First Colorado Provider ID**

Why It Matters

- Enrollment is the **foundation for participating** in Colorado Medicaid and **MUST** be completed before moving forward with credentialing and contracting.

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Becoming a Health First Colorado Provider

Basic Enrollment Steps

- **Determine** your Provider Type and Enrollment Type.
  - Identify the appropriate enrollment pathway for your organization or individual practice.

- **Identify** the **Tax ID** you will use for enrollment
  - **Organizations:** Typically an Employer Identification Number (EIN)
  - **Individual Providers:** May use an EIN or Social Security Number (SSN), depending on practice structure

- **Obtain** the appropriate National Provider Identifier (**NPI**).
  - **Type 1 NPI:** Individual providers
  - **Type 2 NPI:** Organizations

- **Confirm** your NPI taxonomy
  - Ensure the taxonomy associated with your NPI in NPPES aligns with the provider type you are enrolling as

- **Prepare** for future credentialing
  - Create and maintain a CAQH profile, when applicable
  - *CAQH is not required for Health First Colorado enrollment, but many RAEs and health plans use it during credentialing.*

- **Complete** the Health First Colorado Provider Enrollment application
  - Submit the application through the Provider Web Portal

CREDENTIALING

Purpose

- Verify that providers meet **professional and quality standards**.

What You'll Do

- Complete **payer-specific (RAE) credentialing** requirements
- Submit licenses, certifications, and required documentation
- Verify education, training, and work history
- **Maintain credentials** over time

Why It Matters

- Credentialing helps ensure providers meet **quality standards** and is typically required before contracting with an RAE.

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Credentialing with the RAEs

Basic Credentialing Process

- **Create** a CAQH profile and upload your credentialing documentation. Complete and maintain a current profile to streamline credentialing with RAEs and other health plans.
- **Contact** the Regional Accountable Entities (RAEs). **Discuss current network needs** before beginning credentialing.
    - Confirm whether your provider type or specialty aligns with the RAE's current recruitment priorities.
- **Complete** the RAE's credentialing process. Submit any required applications or supplemental documentation.
    - Respond promptly to requests for additional information.
- **Receive** credentialing approval. Once credentialed, you'll be eligible to move forward with RAE contracting and network participation.

RAE CONTRACTING

Purpose

- Establish a **formal agreement** with your Regional Accountable Entity (RAE) to participate in its provider network.

What You'll Do

- **Contact the Regional Accountable Entities** (RAEs).
  - Discuss **current network needs and contracting opportunities**.
- Complete and sign the RAE provider agreement.
- Complete any required onboarding and implementation activities.

Why It Matters

- Contracting allows your organization to **participate in the RAE's provider network** and **receive reimbursement** for covered behavioral health services for members in that RAE.

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Contracting with the RAEs

Basic Contracting Process

- **Connect** with the RAEs you credentialed with and confirm network needs and request a contracting application.
- **Complete** the contracting process. Review and sign the provider agreement.
    - Submit any required organizational documentation.
- **Prepare** for implementation. Complete onboarding requirements.
    - Understand billing, reimbursement, and operational expectations.
- **Begin** participating in the RAE network. Deliver covered services and submit claims according to RAE requirements.
    - Receive reimbursement for covered services once claims are processed and approved.

Timeline 1: Organizations Requiring BHA Licensure/Designation

Typical Timeline: Approximately 6–12+ Months



1. PLAN
(1–2 months)

Assess readiness, identify services, select EHR, build implementation team

2. BHA LICENSURE/ DESIGNATION
(2–6+ months)

Complete BHA application, policies, staffing, site readiness (if applicable), approval process

3. MEDICAID ENROLLMENT
(1–2 months)

Enroll organization and individual providers with Health First Colorado

4. CREDENTIAL & CONTRACT
(2–4 months)

Submit credentialing applications, complete contracting with applicable RAEs

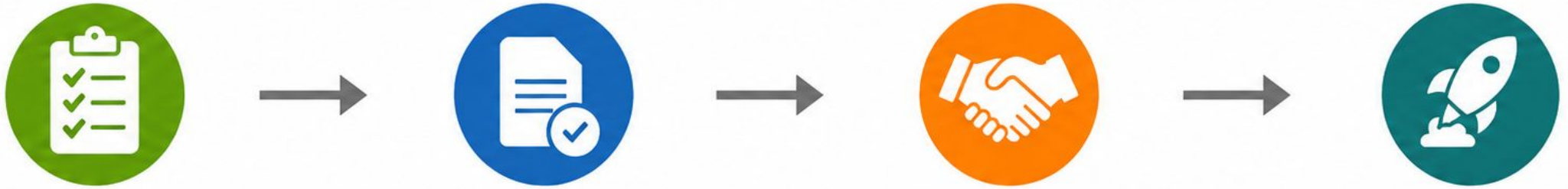
5. GO LIVE
(1–2 months)

Staff training, workflow testing, billing setup, begin serving Medicaid members

Note: Timelines are estimates and can vary based on organizational readiness, application completeness, staffing, BHA requirements, and RAE processing times.

Timeline 2: Organizations NOT Requiring BHA Licensure/Designation

Typical Timeline: Approximately 3–6 Months



1. PLAN
(1–2 months)

Assess readiness, identify services, prepare workflows, evaluate EHR

2. MEDICAID ENROLLMENT
(1–2 months)

Complete provider enrollment with Health First Colorado

3. CREDENTIAL & CONTRACT
(2–4 months)

Credential with applicable RAEs and execute contracts

4. GO LIVE
(2–4 weeks)

Staff training, workflow testing, begin billing and serving Medicaid members

Note: Timelines are estimates and can vary based on organizational readiness, application completeness, staffing, and RAE processing times.

Common Misconceptions About Becoming a Medicaid Provider

Myth	Reality
"I'll be billing Medicaid in a couple of weeks."	Becoming a Medicaid provider is a multi-step process that typically takes **2–6 months**.
"Once I'm enrolled, I'm ready to bill."	Medicaid enrollment is only the beginning. Credentialing, contracting, implementation, and organizational preparation come next.
"We're too small to become a Medicaid provider."	Organizations of all sizes can successfully participate in Medicaid with the right planning and support.
"We have to figure this out on our own."	HCPF, RAEs, and community resources provide guidance, resources, and technical assistance throughout the journey.

Q&A
5-MINUTE BREAK

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Finding Your Why & Setting Expectations

Benefits to Clients & Communities

Medicaid participation strengthens individuals, families, and the communities we all share.

CLIENTS

Access
Expands access to quality behavioral health services.

Equity
Improves access for underserved and historically marginalized populations.

Continuity
Supports ongoing care and stronger long-term outcomes.

Reduced Barriers
Lowers financial and logistical barriers to getting and staying in care.



COMMUNITIES

More Provider Capacity
Increases the number of providers able to serve Medicaid members.

Better Coordination
Strengthens connections across systems for more coordinated care.

Stronger Safety Net
Builds a more resilient system that supports the health and well-being of our communities.

When organizations participate in Medicaid, clients do better and communities become healthier, stronger, and more connected.

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Benefits to Your Organization

Medicaid participation strengthens your organization today and positions you for long-term impact.



FINANCIAL SUSTAINABILITY

- Access one of Colorado's largest healthcare payers
- Diversify revenue streams
- Reduce reliance on grants or self-pay
- Receive reimbursement for services you may already provide
- Support long-term financial sustainability



STRATEGIC ADVANTAGE

- Strengthen community partnerships
- Position your organization for future funding and contracting opportunities
- Prepare for value-based payment models
- Increase organizational competitiveness and visibility



MISSION ALIGNMENT

- Expand access to behavioral health services
- Serve underserved and rural communities
- Reduce barriers to care
- Support healthier individuals and communities
- Advance your organization's mission and impact



Medicaid participation is more than reimbursement—it strengthens your ability to serve and sustain.

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Common Misconceptions About Medicaid Participation

Myth	Reality
"Medicaid isn't worth it."	While Medicaid participation requires planning and investment, many organizations find it expands access to care, supports financial sustainability, and strengthens long-term community impact.
"Our EHR will handle everything."	Technology is one tool. Success depends on people, workflows, training, and organizational processes.
"Medicaid is just a billing project."	Successful participation requires collaboration across leadership, clinical, operations, compliance, and billing teams.
"We'll fix our workflows after we start billing."	Preparing workflows before implementation helps reduce denials, improve efficiency, and support staff success.

Medicaid Participation Is an Organizational Investment

The Benefits Are Real… So Is the Investment

Successful Medicaid participation requires an investment in your organization's:

- **People** – Leadership, clinicians, billing, and administrative staff
- **Processes** – Workflows, documentation, and quality improvement
- **Technology** – EHR optimization, billing systems, and reporting
- **Partnerships** – Collaboration with HCPF, RAEs, and community partners

<u>Remember:</u> Medicaid participation isn't a light switch—it's a long-term organizational investment that grows over time.

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DISCUSSION QUESTION

Preparing Your Organization for Medicaid Participation

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Three Areas of Organizational Readiness

Successful Medicaid participation requires more than enrollment—
it requires preparation across three key areas.



ORGANIZATIONAL READINESS

- Leadership & Commitment
- Staffing & Roles
- Planning & Strategy
- Resources & Capacity



INFRASTRUCTURE & WORKFLOW READINESS

- Policies & Procedures
- Workflows & Processes
- Technology & Systems
- Billing & Reporting



ORGANIZATIONAL CULTURE & CHANGE

- Communication
- Staff Engagement & Buy-in
- Change Management
- Continuous Improvement



These three areas work together to build a strong foundation for successful Medicaid participation and long-term sustainability.

ORGANIZATIONAL READINESS

Ask Yourself: Are We Ready?

Consider:

- Leadership commitment and planning
- Assessing current organizational capacity
- Staffing roles and responsibilities
- Time and resource planning
- Policies and procedures that may need updating
- Preparing for implementation (rather than simply enrollment)

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INFRASTRUCTURE & WORKFLOW READINESS

Ask Yourself: Are Our Systems Ready?

Evaluate Your Organization's:

- EHR functionality
- Documentation workflows
- Billing workflows
- Supervision and document routing
- Reporting capabilities

Before You Implement"

- Map key workflows
- Identify gaps
- Ask questions before investing in new technology ("Avoid buying twice.")

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Side Bar: Evaluating Your EHR for Medicaid Participation

Questions to Ask Before Choosing (or Updating) an EHR

Clinical Documentation

- Can it support Medicaid documentation requirements?
- Can templates be customized for your organization's workflows?

Billing & Claims

- Can it support Medicaid billing and claims submission?
- Does it integrate with your clearinghouse and billing processes?

Workflow & Supervision

- Does it support note review, supervision, and task routing?
- Can it streamline communication between clinical and billing staff?

Reporting & Growth

- Can it generate reports for billing, compliance, and quality improvement?
- Will it continue to meet your organization's needs as you grow?

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ORGANIZATIONAL CULTURE & CHANGE

Ask Yourself: Are We Ready to Work Differently?

Successful Organizations:

- Build staff buy-in
- Promote cross-department collaboration
- View documentation as part of quality care
- Foster a culture of compliance
- Commit to continuous quality improvement
- Set realistic expectations

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DISCUSSION QUESTION

Building Your Support Team

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BUILDING YOUR INTERNAL TEAM

Who Should Be Involved?	Examples of Roles	Primary Responsibilities
Leadership	Executive Director, CEO, Practice Owner, Program Director	Set priorities, allocate resources, champion implementation
Clinical Leadership	Clinical Director, Clinical Supervisor, Lead Clinician	Guide clinical workflows, documentation, and quality of care
Billing & Finance	Billing Manager, Biller, Revenue Cycle Staff, Finance Manager	Claims, reimbursement, revenue cycle management
Operations	Practice Manager, Office Manager, Operations Manager, Intake Coordinator	Scheduling, intake, implementation planning, workflow coordination
Technology	EHR Administrator, IT Support, Technology Lead	EHR configuration, reporting, system support
Compliance & Quality *(if applicable)*	Compliance Officer, Quality Manager, Privacy Officer	Policies, audits, quality improvement, regulatory compliance

WHEN OUTSIDE HELP MAKES SENSE

Need	Outside Support Can Help With	Who to Contact
Implementation & Strategy	Medicaid readiness, project planning, workflow design, enrollment, credentialing, contracting	HCPF, RAE Provider Relations team → Healthcare/behavioral health consultant (if additional support is needed)
Billing & Revenue Cycle	Coding, claims submission, denials, reimbursement optimization	RAE, HCPF billing resources → Billing consultant or revenue cycle specialist
Technology & EHR	EHR selection, implementation, workflow optimization	Current EHR vendor, peer organizations → EHR implementation consultant or IT specialist
Legal & Compliance	Contracts, policies, regulatory requirements	HCPF policies and guidance, BHA (when applicable), professional associations → Healthcare attorney or compliance consultant
Training & Technical Assistance	Staff education, documentation, billing, operational best practices	HCPF, RAEs, BHA (if applicable), professional associations → Private trainers or consultants

Side Bar: Choosing the Right Consultant

Questions to Ask Before Hiring Outside Help

Experience

- Have you worked with Colorado Medicaid providers?
- Do you have behavioral health experience?

Approach

- Will you build our team's capacity or do the work for us?
- How will you support knowledge transfer?

Deliverables

- What specific outcomes can we expect?
- What is included, and not included, in the scope of work?

Cost & Communication

- How will progress be communicated? How will challenges be communicated?
- Are there any additional costs we should expect?

References

- Can you provide references from organizations similar to ours?

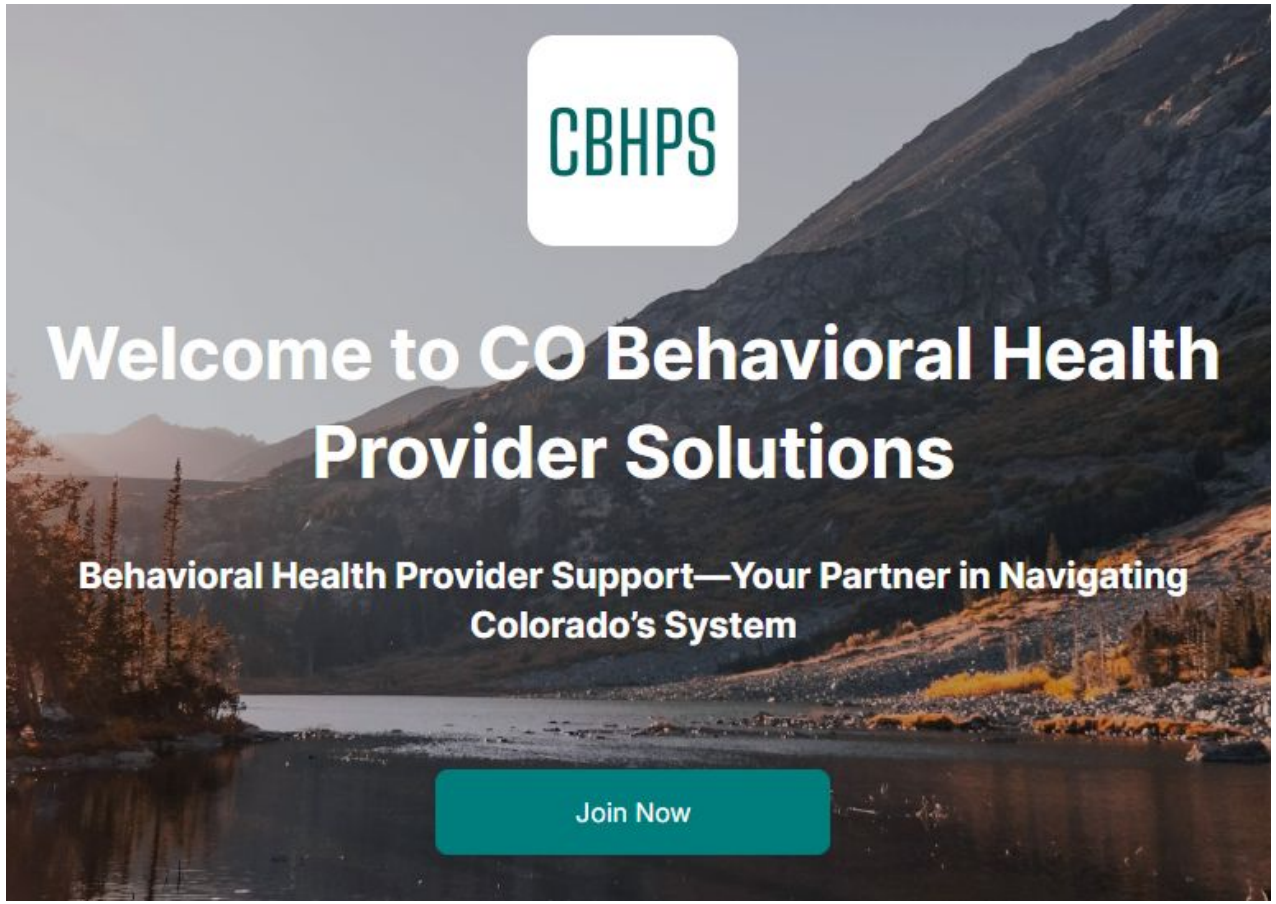
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Colorado Behavioral Health Provider Solutions (CBHPS)

Your Medicaid Technical Assistance Partner

No-Cost Support Includes:

- One-on-one, 30-minute consultation meetings
- Announcements, updates, events from the BHA, HCPF, Health First Colorado, RAEs, etc.
- Resources & Courses
  - Medicaid 101
  - Enrollment, credentialing & contracting
  - Billing & Coding 101
  - Value Based Payment Program
  - Quick Links
  - And more!
- Community connections



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Closing & Questions

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Where Do You Go From Here?

Key Takeaways

- Understanding Medicaid is the first step.
- Successful participation requires thoughtful planning—not just enrollment.
- Organizational readiness is just as important as billing readiness.
- Building a sustainable Medicaid program is a long-term investment.
- You don't have to do it alone—there are resources and partners available to support you.

Your Next Steps

✔ **Identify your organization's "why."**
Why does Medicaid participation make sense for your organization and the communities you serve?

✔ **Assess your readiness.**
Evaluate your people, processes, technology, and organizational culture.

✔ **Build your support team.**
Identify internal champions and connect with trusted external resources.

✔ **Take the next step.**
Whether it's learning more, beginning enrollment, or connecting with CBHPS, focus on the next right step for your organization.

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Where We Are in the Journey

Training 1: Preparing Your Organization

Today you learned how to:

✔ Understand how Medicaid works in Colorado
✔ Navigate the Medicaid participation process
✔ Assess your organization's readiness
✔ Build the foundation for successful participation

What's Next?

Training 2: Building Your Operational Foundation

We'll focus on putting your plan into action by exploring:

- Clinical documentation
- Organizational workflows
- Staff onboarding and coaching
- AI considerations
- Client access and engagement

Training 2:
Wednesday, September 30th
9-11am
Virtual via Zoom

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QUESTIONS?

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Thank you!

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