Primary Care Medical Provider Manual

ACC PHASE III

Northeast Health Partners (NHP)

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Welcome

Northeast Health Partners (NHP) would like to welcome you to our provider network. We look forward to working with you and appreciate the high quality of care you provide to our Health First Colorado (Medicaid) members.

About This PCMP Manual

This handbook is an extension of the provider agreement and includes requirements for doing business with NHP, including policies and procedures for primary care medical providers (PCMPs) who serve Health First Colorado members assigned to Northeast Health Partners.

Together, the provider agreement, addenda, and this handbook outline the requirements and procedures applicable to participating providers in the Northeast Health Partners network.

We created this handbook to help NHP providers understand the Regional Accountable Entity (RAE) and ensure successful delivery of health care services to Members enrolled with NHP, as the Health First Colorado RAE. Documents and forms referenced in this manual or in the provider agreement are available for download or printing through the Provider Page of the NHP Website (nhprae2.org). You can arrive to the Provider Page by selecting "Are You A Provider?" on the landing page or select "Providers" on the banner.

Important Notice: Except to the extent a given section or provision in this manual is included to address a regulatory, accreditation, or Health First Colorado requirement, in the event of a conflict between a member's benefit plan, the provider agreement, and this manual, such conflict will be resolved by giving precedence in the following order:

- The member's Health First Colorado benefits
- The provider agreement
- This manual

This manual replaces in its entirety any previous version and is available electronically on the website.
Changes and updates to this manual, member educational materials, news, and other online services are posted and/or available through the Providers Page of the NHP Website (nhprae2.org).

Links to the website, other information, and forms referenced throughout this manual are included for convenience purposes only and such information and/or forms are subject to change without notice.

Participating providers should access and download the most up-to-date information and/or forms from the website at the time needed.

About Health First Colorado?

Health First Colorado is Colorado's Medicaid program. It is public health insurance for Coloradans who qualify. Medicaid is funded jointly by the federal government and Colorado state government and is administered by the Colorado Department of Health Care Policy & Financing (HCPF), which you can learn more about on their website, hcpf.colorado.gov.

The Health First Colorado mission is "to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources. This means that we work to make our members healthier while getting the most for every dollar that is spent."

What is a RAE?

NHP

The Colorado Department of Health Care Policy and Financing (the Department) awarded NHP the contract to serve as the RAE for Region 2 of the Health First Colorado Phase III of the Accountable Care Collaborative (ACC). This contract became effective July 1, 2025.

As the RAE, NHP is responsible for connecting Health First Colorado Members with both primary care and behavioral health services for Region 2. Members know their RAE as their regional organization. This builds upon our foundation of our two previous phases of ACC program.

Northeast Health Partners (NHP) was founded by two Federally Qualified Health Centers (FQHC) and two Community Mental Health Centers (CMHC). NHP and their partners have deep roots providing health care services to the underserved members of Region 2 and have shown their commitment to improve the lives of our members. To add to this local knowledge and expertise, NHP is supported by the national experience of NHP who provides administrative service support. NHP leads with a strong belief that local providers and communities are in the best position to make changes that are cost-effective and will improve the health and quality of care for all members.

Mission
It is our mission to serve the members in our communities and provide a comprehensive range of physical and behavioral health services with commitment to compassionate service to meet the needs of our members.

Vision
To become the state's preeminent Medicaid health plan by connecting local communities and resources together to meet member and provider needs.

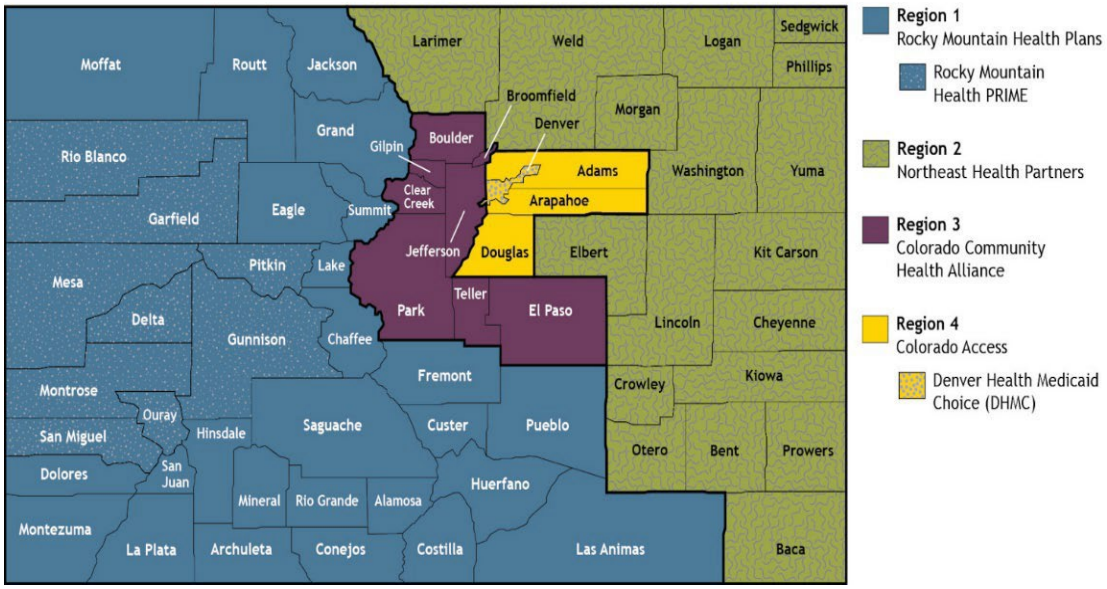
Values

- Unwavering Leadership: We strive to take the lead in advocating for our members, our providers, and our community groups to streamline process and eliminate unnecessary burdens to ensure seamless access to services.
- Customer Service: We are committed to maintaining high satisfaction for the service we provide across members, providers, and community-based organizations.
- Achievement: We believe in continuous improvement and constant refinement to achieve results and offer high-quality care to Coloradans.
- Responsiveness: We strive to be nimble and efficient in our operations and services.
- Commitment: As a local organization focused on healthcare, we are committed to the community to ensure high-value services are available and accessible.
- Transparency: We believe in clarity and openness to our activities for both our providers network and the public.

NHP covers the following counties:

- Baca
- Bent
- Cheyenne
- Crowley
- Elbert
- Kit Carson
- Kiowa
- Larimer
- Lincoln
- Logan
- Morgan
- Otero
- Phillips
- Prowers
- Sedgwick
- Washington
- Weld
- Yuma

Accountable Care Collaborative Phase III



Role of the RAE

ACC Phase III has been designed to achieve the following goals:

- Improve quality care for members
- Close health disparities and promote health equity for members
- Improve care access for members
- Improve the member and provider service experience
- Manage costs to protect member coverage, benefits, and provider reimbursements

Contract and Engage with Primary Care Medical Providers

- Develop and maintain a network of participating Primary Care Medical Providers (PCMPs)
- Provide training and support to primary care practices
- Reimburse PCMPs through a value-based payment model

Contract and Engage with Behavioral Health Providers

- Develop and maintain a credentialed and contracted statewide network of behavioral health providers to provide covered behavioral health services in primary care offices, community mental health centers, and independent practice sites
- Provide utilization management of covered behavioral health services
- Reimburse behavioral health providers for services covered under the Capitated Behavioral Health Benefit
- Provide training and support to behavioral health providers, such as learning events, peer-to-peer networking, resources, and other practice transformation support

What should PCMPs expect from NHP?

- NHP will serve as a central point of contact regarding Health First Colorado services and programs, regional resources, clinical tools, and general administrative information.
- NHP will support providers that are interested in integrating primary care and behavioral health services; addressing social determinants of health; enhancing the delivery of team-based care by leveraging all staff and incorporating patient navigators, peers, and other lay health workers; advancing business practices and use of health technologies; participating in APM; and other activities designed to improve Member health and experience of care.
- NHP will offer general information and administrative support, provider training, data systems and technology support, practice transformation, and financial support.
- NHP will provide care coordination services for providers Health First Colorado Members, with support from integrated community care teams, where available.

Understanding RAE Processes

Please contact NHP with any questions about the information below.

Process	RAE Fast Facts
Members	
Mandatory Enrollment	Enrollment is mandatory. No opt-out. All Health First Colorado Members must enroll.
Enrollment Effective Date	Enrollment begins upon Member's Health First Colorado eligibility determination.
Member Enrollment Region	Member enrollment in the RAE is based on the physical location of the Member's attributed PCMP site, or the Member's residence if there is no prior claim or patient choice history.
Member Attribution	RAE Members are immediately attributed to RAE upon being determined eligible for Health First Colorado benefits. RAE Members are attributed to PCMP only when there is prior claim or patient choice history.
Member Re-Attribution	The Department will run a re-attribution process to attribute RAE Members/PCMPs based on claims during the most recent 18 months. • This process occurs monthly for members ages 0 to 1 and unattributed members. • This process occurs quarterly for all members. If the Member's new attributed PCMP is in a different region, the Member's RAE enrollment will change to the PCMP's region. Members will receive a letter from Health First Colorado Enrollment informing them of the change with the PCMP and/or RAE information.
PCMPs	
PCMP Agreement	Each PCMP site has an agreement with the RAE in that site's region. The Department will not have a unique PCMP contract with providers.
PCMP Payments	RAE pays a monthly PMPM to PCMPs for RAE Members based upon the PCMP Practice Site's participating tier.
Physical Health Reimbursement	Physical health claims for RAE Members are paid by Health First Colorado fee-for-service rates by the Department.

Terminology

We understand Health First Colorado has many unique terminologies. This definitions section is a reference for some of those terms you will find throughout this manual.
Accountable Care Collaborative Program or ACC Program – the Accountable Care Collaborative is a program of Health First Colorado (Colorado's Medicaid Program) designed to help Health First Colorado enrollees connect with physical health providers, behavioral health providers, care coordinators, and local services and supports. The Accountable Care Collaborative Program works to build a medical home for each Member, and enhance Member and provider experience.

Accountable Care Collaborative Member – includes Health First Colorado Members enrolled with a RAE and Health First Colorado Members.

Member - any individual enrolled in the Colorado Medicaid program, Colorado's CHP+ program or the Colorado Indigent Care Program, as determined by the Department.

Practice Assessment Tool - a standardized tool approved by the Department to assess and tier PCMPs and establish level of care standards for serving Members with health care needs of increasing complexity. Compensation for PCMPs will be based on the practice assessment tier as well as the complexity of the Members they serve.

Practice Transformation - strategies and activities focused on PCMP Practice Sites to integrate behavioral and physical health care delivery, to incorporate community health workers into the Medicaid delivery system, to implement Value-Based Payment models, and to achieve Department quality and cost savings targets.

Primary Care Medical Provider" or **"PCMP"** - a primary care provider contracted with a RAE to participate in the Accountable Care Collaborative as a network provider.

PCMP Practice Site - single "brick and mortar" physical location where services are delivered to Members under a single Medicaid billing Provider identification number.

Per Member Per Month" or **"PMPM"** means an administrative payment for managing active Members. This rate is paid monthly to providers based on the contracted tier level.

ACC Phase 3.0 Program - the Colorado Department of Health Care Policy and Financing's Accountable Care Collaborative Phase 3 Program, designed to affordably optimize Member's health, functioning, and self-sufficiency with the primary goals to improve member health, life outcomes, and use state resources wisely, which launched on July 1, 2025.

Centers for Medicare and Medicaid Services (CMS) – federal agency within the United States Department of Health and Human Services that works in partnership with state governments to administer Medicaid.

Department – Colorado's Department of Health Care Policy and Financing, which is the single state agency that administers Colorado's Medicaid program. Also known as HCPF.

eClinical Quality Measures (eCQMs) – electronic clinical quality measures use data extracted from the electronic health records (EHR) or approved health information technology systems to measure the quality of health care provided. Tier 1 – 3 practices are expected to report eCQMs quarterly with annual evaluation.
Health First Colorado – the name of Colorado's Medicaid Program.

Key Performance Indicators (KPIs) – incentive programs administered by the Department that enable PCMPs to earn incentive payments based on achieving quality target thresholds. The Department also administers an incentive program for RAEs based on achieving regional target thresholds.

Medical Home or Medical Home Model – an approach to providing comprehensive primary care that facilitates partnerships between individual members, their providers, and, where appropriate, the member's family.

Primary Care Medical Providers (PCMPs): Providers enrolled with Health First Colorado that meet certain licensing requirements and contract with the RAE covering the region in which their practice is located. PCMPs serve as the focal point of care for members attributed to them and partner with their RAE to coordinate the health needs of their members.

"Per Member Per Month" or **"PMPM"** means an administrative payment for managing active Members. This rate is paid monthly to providers based on the contracted tier level.

Regional Accountable Entity or RAE – a single regional entity responsible for implementing the Accountable Care Collaborative Phase 3.0 Program within its region. For purposes of this Agreement, NHP is the RAE.

Assignment: The method used to connect Health First Colorado members to a RAE.

Attribution: The process used to link Health First Colorado members to a Primary Care Medical Provider.

Enrollment: The term that HCPF uses for registering members into the ACC.

NHP Contacts

Department	Contact Information
Network Management	Network Management Team can help you with: • Contractual issues • Attribution Questions • Provider Orientation and Training • Tax ID change • Member Dismissal • Policies and procedures • Eligibility issues You can contact the Network Management Department at 888-599-4716 or email at NHPproviders@nhpllc.org.
Care Coordination	To request care coordination assistance, you can contact 888-502-4190 or email at nhpccreferrals@nhpllc.org. The Care Coordination referral form is available on the Provider Page of the NHP Website (nhprae2.org).
Member Services and Community	The Community Relations Manager can help with: • Members with complaints and behavioral health appeals • Providers obtain posters about members' rights and responsibilities and how members can file a complaint • Finding language services including American Sign Language for members • Obtaining a signed Release of Information • Educate members about local and/or state Member Experience Advisory Councils and/or Program Improvement Advisory Councils they can participate in. • Member Services Call Center • Finding a provider or specialist for a member • Care Coordination Referrals • Answering questions about member eligibility • Sending a member handbook or provider directory You can contact Member Services at 800-541-6870 or email at nhpmembersupport@nhpllc.org. • Members may be transferred directly to Health First Colorado Enrollment, the Ombudsman, Crisis Services, or the Nurse Advice Line. • For additional information of services offered, members can visit NHPs Website at nhprae2.org. Our business hours are Monday through Friday, 8 a.m. to 5 p.m. MT

Implications for Primary Care Practices

NHP RAE Provider Contracting
If you are already validated with Health First Colorado, are participating with NHP as a PCMP, and have signed an agreement and attested to a specific tier with NHP, nothing further will be required contractually, and your network status and tier placement will remain as it is. Providers always have the option to participate at a different tier as is described, later in this manual.

PCMPs that have a practice site in the counties of Region 2 and are not yet participating with NHP should sign a participating agreement with NHP. Practices and/or practice sites must complete the Health First Colorado validation process prior to signing an NHP RAE participating agreement. If you are currently validated with Health First Colorado and would like to participate as a PCMP in the NHP provider network, please email Contracting@nhpllc.org.

We are here to help. Please contact Contracting@nhpllc.org for any questions about these activities.

In the RAE, a **PCMP Practice Site means a** single "brick and mortar" physical location where services are delivered to Members under a single Medicaid billing Provider identification number.

With this, Providers must take the following steps to join the NHP PCMP Network:

Step 1: Enroll or Re-validate as a Health First Colorado Provider
Each PCMP Practice Site must be enrolled and validated as a Health First Colorado provider. Information about this requirement can be found on Department's website (hcpf.colorado.gov/provider-enrollment). Providers that have already successfully enrolled and re-validated with Health First Colorado will not need to re-validate again until their next re-validation cycle.

To qualify as a PCMP, the practice, agency, or individual Provider, as applicable, renders services utilizing one of the following Medicaid Provider types:

- Osteopath (Code 26)
- FQHC (Code 32)
- RHC (Code 45)
- School Health Services (Code 51)
- Family/Paediatric Nurse Practitioner (Code 41)
- Clinic Practitioner Group (Code 16)
- Non-physician practitioner Group (Code 25)

Initial enrollment/re-validation:
To be reimbursed for services to Health First Colorado Members, providers must be approved through initial enrollment/re-validation, which puts them into the new Colorado interChange System. Enrollment and re-validation are combined in your initial enrollment.

You can view instructions for completing the application on the Department's website (hcpf.colorado.gov/provider-enrollment).

- Ongoing requirement for re-validation:
  Once your initial enrollment/re-validation is complete, you will be required to re-validate every 3–5 years depending on your risk-level. The Department and its fiscal agent, DXC, will notify you when you need to re-validate. You can find your risk-level on the Department's website (hcpf.colorado.gov/find-your-provider-type). Federal regulations established by the Centers for Medicare and Medicaid Services (CMS) require enhanced screening and re-validation for all participating providers. These regulations are designed to increase compliance, quality of care, and reduce fraud.

Step 2: Ensure Compliance with the Colorado NPI Law
RAE Members are attributed to the PCMP's brick and mortar service location, by the service location's unique Medicaid Site ID. When submitting claims to Health First Colorado, PCMPs must include the appropriate National Provider ID (NPI). A unique NPI is required in accordance with the Colorado NPI law.

Medicaid Site ID is not required on the claim, but is derived from the combination of the NPI, taxonomy, and 9-digit zip code of the service location. Claims should not use one billing address for all locations.

Step 3: Complete Practice Assessment and Other Documentation
If you currently participate as a PCMP and have signed an agreement and attested to a specific tier with NHP, nothing further will be required contractually, and your network status and tier placement will remain as it is. An annual Practice Assessment will be required to remain in the network.

PCMPs that have a practice site in the counties of Region 2 and are not yet participating with NHP should email Contracting@nhpllc.org to initiate the process. Each PCMP Practice Site will need to complete a Practice Assessment and attestation form prior to signing PCMP Agreement to understand the capabilities and engagement of the practice site to assist in the determination of the appropriate participating tier. The Practice Assessment Tool can be found on the Provider Page of the NHP Website (nhprae2.org).

Each PCMP Practice Site will need to submit a Provider Information Form (PIF) with all practice site and Practitioner demographic information and a W-9 Form. Additional documentation may be required. Forms can be found on the Provider Page of the NHP Website (nhprae2.org).

Step 4: Sign a PCMP Agreement with NHP
If you currently participate as a PCMP and have signed an agreement and attested to a specific tier with NHP, nothing further will be required contractually, and your network status and tier placement will remain as it is. The agreement will be for the Tax ID Number.

PCMPs that have a practice site in the counties of Region 2 and are not yet participating with NHP should sign a participating agreement with NHP. If you are currently validated with Health First Colorado and would like to participate as a PCMP in the RAE initiative, please email Contracting@nhpllc.org.

Provider Onboarding, Training and Communications

Onboarding

The Network Management Team will welcome the new provider and schedule an onboarding session whenever possible, on or before the PCMP Agreement effective date. During onboarding, the following topics will be reviewed.

- Review Health First Colorado and the ACC
- Member Attribution
- Per member per month (PMPM) payments
- Access to Care Standards
- Quality improvement and KPIs
- Practice Transformation
- Care coordination services
- Maintain PCMP Information
- Resources (links to data exchange, training etc.)

Following the onboarding meeting, NHP will connect the practice with a Practice Transformation Coach to provide additional information around quality metrics, processes, and referrals.

Provider Training

NHP provides and observes training to ensure Providers have the needed support to provide services that align with HCPF requirements. Providers can learn more about training opportunities by visiting the Provider Page of the NHP Website (nhprae2.org) or by contacting nhpproviders@nhpllc.org.

Network Management, Practice Transformation, and clinical teams will be leading provider training forums based on provider and community feedback needs, new benefit changes, and service gaps identified within each region. These trainings will be publicized on NHP's provider newsletter and Provider Page of the NHP Website (nhprae2.org).

NHP also has a web-based training and analytics platform, Violet, for the use of our providers at no cost. Violet has a catalog of an array of educational materials (i.e. ESPDT, cultural competency) which providers and staff can access using the following link, joinviolet.com/partner/northeast-health-partners. After accepting the invitation, the user will be prompted to complete a profile with details. For assistance in navigating the platform, please contact Network Management Team by emailing nhpproviders@nhpllc.org.

Communications

Provider Newsletter
Network Management will issue a quarterly provider newsletter that will include an array of critical provider information such as upcoming training opportunities, important benefit changes, community resources, and information on contractual requirements. For more information on how to sign up to receive a newsletter please contact: NHPproviders@nhpllc.org. The provider newsletters will also be available on the Provider Page of the NHP Website (nhprae2.org).

Provider Forums
A calendar of virtual provider focused forums are available to learn about the Health First Colorado program. They offer updates, training or reminders to providers of their contractual responsibilities or changes that impact their practice.

For more information on how to sign up for the virtual provider forums, please contact: NHPproviders@nhpllc.org. Information presented at the provider forums will also be available on the Provider Page of the NHP Website (nhprae2.org).

Resources

Participating Providers in the Northeast Health Partners network are required to electronically conduct all routine transactions. The following electronic solutions are available to assist participating providers

Click on the links below for information and assistance:

- Health First Colorado Data Analytics Portal (DAP) – A data analytics tool allows providers to access information on its members, key performance indicator (KPI) performance, and lists of members who are eligible for an annual wellness exam or other services. For access, please contact Network Management Department at 888-599-4716 or email at NHPproviders@nhpllc.org.
- The Colorado interChange (MMIS) – The Department's provider portal to manage contact information, maintain and update provider information and check member eligibility, benefits, provider, and RAE assignment.
- Colorado PEAK– Colorado.gov/PEAK is an online service for Coloradans to screen and apply for medical, food, cash, and early childhood assistance programs.
- Health First Colorado Member Portal – The Department's member portal allows members to select a new PCMP online.
- PEAKHealth mobile app – You must be a current Health First Colorado or CHP+ member to use the secure PEAKHealth mobile app. Allows Health First Colorado members to view their medical card, update their income and contact information, view benefit information, and more.
- Contexture – The regional health information exchange. For access, please contact Network Management Department at 888-599-4716 or email at NHPproviders@nhpllc.org

- Colorado Medicaid eConsult Program - The Department launched a statewide secured platform that allows PCMPs to communicate electronically with specialty providers. This allows participating providers to work together to decide the best treatment options for Members in a way that is convenient, ensuring a member-centered approach to care.
- Prescriber Tool - a multifunctional platform accessible to prescribers through most electronic health record (EHR) systems. It provides patient-specific benefit and cost information to prescribers at the point of care and eases administrative burden and rework for prescribers while improving service to patients as well. hcpf.colorado.gov/prescriber-tool-project

Health First Colorado Benefits and Services through Regional Organizations

Physical Health Benefits

Basic physical health benefits are listed below. To learn more, ask your PCP or your health plan. Or go to your personalized handbook at co.gov/peak or the Health First Colorado app (healthfirstcolorado.com/mobileapp). To see a full list, go to healthfirstcolorado.com/benefits-services.

- Acute (short-term treatment) home health therapies and services
- Allergy testing and injections
- Ambulance services for an emergency
- Transportation to your appointments and services
- Audiology
- Durable medical equipment (DME)
- Emergency room visits
- Family planning services (any in- or out-of network Health First Colorado provider, without a referral)
- Habilitative services and devices
- Rehabilitation services and devices
- Rehabilitation services and devices
- Home health care
- Hospice care
- Inpatient medical and surgical care
- Lab and radiology
- Long-term home health therapies and services
- Outpatient hospital services
- Outpatient surgery
- PCP visits
- Pediatric services, including oral and vision care
- Prescription drugs
- Preventive and wellness services, such as screenings
- Private duty nursing
- Skilled nursing services
- Specialist visits
- Telehealth
- Urgent care
- Vision services
- Vaccinations (shots)
- Women's health services

General Benefit, Limitations and Exclusions

The Health First Colorado program pays enrolled providers for medically necessary healthcare benefits for eligible members after all other healthcare resources have been exhausted.

The Health First Colorado program is an entitlement program, meaning that any person meeting the eligibility criteria is entitled to receive necessary medical services covered by the program without cost.

All benefit services are subject to applicable reimbursement policies including:

- Prior authorization requirements
- Referral requirements
- Utilization review
- Special consent requirements

General Benefit Limits and Exclusions

- The program does **not** pay for personal comfort items and unnecessary services.
- This exclusion does not apply to immunizations and inoculations.
- Items and services (e.g., free chest x-rays) for which no one incurs a legal obligation to pay are not benefits.
- Homeopathic therapy is not a benefit.
- Chiropractic services are not covered. Reimbursement for deductible and coinsurance will be made on Medicare crossover claims for Qualified Medicare Beneficiaries (QMBs).
- Acupuncture used for the medical management of acute or chronic pain, or as an anesthesia technique is not a benefit.
- Cosmetic surgery, intended solely to improve physical appearance, is not a benefit. Reconstructive surgery intended to improve function and appearance is a benefit if prior authorized.
- One (1) adult annual physical examination is a benefit. Physical examinations for diagnostic disease evaluation, for nursing facility or Home and Community Based Services (HCBS) admission or placement, or under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program for members ages 20 and younger are a benefit.
- Non-prescription drugs and food supplements are not benefits.
- Under unusual or life-threatening situations, over-the-counter drugs and food supplements may be a benefit if prior authorized.
- Hearing aids are not a benefit.
- Members ages 20 and younger may qualify for hearing aids under the EPSDT Program.

- Vision eyewear is not a benefit except as allowed under the EPSDT Program for members ages 20 and younger. Eyeglasses and contact lenses for members ages 21 and older are covered following related eye surgery.
- Oral surgery related to the jaw or any structure contiguous to the jaw or reduction of fractures of the jaw or facial bones including dental splints or other devices is a covered benefit. Except in emergency circumstances, oral surgery requires prior authorization.

Payer of Last Resort
Health First Colorado is called the payer of last resort because Federal regulations require that all available health insurance benefits be used before Health First Colorado considers payment.

With few exceptions, claims for members with health insurance resources are denied when the claim does not show insurance payment or denial information.

Commercial health insurance coverage often offers greater benefits than Health First Colorado, so it is advantageous for providers to pursue commercial health insurance payments.

Health First Colorado does not automatically pay commercial health insurance co-pays, coinsurance or deductibles. If the commercial health insurance benefit is the same or more than the Health First Colorado benefit allowance, no additional payment will be made.

Providers cannot bill members for the difference between commercial health insurance payments and their billed charges when Health First Colorado does not make additional payment. The provider also cannot bill members for co-pay/deductibles assessed by the TPL.

For more information, please visit Department's website (hcpf.colorado.gov/gen-info-manual).

Member Services/Engagement

Member Services Call Center can be reached by calling 1-800-541-6870.

The Member Services Call Center assists Health First Colorado members with questions about their benefits and services. They provide support to members by:

- Linking members with Care Coordination services
- Finding a provider who can offer a second opinion at the member's request
- Finding a behavioral health provider for members
- Helping members find a new PCMP
- Providing referrals to DentaQuest 1-855-225-1729, TTY: 711, or at dentaquest.com
- Providing referrals toother specialists

- Providing referrals for local state agencies such as WIC, Department of Public Health and Environment (CDPHE), Department of Human Services (DHS), and 211

The Member Engagement Team assists Health First Colorado members understand their health benefits. They provide an array of support by:

- Onboarding members to learn and understand their health benefits
- Assisting and resolving member complaints
- Assisting members with filing an appeal and/or State Fair Hearing for a behavioral health adverse benefit determination and supporting members through the process.
- Educating members and families about their rights and responsibilities
- Supporting members in their recovery with local resources
- Providing language resources, including auxiliary aides
- Maintaining updates to website
- Notifying members about any changes with their provider such as leaving the network
- Helping members and families have a voice in the health system by getting involved in committees and advisory boards
- Advocating for members and their families
- Promoting health and wellness topics

The Member Engagement Team may also provide:

- Health and wellness tip sheets or articles
- Educational presentations on a variety of topics including rights, responsibilities, cultural competency, and other health and wellness topics
- Information about peer specialists (such as trainings), client-run programs, and support groups
- Obtaining any information that members need to be downloaded from the website at no charge to the member
- Assist with health literacy skills and plain language requirements

If a member has a change in address, please provide the information to the member to update their information:

- Go to Colorado PEAK's website (peak.my.site.com/peak/s/peak-landing-page)
- Use the Health First Colorado app (healthfirstcolorado.com/mobileapp), which is available for mobile download. This app is free for members.
- Contact the Department of Human Services' (DHS) website (cdhs.colorado.gov/contact-your-county) in the county they reside.

If a member has lost their Health First Colorado Medicaid's coverage, please direct them to:

- Connect for Health Colorado's website (connectforhealthco.com)
- Help members find a Certified Application Assistance Site (CAAS) on the Department's site (hcpf.colorado.gov/application-assistance-sites) closest to them for help with using the Connect for Health First Colorado website

Member Rights and Responsibilities

The regional organization ensures that the Member Rights and Responsibilities Statement is available in English and Spanish for download from the NHP Website (nhprae2.org). To view a copy, go to the NHP Website (nhprae2.org) and locate the Member Tab, you will find the forms under Rights and Responsibilities. Participating providers are required to post the statement in prominent locations in their offices or waiting rooms and make statements available for members at their initial visit.

- Providers must be aware of and uphold Health First Colorado members' rights. The regional organization has policies in place to uphold Health First Colorado rules. The regional organization requires providers to:
- Post in a prominent place the Member Rights and Responsibilities statement or make the statement available for members. The statements can be downloaded from the NHP Website (nhprae2.org) or you can contact the Member Services at 800-541-6870 or email at nhpmembersupport@nhpllc.org to obtain this statement in English or Spanish.
- Post information in a prominent place about a member's right to file a complaint and phone number for the Ombudsman for Managed Care (posters available on the website or you may call the Network Management Department to request a hard copy poster).
- Provide member information in Spanish upon request.
- Know how to link members with interpreter services by contacting the Community Outreach Manager. These services are for members who are deaf, speak a language other than English, or have other communication disabilities. Our state contract requires that interpreter services be provided to our members.

Member Complaints

Members may file a complaint at any time. Complaints may also be referred to as grievances. Complaints are an oral or written expression of dissatisfaction about any matter other than an adverse benefit determination, including but not limited to quality of care or services provided, any aspect of interpersonal relationships such as rudeness of provider or employee, or failure to respect the member's rights regardless of whether remedial action is requested. A complaint includes a member's right to dispute an extension of time proposed by the regional organization to make an authorization decision. Complaints can be filed by a member/guardian/Designated Client Representative (DCR) if there is dissatisfaction with extending an appeal decision date or if the member is dissatisfied by a denied expedited appeal request.

Members may file a complaint, or they can ask someone to file a complaint on their behalf. If a member wants someone else to file a complaint or appeal for them, they must make that person their DCR. This person can be a family member, a service provider, or anyone else the member chooses to act on their behalf. The member must sign a DCR form to name that person as their DCR. If the member chooses to have their service provider act on their behalf, they can sign a DCR form or give their written consent in a letter. The members will also need to sign a Release of Information (ROI) for the regional organization to share their information with their DCR. Both forms can be found on the NHP Website (nhprae2.org).

Members may contact NHP's member service line at 1-800-541-6870 to file a complaint. Members can file their complaints in person, over the phone, or in writing. Members may also have an avenue to file a complaint at one NHPs' partner community mental health centers. Please see the Complaint Guide posted on the website under Member Page on the NHP Website (nhprae2.org). NHP will send the member a letter within two business days to acknowledge the complaint, will investigate the complaint, and send the member a resolution letter within 90 business days with the resolution to the complaint. The regional organization or the member can request an extension to resolve the complaint which can be extended by 14 calendar days. The Advocate or Complaint Coordinator will also secure expertise to resolve complaints and provide support to members during the time that the complaint is being investigated.

If members do not agree with the regional organization's decision, they can ask for a review from the Department of Health Care Policy and Financing (HCPF). The Department's decision will be final.
HCPF's information is below:

Colorado Department of Health Care Policy and Financing
Medicaid Managed Care Contract Manager
1570 Grant Street, Denver, CO 80203
Phone: 303-866-4623
Email: hcpf.mcos@state.co.us
Members will not lose their Health First Colorado benefits for filing a complaint. Members will not be treated differently for filing a complaint nor will they be restricted access to services. For more information about complaints, please see our Complaint Handbook located on the Northeast Health Partners website.

Ombudsman for Health First Colorado Managed Care

The Ombudsman for Health First Colorado Managed Care is an independent program that provides assistance with complaints for Health First Colorado members. Anyone who has filed a complaint on behalf of a member can get help with any portion of the complaint process. Members can contact the Ombudsman by calling or emailing:

Phone: 877-435-7123 or TDD/TTY: 888-876-8864 or State Relay: 711
Email: help123@maximus.com

Participating Providers are required to post information about the Ombudsman for Health First Colorado Managed Care or to give it to the member at intake. Posters in English and Spanish can be obtained from a Community Outreach Manager.

To get answers to your questions about the member complaint process, get copies of educational or member materials, or learn how a member can participate in an advisory council, please contact a Community Outreach Manager.

Member and Family Input

NHP seeks member and family input into the design of our programs and services. Any member is eligible to participate.
Members and family members have an opportunity to:

- Participate in focus groups and member surveys
- Serve on local Member Experience Advisory Councils (MEAC) or our Program Improvement Advisory Council (PIAC)
- Serve on state Member Experience Advisory Committee (MEAC) or the state's Program Improvement Advisory Council (PIAC)

For more information, please contact the Community Outreach Manager or see Northeast Health Partners Website. You can find Information about these Councils under the Member menu on "Join a Team!" link.

Advance Directives

It is the policy of NHP to inform members of their right to make medical decisions in compliance with the Patient Self-Determination Act (s. 4206 s. 4751; Pub L No. 101-508) and the Colorado Medical Treatment Decision Act (CRS 15.18.103.) and to assist them in exercising this right. Notification is made through a description of The Acts in the Member Handbook.

- If a member requests additional information on The Acts from the provider, the member can be referred to NHPs Community Relations Manager, refer to the Member Handbook, or go to NHP Website (nhprae2.org).
- For help writing an Advance Directive, refer the member to NHPs' Community Relations Manager to attend a workshop or direct members to the Colorado Bar Association. In Colorado, Advance Directives, as defined in the Patient Self-Determination Act, apply to medical/surgical procedures, not psychiatric conditions.
- Providers are required to ask members if they have an Advance Directive and are encouraged to ask if they would like a copy placed in their health record. Providers must document in a prominent part of the individual's current medical record whether the individual has executed an advanced directive. If the member is incapacitated at the time of admission, the provider shall ask the family or significant other if the member has an Advance Directive and shall give the family information about Advance Directives. At such a time as the member can understand the question, the provider must again ask if the member has an Advance Directive and, if so, document that in the medical record.
- A provider may not condition a member's care or treatment on whether he/she has executed an Advance Directive.
- Providers must inform members how to report a complaint to the appropriate state agency if an Advance Directive is not followed. They can file a complaint through their county's Department of Public Health and Environment office.

NHP's Vision for Value Based Payment

NHP is dedicated to strengthening primary care. We strive to help our providers serve our members in a manner that enhances the total health care experience, including high-quality, cost-effective care for our members, driving better health outcomes, financial sustainability, and operational efficiency.

Together, NHP and providers work towards these goals with access to evidence-based resources and tools and we reward high-quality, high-value care by reimbursing through a payment structure that supports these goals.

Practice Assessment and Tier Determination

PCMPs Practice Sites are expected to complete the Practices Assessment prior to the execution of a PCMP Agreement and on an annual basis thereafter. They must submit a new, updated Practice Assessment to see if there are significant changes that have an impact on their operations or quality of care. PCMP must notify NHP and submit a new assessment within 30 calendar days of the significant change to reflect the current structure and capabilities of the PCMP Practice Site. The Practice Assessment scoring methodology, developed and approved by the Department, is as follows:

Tier Level	Practice Assessment Scoring Methodology
Tier 1	0-33 points or 34-100 points and one or more ¨Must Pass¨ criteria were not met.
Tier 2	34-66 points and all ¨Must Pass¨ criteria met or Practice has NCQA PCMH or AAAHC and one or more ¨Must Pass¨ criteria were not met.
Tier 3	67-100 points and all ¨Must Pass¨ criteria met or NCQA PCMH or AAAHC and all ¨Must Pass¨ criteria met.

The value-based payment model for PCMPs encompasses clear delineation of provider responsibilities and resources available for distinct levels of accountability and participation.

Once the practice assessment is completed, NHP will meet with PCMP Practice Sites to review Care Coordination activities for each tier. PCMP Practice Sites will choose the level of Care Coordination activities to perform. Practices have the option to participate at the highest tier for which they qualify or decide to participate at a lower tier. Practices also may opt to identify a higher tier and work towards achieving that tier. NHP will

provide tools and resources to support practices at any level. This will establish the PCMP Practice Site´s participating tier.

PCMP Responsibilities Based on Tier

PCMP Practice Sites have varying responsibilities in member care based on their participating tier, including care coordination. For more information, please review the section below *Care Coordination Requirements based on PCMP Tier*.

Tier Level	Care Coordination Activities and Responsibilities
Tier 1	• Meet qualifications as a PCMP set by the Department. • Refer to NHP rising risk and complex and chronic care coordination cases • Conduct brief SDOH screenings • Participate in shared care planning • Support community and specialty referrals • Educate members on their Medicaid benefits • Connect members to health education and wellness program*s*
Tier 2	• All responsibilities in Tier 1 • SDOH screening and navigation • Manage care transitions • Specialty referrals • Lead Care Coordination for members with chronic conditions and/or rising risk • Support medication adherence • Document missed care appts • Address barriers to attending appts • Provide EPSDT outreach and tracking • Monitor escalating risk factors and hand off to NHP if needed • Document care plan compliance • Use of Department tools • Capability to exchange data
Tier 3	• All responsibilities in Tier 1 and 2 • Open panels accept auto assignments and new members, including COUP members • Lead Care Coordination role on complex cases • Respond to crisis follow up requests • Conduct comprehensive assessments/screenings • Establish, update, and document comprehensive care plans • Regularly attend CC subcommittee and partnership meetings • Monthly complex member engagement • Complete and document Care Coordination comprehensive care plan interventions • Align care across systems and providers

	• Meet Care Coordination performance standards set by the Department and NHP. • Submit reporting on Care Coordination activities and data in format and timeframes dictated by NHP
Tier 3+	• All responsibilities in Tier 1-3 • Document on ESSETTE for members who meet complex case criteria (required documentation may be subject to change) • Delegated for Care Coordination activities.

PCMP Practice Sites have varying responsibilities in member care based on their participating tier, including care coordination. For more information, please review the section below Care Coordination Requirements based on PCMP Tier.

NHP will target resources to practices that demonstrate value through the delivery of advanced primary care. Providers that demonstrate greater levels of accountability for access for Health First Colorado Members and that achieve higher transformation and performance levels will receive higher reimbursement.

PCMP Practice Assessment Audits

PCMP Practice Sites may be subject to periodic audits for practice assessment verification and adherence to requirements based on the participating tier. Based on audit results, PCMP Practice Site may be subject to Performance Improvement Plan.

If the PCMP Practice Site believes there has been an error or oversight in the assessment process to determine the participating tier, or if there is a disagreement with the audit assessment results, they may notify NHP of its dispute within thirty (30) days of the receipt of the participating tier or audit results of the assessment. NHP will review calculation or determination and may make the changes based on this review within thirty (30) days of receipt of any dispute in writing from Provider. The determination or calculation results from NHP shall be final.

For more information, the PCMP Value Based Payment Policy is available on the Provider Page of the NHP Website (nhprae2.org).

Provider Payments for RAE Region 2 Members

NHP has implemented a value-based payment model for all participating RAE Region 2 PCMPs. This payment model outlines a clear delineation of provider responsibilities, as well as resources available for distinct levels of accountability. The levels of participation and accountability, identified as Tiers 1 – 3, reflect this effort to align payment with activities that lead to better patient outcomes and mitigate against growing costs and limited resources.

Who Pays?

Service Type	NHP RAE Members
Physical Health Services	Bills sent to and paid by the Department following Department claims and authorization methodology.
Behavioral Health Services	Bills sent to and paid by Rocky Mountain Health Plan (RMHP) on behalf of NHP. NHP has partnered with Rocky Mountain Health Plan to perform administrative services including behavioral health claims payment. For more information visit the Provider Page of NHPs Website (www.nhprae2.org).
PCMP Medical Home Payments	Paid by NHP for NHP RAE Members attributed by the Department to Region 2 PCMP. The Per Member Per Month amount is based on the PCMP Practice Site participating tier.
Access Stabilization Payments	Paid through NHP from the Department dedicated pool of funds, directed to specific types of PCMPs that do not receive cost-based reimbursement, aimed at preserving access to care for Health First Colorado members.
Pay for Performance from RAEs (Quality and Shared Savings)	Paid through NHP from the Department for eligible PCMPs based on performance toward adult and pediatric quality measures. For more information on the performance measures, please review the Department Performance Measures section below.

For more information regarding the full scope of PCMP payment structure please review Colorado's Accountable Care Collaborative Phase III: Primary Care Payment Structure available on the Department's website (hcpf.colorado.gov/sites/hcpf/files/ACC_Phase_III_PCMP_Payment_Fact_Sheet_March_2025.pdf).

PCMP Payments and Attribution

NHP Medical Home Payment

NHP is committed to supporting primary care practices in developing the competencies to show value through delivery of advanced primary care. PMPM payments cover the following components:

1. Practice Assessment Completion
2. Care Coordination and Acuity Payments
3. Other Programs
4. Integrated Behavioral Health

The PMPM payment amount is based on the PCMP Practice Site participating tier to align with the varying expectations.

PMPM Payment Process

Providers receive Per Member Per Month (PMPM) payments within 30 days of the end of the month for which payment is being made. PMPM Payments start in the first full month in which the Provider is enrolled with the Department as a PCMP, contracted with NHP, and the Provider has attributed Members. These payments continue for all subsequent months until the termination of this Agreement. Providers should review their PCMP Agreement for further details.

Providers may set up direct deposit for payment of PMPM and other payments with NHP. For additional information please visit NHP Website (nhprae2.org).

Payments for Members

Payments by the Department of Physical Health Services:
Physical health services will continue to be reimbursed at Health First Colorado fee-for-service rates by the Department. Providers will continue to submit physical health claims to the Department for covered health care benefits for Health First Colorado-eligible Members.

Please see information below regarding the Department's new payment model to make differential fee-for-service payments based on the provider's performance, known as the Primary Care Alternative Payment Model (APM).

See About Health First Colorado APM for more information.

RAE Attribution by the Department:
All RAE Members will be immediately attributed to a PCMP by the Department upon being determined eligible for Health First Colorado. Attribution is important because it:

- Determines the RAE enrollment for the Member
- Enables the Department to track provider and RAE performance
- The RAE may use it to calculate PCMP payments
- Is utilized for PCMPs participating in the Department's Primary Care Alternative Payment

Standard Attribution and Assignment Methodology:
All full-benefit Health First Colorado members, with some exceptions, are enrolled into the ACC. Beginning July 1, 2025, most members will be automatically attributed to a PCMP and assigned to a RAE based on the location of their PCMP in the following way:

1. Member choice: Members may see any Health First Colorado PCMP and can call Health First Colorado Enrollment (Enrollment Broker) at any time to be attributed to ACC Phase III Attribution Page 2 of 4 the provider of their choice. Members can also make the request to be attributed to a provider via the secure Health First Colorado Enrollment online portal. Members who do not select a provider will be attributed according to their utilization.
2. Utilization: If a member has not selected a PCMP, then a predominance of claims in the following order will determine their attribution:
    - The two most recent primary care visits*
    - Preventive service visits (for ages 0 to 19)
    - All Evaluation and Management (E&M) claims
    - All other claims

3. Unattributed members: Members who cannot be attributed to a PCMP using either member choice or utilization will remain unattributed. Members that remain unattributed will be assigned to the RAE covering the region in which their home address is located.

For additional information about Member Attribution please visit the Provider Section on the NHP Website (nhprae2.org).

All Members have the ability to choose a different PCMP at any time. Members can change their PCMP at enroll.healthfirstcolorado.com or by calling Health First Colorado at 888-367-6557.

The Department will monitor the effect of this new process to ensure Members have access to care and adjust, as necessary. In the future, the Department may expand the criteria to include consideration of PCMP performance on quality and cost outcomes, as well as population expertise.

PCMP Panel Configuration

- PCMPs may limit / adjust their panel size at any time by contacting NHP at Contracting@nhpllc.org.
- Once a panel limit is reached, no further attributions will be made.
- PCMPs may turn auto-assignment (geographically based attributions) on or off at any time by contacting their RAE Network Representative.
    - All Tier 3 practice sites must accept geographic-proximity auto attributions, also known as auto- assignment, for all months in which they intend to operate as a Tier 3. If geographic auto-attribution exceeds a panel limit set by the practice, the practice must adjust it in the Department's PCMP system appropriately to receive additional member assignments — no later than the first day of the next calendar quarter. The practice should consult in advance with NHP if it expects a panel limit to affect auto-attribution and tier status.

Managing PCMP Practice Site Attribution

PCMPs can configure their RAE Member attribution panel in the following ways:

- Auto-Assignment
- Panel Limit
- Population Parameters

Auto-Assignment				
Description	**Definition**	**Instructions**	**Implications**	**Identification**
Each practice has the option to opt-in or opt-out of auto-assignment	If neither a RAE member nor a family member has a	Upon initial PCMP contracting/panel configuration, each clinic can opt "in" (Y) or "out" (N) of auto-assignment via the PCMP Contract	If a practice sets auto-assignment to 'N,' they can still receive claims	Practices can see their auto-assignment status on the "Practice Summary" tab of their monthly RAE

(Aka geographic proximity auto-attribution). This is configured at the individual service location / Medicaid Provider ID level. Tier 3 practices are required to be open to auto-assignment .	utilization/claims history with a PCMP, the system will determine the closest appropriate PCMP within the member's region and attribute ("auto-assign") the member to that practice.	Workbook XLS. Subsequently, practices can update their designation/ selection by emailing Contracting@nhpllc.org	based attributions and can still have clients select them via the enrollment broker; however, they will not receive any geographic proximity attributions ("auto-assignments"); in other words, members without an established relationship with the practice will not be attributed to them.	Attribution Report from NHP.
Panel Limit				
Each practice has the ability to set a panel limit. This is configured at the individual service location/Medicaid Provider ID level. Practices in Tiers 1 and 2 are strongly encouraged not to set panel limits for	Maximum number of RAE enrollees a practice wishes to receive on its attribution panel.	Upon initial PCMP contracting/panel configuration, each clinic can set a panel limit via the PCMP Contract Workbook XLS. Subsequently, practices can update and adjust (add or remove) their panel limit by emailing Contracting@nhpllc.org	When a panel limit is reached, members will not be able to be attributed to the practice unless the panel limit is raised or removed. Note: The panel limit applies to all attributions including	Practices can view their panel limit on the "Practice Summary" tab of their monthly RAE Attribution Report from NHP.

auto-assignment. This allows patients who lack an established medical home to be more equitably and appropriately attributed to practices in their respective communities, via the State's auto-assignment process			claims and choice-based attributions.	
Population Parameters				
Each practice can indicate population parameters. Current options are: Children Only, Adults Only, and Women Only. This is configured at the individual service location/ Medicaid Provider ID level.	Children are defined as age 20 and under; adults are defined as age 21 and older.	Upon initial PCMP contracting/panel configuration, each clinic can designate this information by emailing Contracting@nhpllc.org the PCMP Information Form available on Provider Page of the NHP Website (nhprae2.org).	Practices will only receive attribution of members in their selected populations, if applicable.	Practices can check their current configuration by emailing Contracting@nhpllc.org

How to Identify Your RAE Member Attribution Panel

NHP provides Providers with a monthly report detailing their RAE Member attribution panel.

NHP shares the reports with practices via secured email typically during the last week of the month. Practices can then download the report from their inbox folder. You must download the report within 30 days, or it will automatically be deleted.

How to Identify a RAE Member's Attributed PCMP
The Health First Colorado provider web portal allows providers to see RAE Member's PCMP attribution and RAE enrollment information under the *Managed Care Assignment Details* panel. For instructions on performing eligibility verification and accessing the *Managed Care Assignment Details* panel, visit the Department's site (hcpf.colorado.gov/verifying-eligibility-quickguide).

Department Performance Measures

As with ACC Phase II, Phase III will also include three (3) Incentive Programs managed by the Department. These programs include:

- Key Performance Indicators (KPI)
- Behavioral Health Incentive Program (BHIP)
- Investment Pool

HCPF will withhold $4.50 from the Admin PMPM from HCPF to allocate toward the KPI and/or the Investment Pool programs. The BHIP incentives have a separate funding source and are paid outside of the Admin PMPM.

The following pages provide details about the Incentive Programs. Please reach out to your NHP Quality Department for more information.

Behavioral Health Incentive Program (BHIP)
The BHIP program is almost exclusively focused on behavioral health activities and is paid out to behavioral health providers as a result.

- Initiation & Engagement of Substance Use Disorder Treatment
  - 2 rates: Initiation & Engagement
- Follow-Up After Hospitalization for Mental Illness
  - 2 rates: 7 Days & 30 Days
- Follow-Up After ED Visit for SUD
  - 2 rates: 7 Days & 30 Days
- Follow-Up After ED Visit for Mental Illness
  - 2 rates: 7 Days & 30 Days
- Screening for Social Drivers of Health (SDoH)
  - Food Insecurity
  - Housing Instability
  - Transportation Needs
  - Utility Difficulties
  - Interpersonal Safety

Investment Pool
Program details will be listed once information is released by HCPF

Key Performance Indicators (KPI)

- 6 Measures total with some choice in what you want to be measured on
- Measures are primarily Healthcare Effectiveness Data and Information Set (HEDIS)/CMS Core Measures and aligned to Alternative Payment Model (APM) program measures
- The state will be moving toward a calendar year measurement period
- Clinic-based goals and incentives vs. the regional thresholds in ACC Phase II.
- 100% pass-through to providers (RAEs are not allowed to retain overhead)

PCMP Measure List

Practices will be assigned 6 of the 13 measures listed below with the highest denominator:

1. *Breast Cancer Screening
2. *Cervical Cancer Screening
3. *Colorectal Cancer Screening
4. *Controlling High Blood Pressure
5. *Glycemic Status Assessment for Patients with Diabetes (replaces HbA1c control)
6. *Screening for Depression and Follow-up Plan
7. *Child and Adolescent Well-Care Visits
8. *Childhood Immunization Status Combo 10
9. *Developmental Screening in the First Three Years of Life
10. *Immunizations for Adolescents Combo 2
11. *Well-Child Visits in the First 30 Months of Life (0-15 mos) and (15-30 mos)
12. Chlamydia Screening in Women
13. Contraceptive Care for All Women – Most or Moderately Effective

*indicates DOI set

COLORADO Department of Health Care Policy & Financing

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Measure Prioritization*

Prioritized Measures
Well Visit 0-30 Months
Glycemic Status
Controlling High Blood Pressure

↓

Largest Denominators
Up to 6 measures maximum

↓

De-Prioritized Measures
If a PCMP still does not have 4-6 measures, include:
Contraceptive Care
Chlamydia Screening

↓

QI Activities
If PCMP has 4 or 5 measures, they can supplement with QI activities to achieve the maximum of 6 measures

Note *: Eligibility for all measures is dependent on a PCMP having at least 30 Members in the denominator

How Practices Can Monitor their KPI Performance

To support the ACC's goal of improving Member health and reducing costs, PCMPs will view data analytics tools for PCMPs and RAEs which includes population and performance information. The portal allows for drill downs and drill ups, data exports, and provider-level comparisons. The portal includes several dashboards that display information including:

- Member rosters
- Key Performance Indicator performance
- Other program performance measures

The portal is refreshed monthly with claims, enrollment data, and eligibility. Support and resources are available to all NHP RAE Region 2 PCMPs to support KPI performance. This includes:

- Understanding the KPI measures,
- Developing or refining workflows,
- Networking with other practices,
- Toolkits and user handbooks that include diabetes management best practices, the Data Analytics Portal, behavioral health, etc.
- & more!

To learn more or become engaged, you can contact email the Network Management Department at 888-599-4716 or email at NHPproviders@nhpllc.org you with a NHP Practice Transformation Coach.

KPI Payment Process

After HCPF completes its calculations for the KPI measures and incentives have been received by HCPF, NHP will distribute incentive funds to qualifying providers.

Department of Healthcare Policy and Financing (HCPF) Alternative Payment Model (APM) for Primary Care

As part of the Department's efforts to shift provider reimbursement from volume to value, the Department, along with stakeholders, is implementing two Alternative Payment Models (APMs) for Primary Care services delivered by two types of practices: Federally Qualified Health Centers (FQHCs) and non-FQHC Primary Care Medical Providers (PCMPs). The goals of the APM are:

- Provide long-term sustainable investment in primary care
- Reward performance and introduce accountability for outcomes and access to care with granting flexibility of choice to PCMPs
- Align with other payment reforms across the delivery system

Non-FQHC and FQHC PCMP Program Basics

- The APM is a point-based system
- Eligibility: All FQHCs are eligible. Non-FQHCs must have either more than $30,000 in historical annual paid claims associated with the services defined in the APM Code Set or 200 ACC enrollees
- Each PCMP is responsible for selecting 10 quality measures each year
- PCMPs earn points by reporting and demonstrating performance or improvement
- The number of points earned determines the impact of payment for that PCMP in the following year

Measure Options

- Structural Measures: These measures focus on the practices' capacity and ability to deliver high-quality care. The measures are intended to improve processes and deliver documentation to show the transformation of care delivery. These are pass/fail measures.
- Claims Measures: These measures are calculated based upon the processed Medicaid claims.
- **Electronic Clinical Quality Measures (eCQM):** These measures are calculated directly from practices electronic medical record (EMR). Practices that select eCQMs can earn half credit for reporting the eCQM. If the performance goals are met or partially met, then a higher point value will be given. Practice performance will be based upon the "Close the Gap" Calculation (see below).

Measure Reporting

- **Structural Measures:** Measure achievement and Patient Centered Medical Home (PCMH) status will be collected by the Regional Accountable Entities (RAEs) within the first quarter following the measurement year. These are pass/fail measures.
- **Claims Measures:** The Department automatically collects the baseline and performance year's data from the Medicaid submitted claims. The practice performance will be based upon the "Close the Gap" Calculation. Learn more about this on the Department's website (hcpf.colorado.gov/value-based-payments)
- **eCQMs:** Health Data Colorado (HDCo) will collect eCQMs from practices automatically via an interface from the EMR to HDCo for baseline and performance rate calculations. If a practice does not have an interface in which to send continuity of care documents (CCDs), then HDCo will help practices manually report their measures. HDCo is an entity that is comprised of three partners: Quality Health Network (QHN), Colorado Regional Health Information Organization (CORHIO), and Colorado Community Managed Care Network (CCMCN). Based upon your practice type, existing interfaces with these organizations and geographical location, one of the partners will be working with your practice.

NHP HCPF APM Support

NHP is committed to helping practices succeed in the APM. Each APM eligible practice will be assigned an NHP Practice Transformation Coach that will be reaching out and providing support regularly. NHP will:

- Help practices align their measures with work the practice is already doing and with existing payment models, while also considering the practice's patient panel and community goals.
- Assist practices in workflow development and process improvement to achieve the goal of the measures selected. This also includes EMR workflow and reporting support for eCQMs.
- Provide ongoing education and support for the APM.
- Be the single point of contact for the practice. If your practice has questions or comments for the Department regarding the APM, NHP will be the communication vehicle.
- Attest to the practice's achievement on the Structural Measures and PCMH status.

HCPF APM Resources

- Department email: HCPF_primarycarepaymentreform@hcpf.state.co.us.
- Alternative Payment Model Website (colorado.gov/pacific/hcpf/primary-care-payment-reform-3)

Practice Procedures

Access to Treatment Records and Treatment Record Reviews/Audits

Primary Care Medical Providers (PCMPs) are required to maintain and share, as appropriate, a member treatment/health record in accordance with professional standards. Which includes data-sharing, access to medical records when requested, and including with other providers/organizations involved in the member's care.

NHP or delegated entity may request access to and/or copies of member treatment/health records and/or conduct member treatment/health record reviews and/or audits:

- On an unplanned basis as part of continuous quality improvement and/or monitoring activities
- As part of routine quality and/or billing audits
- As may be required by clients of Northeast Health Partners
- While managing member's care including but not limited to, utilization management, care coordination, quality management, or program initiatives
- During performance under a given client contract
- As may be required by a given government or regulatory agency
- As part of periodic reviews conducted pursuant to accreditation requirements to which Northeast Health Partners is or may be subject
- In response to an identified or alleged specific quality of care, professional competency or professional conduct issue or concern
- As may be required by state and/or federal laws, rules, and/or regulations
- During claims reviews and/or audits

- As may be necessary to verify compliance with the provider agreement

Unless otherwise specifically provided in the provider agreement, access to and any copies of member treatment records requested by Northeast Health Partners or designees of Northeast Health Partners shall be at no cost.

PCMPs will grant access for members to the member's treatment/health records upon written request and with appropriate identification. Participating providers should review member treatment/health records prior to granting access to members to ensure that confidential information about other family members and/or significant others that may be referenced and/or included therein is redacted.

Quality of Care Grievances

The Quality of Care Grievance (QOCG) Committees oversee the investigation and resolution of quality-of-care issues. Please contact the Quality Management Department by email at Quality_Management@nhpllc.org to report any quality of care issues identified in the provision of services to Medicaid members. The Adverse Incident Form can be found on the "Quality" tab of the regional organization websites under the Provider heading.

- Potential quality of care grievances may include concern about having been misdiagnosed.
- Concern about not receiving appropriate treatment.
- Concern about receiving, or not receiving, care that adversely impacts or has the potential to adversely impact the Member's health.
- Concern about receiving Covered Services for which the quality provided by the health plan or
- Provider does not meet professionally recognized standards of health care, including health care services not provided to the Member, or services provided in inappropriate settings.

Providers are required to respond to Quality of Care inquiries, assist with investigations, provide corrective action plans when requested, and report on progress toward addressing concerns through corrective actions as requested. NHP shall take action to investigate all QOCGs for Members, regardless of whether the QOCG regarding a Network Provider or non-Network Provider.

Confidentiality, Privacy, and Security of Identifiable Health Information

Providers/participating providers are:

- Expected to comply with applicable federal and state privacy, confidentiality, and security laws, rules, and/or regulations, including without limitation the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the rules and regulations promulgated thereunder, and 42 C.F.R. Part 2 Responsible to retain and maintain a release of information, compliant with 42 C.F.R. § 2.31, authorizing the provider to disclose information related to the member and his or her receipt of Substance Use Services for claims payment purposes. Such

consent shall additionally authorize the re-disclosure of such information by the regional organization to the Department of Health Care Policy and Financing (the "Department"), as required by and for the purposes set forth in the regional organization's contracts with the Department. Providers shall retain and maintain each such consent for a period of at least six (6) years from the last effective date of such consent. If a member refuses to sign such a consent, providers shall document their efforts to obtain such consent and shall notify the regional organization prior to billing for the provision of Substance Use Services for such members.

- Responsible for meeting their obligations under these laws, rules, and regulations, by implementing such activities as monitoring changes in the laws, implementing appropriate mitigation and corrective actions, and timely distribution of notices to patients (members), government agencies, and the media when applicable.

NHP maintains policies and procedures that all protected health information (PHI) providers submit is maintained on a confidential basis in accordance with all applicable regulatory (e.g., HIPAA, 42 CFR Part 2) and accreditation requirements. All information obtained is used solely for the purposes of utilization management, quality management, disease management, discharge planning, case management, and claims payment. In addition, NHP maintains information systems to collect, maintain, and analyze information that incorporates adequate safeguards to ensure the confidentiality and security of PHI received, as well as a plan for secure storage, maintenance, tracking, and destruction of member-identifiable clinical information.

In the event that NHP receives a complaint or becomes aware of a potential violation or breach of an obligation to secure or protect member information, NHP will notify the provider utilizing the general complaint process and request that the provider respond to the allegation and implement corrective action when appropriate. Providers must respond to such requests and implement corrective action as indicated in communications from NHP.

Providers and their business associates interacting with Northeast Health Partners staff should make every effort to keep protected health information (PHI) and personally identifiable information (PII) secure.

Access and Availability Standards

Appointment Standards

Participating providers are expected to maintain established office/service hours and access to appointments with standards established by NHP and/or as may be required by Health First Colorado. Northeast Health Partners provider contract requires that the hours of operation of all of our network providers are convenient to the population

served and do not discriminate against members (e.g., hours of operation may be no less than those for commercially-insured or public fee-for- service-insured individuals), and that services are available 24 hours a day, seven days (7) a week, when medically necessary.

Federal regulations prohibit discrimination against Health First Colorado covered individuals. Any practice which selectively excludes members from available treatment services/appointments may be in violation of those regulations. A statement by your scheduler or voicemail that you are "not currently accepting Health First Colorado members" constitutes discrimination.

All participating providers must have appointments available for Health First Colorado members as specified below, according to State/Federal regulation and the Provider's PCMP Agreement.

PCMP practices are encouraged to offer extended hours on evenings and weekends as effective alternatives for emergency room visits for after-hours urgent care. At a minimum, the PCMPs will provide 24 hour a day availability of information and referral for treatment of emergency medical conditions. PCMP appointment availability standards are:

- Urgent Care – within 24 hours after the initial identification of need.
- Outpatient Follow-up Appointments – within seven calendar days after Member's discharge from a hospitalization.
- Routine Primary Care, Non-urgent Symptoms – within seven Business Days after the request.
- Well Care Visit – within 30 calendar days after the Member's request unless an appointment is required sooner to ensure the provision of screenings in accordance with the Department's accepted Bright Futures schedule.

Providers are expected to adhere to Access to Care standards for Health First Colorado members. Providers should, at a minimum, comply with the following:

- **Providers shall not place members on a waiting list for initial routine service requests.** If a member is not able to be scheduled, they should be referred back to the RAE to identify a new provider.
- Ensure the same availability to all members regardless of payer.
- Support minimum hours of operation to include service coverage from 8:00 a.m.–5:00 p.m. Mountain Time, Monday through Friday.
- Offer extended hours, outside the hours from 8:00 a.m.–5:00 p.m., on evenings and weekends, and/or offer alternatives for emergency room visits for after-hour urgent care to include access to clinical staff, not just an answering service or referral service staff.

Practice Hours

Hours of Operation

Providers who serve Health First Colorado members shall offer hours of operation that are no less than the hours of operation offered to commercial enrollees. Minimum hours of provider operation shall include covered service coverage from 8 a.m. to 5 p.m. Monday through Friday and emergency coverage 24 hours a day, seven (7) days a week.

Extended Hours of Operation

Extended Hours of Operation and covered service coverage must be provided for at least two (2) days per week at clinic treatment sites, which should include a combination of additional morning, evening, or weekend hours, to accommodate members who are unable to attend appointments during standard business hours.

Evening and/or Weekend Support Services

Members and families should have access to clinical staff over evenings and weekends, not just an answering service or referral service staff.

Service Availability and Access to Care Monitoring

NHP uses a variety of mechanisms to measure member's access to care with participating practitioners. The following methods may be used to monitor participating provider primary care service availability and member access to care:

- Analysis of member complaints and grievances related to availability and access to care
- Member satisfaction surveys specific to their experience in accessing care and routine appointment availability
- Referral line calls are monitored for timeliness of referral appointments given to members
- Analysis and trending of information on appointment availability obtained during site visits
- Analysis of call statistics (e.g., average speed of answer, abandonment rate over five seconds)
- Annual Geo-Access and network density analysis (see Network policies and procedures)
- Secret Shopper surveys for appointment availability

Secret Shopper Survey to assess a Medicaid managed care plan's Provider directory accuracy and appointment wait times. This survey involves covert testers ("secret shoppers") posing as Medicaid enrollees who attempt to schedule appointments with providers listed in the NHP Provider Directory.

In addition to these monitoring activities, participating providers are required by contract to report to network management when they are at capacity.

Requests for Additional Information
To maintain in-network status, participating providers must furnish Northeast Health Partners with any requested documentation or information promptly. Failure to do so may result in the participating provider's status being changed from active to inactive. Inactive providers are ineligible to receive referrals or reimbursement as participating providers for services rendered to members of Health First Colorado.

Certain Regulatory Requirements
Provider agreements include provisions requiring participating provider to comply with all applicable state and/or federal laws, rules, and/or regulations, including without limitation those related to the provision of mental health and/or substance use disorder services (e.g., required licensure/certification, workplace standards, non-discrimination, etc.); child or elder abuse; and duty-to-warn or obligation to report certain types of disclosures by patients; and those related to fraud, waste, and abuse. It is the responsibility of providers to understand and comply with the professional and legal requirements within the state(s) in which participating provider practice and/or render services.

By way of example, the Americans with Disabilities Act of 1990, as amended (ADA) contains provisions regarding services to certain individuals identified as covered under the ADA. Participating providers are encouraged to adapt services and their offices/locations to meet the special needs of members.

Fraud, Waste, and Abuse
NHP interacts with employees, clients, vendors, providers, and members using standard clinical and business ethics seeking to establish a culture that promotes the prevention, detection, and resolution of possible violations of laws and unethical conduct. In support of this, NHP's compliance and anti-fraud plan was established to prevent and detect fraud, waste, or abuse in the system through effective communication, training, review, and investigation. The plan, which includes NHP's code of conduct, is intended to be a systematic process aimed at monitoring operations, subcontractors, and providers' compliance with applicable laws, regulations, and contractual obligations, as appropriate. Providers are required to comply with provisions of NHP's code of conduct where applicable, including without limitation, cooperation with claims billing audits, post-payment reviews, benefit plan oversight and monitoring activities, government agency audits and reviews, and participation in training and education. NHP´s code of conduct is accessible on the NHP Website (nhprae2.org).

Ethics Hotline: 970-822-8716 or 855-267-5989 (toll free)
If you are deaf or hard of hearing and using TTY equipment: 800-432-9553, State Relay 711

Fraud & Abuse (Member): 844-475-0444 (toll free)
Fraud & Abuse (Provider): 855-375-2500 (toll free)

Cultural Competency Requirements

NHP requires that all physical and care coordination services be provided in a culturally competent manner. This includes sensitivity to the member's particular language needs and their cultural beliefs and values. As regional organization staff and providers, we are guided by the following principles and expectations:

- We are committed to being sensitive to the needs of all people and cultures and to the communities that the regional organization serves. Cultural competence is achieved by integrating knowledge about individuals and groups of people into specific practices and policies and applied in cultural settings. When professionals are culturally competent, they create positive helping relationships, engage the members, and improve the quality of services they provide.
- We are committed to developing and implementing policies and procedures that will enhance cultural competency.
- We are committed to breaking down barriers to access and utilization that are faced by many minorities when seeking health care. These barriers include relevancy of services and financial, language, transportation, and literacy barriers.
- We are committed to broadening multicultural participation in our provider network.
- We are committed to promoting the ethic of cultural competence and educating our staff, providers, partners, members, and the community about members' right to culturally competent services.
- We are committed to a philosophy of care that is inclusive rather than exclusive and recovery- oriented rather than disability-oriented.

We are committed to promoting models of communication that give voice to all cultures. To achieve these principles, PCMPs will be required to participate in a process that assesses cultural competency and language fluency. Providers will also be trained in how to access interpreter and translation services for their patients, when needed.

Providers may complete cultural competency training through Violet, NHP´s web-based training and analytics platform at no cost. PCMP staff can access the training on Violet's website (joinviolet.com/partner/northeast-health-partners). After accepting the invitation, the user will be prompted to complete a profile with details. For assistance in navigating the platform, please contact Network Management Team by emailing nhpproviders@nhpllc.org.

Practice Transformation

Practice Transformation is an overarching strategy encompassing activities that are focused on improving care delivery at PCMP Practice Sites. These activities include building and sustaining a culture of quality by supporting practices to refine workflows and improve processes, developing projects to understand and improve performance measure rates, integrating behavioral health and physical health care delivery environments, incorporating community health workers into the Medicaid delivery system, and implementing Value-Based Payment models to achieve Department quality and cost savings targets.

Every NHP PCMP is assigned a Practice Transformation Coach (PT Coach) with the goal of improving primary care performance in the following areas: patient experience, care team experience, population health, and cost of care. PT Coaches engage with primary care practices and tailor support based on the National Committee for Quality Assurance (NCQA) Patient Centered Medical Home (PCMH) framework to address their unique needs based on patient population, geography, and practice goals. PT Coaches collaborate with clinic team members to optimize workflows across the practice. PT Coaches utilize quality improvement tools and data to assist practices with identifying baseline performance, setting improvement goals, and evaluating progress. Coaches empower practice-based teams to achieve efficiency in care. Measuring impact is integral to ensure improved performance and enhances the value of the Practice Transformation Program.

Member Dismissal from a PCMP Practice Site

Providers must manage Health First Colorado members' dismissal from their practice in accordance with State and Federal guidelines. In accordance with the Department of Health Care Policy & Financing, a good relationship/partnership between health care providers and members is essential for optimal treatment outcomes. If for whatever reason, it is not possible to establish this partnership, it may be best for the patient to seek treatment elsewhere. Termination of the provider/patient relationship should be evaluated on a case-by-case basis. Providers will establish an internal policy and procedure to comply with this policy to dismiss Health First Colorado members.

All PCMPs will comply with this policy to dismiss Health First Colorado members outlined on the Department's website (hcpf.colorado.gov/policy-dismissing-medicaid-members-providers-practice).

In addition to notifying HCPF of the dismissal, Providers must send a copy to NHP. A copy of the written notice to NHP should be sent via secure/encrypted electronic mail to nhpproviders@nhpllc.org.

NHP Member Services and Community Team will outreach to the member to assist in the transition of care within seven (7) business days of notification. Network Management Team will outreach the provider when there is a concern related to the member dismissal volume or about a particular dismissal. NHP may also request to review the PCMPs internal policies and procedures for compliance purposes.

Maintaining PCMP Practice Information

PCMP Practice Site are required to notify NHP of any changes to the practice within 30 days by emailing Contracting@nhpllc.org the PCMP Information Form (PIF) is available on the Provider Page of the NHP Website (nhprae2.org). Changes require notification include the following:

Organization Level	PCMP Practice Site	Practitioner Level
Changes in any of the following: Owner/Parent Company Tax ID Number Mailing Address Contact Person for: Finance Contracting	Changes in any of the following: Address NPI Medicaid ID ADA Compliance Phone Number Email Address Website (if applicable) Panel Configuration Changes (see section above Managing PCMP Practice Site Attribution) Changes in Hours of Operation Contact Person for: Practice Transformation Quality	Changes in any of the following: Practitioner Added Practitioner Removed Practitioner is on Leave Practitioner NPI or Medicaid ID Changes in Population served (age, gender, specialty)

Population Health Management Plan

The purpose of the Population Health Plan is to lay out a strategy to manage the health of all members within each of the RAE regions. We use health promotion and population health management approaches to assess, track, and manage the health needs and outcomes of all members with the goal of improving health, controlling costs, and improving member's experience of care.

Care Coordination

Care Coordination is a benefit available to all Health First Colorado Members attributed to NHP at no cost to the member. Providing care for such members is complex and challenging; individuals with multiple chronic conditions often receive care from numerous health care organizations in multiple care settings and may see 10 or more different providers in a single year. Members who attempt to navigate this complex health care system and transition from one care setting to another may be unprepared or unable to manage their own care. Several common, yet avoidable, outcomes may occur. These outcomes include poor follow-up care, medication errors, hospital readmissions, and duplication of services. Care coordination is essential to reduce waste and avoid these unfortunate medical outcomes.

The Regional Accountable Entity (RAE, also known as regional organization) recognizes that care coordination is a fundamental practice for achieving high quality and cost-effective health care outcomes, particularly for members with one or more chronic conditions. We believe that care coordination is most effectively delivered in the patient-centered medical home (PCMH). Optimal care coordination provides timely access to services, enhances continuity of care across providers and care systems, provides support to individual members and their families, and helps them understand and advocate for necessary services.

Care Coordination Requirements based on PCMP Tier
Northeast Health Partners is responsible for connecting Health First Colorado members with both primary care and behavioral health services. Care Coordination responsibilities for PCMP vary based on participating tier.

For more information on the responsibilities for each tier, please reference the Care Coordination Policy available on the NHP Website (nhprae2.org).

If the scope of a member´s care coordination needs exceed your practice´s capacity based on the participating tier, you can request care coordination assistance, you can contact 888-502-4190 or email at nhpccreferrals@nhpllc.org.

PCMP Care Coordination Audits
PCMP Practice Sites may be subject to periodic audits to oversee adherence to care coordination requirements based on PCMP Practice Site tier. Based on audit results, PCMP Practice Site may be subject to Performance Improvement Plan.

If the PCMP Practice Site disagrees with the audit results, they may notify NHP of its dispute within thirty (30) days of the receipt of the audit results. NHP will review the determination and may make the changes based on this review within thirty (30) days of receipt of any dispute in writing from the Provider. The determination or calculation results from NHP shall be final.

Coordination with Other Human Services Agencies
Northeast Health Partners has implemented procedures for coordinating behavioral health interventions with services offered by other agencies including:

- Department of Public Health and Environment
- Department of Human Services
- Health Neighborhoods
- Qualified residential treatment programs
- Organizations providing services to older adults
- Schools
- Criminal Justice systems
- Agencies providing substance use disorder services
- Agencies providing translation/interpretation services
- Agencies providing services to deaf and hard of hearing members
- And any other agencies providing human services to Health First Colorado recipients in need of behavioral health care
- Community Center Boards and Single-Entry Points

Transportation
Non-Emergent Medical Transportation (NEMT) is a Health First Colorado benefit for members who do not have transportation to medical appointments. Members can be referred to NHP or their Care Coordination to help schedule transportation. Please see the following resource to help members identify their local NEMT resource: healthfirstcolorado.com/wp-content/uploads/2021/07/NEMT- CountyMap.pdf.

EPSDT

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services

EPSDT is a comprehensive and preventative health care service for children and youth ages 20 and under including adults who are pregnant, who are enrolled in Health First Colorado. EPSDT is key to ensuring that children and youth receive appropriate preventive, dental, mental health, developmental and specialty services. Any medically necessary health care service is covered under EPSDT. A service may be covered even if it is not a Health First Colorado benefit. No arbitrary limitations on services are allowed. All qualified Health First Colorado providers can offer EPSDT services. For resources related to EPSDT, please go to the Health Care, Policy and Financing website at hcpf.colorado.gov/early- and-periodic-screening-diagnostic-and-treatment-epsdt.

Prior Authorization Request (PAR) for EPSDT
To submit a PAR request for a service, which is not covered under the member's Health First Colorado plan, but is medically necessary may be available under EPSDT, please go to: hcpf.colorado.gov/par. If an EPSDT requested service is denied or partially denied by the UM vendor, the MD, DO, or APN who requested the PAR has the option to discuss the PAR over the phone in a process called a Peer-to-Peer review.

To Learn More
Visit HCPF's EPSDT website at: hcpf.colorado.gov/early-and-periodic-screening-diagnostic-and- treatment-epsdt.

- You may also contact NHP at 800-541-6870. NHP provides the following assistance:
- Educates all members who qualify about EPSDT services
- Describe the available EPSDT services in greater detail
- Help find a PCMP, dentist, behavioral health therapist, or specialist as needed
- Arrange or assist members with making an appointment or transportation
- Communicate options for transportation assistance, if necessary
- Follow-up on screening appointments. Follow-up includes assistance to reschedule the missed appointment
- Refer members for care coordination services
- Assist providers with any barriers using EPSDT services

Member's Request for an Appeal: Denials for Physical Health Services
For any denials related to physical health services, Members must contact the Ombudsman for Health First Colorado.

Phone: 877-435-7123 or TDD/TTY: 888-876-8864 or State Relay: 711
Email: help123@maximus.com

For information about eligibility or DentaQuest denials, Provider should refer Members to the Health First Colorado's Member Handbook which is located on the Member Page of the NHP Website (nhprae2.org)

Thank you!

Thank you for serving Health First Colorado members and working with NHP.

Should you have any feedback, or questions on specific topics not covered in this manual, you can contact the Network Management Department at 888-599-4716 or email at NHPproviders@nhpllc.org