

Primary Care Medical Provider Manual

ACC PHASE III

Northeast Health Partners (NHP)



Table of Contents

Welcome	3
About this PCMP Manual.....	3
Introduction to NHP	4
About Health First Colorado	6
Role of the RAE	6
NHP Contacts.....	11
Contract with NHP as a PCMP	12
Provider Onboarding, Training and Communications.....	14
Resources.....	16
Health First Colorado Benefits and Services through Regional Organizations ..	17
General Benefit, Limitations and Exclusions	18
Member Services/Engagement.....	19
NHP's Vision for Value Based Care	25
Maintain PCMP Information.....	30
Performance Measures & Incentives.....	31
Access and Availability Standards.....	37
Population Health Management Plan	40
Care Coordination	41
EPSDT	43
Compliance and Audits	45
Provider Integrity, Compliance, and Reporting	48

Welcome

Northeast Health Partners (NHP) would like to welcome you to our primary care medical provider (PCMP) 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 manual is an extension of the Primary Care Medical Provider Agreement (“Agreement”) and includes requirements for doing business with NHP, including policies and procedures for primary care medical providers (PCMPs) who serve Health First Colorado (Medicaid) members assigned to NHP.

Together, the Agreement, addenda, and this manual outline the requirements and procedures applicable to providers in NHP’s PCMP network.

We created this manual to help providers understand the Regional Accountable Entity (RAE) and ensure successful delivery of health care services to Members assigned to NHP, as the Health First Colorado RAE. Documents and forms referenced in this manual or in the Agreement are available for download or printing through the Provider Networks Page of the NHP Website (nhprae2.org). You can arrive at the Provider Networks Page by selecting “Provider Network” at the top of the main page.

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 Agreement, and this manual, such conflict will be resolved by giving precedence in the following order:

- The member’s Health First Colorado benefits
- The 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 Provider Networks 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.

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

Introduction to NHP

The Colorado Department of Health Care Policy and Financing (the Department) awarded NHP the contract to serve as the Regional Accountable Entity (RAE) for Region 2 of the Health First Colorado Phase III of the Accountable Care Collaborative (ACC).

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 the Department's foundation of its two previous phases of ACC program.

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

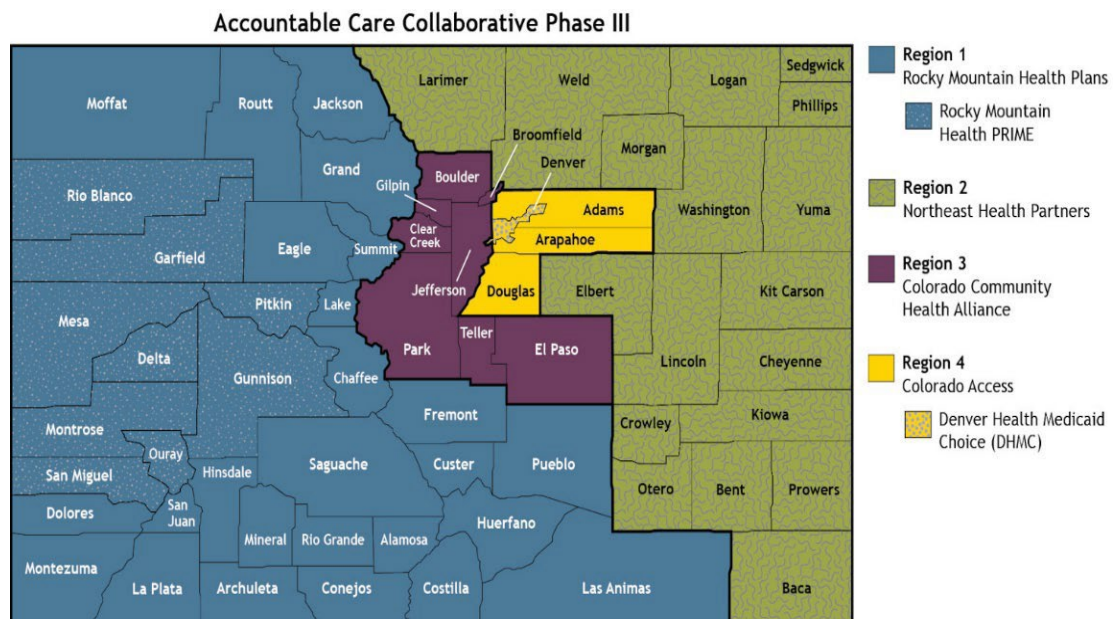
Our vision is to become the state's preeminent Medicaid health plan by connecting local communities and resources together to meet member and provider needs.

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



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”, also referred as the “Department”), which you can learn more about on their website, hcpf.colorado.gov.

The Health First Colorado mission is “Improve health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.”

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 the RAE

- The RAE will serve as a central point of contact regarding Health First Colorado services and programs, regional resources, clinical tools, and general administrative information.
- The RAE 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.
- The RAE will offer general information and administrative support, provider training, data systems and technology support, practice transformation, and financial support.
- The RAE will provide care coordination services for Health First Colorado Members, with support from integrated community care teams, where available.

Understanding RAE Processes

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 Practice Site.
Member Attribution	Members are immediately attributed to RAE upon being determined eligible for Health First Colorado benefits. 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 members based on claims during the most recent 18 months. <ul style="list-style-type: none"> This process occurs monthly for members ages 0 to 1 and unattributed members. This process occurs quarterly for all members. <p>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.</p>
PCMPs	
PCMP Agreement	Each PCMP Practice 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 members based upon the PCMP Practice Site's participating tier.
Physical Health Reimbursement	Physical health claims for 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 a care management 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	<p>Network Management Team can help you with:</p> <ul style="list-style-type: none"> • Contractual issues • Attribution Questions • Provider Orientation and Training • Tax ID change • Member Dismissal • Policies and procedures • Eligibility issues <p>You can contact the Network Management Department at 800-599-4716 or email at NHPproviders@nhpllc.org.</p>
Care Coordination	<p>To request care coordination assistance, you can contact 888-502-4190 or email at nhpccreferrals@nhpllc.org.</p> <p>The Care Coordination referral form is available on the Provider Network Page of the NHP Website (nhprae2.org).</p>
Member Services and Community	<p>The Member Services Team can help with:</p> <ul style="list-style-type: none"> • 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 <p>You can contact Member Services at 800-541-6870 or email at nhpmembersupport@nhpllc.org.</p> <ul style="list-style-type: none"> • 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 NHP’s Website at nhprae2.org. <p>Our business hours are Monday through Friday, 8 a.m. to 5 p.m. MT</p>

Contract with NHP as a PCMP

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.

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:

- Physician (Code 05)
- Osteopath (Code 26)
- FQHC (Code 32)
- RHC (Code 45)
- School Health Services (Code 51)
- Family/Pediatric 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 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. A unique NPI is required in accordance with the Colorado NPI law.

Step 3: Complete Practice Assessment and Other Documentation

Providers that have a PCMP 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. The purpose of the Practice Assessment is 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 Networks Page of the NHP Website (nhprae2.org).

Providers will need to submit a Provider Information Form (PIF) with demographic information of all PCMP Practice Sites and Practitioners and a W-9 Form. Additional documentation may be required. Forms can be found on the Provider Networks Page of the NHP Website.

Step 4: Sign a PCMP Agreement with NHP

Once all the requested information is submitted by the Providers, NHP will offer a participating agreement for signature. The agreement will be for the Tax ID Number.

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
- Provider Resources
- Grievance and Appeals
- Member rights & responsibilities

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 high quality, accessible, and up to date professional learning opportunities to ensure providers have the support needed to provide services that align with HCPF requirements and best serve the members of our communities. NHP's training website, the [Professional Development Hub \(PDH\)](#), offers a range of professional learning courses (asynchronous and synchronous) for NHP providers, practice site staff, care coordinators, community organizations and members free of cost. Courses include NHP hosted courses along with external courses from the state and other organizations. To sign up for the PDH visit pdh.nhprae2.org/plus/signup or sign in at pdh.nhprae2.org/plus/login. To stay up to date with upcoming and new trainings with NHP, you may sign up for our PDH Updates at lp.constantcontactpages.com/sl/trFpbzQ/pdh.

In addition to our PDH, NHP hosts provider training forums based on provider and community feedback needs, new benefit changes, performance standards and service gaps identified within each region. One of our regular ongoing forums is First Fridays; a bi-monthly training series on timely, relevant topics tied to provider measures. All sessions are informative, up to date, engaging and skills-based with experts facilitating from across the region. Most sessions include a focus on clinical and administrative information, as well as Question and Answer (Q&A) opportunity and resource sharing. To see what's upcoming on our First Fridays schedule please visit our Provider Trainings page on the website at nhprae2.org/providers/provider-trainings.

NHP also offers Violet, a 100% online platform with training guided by HCPF requirements. It's regularly updated with new offerings tailored to the region. Developed by a third party and offered free to all NHP practices. Violet is where network providers and staff will access their annual Cultural Competency and Disability training. All new network providers will receive an invitation to join the Violet platform at the start of the FY. If you did not receive an invitation, have new staff or need support signing in email NHPproviders@nhpllc.org.

To request a training or to collaborate on developing a training please reach out to training@nhpllc.org.

Communications

Provider Newsletter

NHP's Communication team will issue a quarterly provider newsletter that will include an array of critical provider information such as upcoming training opportunities, important benefit changes, Quality updates and initiatives, community resources, and information on contractual requirements.

To sign up to receive a newsletter or other announcements, please complete the following form lp.constantcontactpages.com/sl/WjhYods/NHP. The provider newsletter will also be available on the Provider Networks Page of the NHP Website (nhprae2.org).

Community Newsletter

NHP's Community Newsletter is a monthly communication sharing community events, how to get involved with NHP, region 2 resource spotlights, and more. This is a great resource to stay up to date on what is going on across region 2 and to share information with members. To sign up for the NHP Community Newsletter go to lp.constantcontactpages.com/sl/rcE6DO2/NHP. To read previous editions visit our Community News & Events page on the website at nhprae2.org/community/community-news-events.

Provider Forums

A calendar of provider focused forums is available to learn about the Health First Colorado program. They offer updates, trainings or reminders to providers with their contractual responsibilities or changes that impact their practice.

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

Resources

Providers in the NHP's network are required to electronically conduct all routine transactions.

Click on the links below for information and assistance:

- HCPF Performance and Payment Portal – The Department's secure file exchange platform accessible to PCMPs and RAEs participating in the value-based payment programs like shared savings, prospective payment, and the ACC quality program.
- [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
- 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 see a full list, go to healthfirstcolorado.com/benefits-services.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.

Eligible members are entitled to medically necessary covered services in accordance with Health First Colorado program rules and benefits.

All benefit services are subject to applicable reimbursement policies including:

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

Health First Colorado covers medically necessary services for eligible members in accordance with federal and state regulations, benefit limitations, and reimbursement policies. Coverage may be subject to prior authorization, utilization review, referral requirements, and member eligibility.

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 Third-Party Liability (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
- Understand their benefits
- Providing referrals to DentaQuest 1-855-225-1729, TTY: 711, or at dentaquest.com
- Providing referrals to other specialists
- Providing referrals to 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
- Engagement opportunities for members and families/caregivers

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 or to view from the NHP Website ([Welcome to NHP - Northeast Health Partners](#)). 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), you can contact the Community and Member Engagement team 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 contact the Network Management Department at NHPproviders@nhpllc.org to request a hard copy poster).
- Provide member information in Spanish upon request.
- Know how to link members with interpreter services by contacting the NHP Community and Member Engagement team. 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 NHP's 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 NHP website (nhprae2.org).

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

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 the Community and Member Engagement team or a Practice Transformation Coach.

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 the Community and Member Engagement team.

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 Committees (MEAC) or our Program Improvement Advisory Committees (PIAC)
- Serve on state Member Experience Advisory Committee (MEAC) or the state's Program Improvement Advisory Committee (PIAC)

For more information, please contact the Community and Member Engagement team or see NHP's website. You can find Information about these Councils under the Member menu on "[Get involved!](#)" 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 NHP's Community and Member Engagement team, refer to the Member Handbook, or go to NHP Website (nhprae2.org).
- For help writing an Advance Directive, refer the member to NHP's Community and Member Engagement team 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.

Member Dismissal from 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 Community and Member Engagement team will outreach 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.

NHP’s Vision for Value Based Care

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.

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.

Payment Model

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	<p>Bills sent to and paid by Rocky Mountain Health Plan (RMHP) on behalf of NHP.</p> <p>NHP has partnered with Rocky Mountain Health Plan to perform administrative services including behavioral health claims payment. For more information visit the Provider Networks Page of NHP’s Website (www.nhprae2.org).</p>
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.
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 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: ([Phase III PCMP Payment Fact Sheet March 2025.pdf](#)).

Practice Assessment and Tier

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 <u>or</u> 34-100 points and one or more "Must Pass" criteria were not met.
Tier 2	34-66 points and all "Must Pass" criteria met <u>or</u> 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 <u>or</u> NCQA PCMH or AAAHC and all "Must Pass" criteria met.

Once the practice assessment is completed, NHP will communicate with PCMP Practice Sites to review care coordination activities and requirements for each tier. PCMP Practice Sites will choose the level of care coordination activities to perform. PCMP Practice Sites have the option to participate at the highest tier for which they qualify or decide to participate at a lower tier. This will establish the PCMP Practice Site's participating tier.

NHP will target resources to PCMP Practice Sites that demonstrate value through the delivery of advanced primary care. Providers that demonstrate greater levels of accountability in access for members and that achieve higher transformation and performance levels will receive higher reimbursement. PCMP Practice Sites may opt to identify a higher tier and work towards achieving that tier. NHP will offer tools and resources to support PCMP Practice Sites at any level.

PCMP Responsibilities Based on Tier

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

PCMP Practice Sites have varying responsibilities in member care based on their participating tier, including care coordination.

Tier 1 practices focus on foundational primary care, including access to care, prevention, screenings, and referrals.

Tier 2 practices focus on implementing population management tools, evaluating continuity of care, and developing care coordination and services.

Tier 3 practices are advanced primary care models and responsible for full care coordination services.

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

PCMP Practice Assessment Review and Audit

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 the 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 Networks Page of the NHP Website (nhprae2.org).

Member Attribution

Members are immediately attributed to RAE upon being determined eligible for Health First Colorado benefits. Members are attributed to PCMP only when there is prior claim or patient choice history.

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 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 Networks Section on the NHP Website (nhprae2.org).

All Members can 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.

How to Identify Your RAE Member Attribution

NHP offers providers a monthly report detailing their Member attribution panel.

NHP shares the reports with providers via NHP MOVEit, a secured file exchange platform, typically by the 15th of the month. Providers can download the report from their assigned provider folder in MOVEit. Due to NHP's retention policies, providers must download the report within 30 days, or it will automatically be deleted.

Providers can assign up to two staff to access MOVEit. To set up and change the users or need assistance on the platform, please contact NHPproviders@nhpllc.org.

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).

PCMP

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's 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 agreement with NHP. Providers should review their PCMP Agreement for further details.

Providers may set up direct deposit for payment of PMPM and other payments with NHP by completing the direct deposit form available on the Provider Network Section of the 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.

Maintain PCMP Information

Providers are responsible for maintaining accurate information with NHP on the PCMP Practice Sites and associated practitioners.

The accuracy of the information may impact:

- Member experience,
- Member attribution for the PCMP Practice Site,
- Accuracy of PCMP Directory, and
- Results of audit activities conducted by NHP.

The following changes require notification:

Organization Level	PCMP Practice Site	Practitioner Level
Owner/Parent Company Tax ID Number Mailing Address Contact Person(s)	Address NPI Medicaid ID ADA Compliance Phone Number Email Address Website (if applicable) Panel Configuration Hours of Operation	Practitioner Added Practitioner Removed Practitioner is on Leave Practitioner NPI changes Medicaid ID changes Population served (age, gender, specialty)

PCMP Practice Site Panel Configuration

Providers can configure the panel for each PCMP Practice Site within their Agreement at the individual service location (or Medicaid ID level) to align with their attribution capacity and specialty. That can be accomplished in the following ways:

Accept New Members

PCMP Practice Site can indicate whether they accept new members. PCMP Practice Sites may turn accepting new members on or off at any time to account for capacity changes.

All Tier 3 PCMP Practice Sites must accept new members for all months in which they intend to operate as a Tier 3 PCMP Practice Site.

Panel Limit

PCMP Practice Site can set a panel limit. PCMP Practice Sites may adjust their panel size at any time to account for capacity changes.

Once a panel limit is reached, no further attributions will be made, including members with claims history with the PCMP Practice Site.

Population Parameters

PCMP Practice Site may indicate population parameters. This includes ages, gender and specialties served.

How to Update PCMP Practice Site Information

Providers can notify NHP of any changes to the PCMP Practice Site(s) within 30 days by emailing NHPproviders@nhpllc.org.

PCMP Practice Site changes will be processed to reflect on the PCMP Directory within five business days from receiving all required information.

PCMP Practice Site Panel Configuration changes that require update at the Department level must be submitted to NHP no later than the 20th of the month to be effective the first of the following month.

Performance Measures & Incentives

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

The Department will withhold a percentage from the Admin PMPM 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.

Behavioral Health Incentive Program

The BHIP program is focused on behavioral health activities and is almost exclusively paid to behavioral health providers.

Program details will be shared to providers once information is released by the Department.

Investment Pool

Program details will be shared to providers once information is released by the Department.

Performance Measures & Incentives

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

The Department will withhold a percentage from the Admin PMPM 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.

Behavioral Health Incentive Program

The BHIP program is focused on behavioral health activities and is almost exclusively paid to behavioral health providers.

Program details will be shared to providers once information is released by the Department.

Investment Pool

Program details will be shared to providers once information is released by the Department.

Key Performance Indicators

PCMP Practice Sites may be eligible to participate in Key Performance Indicators incentive program. The program has two separate opportunities to earn funds:

- Practice Transformation Track
- Performance Track

PCMP Practice Sites may participate in one or both tracks depending on the criteria. PCMP Practice Sites with at least 200 attributed members that are not eligible for the Performance Track have the option to participate in the Practice Transformation Track to earn quality payments. Practice Transformation Track participants must complete one or two QI activities to receive payment. Those that do not qualify for the Performance Track may still participate in the Quality program through the Practice Transformation Track.

To learn more about the program, you can contact the Network Management Department at 800-599-4716 or via email at NHPproviders@nhpllc.org. You may also contact your assigned Practice Transformation Coach.

How Practices Can Monitor their KPI Performance

To support the ACC's goal of improving Member health and reducing costs, HCPF has created the HCPF Performance and Payment Portal, a secure file exchange platform. It is accessible to both PCMPs and RAEs participating in HCPF value-based payment programs like shared savings, prospective payment, and the ACC quality program.

To request access to the HCPF Performance and Payment Portal, you can email the Network Management Department at 800-599-4716 or email at NHPproviders@nhpllc.org. You may also contact your assigned Practice Transformation Coach.

Department of Healthcare Policy and Financing (HCPF) Accountable Care Collaborative Phase III for Primary Care

After engaging stakeholders, HCPF considered the administrative burden for providers managing multiple payment programs. In an effort to reduce such burden, ACC 3.0 was designed to create a singular, comprehensive payment structure. Further information about this payment structure can be found here: [ACC Phase III PCMP Payment Fact Sheet](#).

As part of the updated payment structure, the quality program has been designed to assess the overall functioning of the system and is focused both on practice-level and regional performance in ACC Phase III. HCPF has prioritized the inclusion of measures that align with commercial payer efforts, as identified through the Division of Insurance (DOI) APM program, as well as those that align with the Centers for Medicare and Medicaid Services (CMS) Adult and Child Core Measures. Aligning measures across payers and systems supports our efforts towards building a coordinated, community-based approach to serve the needs of members, reduce costs and promote health and well-being across the state.

Key Changes to the PCMP Quality Program in ACC Phase III

In designing a single, comprehensive payment structure for PCMPs, HCPF has made the following changes that impact both the PCMP and RAE quality programs:

- PCMP quality payments will now be based on individual PCMP performance towards a set of adult and pediatric quality measures tailored to their panel, instead of the previous regional calculation.
- PCMP quality measure definitions are national CMS Adult and Child Core Measures. These measures also align with commercial payer efforts identified through the Colorado DOI APM program.
- Eligible PCMPs with too few patients to be assessed fairly on quality measures will have an opportunity to earn these payments through quality improvement (QI) activities.
- RAEs will be accountable for all of the PCMP clinical quality measures as well as additional RAE-only quality measures for their regions.
- Performance periods for both PCMPs and RAEs are transitioning from the state fiscal year (July to June) to a calendar year (January to December) to align with national measurement periods.
- Quality incentive payments are transitioning from quarterly to annual.
- Performance will be measured using thresholds as opposed to the previous Close-the-Gap methodology.

NHP HCPF ACC 3.0 Support

NHP is committed to helping practices succeed in ACC 3.0. Each eligible PCMP Practice Site is assigned to a Practice Transformation Coach that provides regular support. NHP will:

- Help practices align their quality improvement work with assigned measures as well as work the practice is already doing. NHP utilizes a tailored approach to quality improvement by considering the practice's patient panel and community goals.
- Assist practices in workflow development and process improvement to achieve the goal of the assigned measures.
- Provide ongoing education and support for the ACC 3.0.
- Be the single point of contact for the practice. If your practice has questions or comments for the Department regarding ACC 3.0, NHP will be the communication vehicle.

HCPF APM Resources

- Department email: HCPF_primarycarepaymentreform@hcpf.state.co.us.
- Accountable Care Collaborative III website: [Accountable Care Collaborative Phase III | Department of Health Care Policy and Financing](#)

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, identifying gaps in care, integrating behavioral health and physical health care delivery environments, 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: chronic condition management, community-based care, population health, improved quality outcomes, and improved cost-efficiency. 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 work directly with practices to identify gaps in care, improve processes and workflows, and set goals with practices to achieve clinic-level performance on KPIs.

The successful impacts of NHP's Practice Transformation Coaches is achieved through three main pathways: 1) working directly with practices to create a tailored approach to address the needs of the individual practice and their patient base, 2) creating tailored improvement strategies that leverage the unique strengths of each clinic, and 3) connecting patients and practices to necessary care through available programs.

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.

Access and Availability Standards

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 or that are comparable to other RAE providers. Minimum hours of provider operation shall include covered service coverage from 8 a.m. to 5 p.m. Mountain Time, Monday through Friday.

Extended Hours of Operation

Providers are encouraged to offer extended Hours of Operation outside the hours of 8 a.m. to 5 p.m. Mountain Time, on evenings and weekends and alternatives for emergency room visits for after-hours urgent care.

Evening and/or Weekend Support Services

Providers shall have evening and weekend support services for Members and families to access clinical staff, not just an answering service or referral service staff.

Appointment Standards

PCMP Practice Site 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 shall not place members on a waiting list for initial routine service requests. If a member is not able to be scheduled within the required timeframes and the member declines the offered appointment, they should be offered to be referred back to the RAE to identify a different provider.

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. Providers are responsible for maintaining access to appropriate language assistance and interpretation services necessary to support effective communication with members in accordance with applicable federal and state requirements, including language access and nondiscrimination standards. This includes ensuring access to qualified interpretation and translation services for members with limited English proficiency (LEP) and members requiring disability-related communication accommodations, such as American Sign Language (ASL) interpretation.

NHP offers access to interpretation and translation assistance through NHP's contracted translation vendor should the provider need alternative translation services or be unable to access their traditional interpretation service or method. Providers utilizing this support must use the designated provider interpretation line established specifically for provider access and support services.

NHP's interpretation support is intended to supplement provider language access capabilities and should not be relied upon as a provider's primary or sole method of translation or interpretation services when frequent or ongoing language assistance needs are anticipated. Providers, particularly those with higher volumes of members requiring language assistance services, are expected to maintain appropriate internal processes, contracted services, or community-based language access resources necessary to support routine operational and clinical needs. NHP's supplemental support is intended to assist providers on an as-needed basis, including smaller practices or providers with limited access to interpretation resources within their communities. Providers are encouraged to notify NHP in advance of anticipated recurring interpretation needs, scheduled ASL interpretation requests, or translation/interpretation encounters expected to exceed one hour in duration to assist with coordination and service availability.

To learn more about NHP's interpretation support, you can contact the Network Management Department at 800-599-4716 or via email at NHPproviders@nhpllc.org. You may also contact your assigned Practice Transformation Coach.

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) or by contacting NHP at NHPproviders@nhpllc.org. 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.

Accessible Services

NHP is committed to ensuring that members can receive services in practice sites that have physical access, reasonable accommodations, and accessible equipment for those with physical and mental disabilities.

Providers are required to report to NHP the physical access and/or accessible equipment information for each PCMP Practice Site to ensure it is accurately reported in the directory. See *Maintaining PCMP Practice Information* below for information.

Service Availability and Access to Care

NHP uses a variety of mechanisms to measure member's access to care with providers. The following methods may be used to monitor 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
- 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. PCMPs that do not meet the access to care standards may require additional education and monitoring to ensure compliance. Continued failure to comply may result in corrective action.

Additional resources and support related to access to care are available on the NHP website and through the Professional Development site.

Population Health Management Plan

NHP utilizes a population health management approach to assess, track, and manage the health needs and outcomes of all members across the RAE region. NHP's approach aligns with the Department's goals and objectives for ACC 3.0, including improving member health outcomes, preventing disease progression, enhancing the member experience of care, and reducing unnecessary and avoidable utilization and costs. This Population Health Plan outlines NHP's strategic approach to achieving these goals through coordinated, data-driven, and whole-person care strategies.

NHP's Population Health Program integrates prevention, early intervention, care coordination, condition management, health promotion, behavioral health integration, and community-based supports to address the clinical, behavioral, and social factors that impact member health. Population health activities are informed through ongoing analysis of claims data, encounter data, utilization trends, quality performance measures, risk stratification, social determinants of health (SDoH), and provider and community feedback to ensure interventions are responsive to the needs of the populations served.

As part of this strategy, NHP maintains focused Condition Management Programming for high-impact and high-prevalence conditions that significantly influence quality outcomes, utilization, and overall member health. Conditions of focus include:

- Maternity Care (Prenatal and Postpartum)
- Diabetes
- Hypertension
- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure/Cardiovascular Disease (CHF/CVD)

NHP implements evidence-based condition management interventions designed to support prevention, disease stabilization, self-management, and improved health outcomes for members with these conditions. Strategies may include member outreach and engagement, health education, medication adherence support, remote monitoring, transitions of care support, behavioral health integration, care coordination, referral to community-based resources, and collaboration with primary care providers, specialists, hospitals, and other care team partners.

Population health activities are coordinated across multiple operational areas including Condition Management Programming, Care Coordination and Complex Care Management, Member Incentive Programs, In Hospital Transition Planning, and Creative/Complex Solution Strategies. NHP utilizes a collaborative, cross-departmental approach involving Care Coordination, Practice Transformation, Quality, Behavioral Health, Member Engagement, and Community Partnerships to improve care delivery, close gaps in care, and support whole-person health outcomes.

NHP's Population Health Program also emphasizes equitable access to care and culturally responsive services. Interventions are designed to identify and reduce barriers related to language access, transportation, health literacy, disability access, food insecurity, housing instability, and other social drivers of health. Program effectiveness is continuously monitored through quality outcomes, utilization patterns, member engagement metrics, and health equity data to identify opportunities for improvement and ensure programs remain responsive to the evolving needs of the member population.

Care Coordination

Care Coordination is a covered benefit available to all Health First Colorado members attributed to NHP at no cost to the member. PCMPs play a central role in delivering and supporting care coordination within the medical home model.

Members with complex health needs often receive services across multiple providers and care settings. Without intentional coordination, this can result in fragmented care, gaps in follow-up, medication discrepancies, avoidable hospital utilization, and duplication of services.

Care coordination is designed to address these risks by promoting timely access to care, continuity across providers and settings, and clear communication among care team members. Through collaboration with NHP and delegated partners, PCMP Practice Sites support the development and execution of care plans, facilitate appropriate follow-up, and help ensure members receive the right care at the right time.

NHP recognizes care coordination as a foundational component of high-quality, cost-effective care delivery, particularly for members with chronic and complex conditions. The PCMP-led medical home remains the primary setting for coordinating services and supporting member-centered care.

Care Coordination Requirements based on PCMP Tier

NHP is responsible for connecting Health First Colorado members with both primary care and behavioral health services. Care Coordination responsibilities for PCMP Practice Sites vary based on their participating tier.

For more information on the minimum responsibilities for each tier, please reference the Care Coordination Policy and the Care Coordination Tip Sheets for Tier 1, Tier 2 and Tier 3 Practices available on the NHP Website (nhprae2.org).

If a member's care coordination needs exceed your practice capacity based on your assigned tier, you may request support from NHP Care Coordination. Requests can be submitted through our care coordination referral link: <https://site-emju3.powerappsportals.com/en-US/> or by email at nhpccreferrals@nhpllc.org.

PCMP Care Coordination Audits

PCMP Practice Sites may undergo audits to monitor compliance with care coordination requirements in accordance with their designated tier level. Tier 3 PCMP Practice Sites are audited on an annual basis, while other tiers may be audited periodically. 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 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 Agencies

NHP has established procedures to coordinate care across key community, clinical, and public service partners, including:

- State and local public health and human services agencies
- Behavioral health and substance use disorder treatment providers
- Hospitals, emergency departments, and residential treatment settings
- Primary care and specialty providers across the member's care team
- Health Neighborhoods and other care coordination entities
- Case Management Agencies (CMAs)
- Long-term services and supports (LTSS), home health, and hospice providers
- Non-Emergent Medical Transportation (NEMT) brokers and transportation providers
- Housing and supportive housing agencies
- Community-based organizations addressing social determinants of health (e.g., food, utilities, employment)
- Schools, criminal justice systems, and other cross-system partners
- Language access and accessibility service providers.

Transportation

Non-Emergent Medical Transportation (NEMT) is a covered Health First Colorado benefit for members who do not have access to transportation for medically necessary appointments. Members may be referred to NHP Care Coordination for assistance with arranging transportation: <https://site-emju3.powerappsportals.com/en-US/>

Please refer to the following resource to help members identify their appropriate NEMT provider: 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

Provider Role in EPSDT

We expect you to facilitate and promote the availability of EPSDT services for both behavioral and physical health. This includes:

- Regular communication and coordination with the member's primary care provider (with the member's permission and release of information)
- Informing and educating members and families about the availability of services Inquiring about utilization of benefits
- Attending EPSDT training and reviewing EPSDT materials provided by the RAE and Department of Health Care Policy & Financing (HCPF)

Referring Medicaid members to care coordination services so they can access EPSDT services: nhpccreferrals@nhpllc.org or 888-502-4190

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, the 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).

Compliance and Audits

Access to Treatment Records and Treatment Record Reviews/Audits

PCMP Practice Sites 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 or 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 NHP
- 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 NHP 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 Agreement

Unless otherwise specifically provided in the Agreement, access to and any copies of member treatment records requested by NHP or designees of NHP 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 Reporting Process

As part of the Quality of Care Grievance (QOCG) process, Providers must report any quality-of-care concern identified in the provision of services to Medicaid members to the Quality Management Department. A quality-of-care concern involves concerns about quality of care, patient access, or patient safety that require action. To report an adverse incident or quality-of-care concern, providers are required to complete the Adverse Incident Form, which is located under. Reports may also be received via phone. Quality_Management@nhpllc.org. Reports may also be received via phone.

Potential quality-of-care grievances may include, but are not limited to:

- 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 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 NHP staff should make every effort to keep protected health information (PHI) and personally identifiable information (PII) secure.

Provider Integrity, Compliance, and Reporting

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).

False Claims Act

NHP complies with all applicable federal and state laws, including the federal False Claims Act ((31 U.S.C. §§ 3729 - 3733). The False Claims Act (FCA) is a primary federal law used by the U.S. government to combat fraud. It imposes civil liability on individuals and companies that knowingly submit false claims or statements to get paid by the government, or improperly avoid paying money owed to the government

As required by the deficit reduction Act of 2005 and the **False Claims Act Compliance (§ 1902(a)(68))** any entity receiving or making annual Medicaid payments of at least \$5 million dollars must establish written policies for all employees, contractors, and agents detailing the Federal False Claims Act, whistleblower protections, and their state's laws.

Reporting Fraud, Waste and Abuse

If you suspect a provider or any member has committed fraud, waste or abuse, you have the right to report it. You will not be retaliated against reporting any concerns.

You can report your concerns by contacting the Healthcare Policy and Financing as follows:

Members: 844-475-0444 (toll free)

Providers: 855-375-2500 (toll free)

You can also contact the NHP Ethics hotline at 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.

Non-Discrimination Statement

NHP complies with applicable civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with 45 CFR § 92.101(a)(2)). We do not exclude people or treat them less favorable because of race, color, national origin, age, disability, or sex.

Members who contact NHP with an allegation of discrimination are informed of their right to file a complaint. Members can also file a civil rights complaint with the U.S. Department of Health and Human Service for Civil Rights (OCR):

- **Online:** You can file directly using the [U.S. Department of Education OCR Portal](#) for schools, or the [HHS Civil Rights Portal](#) for healthcare and civil rights violations.
- **Email:** Download a Discrimination Complaint Form, fill it out, and email the scanned document or a detailed written statement to OCR@ed.gov (for education) or OCRMail@hhs.gov (for health/human services).
- **Mail or Fax:** Print your form or letter and mail it to your specific regional office (or fax it).
 - **Address:** 1244 Speer Blvd., Ste. 310, Denver, CO 80204
 - **Fax:** (303) 844-4303

Certain Regulatory Requirements

The Agreement includes 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. Providers are encouraged to adapt services and their offices/locations to meet the special needs of members.

Requests for Additional Information

To maintain in-network status, participating providers must furnish NHP 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.

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 800-599-4716 or email at NHPproviders@nhpllc.org.



Stay connected with us:



Nhprae2.org



facebook.com/northeasthealthpartners.org



instagram.com/nhprae2



linkedin.com/in/northeast-health-partners-a777a9204