

# Thank you

Thank you for joining us, we will get started in just a few minutes to allow others to call in.

We will get started at 11:00 am

To receive the slides shared today please email  
[COProviderRelations@Carelon.com](mailto:COProviderRelations@Carelon.com)

the slides and recording will also be posted to the RAE 2 and RAE 4 websites in the next week



# Before we get started...

Please type your name and organization in the chat  
so we know who you are.

If you have questions at any time during the webinar,  
we ask that you type them in the Q&A

Everyone's line is muted during the webinar.

Thank you



# August Provider Support Call



Monthly Provider Roundtable

August 11, 2023

# What is the RAE?

The RAEs are responsible for the health and cost outcomes for members in their region, as well as:

- Developing a network of Primary Care Medical Providers (PCMPs) to serve as medical home providers for their members,
- Developing a contracted statewide network of behavioral health providers,
- Administering the Department's capitated behavioral health benefit,
- Onboarding and activating members,
- Promoting the enrolled population's health and functioning, and
- Coordinating care across disparate providers, social, educational, justice, and other community agencies to address complex member needs that span multiple agencies and jurisdictions.



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FQHCs:



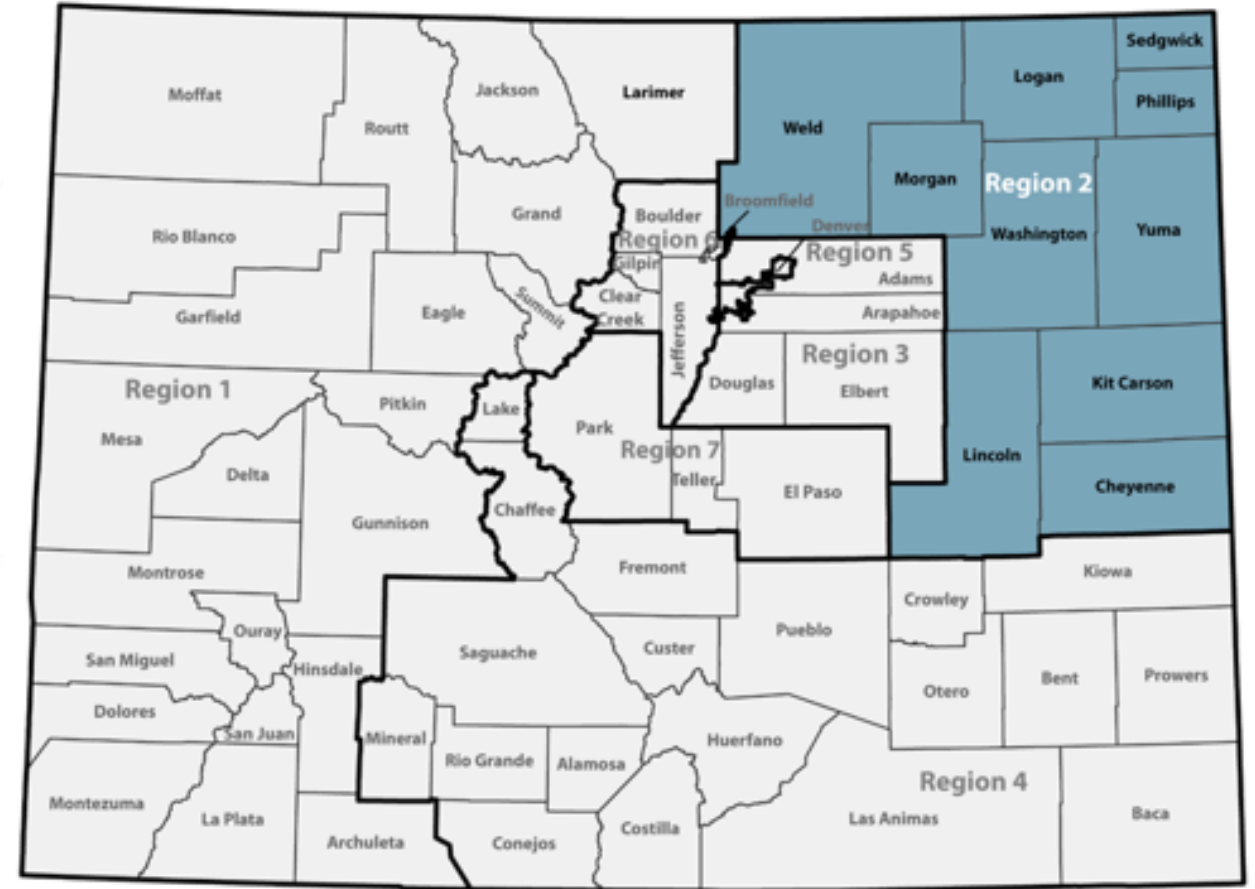
CMHCs:



Administrative Service Organization:

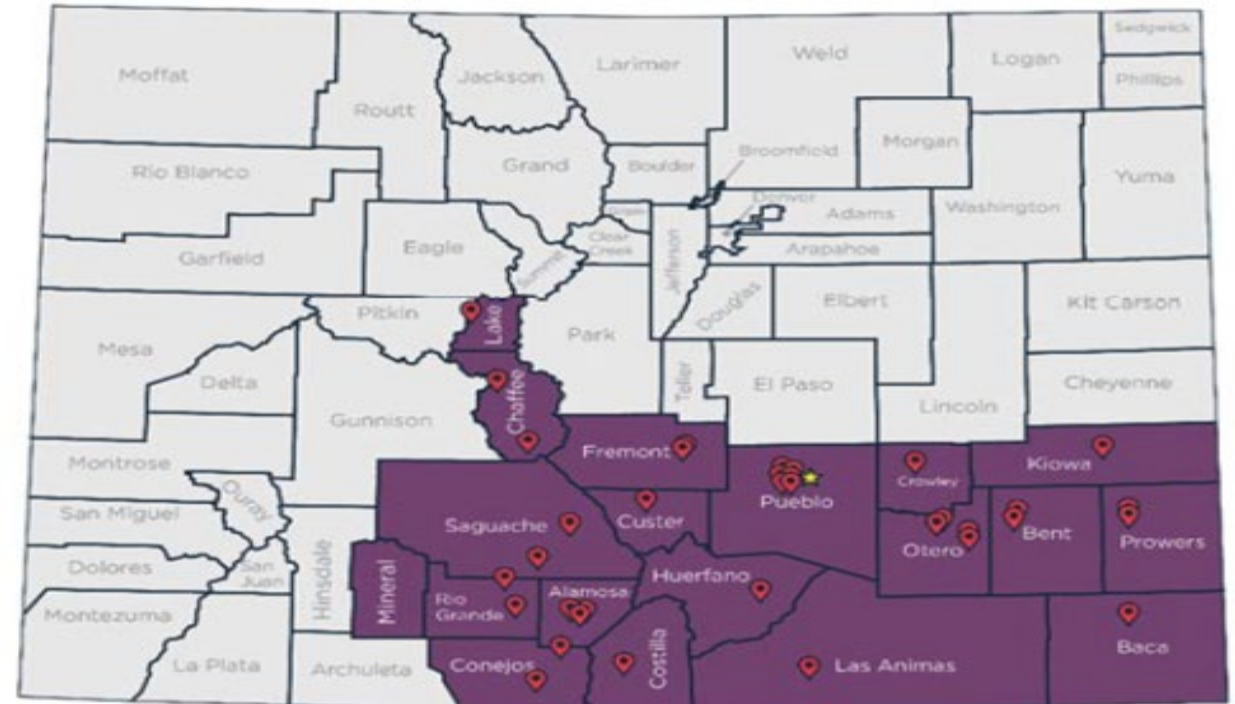


Northeast Health Partners





# HEALTH COLORADO



# What is a RAE Roundtable?

This is a monthly meeting where we share updates, provide information, training, and welcome your questions and discussion.

Feel free to share this invitation with colleagues who may also have an interest in attending.



# Agenda

1. Welcome and Introductions
2. CO Medicaid Eligibility, Application Process, and Renewal Process
3. Medicaid Benefit Updates
4. Rights and Responsibilities
5. Member Complaints
6. Provider Complaints
7. Member Appeal & State Fair Hearing Rights
8. Provider Claim Appeals
9. Carelon Resources
10. Updates
11. Reminders, Questions & Open Discussion



# Chapter 01

## Welcome and Introductions

Thank you for joining the August Provider Support Call



8/11/2023

# Chapter 02

## CO Medicaid Eligibility, Application and Renewals Process



# CO Medicaid Eligibility & Application Process

Many Coloradans have recently lost their jobs and their health care, and they may not know about all their options. Please help by sharing the information below

Any Coloradan who needs health care coverage should apply for Health First Colorado and CHP+.

- Applications can be submitted any time of the year--there is no enrollment period for Health First Colorado and CHP+
- No one should assume they don't qualify--there are different eligibility categories for different situations. The only way to know for sure is to apply!
- Anyone can apply online at [Co.gov/PEAK](https://www.colorado.gov/PEAK) or by phone at 1-800-221-3943 (Press "1" for phone applications)
- More information for applicants is on our website <https://www.colorado.gov/pacific/hcpf/colorado-medicaid>

Coloradans can also apply for financial help to purchase private health insurance through [Connect for Health Colorado](#). Anyone can apply within 60 days of a [life changing event](#), including loss of job-based coverage.



# CO Medicaid Eligibility & Application Process

For more information, useful tools, and tips about applying for Health First Colorado and CHP+ please visit:

<https://hcpf.colorado.gov/contact-hcpf>

or email:

[COProviderRelations@Carelton.com](mailto:COProviderRelations@Carelton.com)

The screenshot shows the HCPF website's 'Contact Us' page. At the top is the HCPF logo and navigation links: Home, For Our Members, For Our Providers, For Our Stakeholders, and About Us. Below the navigation bar, the 'Contact Us' title is followed by three buttons: 'Member Contacts' (blue), 'Provider Contacts' (green), and 'General Contacts' (yellow). The 'Member Contacts' section is active, displaying a list of links for members: 'Read about Health First Colorado (Colorado's Medicaid program) benefits', 'Learn how to request a Health First Colorado card', 'Find a nearby doctor, dentist, pharmacy, or other medical provider', and 'Get free around-the-clock medical advice by calling Health First Colorado's Nurse Advice Line'. Below this, a section titled 'If you still need help:' provides instructions for in-person and by-phone assistance, including contact information for the Department of Human Services and the Member Contact Center. A sidebar on the right titled 'Colorado PEAK Website' offers additional resources for account management and technical support.

**Member Contacts**

We're here to help you. Did you know you can ...

- Read about [Health First Colorado \(Colorado's Medicaid program\) benefits](#) and get answers to [Frequently Asked Questions](#).
- Learn how to [request a Health First Colorado card](#).
- Find a nearby doctor, dentist, pharmacy, or other medical provider on our [Find a Doctor](#) page.
- Get free around-the-clock medical advice by calling Health First Colorado's [Nurse Advice Line](#) at 1-800-283-3221.

**If you still need help:**

**In Person**

For in-person help please visit your county of residence's [Department of Human Services](#) or a [local application assistance site](#).

They can help you with:

- Applying for Health First Colorado benefits
- Questions about your benefits and co-payments
- Questions or issues with bills you may be receiving

**By Phone**

For help by telephone please call your county of residence's [Department of Human Services](#) or a [local application assistance site](#).

Current Health First Colorado (Colorado's Medicaid program) members have the option to call the Member Contact Center.

Toll Free: 1-800-721-3942 | State Relay: 711 | Fax: 303-866-4411

When you call you will need the member's Health First Colorado ID number, date of birth, and the last 4 digits of the member's Social Security Number.

The Member Contact Center's operational hours are Monday through Friday from 8 a.m. to 4:30 p.m. except for [state holidays](#) and the third Thursday of each month from 2 to 4:30 p.m. Phone applications are available Monday through Friday from 8 a.m. to 4 p.m.

Child Health Plan Plus (CHP+) members: Please see the [CHP+ page](#) for member support options.

**Colorado PEAK Website**

Apply for coverage, make changes to your account, and check the status of an application on the [PEAK website](#). See our [PEAK Guides](#) for detailed help with common tasks.

You can also download the [Health First Colorado mobile app](#) to keep your information up to date and find a doctor or dentist right from your phone.

If you need help with a technical issue on PEAK, such as password resets, error messages, or problems with navigation you can call, chat or email the PEAK Technical Support Center:

- Chat: Available 24/7 by clicking Online Assistance at the top of the PEAK site.
- Email: [CRMUS.Help@state.co.us](mailto:CRMUS.Help@state.co.us)
- Call: 1-800-250-7741 Monday-Friday, 7:30 a.m. to 5:15 p.m.



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# CO Medicaid Eligibility & Application Process

Who Qualifies for Health First Colorado?

Health First Colorado (Colorado's Medicaid Program)		
Who's Covered?	Requirements	Income
<ul style="list-style-type: none"><li>- Children, pregnant women, single adults, and families</li><li>- <a href="#">Health First Colorado</a></li></ul>	<ul style="list-style-type: none"><li>- Individuals ages 0 – 64 years old</li><li>- No disability requirement</li><li>- No resource limit</li></ul>	<ul style="list-style-type: none"><li>- Income limits based on household size and tax filer information. Some making more may qualify.</li><li>- <a href="#">Income Guidelines</a></li></ul>
<ul style="list-style-type: none"><li>- Certain parents or relatives living with a dependent child under the age of 19 who had Health First Colorado for at least 3 out of the last 6 months, may be eligible for up to 12 additional months of coverage after they exceed the income limit for your household.</li><li>- Parents and children may also qualify for a 4 month coverage extension if they exceeded the income limit due to an increase in alimony or spousal maintenance.</li></ul>		

For more information <https://www.colorado.gov/pacific/hcpf/Colorado-medicaid>

# CO Medicaid Eligibility & Application Process

There are several ways to apply:

- Online at - [Colorado.gov/PEAK](https://colorado.gov/PEAK) -- this is the fastest way to apply
- In person at your local county office or an Application Assistance Site
- By phone at 1-800-221-3943 / State Relay: 711
- By mail

For details on how to apply, visit: <https://www.healthfirstcolorado.com/apply-now/>



# CO Medicaid Eligibility & Application Process

## What Information Do I Need When Applying For Health First Colorado?

- The name, address, and contact information of each person applying;
- Social Security numbers of each member of your household seeking medical assistance (or document numbers for lawfully present individuals);
- The birth dates of each person applying;
- Employer information for each member of your household;
- Income information for each member of your household (for example, wage and tax statements such as pay stubs or W2 forms);
- Information about any other income you receive;
- Information and policy numbers for health insurance plans currently covering members of your household; and
- Citizenship and identity documentation



# Continuous Coverage Ending – What can providers do?

Remind members to update their contact information.

Check member eligibility to ensure member is still covered with Health First Colorado.

If members lost coverage because they are no longer eligible based on Federal Poverty Guidelines, they can be directed to Connect for Health Colorado.

If members inform you that they received a renewal packet and need help with completing it, direct them to DHS or a Certified Application Assistance Site (CAAS).

The renewal packet would have come in an envelope that states in RED letters: **URGENT – PLEASE REPLY**

Direct members to <https://www.healthfirstcolorado.com/renewals/> for more information





# Special Populations

## Long Term Services & Supports (LTSS)

- Renewal packets can take longer to complete and process
- LTSS renewal packets may require more documentation
- Members can still complete the renewal without having to reapply during the 90-day reconsideration period

## Kids & Enrollment

- HELP us encourage parents to still apply see if their kids qualify
- There is a Buy-In Program for Kids with disabilities for higher income families
- Consider back-to-school campaigns and partnerships



# Chapter 03

## Medicaid Benefit Updates



# Medicaid Co-pay Updates

## **Co-pay updates:**

Most co-pays have been removed for Health First Colorado members. This is related to SB23-222 and went into effect July 2023. See [Health First Colorado Co-Pays](#).

## **Exception:**

The exception is Emergency Room visits that are not considered an emergency. This will be an \$8 co-pay.



# Dental Benefit Updates

HCI & NHP are updating our health information sheets with these dental enhancements.

Encourage members to schedule their dental visits and educate members that preventative care visits are covered. There is no longer a \$1500 limit for dental

HEALTH FIRST COLORADO  
(COLORADO'S MEDICAID program)  
DENTAL PLAN

Change to Adult Benefit Limit Coming Soon



Starting on July 1, 2023, Health First Colorado (Colorado's Medicaid Program) has removed the limit to the amount of benefits for the Adult and the Intellectual and Developmental Disabilities (IDD) state plans. This change does not affect the services that are covered or how often you can receive them.

**Your Dental Benefits**  
Below you will find a summary of the dental benefits covered by Health First Colorado.

Services	Health First Colorado will pay
Diagnostic*(x-rays and exams)	100% of covered services
Preventive*(cleanings)	100% of covered services
Restorative*(fillings)	100% of covered services
Periodontics*(deep cleanings)	100% of covered services
Removable prosthetics*(dentures)	100% of covered services
Oral and maxillary surgery*(tooth extraction)	100% of covered services

\*Some procedures require Prior Authorization and have limited frequencies.


### Need more information or would like help?

**Access your member portal**  
Our member portal is available 24/7. You can access your dental benefit information online through the DentaQuest Member Portal Page. This allows you to check your dental benefits, download DentaQuest ID cards, and find a dental provider. To log in, you will need to create an account or use your existing one. Visit [memberaccess.dentaquest.com](https://memberaccess.dentaquest.com) for more information.


**Find a dental provider**  
If you don't have a dental provider yet, you can use our Find a Dentist tool on [DentaQuest.com/colorado](https://DentaQuest.com/colorado). Simply enter your address, city, or zip code to find a dental provider near you. You can also call us toll-free at 855-225-1729, TTY: 711.

**Schedule an appointment**  
Make sure to see your dental provider every six months to keep your teeth healthy and prevent any issues that could affect your overall health.

QUESTIONS?  
Contact Us.




Phone  
855-225-1729  
TTY 711



Website  
[DentaQuest.com/colorado](https://DentaQuest.com/colorado)

Need a ride?  
More information is  
available at  
<https://hcpf.colorado.gov/nemtlst>



**Oral Health Tip:**  
Caring for your teeth as you age can prevent tooth decay and tooth loss, and leads to a longer, more productive life.

# Member Handbook – great resource to give to members. Available in English & Spanish

Member Handbook:

<https://www.healthfirstcolorado.com/wp-content/uploads/2020/05/Health-First-Colorado-Member-Handbook.pdf>

Benefit Link:

<https://www.healthfirstcolorado.com/benefits-services/>

Member Handbook is also found on our websites.



# Benefit for Children: Early & Periodic Screening, Diagnostic & Treatment (EPSDT)

## EPSDT IS:

- A comprehensive healthcare plan focused on **prevention** and **early treatment**.
- A **flexible plan** with a menu of benefits available to be tailored to children's individual and developmental needs, not to private insurer benchmarks.
- Medical necessity is different under EPSDT compared to the regular definition of medical necessity.

## EPSDT is NOT:

- A special funding program.
- A stand-alone coverage with a special application process.
- A freestanding funding source for a limited class of services.

# Medical Necessity

The EPSDT medical necessity standard is whether the service corrects or ameliorates a condition

1. Medical necessity must be determined on a case-by-case individual basis and must fully consider EPSDT criteria
2. HCPF and its managed care entities or Utilization Management Vendors may require prior authorization in order to safeguard against unnecessary use of services
3. Prior authorization cannot delay or deny medically necessary services
4. Hard or fixed limits may not be imposed





# Early and Periodic Screening Responsibilities

States have the responsibility to ensure that all eligible children (and their families) are informed of both the availability of screening services, and that a formal request for an EPSDT screening service is not required.

States must meet EPSDT requirements to provide state-defined medically necessary 1905(a) services in amount, scope and duration to correct or ameliorate the condition.

States must provide or arrange for screening services both at established times and on an as-needed basis. Covered screening services are medical, mental health, vision, hearing and dental. Medical screenings has five components:

- 1.** Comprehensive health and developmental history that assesses for both physical and mental health, as well as for substance use disorders;
- 2.** Comprehensive, unclothed physical examination;
- 3.** Appropriate immunizations, in accordance with the schedule for pediatric vaccines established by the Advisory Committee on Immunization Practices;
- 4.** Laboratory testing (including blood lead testing; and
- 5.** Health education and anticipatory guidance for both the child and caregiver.





# What is an EPSDT Service?

Regular preventive care, a robust menu of medical care and a pediatric standard of medical necessity add up to: early identification and integrated treatment of kids' health problems!



The right **CARE**  
(medical, vision, hearing,  
behavioral, and dental)



To the right **CHILD**  
(children aged 20 and under)



At the right **TIME**  
(Bright Futures guidelines)



In the right **SETTING**



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# EPSDT Individualized and Preventative Care

## Individualized care:

- Coverage for acute, chronic and development problems.
- Broad, Federally Defined Menu of Medical Care
- National Standard of Review for Medical Necessity

EPSDT covers regular screening services (check-ups) for infants, children and adolescents. These screenings are designed to identify health and developmental issues as early as possible.

## Preventative Care:

"Children's health problems should be addressed **before** they become advanced, challenging or debilitating and **before** treatment becomes difficult and more costly."

§1905(r): States must provide "Early and Periodic Screening, Diagnostic and Treatment Services" to 'Correct or Ameliorate' Diagnosed Physical, Behavioral or developmental health conditions and defects.

# Diagnostic Services

When a screening identifies a risk, the child or youth must be promptly referred for diagnostic services.

- 1.** Any visit or contact with a qualified medical professional is sufficient to satisfy the EPSDT screening requirement
- 2.** A screening service provided before a child enrolls in Medicaid is sufficient to trigger EPSDT coverage for follow-up diagnostic services and necessary treatment
- 3.** A child's diagnostic service may be performed by a physician or other qualified practitioner



# Chapter 04

## Rights & Responsibilities



# Member's Rights & Responsibilities

## Rights

Be treated with respect and consideration for your privacy and dignity.

Get information in a way you can easily understand. This includes language services.

Get information from your provider about treatment choices for your health condition.

Be involved in all decisions about your health care and say “no” to any treatment offered.

Not be secluded or restrained as a punishment or to make things easier for your provider.

Ask for and get a copy of your medical records and ask that they be changed or corrected.

## Responsibilities

Understand your rights.

Follow the Health First Colorado's (Colorado's Medicaid Program) handbook.

Treat other members, your providers and staff with respect.

Choose a provider from your plan network or call us if you want to see a different provider.

Pay for services you get that are not covered by Health First Colorado.

Tell your provider and Health First Colorado if you have other insurance or family or address changes.

The above list is just a sample of members' R&R. For full list, go to our website under members/R&R tab

# Provider Responsibilities



Review rights with members



Have information about rights and how to file a complaint posted in a prominent place at your practice



Posters Available For Free in Spanish and English

Rights & Responsibilities  
How to File a Complaint  
You can print these from the websites



To request posters email:



Coproviderrelations@carelon.com



# Ombudsman Policy

The RAE’s Ombudsman Policy is located on respective websites under Members/Complaints & Appeals Tab.

The Ombudsman for Health First Colorado Managed Care can help members file a complaint or an appeal.

Members can contact the Behavioral Health Ombudsman Office of Colorado for a parity issue.



Standard Operating Procedure		
SOP Number: 308L	Category:	Page 1 of 5
Title: Working in Partnership with the Ombudsman for Medicaid Managed Care	Original Date of Issue: 12/01/2013	
Keyword Search: Ombudsman	Date Approved: 12/29/2022	

Carelon Behavioral Health Policies and Procedures cover the operations of all entities within the Carelon Behavioral Health Holdings, LLC corporate structure, including but not limited to Carelon Behavioral Health Strategies LLC and Carelon Behavioral Health, Inc.

Reviewed <input type="checkbox"/>	Revised <input type="checkbox"/>	New <input type="checkbox"/>	Approval Signatures:
<small>To select double click box, select Checked, then OK</small>			
Functional Area(s) Involved in Review: Member Services			
Service Center/Engagement Center: Colorado Springs			
Previous Approval Date: 7/14, 9/15, 8/16, 1/18, 9/21, 12/22			Lynne A. Fabian, LPC Manager, Health Care Promotion Outreach Specialist
			Next Annual Review Due: 12/29/2023

- I. Purpose:  
To describe the procedures for collaborating with the Ombudsman for Health First Colorado (Colorado’s Medicaid Program) Managed Care.
- II. Policy:
  - a. The Regional Accountable Entity (RAE) ensures that Health First Colorado members have a voice in their care delivery. The RAE recognizes that many Health First Colorado Members benefit from having an advocate work on their behalf when using the complaint process or seeking specific services.
  - b. The RAE will not interfere with advocacy relationships between members and whom they choose as an advocate.
  - c. The RAE will utilize and refer members to the Ombudsman for Medicaid Managed Care to help with problem solving, complaint resolution, in-plan, and administrative law judge (ALJ) hearing level appeals, and referrals for community resources, as appropriate.
  - d. The RAE will collaborate with the Ombudsman and share Personal Health Information (PHI) without a signed release on matters outside of psychotherapy notes or substance use disorder-related information. The RAE will collaborate with the Ombudsman except if a member has signed a release with explicit instructions to not share information about their healthcare with the Ombudsman.

# Chapter 05

## Member Complaints





# Complaint Defined

Health First Colorado's Member Handbook informs members: You have a right to complain. This may also be called a grievance. You can complain about anything except a decision about your coverage or pre-approval of services. For example, you can complain if you are unhappy with your service or think you were treated unfairly. You cannot lose your coverage for filing a complaint. That's the law!

HCPF defines complaint as an oral or written expression of dissatisfaction about any matter other than an Adverse Benefit Determination.



# Members have the right to file a Complaint

- If a Member raises an issue or concern about ANY **of their providers; which could include** their Primary Care Medical Provider, a Specialist, or their Behavioral Health Provider, they can talk to that provider or file a complaint with the RAE or one of the RAE's delegated advocates.
- A Member can designate a provider, a family member, or anyone they choose as a Designated Client Representative (DCR) to file a complaint on their behalf.
- Members cannot be punished for filing a complaint.
- Members/Guardians/DCRs can file a complaint verbally or in writing.
- Members/Guardians/DCRs can file a complaint at ANY TIME and for ANY REASON.
  - There is no time limit to file a complaint!
- Beacon follows 42 CFR.438 regulations in handling complaints.



# What Happens When a Member Complaint is Filed?

- A letter is sent to the Member within two (2) business days that acknowledges receipt of the complaint.
- The complaint investigation will be completed within fifteen (15) business days of the day they filed the complaint. A one-time fourteen (14) day calendar extension can be requested by the Member or the RAE if it benefits the Member. Members will be informed if more time is needed to resolve the complaint.
- A complaint resolution letter will be sent to the Member explaining the results of the investigation.
- If the Member does not agree with the results of the investigation, they can ask for a “Second Level Review”. This review is completed by the Colorado Department of Health Care Policy and Financing, Medicaid Managed Care Contract Manager. The results of this review are final.
- The Member also has the right to ask for a review by contacting the Ombudsman for Health First Colorado Managed Care. There is an Ombudsman Policy on the websites for providers to review.

# Where do you direct Members to Make a Complaint?

Member/Guardian/DCR can write, call or email us at:

Community Outreach Manager  
10855 Hidden Pool Heights, Suite 260  
Colorado Springs, CO 80908

888-502-4185 (Health Colorado)

Email: [healthcolorado@carelon.com](mailto:healthcolorado@carelon.com)

or

888-502-4189 (Northeast Health Partners)

Email: [northeasthealthpartners@carelon.com](mailto:northeasthealthpartners@carelon.com)

Members can contact the Ombudsman at: 303-866-2789; email: [ombuds@bhoco.org](mailto:ombuds@bhoco.org). Website: [www.bhoco.org](http://www.bhoco.org).

A Complaint Guide can be found on our websites:

[www.northeasthealthpartners.org](http://www.northeasthealthpartners.org) or [www.healthcoloradorae.com](http://www.healthcoloradorae.com) under the member tab/complaints and appeals.



**\*\*How to File a Complaint Posters available upon request. Please contact the Community Outreach Manager \*\***



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# Chapter 06

## Provider Complaints



# Provider Complaints

Providers can contact Carelon Behavioral Health to file a complaint at our email or toll-free numbers:



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[coproviderrelations@carelon.com](mailto:coproviderrelations@carelon.com)



HCI: 888-502-4185  
NHP: 888-502-4189



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8/11/2023

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# Chapter 07

## Member Appeal & State Fair Hearing Rights



# Appeal Facts

1

A clinical appeal is the member's right in Colorado. Members can designate a person of their choice (including a provider) to request an appeal on their behalf by filling out a Designated Client Representative (DCR) Form. This is found on the website under Members/Complaint and Appeals.

---

2

The member has 60 calendar days from the date the notice of adverse benefit determination letter is sent to request an appeal for a denied behavioral health service.

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3

There is only one level of appeal for members.

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4

Providers do not have the right to request a Clinical Appeal in the State of Colorado. A provider can request an appeal for a claims issue by calling **(800) 888-3944**.

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# Who Can File an Appeal for a Member

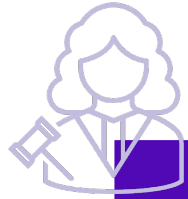
Members can appoint anyone to be their Designated Client Representative (DCR) to request an appeal on their behalf. This person can be a family member, a service provider, or anyone else they choose. The member can call the RAE's Community Outreach Manager to find out when a DCR and/or ROI form is needed.

Members can find an Appeal Guide, ROI or DCR form on our website: [www.northeasthealthpartners.org](http://www.northeasthealthpartners.org) or [www.healthcoloradocolorado.com](http://www.healthcoloradocolorado.com) under the member tab/complaints and appeals.

If a Member/Guardian/DCR requests an Expedited (quick) appeal, the MD for the RAE needs to make a decision if the standard appeal timeframes would jeopardize a member's life, physical or mental health. If approved, the "appeal clock" starts ticking, otherwise, we will make a decision within ten (10) business days.

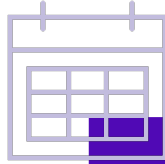


# State Fair Hearing (SFH)



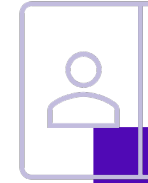
## Administrative

- All appeal rights need to be exhausted prior to members requesting a State Fair Hearing (SFH) before an Administrative Law Judge -- unless the RAE does not follow appeal timeframes.



## Law

- Members/Guardians/DCRs can request a State Fair Hearing up to 120 days from the Appeal Decision date. Members may have any representative they would like at the SFH.



## Judge

- Members can ask our Community Outreach Manager for help needed to contact Office of Administrative Courts to request a SFH.
- 1525 Sherman Street, 4<sup>th</sup> Floor, Denver, CO 80203
- 303-866-2000



# Continuation of Benefits During an Appeal OR State Fair Hearing

If a Member wants services to continue during an appeal or State Fair Hearing, the member must ask the RAE that their services continue. *A provider cannot make this request on behalf of the Member.*

The Member must make this request within ten (10) days from date they received the Notice of Adverse Benefit Determination letter or Upheld Appeal Decision letter. The Member may be liable for the cost of continued services if the appeal or SFH decision is upheld.

There is an Appeal Guide and State Fair Hearing Guide on the RAE's website to provide to members



# Continuation of Services: Standards that must be met:

## **Standards for continuation of services during an Appeal or State Fair Hearing**

- The service must have been ordered by an authorized provider
- The Member must ask to continue the service by calling their RAE within ten (10) business days

## **Standards for Continuation of Services during an Appeal**

- The time period for the authorized service must not be over yet
- The services were denied, reduced, or stopped
- The Member has sixty (60) days from the date of the adverse benefit determination to file an appeal

## **Standards for Continuation of Services during a State Fair Hearing**

- The previously authorized services were denied, reduced, or stopped
- The Member can request a State Fair Hearing up to 120 days from the upheld appeal
- Services must have been continued during an appeal to request continuation of services during a SFH



# Chapter 08

## Provider Claim Appeals



# Provider Claims Appeals



Providers can contact the Claims Department at Carelon Behavioral Health to appeal or challenge a behavioral health service that was not paid for. *This is different than a claims payment, that is not paid based on a clinical denial.* The number for the Claims Department is **1-800-888-3944**. Providers can also write:

Claims and Claims Appeals Carelon  
Attn: Health First Colorado Claims  
PO Box 1850 Hicksville NY 11802-1850

For Physical Health Claims Appeals, providers will need to contact Health First Colorado at 1-844-235-2387.



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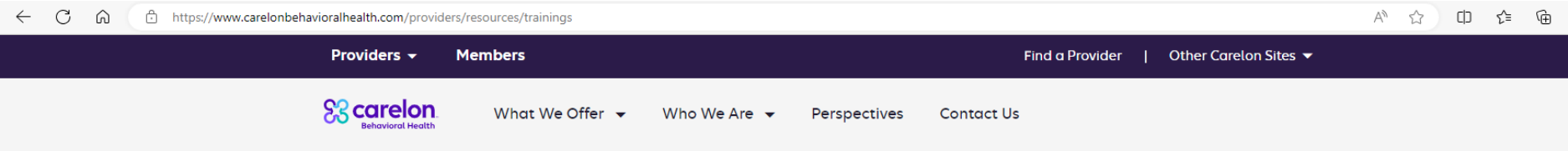
# Chapter 09

## Carelon Resources



# Carelon Resources – Cultural Competency Resources

https://www.carelonbehavioralhealth.com/providers/resources/trainings



## Webinar and training archive\*

✓ Clinical training

^ Cultural competency training

[Cultural Competency Training - Reducing Health Disparities by Addressing Cultural Diversity](#)

The My Diverse Patients website offers learning experiences and resources to help you provide the individualized care every patient deserves, regardless of their diverse backgrounds.

[My Diverse Patients website](#)



# Carelon Resources – Cultural Competency Resources

## Cultural Competency Training - Reducing Health Disparities by Addressing Cultural Diversity

### Learning Objectives

- Define culture, cultural competence, and cultural humility and its impact and importance in healthcare
- Examine the benefits and tips for effective communication in delivering adequate and culturally sensitive healthcare
- Utilize tips and strategies when working with seniors and people with disabilities
- Understand terminology and strategies to delivery culturally appropriate healthcare to LGBTQIA+ population



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### Culture and Cultural Competence

- **Culture** refers to integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs, values and institutions that unite a group of people. Culture is also shaped by geography, gender identity, family structure, and lived experiences.
- **Cultural Competence** is the capability of effectively interacting with people from different cultures.
- Watch this video to learn more about [cultural competence & humility](http://minorityhealth.hhs.gov)
- **Cultural Humility** is the personal, lifelong commitment to self-evaluation and self critique. It is also the recognition of power dynamics and imbalances, a desire to fix those power imbalances and to develop partnerships with people and groups who advocate for others.



Adapted from: <http://minorityhealth.hhs.gov> and <http://ready.web.unc.edu>

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# Carelon Resources – Cultural Competency Resources

## Cultural Competency Training - Reducing Health Disparities by Addressing Cultural Diversity

### How Does Culture Impact Healthcare?

As a healthcare professional your level of cultural awareness helps you modify your behaviors to respond to the needs of others while maintaining a professional level of respect, objectivity, and identity.

Adapted from: <http://minorityhealth.hhs.gov>

#### Culture informs:

- Concepts of health and healing
- How illness, disease and their causes are perceived
- Behaviors of patients who are seeking health care
- Attitudes toward health care providers

Source: Industry Collaboration Effort

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### Communication: The Foundation of Culturally Competent Care

▪Effective patient-provider communication has been linked to:

- Increase in patient satisfaction
  - Better adherence to treatment recommendations
  - Improved health outcomes

▪Patient-centered care “encompasses qualities of compassion, empathy, and responsiveness to the needs, values, and expressed preferences of the individual patient.”

▪Combining the elements of effective communication and patient-centeredness into care delivery has been shown to improve patients’ health and healthcare.

Source: [https://www.jointcommission.org/assets/1/18/LGBTFieldGuide\\_WEB\\_LINKED\\_VER.pdf](https://www.jointcommission.org/assets/1/18/LGBTFieldGuide_WEB_LINKED_VER.pdf)  
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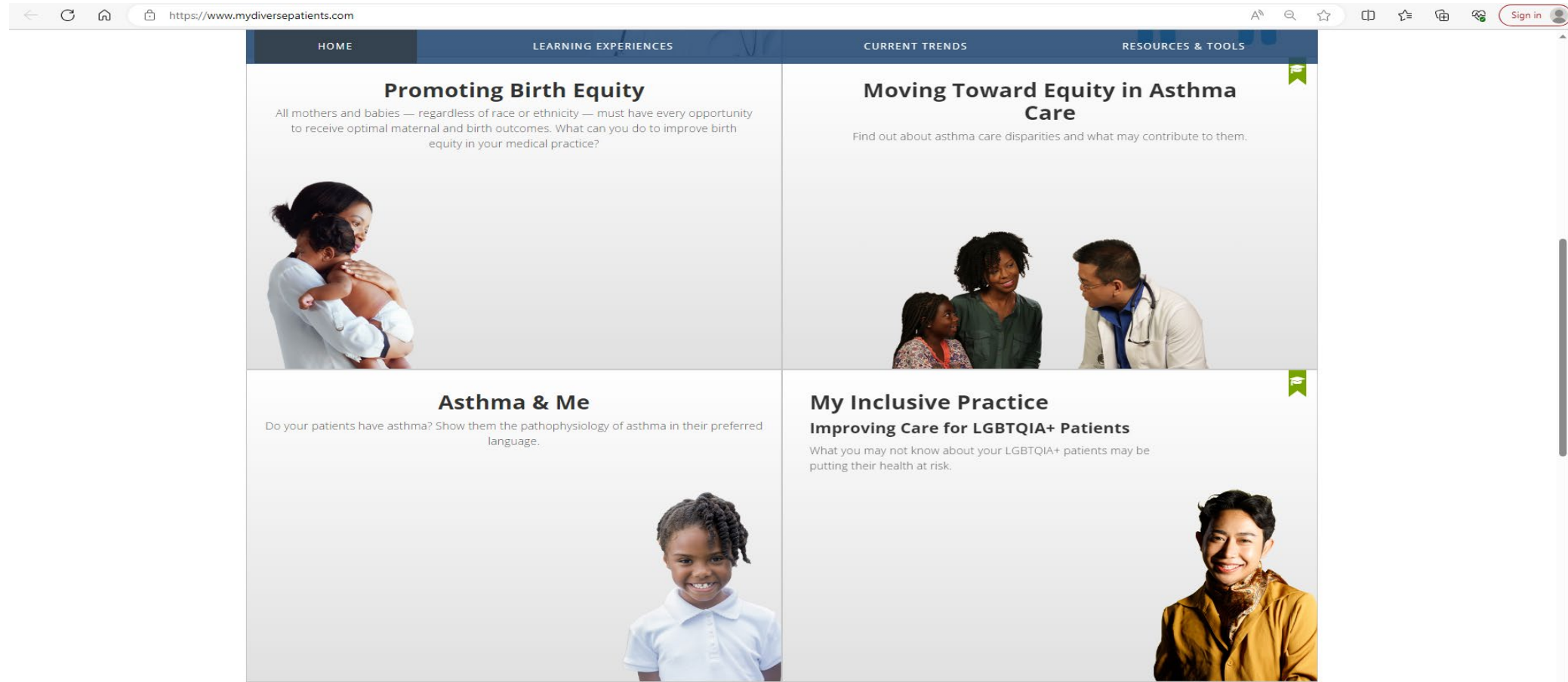
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My Diverse Patients website: <https://www.mydiversepatients.com/>



# Carelon Resources – Cultural Competency Resources

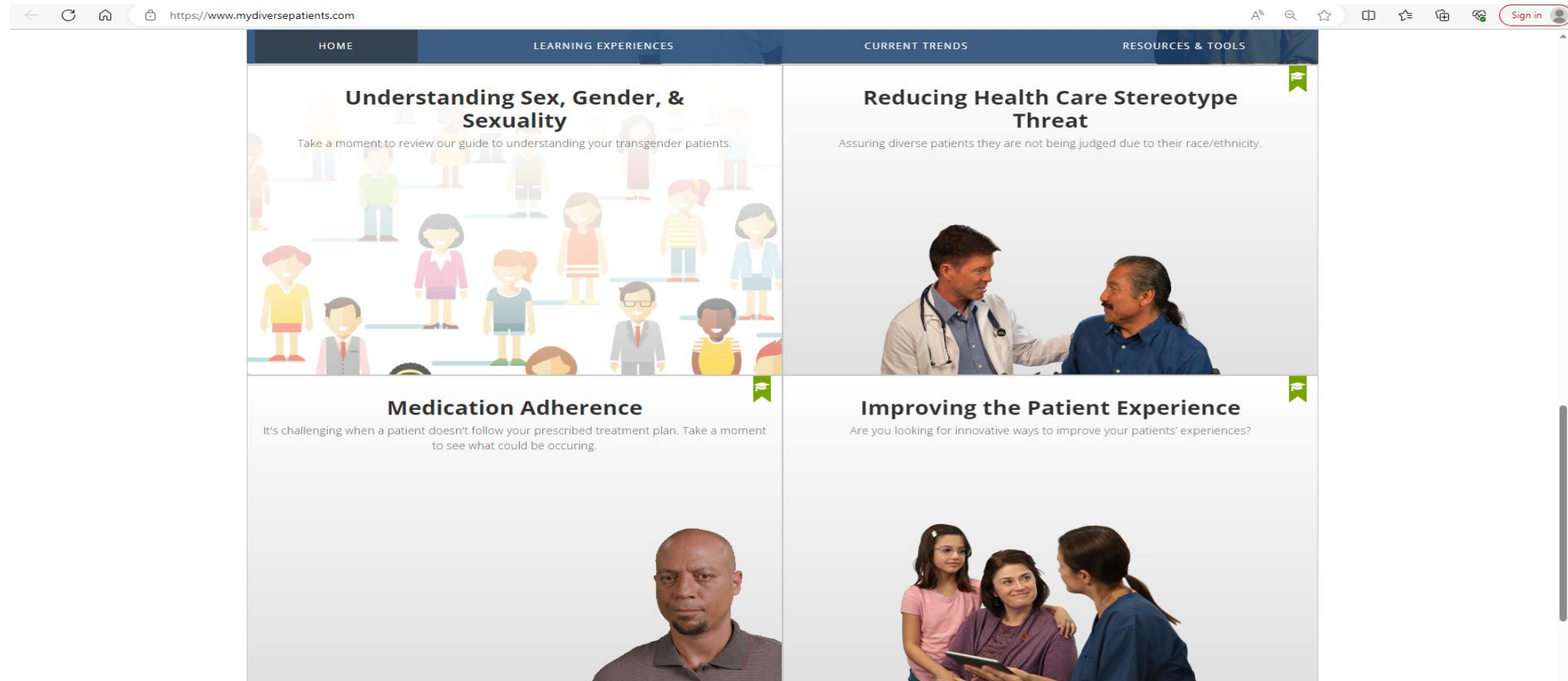
My Diverse Patients website: <https://www.mydiversepatients.com/>





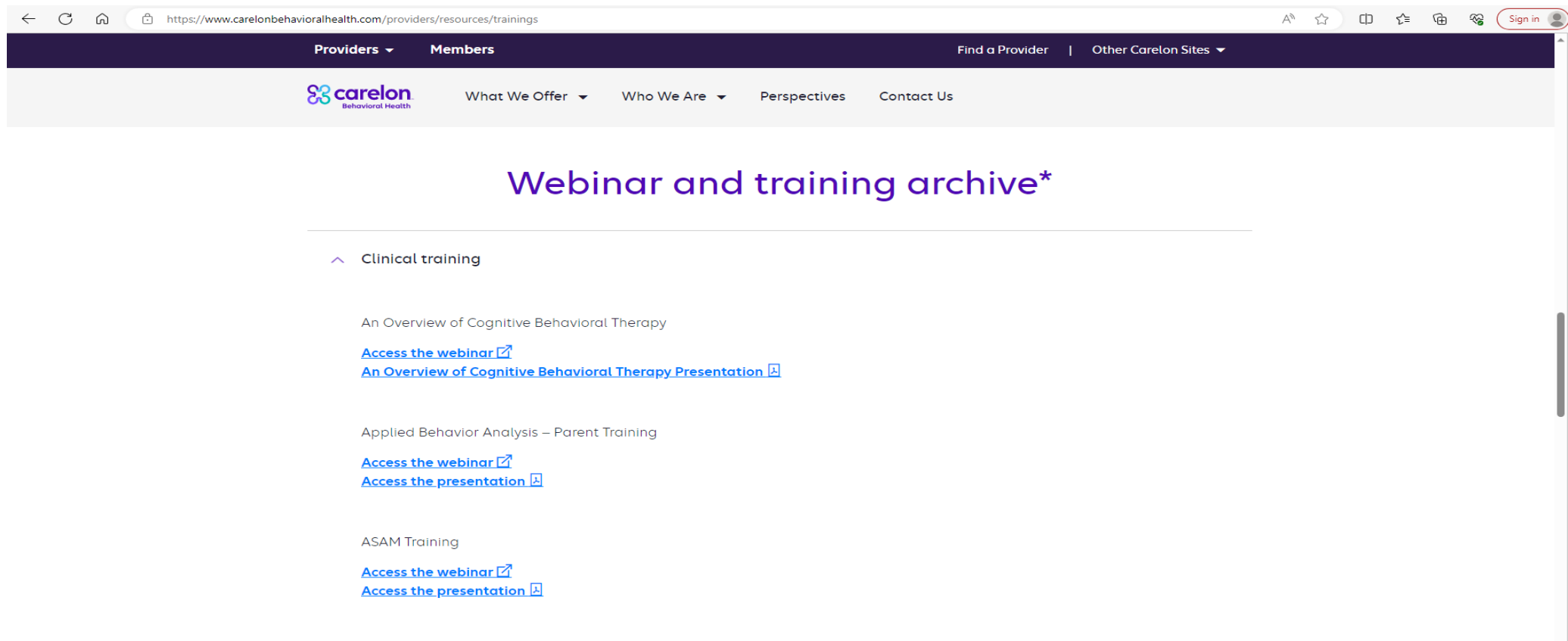
# Carelon Resources – Cultural Competency Resources

My Diverse Patients website: <https://www.mydiversepatients.com/>



# Carelon Resources – ASAM Training

<https://www.carelonbehavioralhealth.com/providers/resources/trainings>



The screenshot shows a web browser displaying the Carelon Behavioral Health website. The URL in the address bar is <https://www.carelonbehavioralhealth.com/providers/resources/trainings>. The website has a dark purple header with navigation links: 'Providers', 'Members', 'Find a Provider', and 'Other Carelon Sites'. Below the header is a light gray section with the Carelon logo and links for 'What We Offer', 'Who We Are', 'Perspectives', and 'Contact Us'. The main content area is titled 'Webinar and training archive\*' and lists three training categories: 'Clinical training', 'Applied Behavior Analysis – Parent Training', and 'ASAM Training'. Each category has links to 'Access the webinar' and 'Access the presentation'.

[Access the webinar](#)

[Access the presentation](#)

[Access the webinar](#)

[Access the presentation](#)

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# Carelon Resources – ASAM Training

<https://www.carelonbehavioralhealth.com/providers/resources/trainings>

Chapter

01

## Background on ASAM

“We help people live  
their lives to the  
fullest potential.”

Our Commitment



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Chapter

02

## Application

“We help people live  
their lives to the  
fullest potential.”

Our Commitment



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# Carelon Resources – ASAM Training

<https://www.carelonbehavioralhealth.com/providers/resources/trainings>

## Key topics covered include:

- Risk Rating
- Dimensions 1 thru 6
- Application of Severity Rating Matrix
- Continuum of Care



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# Chapter 10

## Updates



# Carelon Training Webinars

Carelon offers monthly training webinars for providers. Here is the list of scheduled webinars for July.

You can register for any of these trainings by going to:

<https://www.carelonbehavioralhealth.com/providers/resources/trainings>

## Upcoming Webinars

Overdose Prevention in Opioid Use Disorders  
Wednesday, August 16, 2023 at 3 p.m. ET

Claims Submission Guidance  
Thursday, August 24, 2023 at 12 p.m. ET

ProviderConnect Overview  
Wednesday, August 16, 2023 at 2 p.m. ET



# August HCPF Trainings

**Beginner Billing Training: Professional Claims:** This training will show you how to navigate the HCPF website, understand billing prerequisites, and how to complete basic billing. Scheduled – **August 10th at 9AM**

**Beginner Billing Training: Institutional Claims:** This training will show you how to navigate the HCPF website, understand billing prerequisites, and how to complete basic billing. Held the 3<sup>rd</sup> Thursday of each month. Next training – **August 24th at 9 AM**

**Beginner Billing Training: Professional Claims:** This training will show you how to navigate the HCPF website, understand billing prerequisites, and how to complete basic billing. Scheduled – **September 14th at 9AM**

A full list of trainings, resources, and calendars of trainings please visit the HCPF website:  
<https://hcpf.colorado.gov/provider-training>

# Chapter 11

## Reminders, Questions & Open Discussion



# Community Partners PHE Unwind Webinar information

**Time:** 1 – 2:30 pm

**Dates:**

October 25, 2023

**\*\* Please note this is the final live training session**

To register, go to:

<https://hcpf.colorado.gov/covid-19-phe-planning>



Register

You can review previous presentations by going to the above website.



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# Carelon Resources – How to connect...

Call the National Provider Service Line (NPSL) at:  
**800-397-1630**

Email Colorado Provider Relations at:  
**CoProviderRelations@carelon.com**



# Stay Up To Date

Every month we provide a Newsletter that has information for providers- including upcoming webinars, events, updates, and resources.

Be sure to check out the Inspire Wellness newsletter!!

To sign up please email:

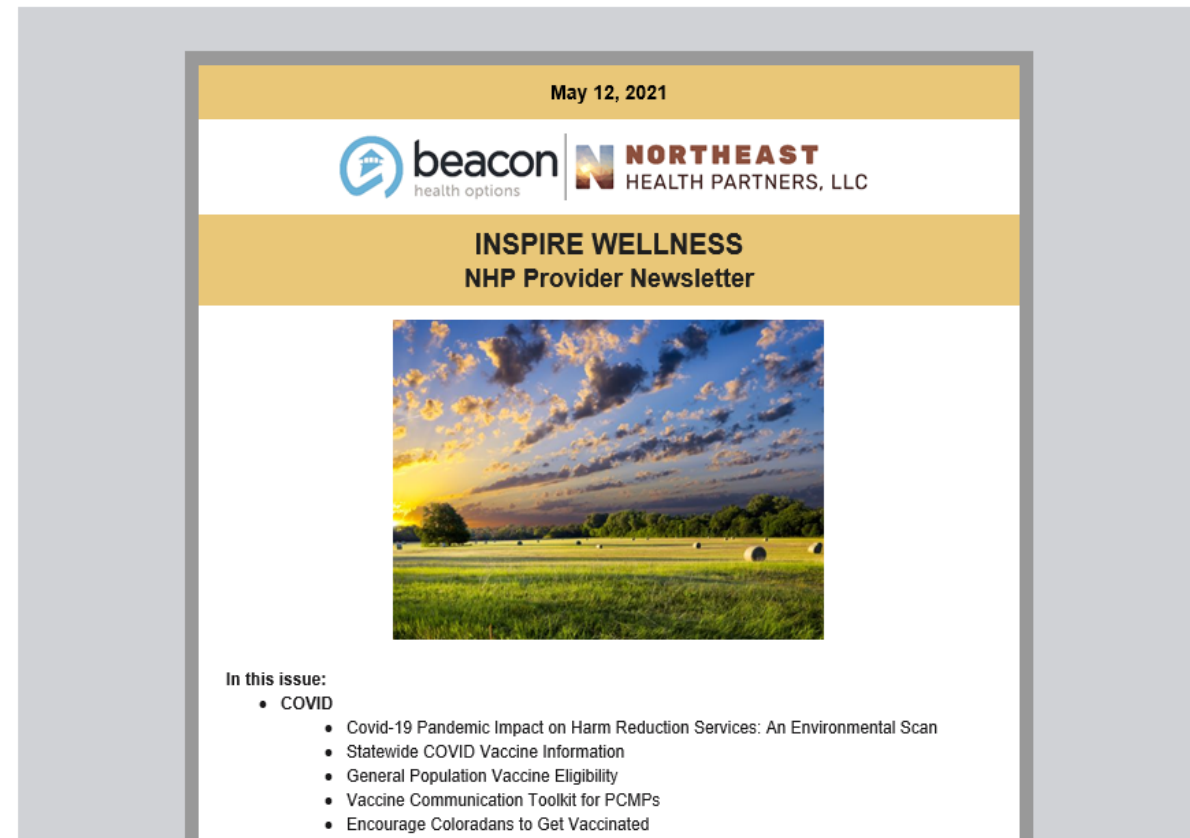
[CoProviderRelations@carelon.com](mailto:CoProviderRelations@carelon.com)



Wed 5/12/2021 7:02 AM

Beacon Health Options Provider Relations <coproviderrelations@beaconhealthoptions.com>

NHP Provider Newsletter 5.12.2021



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# Upcoming Training

The Next RAE Roundtable

The 2<sup>nd</sup> Friday of the month

September 8, 2023

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# Thank you

## Contact Us



 888-502-4189

 888-502-4185


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