

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

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 9, 2024

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:



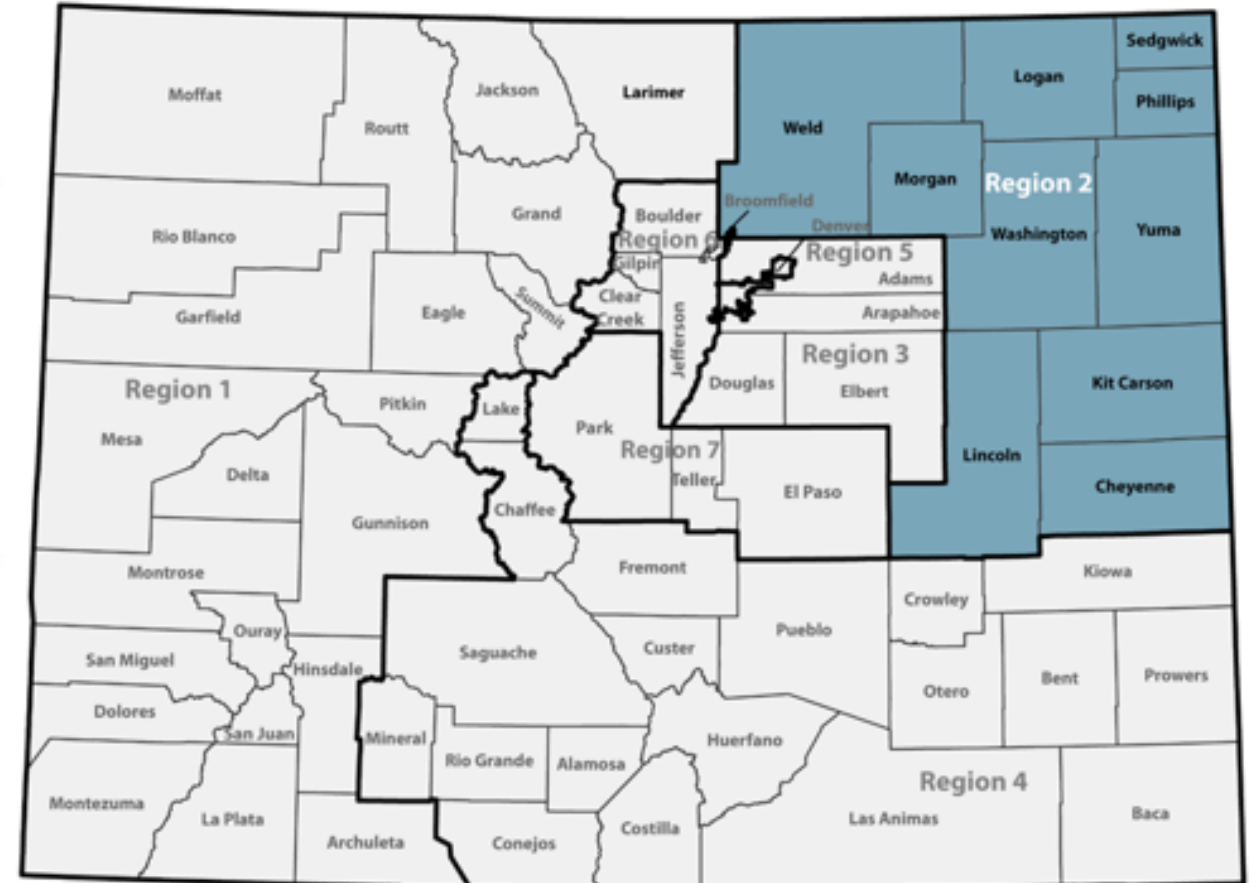
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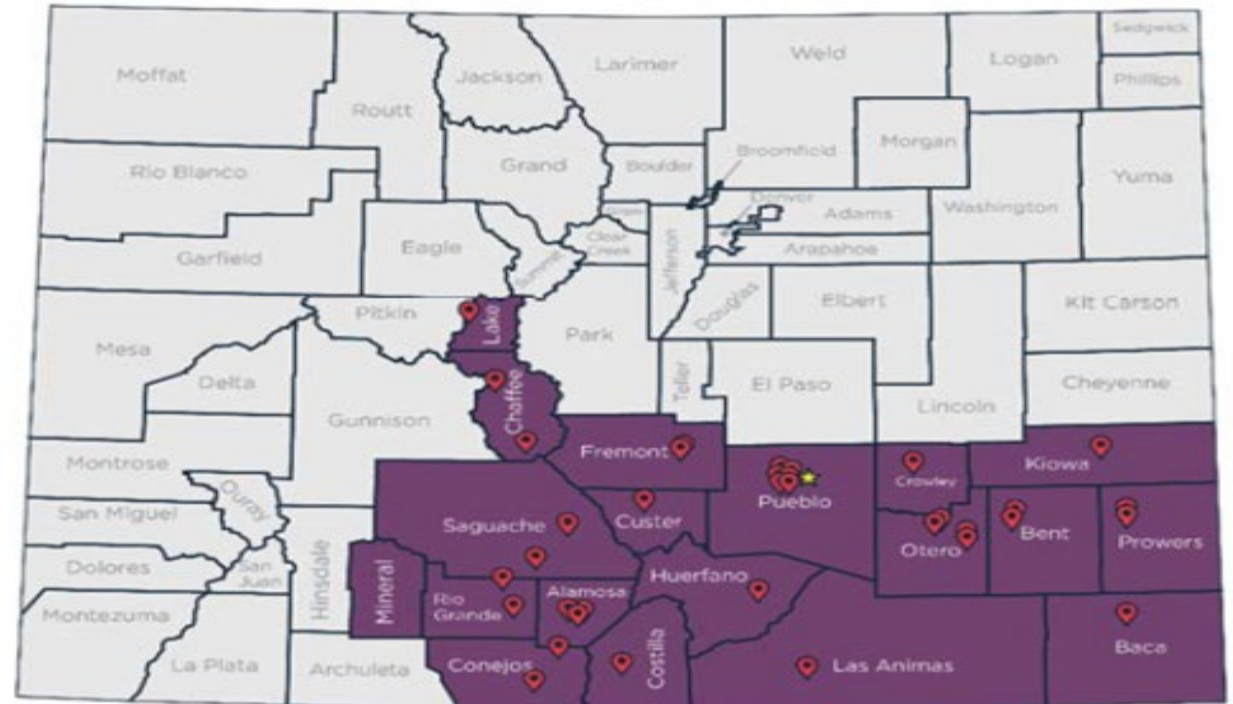


Administrative Service Organization:



Northeast Health Partners





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 also have an interest in attending.

Agenda

1. Welcome and Introductions
2. Member Benefit Updates
3. EPSDT - Early and Periodic Screening Diagnostic and Treatment
4. Billing Updates and Changes
5. CO Medicaid Eligibility and Application Process
6. Access to Care Standards
7. Updates
8. Reminders and Questions



Chapter 01

Welcome and Introductions

Thank you for joining the Provider Support Call/Roundtable

Chapter 02

Member Benefits Updates

Presented by Lynne Fabian, Carelon

Medicaid Benefits

Medicaid Benefits and Services

If a member qualifies for Health First Colorado, some of the benefits they can receive include:

- Behavioral health
- Dental services
- Emergency care
- Family planning services
- Hospitalization
- Laboratory services
- Maternity care
- Newborn care
- Outpatient care
- Prescription drugs
- Preventive and wellness services
- Primary care
- Rehabilitative services

See a full list of benefits and co-pays by visiting: <https://www.healthfirstcolorado.com/benefits-services/> and learn more about coverage and how to use it in the latest [Health First Colorado Member Handbook](#).



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HEALTH
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Transportation

- ✓ Intelliride is now Transdev Health Solutions.
<https://transdevhealthsolutions.com/colorado/>
- ✓ May shift to a one vendor model for the entire state
- ✓ Over 25 mileage form – the state is considering expanding this to 50 miles
- ✓ The Child Accompaniment Rule was approved by the Medical Services Board on 7/12/2024. The rule update will allow children and siblings under age 18 or dependent adults to travel with parents/caregivers to medical appointments. Goes into effect August 30, 2024.



Keep Coloradans Covered – HB22-1289



- Health First Colorado covers 40% of births in Colorado.
- HB22-1289 – known as the Health Benefits for Children and Pregnant Persons or the Cover All Coloradans bill expands health coverage to children and pregnant persons regardless of immigration status.
- Certified Mid-wives and doulas were added as a provider type for pregnant persons in 2024.
- Expanded breastfeeding benefits



Member Handbook – assisting members with their benefits

[Member Handbook](#): Remind members that there are great resources on our websites that include a member handbook in English and Spanish. The RAE will send anything on our website within 5 days at members' request.

[Benefit Link](#): If members ask about any of their benefits, you can direct them to the state's benefit link or try to help with any questions.



Chapter 03

EPSDT - Early and Periodic Screening Diagnostic and Treatment

Presented by Lynne Fabian, Carelon

Early and Periodic Screening Diagnostic and Treatment (EPSDT)

EPSDT benefit

- ✓ Health First Colorado (Colorado's Medicaid Program) is federally required to have EPSDT benefits for members 20 years of age and younger
- ✓ The goal is for kids to stay as healthy as possible by having regular screenings at well visits
- ✓ All services are free for Health First Colorado members 20 years of age and younger
- ✓ Colorado uses Bright Future guidelines for screenings

EPSDT – Additional information

- EPSDT is a federally mandated Medicaid benefit under Title 19. It is not a program or a waiver. Medicaid members aged 20 and under have Medicaid benefits under the Title 19 program, and therefore are entitled to EPSDT benefits. Children in CHP+ do not have EPSDT benefits as CHP+ is a different Title.
- Children do not have to enroll in or request EPSDT – it is part of their benefit structure.
- EPSDT is a comprehensive healthcare plan focused on [prevention](#) and [early treatment](#). It is a flexible plan with a menu of benefits available to be tailored to children's individual and development needs, not to private insurer benchmarks.
- EPSDT is [not](#) a special funding program, a stand-alone coverage with a special application process, or a freestanding funding source for a limited class of services.
- EPSDT covers all medically necessary services included within any category of Medicaid services listed in Section 1905 (a) and is not limited to services included in the Colorado Medicaid State Plan. Services must be deemed effective to correct or ameliorate a diagnosed condition.



Mandatory and Optional Services

Medicaid Covered Services

Under EPSDT, states must cover all medically necessary services, including those that are “optional” for adults

Mandatory Services

- ✓ Family planning services and supplies
- ✓ Federally Qualified Health Clinics and Rural Health Clinics
- ✓ Home health services
- ✓ Inpatient and outpatient hospital services
- ✓ Laboratory and X-Rays
- ✓ Medical supplies and durable medical equipment
- ✓ Non-emergency medical transportation
- ✓ Nurse-midwife services
- ✓ Pediatric and family nurse practitioner services
- ✓ Physician services
- ✓ Pregnancy-related services
- ✓ Tobacco cessation counseling and pharmacotherapy for pregnant women

Optional Services

- ✓ Community supported living arrangements
- ✓ Chiropractic services
- ✓ Clinic services
- ✓ Critical access hospital services
- ✓ Dental services
- ✓ Dentures
- ✓ Emergency hospital services (in a hospital not meeting certain federal requirements)
- ✓ Eyeglasses
- ✓ State Plan Home and Community Based Services
- ✓ Inpatient psychiatric services for individuals under age 21
- ✓ Intermediate care facility services for individuals with intellectual disabilities
- ✓ Optometry services
- ✓ Other diagnostic, screening, preventive and rehabilitative services
- ✓ Other licensed practitioners' services
- ✓ Physical therapy services
- ✓ Prescribed drugs
- ✓ Primary care case management services
- ✓ Private duty nursing services
- ✓ Program of All-Inclusive Care for the Elderly (PACE) services
- ✓ Prosthetic devices
- ✓ Respiratory care for ventilator dependent individuals
- ✓ Speech, hearing and language disorder services
- ✓ Targeted case management
- ✓ Tuberculosis-related services



COLORADO
Department of Health Care
Policy & Financing



EPSDT Information is on our Websites

HCI New Member & EPSDT Resources

- ✓ Welcome Letters
- ✓ Pregnancy Resources
- ✓ Children & Youth Health Care Services (EPSDT) health information sheets
- ✓ Benefit Information
- ✓ Transportation
- ✓ Food Assistance Links
- ✓ Bright Futures Guidelines



NHP New Member & EPSDT Resources

- ✓ Welcome Letters
- ✓ Pregnancy Resources
- ✓ Children & Youth Health Care Services (EPSDT) health information sheets
- ✓ Benefit Information
- ✓ Transportation
- ✓ Food Assistance Links
- ✓ Bright Futures Guidelines

Why have Bright Futures national guidelines?

- Having national guidelines helps all children and youth get the same care at their preventive visits. This helps to support their well-being and prevent illness.
- The Bright Futures guidelines is dedicated to the health of all children by the American Academy of Pediatrics and provides age-specific guidelines for pediatric well-child visits from birth to age 21.
- The guidelines are based on scientific evidence and are intended to improve the quality of preventive and primary care. They can be used in many public health programs, including childcare, home visiting, and school-based health clinics.
- Bright Futures also provides materials for families to use as a framework when partnering with professionals about their children's health.
- brightfutures.aap.org



Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving nurturing parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require more frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest concerns.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. American Academy of Pediatrics; 2017).

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care are updated annually.

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	INFANCY								EARLY CHILDHOOD								MIDDLE CHILDHOOD						ADOLESCENCE												
AGE ¹	Prenatal ²	Newborn ³	3-5 d ⁴	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y			
HISTORY	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Initial/Interval																																			
MEASUREMENTS																																			
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Weight for Length		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Body Mass Index ⁴																●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure ⁴		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING																																			
Vision ⁷		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Hearing		● ⁸	● ⁹	→	★	★	★	★	★	★	★	★	★	★	●	●	●	●	★	★	★	★	★	★	● ¹⁰	→	←	●	→	←	→	←	→	→	→
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH																																			
Maternal Depression Screening ¹¹				●	●	●	●																												
Developmental Screening ¹²								●			●		●																						
Autism Spectrum Disorder Screening ¹³											●	●																							
Developmental Surveillance		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Behavioral/Social/Emotional Screening ¹⁴		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment ¹⁵																							★	★	★	★	★	★	★	★	★	★	★	★	★
Depression and Suicide Risk Screening ¹⁶																								●	●	●	●	●	●	●	●	●	●	●	●
PHYSICAL EXAMINATION¹⁷		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES¹⁸																																			
Newborn Blood		● ¹⁹	● ²⁰	→																															
Newborn Bilirubin ²¹		●																																	
Critical Congenital Heart Defect ²²		●																																	
Immunization ²³		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anemia ²⁴						★				★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead ²⁵							★	★	●	★ ²⁶	★	●	★ ²⁶	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Tuberculosis ²⁷				★			★						★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia ²⁸												★			★		★		★		←	●	→	★	★	★	★	★	★	★	★	★	★	★	
Sexually Transmitted Infections ²⁹																																			
HIV ³⁰																							★	★	★	★	★	★	★	★	★	★	★	★	★
Hepatitis B Virus Infection ³¹		★																																	
Hepatitis C Virus Infection ³²																																			
Sudden Cardiac Arrest/Death ³³																							★												
Cervical Dysplasia ³⁴																																			
ORAL HEALTH³⁵							● ³⁶	● ³⁶	★		★	★	★	★	★	★	★																		
Fluoride Varnish ³⁷							←			●						→																			
Fluoride Supplementation ³⁸							★	★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★		

- If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
- A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per "The Prenatal Visit" (<https://doi.org/10.1542/peds.2018-1218>).
- Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
- Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk" (<https://doi.org/10.1542/peds.2011-3552>). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborn Infants" (<https://doi.org/10.1542/peds.2015-0699>).

- Screen, per "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (<https://doi.org/10.1542/peds.2007-2329C>).
- Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents" (<https://doi.org/10.1542/peds.2017-1904>). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
- A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (<https://doi.org/10.1542/peds.2015-3599>) and "Procedures for the Evaluation of the Visual System by Pediatricians" (<https://doi.org/10.1542/peds.2015-3597>).
- Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (<https://doi.org/10.1542/peds.2007-2333>).
- Verify results as soon as possible, and follow up, as appropriate.

- Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (<https://www.sciencedirect.com/science/article/abs/pii/S1054139X16000483>).
- Screening should occur per "Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice" (<https://doi.org/10.1542/peds.2018-3259>).
- Screening should occur per "Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening" (<https://doi.org/10.1542/peds.2019-3449>).
- Screening should occur per "Identification, Evaluation, and Management of Children With Autism Spectrum Disorder" (<https://doi.org/10.1542/peds.2019-3447>).



Well Visit Screening Components

Five Components of a Medical Screening:

1. Comprehensive health and developmental history that assesses for both physical and behavioral health, dental, vision, and hearing.
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.

The RAEs are responsible to **provide** or **arrange** for screening services at established times and on an as needed basis.



INFANCY

- Between 0 – 9 months of age, there are 7 well visits.
- Most of the screenings are completed in the context of a well child visit.
- Members can contact the RAEs if they need assistance with finding a Primary Care Medical Provider (PCMP).
- PCMPs ensure that babies have a dental home at the showing of the first tooth.

	INFANCY							
AGE ¹	Prenatal ²	Newborn ³	3-5 d ⁴	By 1 mo	2 mo	4 mo	6 mo	9 mo
HISTORY								
Initial/Interval	●	●	●	●	●	●	●	●
MEASUREMENTS								
Length/Height and Weight		●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●
Weight for Length		●	●	●	●	●	●	●
Body Mass Index ⁵								
Blood Pressure ⁶		★	★	★	★	★	★	★
SENSORY SCREENING								
Vision ⁷		★	★	★	★	★	★	★
Hearing		● ⁸	● ⁹	→		★	★	★
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH								
Maternal Depression Screening ¹¹				●	●	●	●	
Developmental Screening ¹²								●
Autism Spectrum Disorder Screening ¹³								
Developmental Surveillance		●	●	●	●	●	●	
Behavioral/Social/Emotional Screening ¹⁴		●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment ¹⁵								
Depression and Suicide Risk Screening ¹⁶								
PHYSICAL EXAMINATION¹⁷		●	●	●	●	●	●	●
PROCEDURES¹⁸								
Newborn Blood		● ¹⁹	● ²⁰	→				
Newborn Bilirubin ²¹		●						
Critical Congenital Heart Defect ²²		●						
Immunization ²³		●	●	●	●	●	●	●
Anemia ²⁴						★		
Lead ²⁵							★	★
Tuberculosis ²⁷				★			★	
Dyslipidemia ²⁸								
Sexually Transmitted Infections ²⁹								
HIV ³⁰								
Hepatitis B Virus Infection ³¹		★						
Hepatitis C Virus Infection ³²								
Sudden Cardiac Arrest/Death ³³								
Cervical Dysplasia ³⁴								
ORAL HEALTH³⁵							● ³⁵	● ³⁶
Fluoride Varnish ³⁷							←	
Fluoride Supplementation ³⁸							★	★
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●



- To be performed
- ★ Risk-assessment to be performed with appropriate action to follow if appropriate

Bright Futures Priorities



Priorities for the First Week Visit (3 to 5 Days)

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

- ▶ Social determinants of health^a (risks [living situation and food security, environmental tobacco exposure], strengths and protective factors [family support])
- ▶ Parent and family health and well-being (transition home, sibling adjustment)
- ▶ Newborn behavior and care (early brain development, adjustment to home, calming, when to call [temperature taking] and emergency readiness, CPR, illness prevention [handwashing, outings] and sun exposure)
- ▶ Nutrition and feeding (general guidance on feeding [weight gain, feeding strategies, holding, burping, hunger and satiation cues], breastfeeding guidance, formula-feeding guidance)
- ▶ Safety (car safety seats, heatstroke prevention, safe sleep, safe home environment: burns)

^a Social determinants of health is a new priority in the fourth edition of the *Bright Futures Guidelines*. For more information, see the *Promoting Lifelong Health for Families and Communities* theme.

Screening First Week Visit (3 to 5 Days)

Universal Screening	Action	
Hearing	If not yet done, hearing screening test should be completed. ^a	
Newborn: Blood	Verify screening was obtained and review results of the state newborn metabolic screening test. Unavailable or pending results must be obtained immediately. If there are any abnormal results, ensure that appropriate retesting has been performed and all necessary referrals are made to subspecialists. State newborn screening programs are available for assistance with referrals to appropriate resources.	
Selective Screening	Risk Assessment ^b	Action if Risk Assessment Positive (+)
Blood Pressure	Children with specific risk conditions	Blood pressure measurement
Vision	+ on risk screening questions	Ophthalmology referral

^a Any newborn who does not pass the initial screen must be rescreened. Any failure at rescreening should be referred for a diagnostic audiologic assessment, and any newborn with a definitive diagnosis should be referred to the state Early Intervention Program.

^b See the *Evidence and Rationale* chapter for the criteria on which risk screening questions are based.



EARLY CHILDHOOD

- This time period on the chart is between 12 months and 4 years of age.
- There are five screenings recommended during 12 months and 2.5 years of age.
- Annual well visits are recommended age three to 20.
- Regular oral exams are recommended every six months.

	EARLY CHILDHOOD						
AGE ¹	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y
HISTORY							
Initial/Interval	●	●	●	●	●	●	●
MEASUREMENTS							
Length/Height and Weight	●	●	●	●	●	●	●
Head Circumference	●	●	●	●			
Weight for Length	●	●	●				
Body Mass Index ⁴				●	●	●	●
Blood Pressure ⁶	★	★	★	★	★	●	●
SENSORY SCREENING							
Vision ⁷	★	★	★	★	★	●	●
Hearing	★	★	★	★	★	★	●
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH							
Maternal Depression Screening ¹¹							
Developmental Screening ¹²			●		●		
Autism Spectrum Disorder Screening ¹³			●	●			
Developmental Surveillance	●	●		●		●	●
Behavioral/Social/Emotional Screening ¹⁴	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment ¹⁵							
Depression and Suicide Risk Screening ¹⁶							
PHYSICAL EXAMINATION¹⁷	●	●	●	●	●	●	●
PROCEDURES¹⁸							
Newborn Blood							
Newborn Bilirubin ²¹							
Critical Congenital Heart Defect ²²							
Immunization ²³	●	●	●	●	●	●	●
Anemia ²⁴	●	★	★	★	★	★	★
Lead ²⁵	● or ★ ²⁶		★	● or ★ ²⁶		★	★
Tuberculosis ²⁷	★			★		★	★
Dyslipidemia ²⁸				★			★
Sexually Transmitted Infections ²⁹							
HIV ³⁰							
Hepatitis B Virus Infection ³¹							
Hepatitis C Virus Infection ³²							
Sudden Cardiac Arrest/Death ³³							
Cervical Dysplasia ³⁴							
ORAL HEALTH³⁵	★		★	★	★	★	★
Fluoride Varnish ³⁷			●				
Fluoride Supplementation ³⁸	★		★	★	★	★	★
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●



To be performed

Risk-assessment to be performed with appropriate action to follow, if appropriate

Bright Futures Priorities



Screening 2 Year Visit

Universal Screening	Action	
Autism	Autism spectrum disorder screen	
Lead (high prevalence area or insured by Medicaid)	Lead blood test	
Oral Health (in the absence of a dental home)	Apply fluoride varnish every 6 months.	
Selective Screening	Risk Assessment*	Action if Risk Assessment Positive (+)
Anemia	+ on risk screening questions	Hematocrit or hemoglobin
Blood Pressure	Children with specific risk conditions or change in risk	Blood pressure measurement
Dyslipidemia	+ on risk screening questions	Lipid profile
Hearing	+ on risk screening questions	Referral for diagnostic audiologic assessment
Lead (low prevalence area and not insured by Medicaid)	+ on risk screening questions	Lead blood test
Oral Health	Does not have a dental home	Referral to dental home or, if not available, oral health risk assessment
	Primary water source is deficient in fluoride.	Oral fluoride supplementation
Tuberculosis	+ on risk screening questions	Tuberculin skin test
Vision	+ on risk screening questions	Ophthalmology referral

* See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.

Priorities for the 2 Year Visit

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Early Childhood Expert Panel has given priority to the following topics for discussion in this visit:

- ▶ Social determinants of health^a (risks [intimate partner violence; living situation and food security; tobacco, alcohol, and drugs], strengths and protective factors [parental well-being])
- ▶ Temperament and behavior (development, temperament, promotion of physical activity and safe play, limits on media use)
- ▶ Assessment of language development (how child communicates and expectations for language, promotion of reading)
- ▶ Toilet training (techniques, personal hygiene)
- ▶ Safety (car safety seats, outdoor safety, firearm safety)

^a Social determinants of health is a new priority in the fourth edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.



Middle Childhood

- This period is between 5 and 10 years of age.
- Annual well visits are recommended.
- Most screenings are consistent at this stage.

AGE ¹	MIDDLE CHILDHOOD					
	5 y	6 y	7 y	8 y	9 y	10 y
HISTORY						
Initial/Interval	●	●	●	●	●	●
MEASUREMENTS						
Length/Height and Weight	●	●	●	●	●	●
Head Circumference						
Weight for Length						
Body Mass Index ²	●	●	●	●	●	●
Blood Pressure ³	●	●	●	●	●	●
SENSORY SCREENING						
Vision ⁷	●	●	★	●	★	●
Hearing	●	●	★	●	★	●
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH						
Maternal Depression Screening ¹¹						
Developmental Screening ¹¹						
Autism Spectrum Disorder Screening ¹¹						
Developmental Surveillance	●	●	●	●	●	●
Behavioral/Social/Emotional Screening ¹⁴	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment ¹⁵						
Depression and Suicide Risk Screening ¹⁴						
PHYSICAL EXAMINATION¹⁷	●	●	●	●	●	●
PROCEDURES¹⁸						
Newborn Blood						
Newborn Bilirubin ¹¹						
Critical Congenital Heart Defect ¹¹						
Immunization ²¹	●	●	●	●	●	●
Anemia ²⁴	★	★	★	★	★	★
Lead ²⁵	★	★				
Tuberculosis ²⁷	★	★	★	★	★	★
Dyslipidemia ²⁸		★		★	←	●
Sexually Transmitted Infections ²⁹						
HIV ³⁰						
Hepatitis B Virus Infection ³¹						
Hepatitis C Virus Infection ³²						
Sudden Cardiac Arrest/Death ³³						
Cervical Dysplasia ³⁴						
ORAL HEALTH³⁵	★	★				
Fluoride Varnish ³⁷	→					
Fluoride Supplementation ³⁸	★	★	★	★	★	★
ANTICIPATORY GUIDANCE	●	●	●	●	●	●



To be performed



Risk-assessment to be performed with appropriate action to follow, if appropriate



Bright Futures Priorities

Priorities for the 7 and 8 Year Visits

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Middle Childhood Expert Panel has given priority to the following topics for discussion in the 7 and 8 Year Visits:

- ▶ Social determinants of health^a (risks [neighborhood and family violence, food security, family substance use, harm from the Internet], strengths and protective factors [emotional security and self-esteem, connectedness with family and peers])
- ▶ Development and mental health (independence, rules and consequences, temper problems and conflict resolution; puberty and pubertal development)
- ▶ School (adaptation to school, school problems [behavior or learning issues], school performance and progress, school attendance, Individualized Education Plan or special education services, involvement in school activities and after-school programs)
- ▶ Physical growth and development (oral health [regular visits with dentist, daily brushing and flossing, adequate fluoride, avoidance of sugar-sweetened beverages and snacks], nutrition [healthy weight, adequate calcium and vitamin D intake, limiting added sugars intake], physical activity [60 minutes of physical activity a day, screen time])
- ▶ Safety (car safety, safety during physical activity, water safety, sun protection, harm from adults, firearm safety)

^a Social determinants of health is a new priority in the fourth edition of the *Bright Futures Guidelines*. For more information, see the *Promoting Lifelong Health for Families and Communities* theme.



Screening—8 Year Visit

Universal Screening	Action	
Hearing	Audiometry	
Vision	Objective measure with age-appropriate visual-acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters	
Selective Screening	Risk Assessment ^a	Action if Risk Assessment Positive (+)
Anemia	+ on risk screening questions	Hematocrit or hemoglobin
Dyslipidemia	+ on risk screening questions and not previously screened with normal results	Lipid profile
Oral Health	Primary water source is deficient in fluoride.	Oral fluoride supplementation
Tuberculosis	+ on risk screening questions	Tuberculin skin test

^a See the *Evidence and Rationale* chapter for the criteria on which risk screening questions are based.



Adolescence

This period is 11 to 20 years of age.

Additional screenings begin during this age such as tobacco use, drug use, depression, suicide risk, and sexually transmitted infections (STIs).

	ADOLESCENCE										
AGE ¹	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY											
Initial/Interval	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS											
Length/Height and Weight	●	●	●	●	●	●	●	●	●	●	●
Head Circumference											
Weight for Length											
Body Mass Index ²	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure ³	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING											
Vision ⁷	★	●	★	★	●	★	★	★	★	★	★
Hearing	← ● →			← ● →			← ● →			← ● →	
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH											
Maternal Depression Screening ¹¹											
Developmental Screening ¹²											
Autism Spectrum Disorder Screening ¹³											
Developmental Surveillance	●	●	●	●	●	●	●	●	●	●	●
Behavioral/Social/Emotional Screening ¹⁴	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment ¹⁵	★	★	★	★	★	★	★	★	★	★	★
Depression and Suicide Risk Screening ¹⁶		●	●	●	●	●	●	●	●	●	●
PHYSICAL EXAMINATION¹⁷	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES¹⁸											
Newborn Blood											
Newborn Bilirubin ¹⁹											
Critical Congenital Heart Defect ²⁰											
Immunization ²¹	●	●	●	●	●	●	●	●	●	●	●
Anemia ²²	★	★	★	★	★	★	★	★	★	★	★
Lead ²³											
Tuberculosis ²⁴	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia ²⁵	→	★	★	★	★	★	←	← ● →			
Sexually Transmitted Infections ²⁶	★	★	★	★	★	★	★	★	★	★	★
HBV ²⁷	★	★	★	★	●	→					
Hepatitis B Virus Infection ²⁸											→
Hepatitis C Virus Infection ²⁹								●			→
Sudden Cardiac Arrest/Death ³⁰	★										→
Cervical Dysplasia ³¹											●
ORAL HEALTH³²											
Fluoride Varnish ³³											
Fluoride Supplementation ³⁴	★	★	★	★	★	★					
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●



● To be performed

★ Risk-assessment to be performed with appropriate action to follow, if appropriate

Bright Futures Priorities

Priorities for the 15 Through 17 Year Visits

The first priority is to address the concerns of the adolescent and the parents.
In addition, the Bright Futures Adolescence Expert Panel has given priority to the following additional topics for discussion in the 3 Middle Adolescence Visits.

The goal of these discussions is to determine the health care needs of the youth and family that should be addressed by the health care professional. The following priorities are consistent in all the Middle Adolescence Visits. However, the questions used to effectively obtain information and the anticipatory guidance provided to the adolescent and family can vary.

Although each of these issues is viewed as important, they may be prioritized by the individual needs of each patient and family. The goal should be to address issues important to this age group over the course of multiple visits. The issues are

- ▶ Social determinants of health^a (risks [interpersonal violence, food security and living situation, family substance use], strengths and protective factors [connectedness with family and peers, connectedness with community, school performance, coping with stress and decision-making])
- ▶ Physical growth and development (oral health, body image, healthy eating, physical activity and sleep)
- ▶ Emotional well-being (mood regulation and mental health, sexuality)
- ▶ Risk reduction (pregnancy and sexually transmitted infections; tobacco, e-cigarettes, alcohol, prescription or street drugs; acoustic trauma)
- ▶ Safety (seat belt and helmet use, driving, sun protection, firearm safety)

^a Social determinants of health is a new priority in the fourth edition of the *Bright Futures Guidelines*. For more information, see the *Promoting Lifelong Health for Families and Communities* theme.



Screening 15 Through 17 Year Visits

Universal Screening	Action	
Depression: Adolescent	Depression screen ^a	
Dyslipidemia (once between 17 Year and 21 Year Visits)	Lipid profile	
Hearing (once between 15 Year and 17 Year Visits)	Audiometry, including 6,000 and 8,000 Hz high frequencies	
HIV (once between 15 Year and 18 Year Visits)	HIV test ^b	
Tobacco, Alcohol, or Drug Use	Tobacco, alcohol, or drug use screen	
Vision (15 Year Visit)	Objective measure with age-appropriate visual-acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters	
Selective Screening	Risk Assessment ^c	Action if Risk Assessment Positive (+)
Anemia	+ on risk screening questions	Hematocrit or hemoglobin
Dyslipidemia (if not universally screened at this visit)	+ on risk screening questions and not previously screened with normal results	Lipid profile
HIV (if not universally screened at this visit)	+ on risk screening questions	HIV test ^b
Oral Health (through 16 Year Visit)	Primary water source is deficient in fluoride.	Oral fluoride supplementation
STIs		
▶ Chlamydia	Sexually active girls Sexually active boys + on risk screening questions	Chlamydia test
▶ Gonorrhea	Sexually active girls Sexually active boys + on risk screening questions	Gonorrhea test
▶ Syphilis	Sexually active and + on risk screening questions	Syphilis test
Tuberculosis	+ on risk screening questions	Tuberculin skin test

continued

Screening (continued)

Selective Screening	Risk Assessment ^c	Action if Risk Assessment Positive (+)
Vision (16 and 17 Year Visits)	+ on risk screening questions	Objective measure with age-appropriate visual-acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters

Abbreviations: AAP, American Academy of Pediatrics; HIV, human immunodeficiency virus; STI, sexually transmitted infection; USPSTF, US Preventive Services Task Force.

^a If depression screen is positive, further evaluation should be considered during the Bright Futures Visit. Suicide risk and the presence of firearms in the home must be considered. Disorders of mood are further discussed in the *Anticipatory Guidance* section of this visit.

^b Adolescents should be screened for STIs per recommendations in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*. Additionally, all adolescents should be screened for HIV according to the USPSTF recommendations (www.uspreventiveservicestaskforce.org/uspstf/uspshiv.htm) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection should be tested for HIV and reassessed annually.

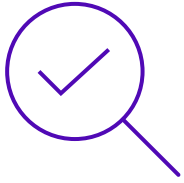
^c See *Evidence and Rationale* chapter for the criteria on which risk screening questions are based.



Questions on Bright Futures or Screenings?



Medical Necessity Standards Under EPSDT



Correct or Ameliorate

Services or devices that are medically necessary to correct or ameliorate a physical or mental condition must be provided, even if the service is not covered by the Medicaid state plan.

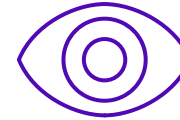
Ameliorate means to improve or to prevent a condition from getting worse or to “make more tolerable.”



Individualized/Person by Person

Medical necessity is different under EPSDT compared to the regular definition of medical necessity (8.076 and 8.280). It must be determined on a case-by-case individual basis. If it is medically necessary, it must be provided.

All aspects of a child’s needs must be considered including long-term needs and activities of daily living.



Prior Authorization

RAEs may require prior authorization to safeguard against unnecessary use of services, **however**, prior authorization cannot delay or deny medically necessary services.



No Fixed Limits

Hard or fixed limits on services cannot be imposed for children and youth 20 and under. There are no monetary caps, as long as the services meet EPSDT’s medical necessity criteria.

Note, for Medicaid limits to be exceeded, providers must document why it is medically necessary to exceed the limits to correct or ameliorate a defect, physical or mental illness or condition.



EPSDT Criteria – a service can only be covered if all 8 criteria are met:

EPSDT services must be a coverable services within the scope of those listed in the Medicaid Statute at 42 USC 1396d(a).

For example, “maintenance” and “rehabilitative services” are covered by EPSDT, even if the particular maintenance or rehabilitative services requested is not listed in Health First Colorado clinical policies or service definitions.

The service must be the most cost-effective mode so long as the less expensive service is equally effective and actually available. Health First Colorado may not deny medically necessary treatment to a member based on cost alone but may consider the relative cost effectiveness of alternatives as part of the prior authorization processes.

The service must be medically necessary to: Prevent; Diagnose; Evaluate; Correct; **Ameliorate**, or Treat a defect, physical or mental illness, or a condition diagnosed by the members PCMP, therapist or licensed practitioner.

Ameliorate means to improve or maintain the member’s health in the best condition possible, compensate for a health problem, prevent it from worsening or prevent the development of additional health problems

Service must be safe

Service must be effective

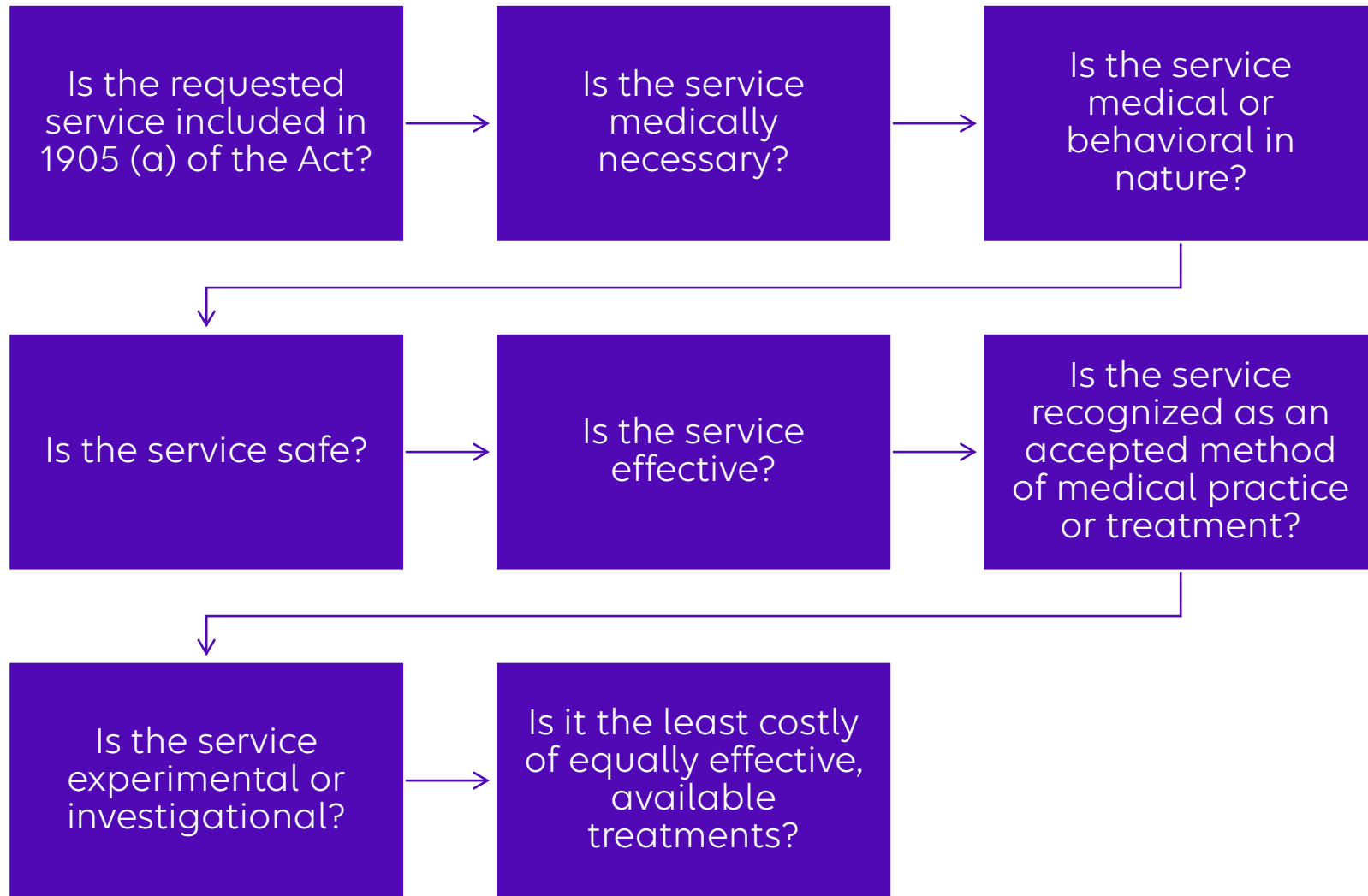
Service must not be experimental or investigational (add'l information on this)

Service must be determined to be medical or behavioral in nature

Service must be generally recognized as an accepted method of medical practice or treatment.



Questions to consider based on 8 criteria for EPSDT:



Prior Authorizations for Covered Services

1. If a service, product, or procedure requires prior approval, the fact that a member is under 21 years of age does not eliminate the need for this approval.
2. If prior approval is requested and if the member does not meet the clinical coverage criteria or needs to exceed clinical coverage policy limits, providers should submit documentation to the appropriate vendor or contractor with the prior approval request that shows how the service at the requested frequency and amount is medically necessary and meets all EPSDT criteria.
3. The medically necessary criteria includes services/products/procedures to prevent, diagnose, evaluate, correct, ameliorate, or treat a physical or mental illness or condition.
4. The [General Provider Information Manual](#) contains instructions for requesting prior authorization for services paid under fee-for-service Medicaid.
5. The provider is required to produce information as needed.

1905 (a) – see <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/HealthCareFinancingReview/Downloads/CMS1191224dl.pdf>



Non-Covered Services and EPSDT

1. Requests for non-covered services are requests for services, products or procedures that are not included in the Health First Colorado State Plan but are coverable under federal Medicaid law for members under 21 years of age.
2. Service requests for non-covered state Medicaid plan services and requests for a review when there is no established review process for a requested service, should be submitted to HCPF_EPSDT@state.co.us email box. See: [EPSDT Exception Coverage Request Form](#) on HCPF's website.
3. Requests where there are established review processes should be submitted to the appropriate system, such as [Colorado Pars Form](#) for State Plan services and other EPSDT coverage.

A request for a non-covered state Medicaid plan service includes a determination that **ALL** EPSDT criteria are met.



EPSDT Coverage and Waiver Programs

- Home and Community-Based Services (HCBS) are available only to participants in the waiver programs and are not part of the EPSDT benefit.
- Any member enrolled in a waiver program can receive BOTH waiver services and EPSDT services.
- EPSDT services must be provided to members under 21 years of age in a waiver program under the same standards as others under-21 members receiving Medicaid services.



“Just Ask” if it may be covered under EPSDT

A best practice may be as simple as linking an EPSDT-eligible member with a care coordinator. Just call the toll-free number at HCI or NHP to make a referral for care coordination or link to our websites. Also, if you experience any barriers with EPSDT benefits, contact your RAE.

HCI: 888-502-4185 or [Care Coordination Referral](#)

NHP: 888-502-4189 or [Care Coordination Referral](#)





Chapter 04

Billing Updates and Changes

Presented by Madeline Dunn, Carelon

Billing Updates and Changes - Comprehensive Safety Net Providers

- New provider type effective 07/01/2024
- PPS Methodology/Encounter
- Formerly known as Community Mental Health Center
- Requires BHA and HCPF approval
- Questions on billing?

Billing Updates and Changes - Essential Safety Net Provider

- Required approval for BHA and enrollment with HCPF
- Upon approval providers will receive updated rates
- Amendment to agreements will be sent out
- Questions?



Chapter 05

CO Medicaid Eligibility and Application Process

CO Medicaid Eligibility & Application Process

Many Coloradans have recently had life altering changes that includes losing their health care. They may not know about all their options regarding healthcare. 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>

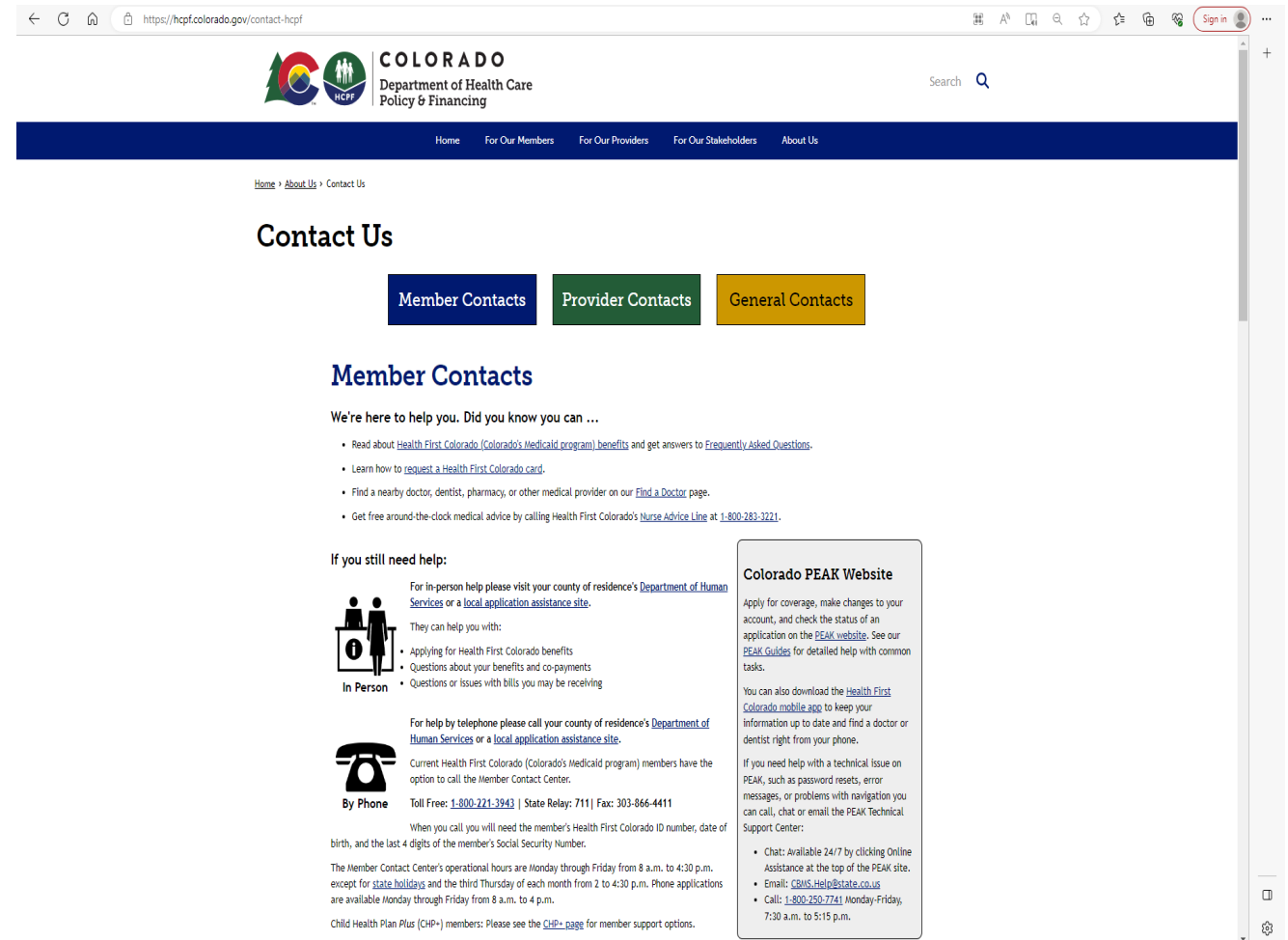
Coloradans can also apply for financial help to purchase private health insurance through [Connect for Health Colorado](#). Anyone can apply within 60 days of a [life changing event](#), including loss of job-based coverage.

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



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
- Call: 1-800-250-7741 Monday-Friday, 7:30 a.m. to 5:15 p.m.

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">- Children, pregnant women, single adults, and families- Health First Colorado	<ul style="list-style-type: none">- Individuals ages 0 – 64 years old- No disability requirement- No resource limit	<ul style="list-style-type: none">- Income limits based on household size and tax filer information. Some making more may qualify.- Income Guidelines
<ul style="list-style-type: none">- 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.- 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.		

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

Chapter 06

Access to Care Standards

Access to Care Standards - Waiting Room Times

- A Health First Colorado member who arrives on time for their scheduled appointment shall wait no longer than fifteen (15) minutes to begin their scheduled appointment. If the appointment does not begin within fifteen (15) minutes, the member shall be offered the option of rescheduling for the next available appointment. Members shall be notified of the option to reschedule through a posted notice in the waiting area or by having the wait time policy reviewed with the member at the initiation of treatment.
- Members who were scheduled for prescriber services should be provided an appointment date that does not cause a delay or gap in their prescribed medication regimen. Members indicating urgent or emergent concerns should be provided an appointment that meets the access standards for urgent/emergency requests.



Access to Care 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. Minimum hours of Carelon's Policy and Procedure Manual for Providers 22 provider operation shall include covered service coverage from 8 a.m. to 5 p.m. Monday through Friday and emergency coverage 24 hours a day, seven (7) days a week.

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

Evening and/or Weekend Support Services: Members and families should have access to clinical staff over evenings and weekends, not just an answering service or referral service staff



Access to Care Standards - Appointment & Availability Behavioral Health

Behavioral Health Providers are required to render services to Members on a timely basis, as follows:

Urgent Care – within twenty-four (24) hours after the initial identification of need.

Outpatient follow-up appointments – within seven (7) days after discharge from hospitalization.

Non-urgent Symptomatic Care Visit – within seven (7) days after the request.



Access to Care Standards - Appointment & Availability Behavioral Health (cont'd)

- Emergency Behavioral Health Care – by phone within fifteen (15) minutes after the initial contact, including TTY accessibility; in person within one (1) hour of contact in Urban and suburban areas, in person within two (2) hours after contact in Rural and Frontier areas.
- Non-urgent, Symptomatic Behavioral Health Services – within seven (7) days after a Member's request. Administrative intake appointments or group intake processes will not be considered as a treatment appointment for non-urgent symptomatic care.
- In-person or telehealth visits - are considered meeting the Access to Care standards.
- *The RAE will not place Members on wait lists for initial routine service requests.*



Access to Care Standards - Unavailable to see members?

Participating providers should:

- Contact their regional provider relations team via email located under Contact Us on the Providers section of the regional organization websites. Behavioral health providers may contact the Carelon National Provider Services Line (see Contact Page) to inform Carelon of any unavailability or absence.
- Upon return, participating providers should contact their regional provider relations team via email located under Contact Us on the Providers section of the regional organization



Access to Care Standards - Administrative Monitoring

Behavioral Health:

- Providers are audited for Access to Care standards annually to monitor and ensure access to care for all Medicaid members.
- Information on the access to care standards is outlined in the HCI and NHP Provider handbooks. As a reminder, this handbook is an extension of your Provider Agreement with Carelon Behavioral Health



Chapter 07

Updates

Carelon Training Webinars - Monthly

Carelon offers monthly training webinars for providers. Here are examples of webinars scheduled for this month.

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

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

eServices Overview

Wednesday, August 14 at 1 p.m. ET

ProviderConnect Overview

Wednesday, August 21 at 1 p.m. ET

Claim Submission Guidance

Thursday, August 29 at 12 p.m. ET

Carelon Training Webinars - Quarterly

Carelon also offers quarterly training webinars for providers. Here are examples of these webinars scheduled for this month.

Behavioral Health 101 & Warning Signs
Tuesday, August 29 at 1 p.m. ET

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

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

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. Next training – **Thursday, August 22nd at 9 AM**

Intermediate Billing Training: All Claim Types: This training will show you how to navigate the HCPF website, understand billing prerequisites, Next training – **Wednesday, August 28th at 9 AM**

Provider Enrollment Training - Thursday, August 15th at 9 AM

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

State Behavioral Health Services (SBHS) Billing Manual January Update

- A new SBHS Billing Manual is available and effective 7/1/2024 at: <https://hcpf.colorado.gov/sbhs-billing-manual>
- There is a Tracking Form available outlining changes made to the manual effective 7/1/2024
- Examples of changes are:
 - Changed diagnosis (Dx) spans for MH and SUD covered dx
 - Deleted generic H0018 and H0019 coding pages, as well as references to these codes in all appendices (H and I)
 - Removed PT 63 and 64 from H0035 and S9480
 - Updated language for codes H0015, H0035, S9480

Chapter 07

Reminders, Questions & Open Discussion

New Fiscal Year

The new fiscal year (FY 24/25) for Colorado Medicaid and the RAEs began **7/1/2024**

Please be sure to stay up to date on changes, Medicaid validation, and other items coming in FY 24/25.

- Visit the HCPF website - <https://hcpf.colorado.gov/our-providers>
- Contact Carelon PR
- Follow newsletters provided by the RAEs and HCPF

Carelon Resources – How to connect...

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

Email Colorado Provider Relations at:
CoProviderRelations@carelon.com

Carelon Resources – Forms and Guides

<https://www.carelonbehavioralhealth.com/providers/forms-and-guides>

Billing and claims

- Tip Sheets for how to complete billing forms

Change Request Forms

- Change of Address Forms, Facility Location Service Forms (LSF)

Clinical Forms

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!!

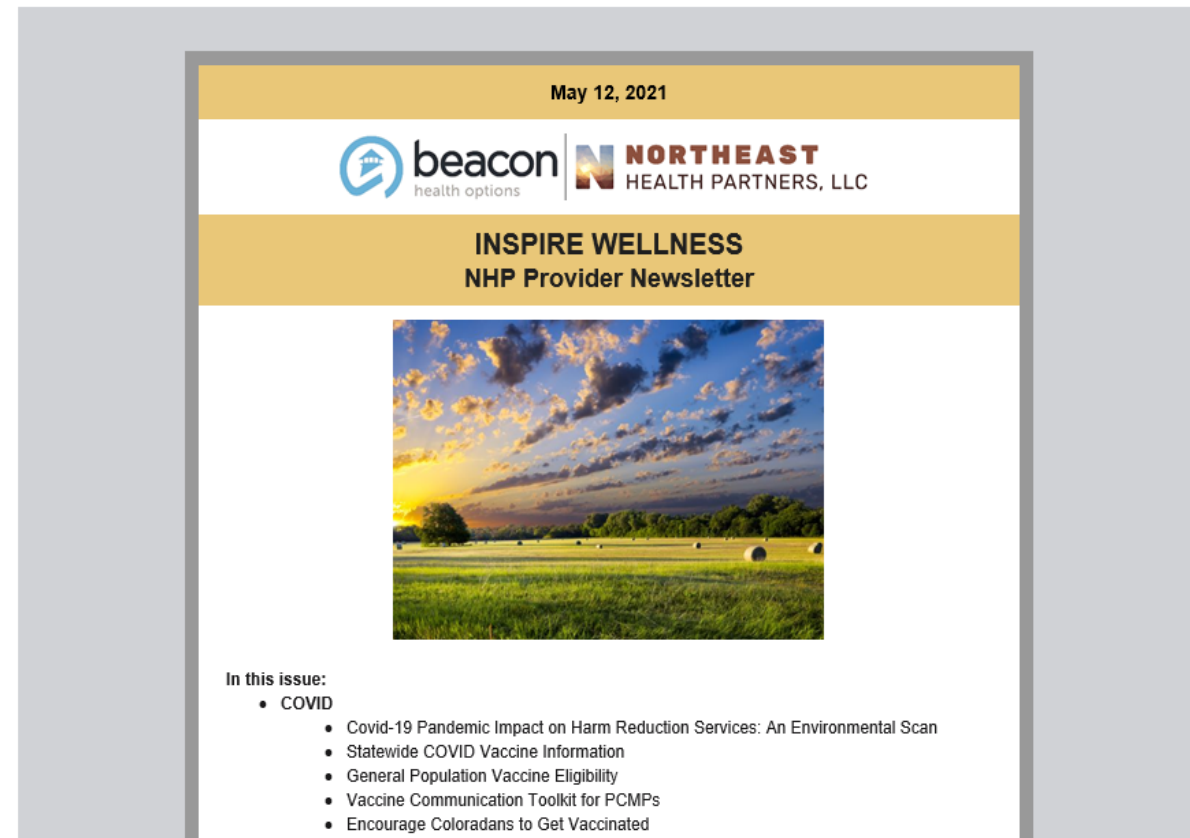
To sign up please email:

CoProviderRelations@carelon.com

Wed 5/12/2021 7:02 AM

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

NHP Provider Newsletter 5.12.2021



8/9/2024

Upcoming Training

The Next RAE Roundtable

The 2nd Friday of the month


September 13, 2024


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Thank you

Contact Us



 888-502-4189

 888-502-4185


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