

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 a m

To receive the slides shared today please email
COProviderRelations@Carelton.com

the slides and recording will also be posted to the RAE2 and RAE4 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

February Provider Support Call

Monthly Provider Roundtable

February 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.

NORTHEAST HEALTH PARTNERS, LLC

FQHCs:



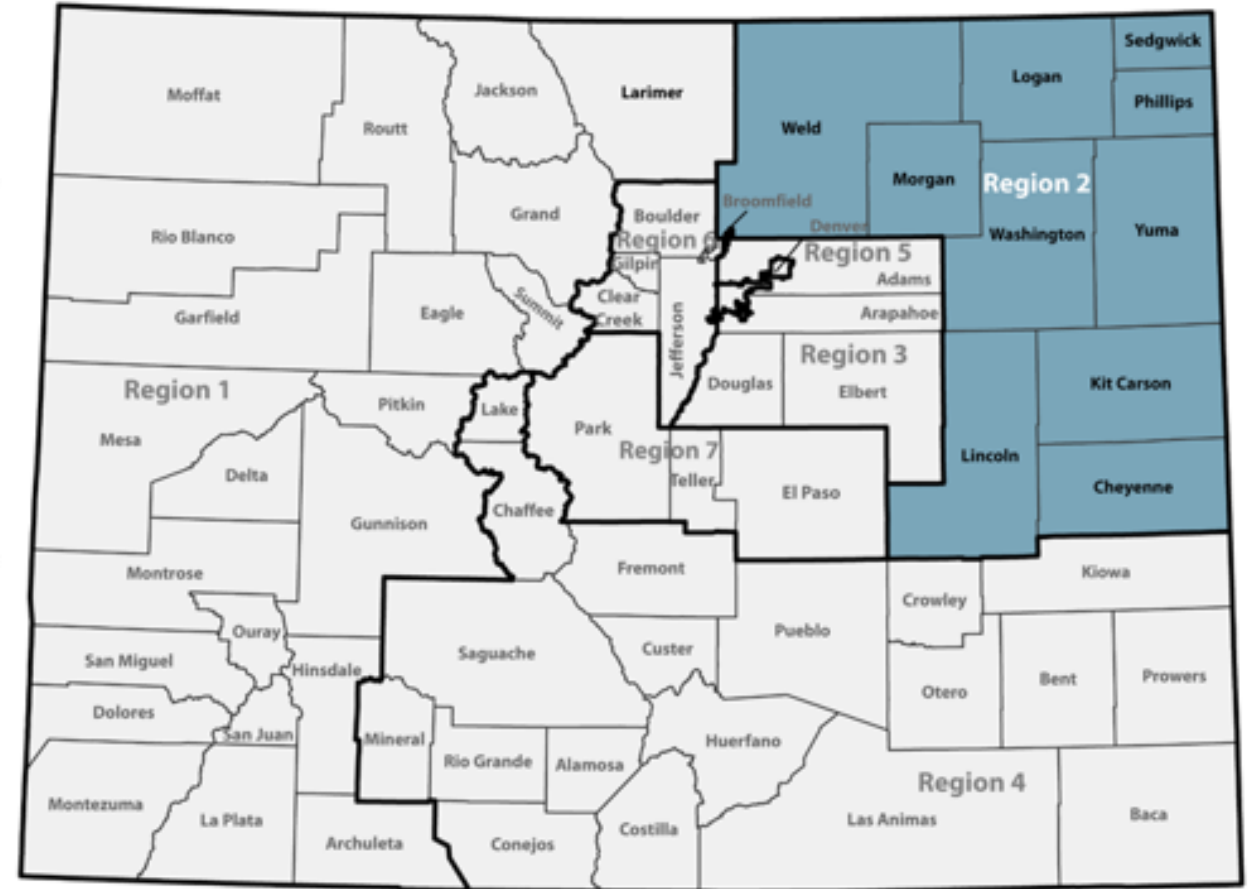
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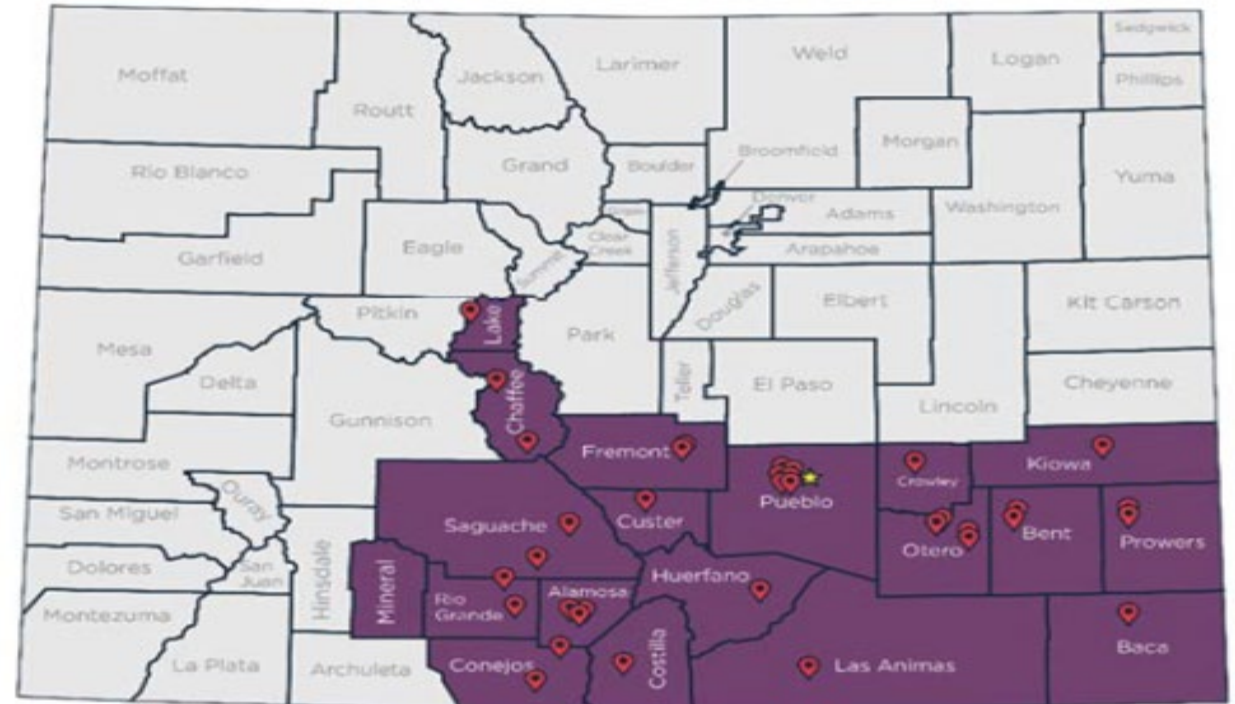


Administrative Service Organization:



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 may also have an interest in attending.

Agenda

1. Welcome and Introductions
2. CO Medicaid Eligibility, Application and Renewal Information
3. Medicaid Benefits/EPSDT
4. Member Engagement
5. Updates
6. Reminders, Questions & Open Discussion

Chapter 01

Welcome and Introductions

Thank you for joining the Provider Support Call


Chapter 02

CO Medicaid Eligibility, Application and Renewal Information

Have you heard about House Bill 22-1289?

- ✓ Will expand healthcare insurance coverage to all low-income children and pregnant people in Colorado, regardless of immigration status.
- ✓ This is for Medicaid and the Children's Health Insurance Program (CHIP+)
- ✓ Watch for go-live date for this coverage to go into effect – targeting 2025





COVER ALL COLORADANS

HB22-1289

Sponsors: Representatives Gonzales-Gutierrez and McCluskie and Senator Moreno

Every family deserves a healthy start

Health insurance coverage is an important social determinant of health and a building block of family financial security. Perhaps at no time are these benefits more important than during pregnancy and childhood.

Uninsured Rates for Women (age 18-44) in Colorado, 2021

Non-Hispanic White	4.8%
Hispanic/Latinx	14.1%

Uninsured Rates for Children (age 0-18) in Colorado, 2021

Non-Hispanic White	1.3%
Hispanic/Latinx	7.5%

Source: 2021 Colorado Health Access Survey

While efforts to expand access to health insurance in Colorado have reduced uninsured rates, wide disparities by race and ethnicity remain. In Colorado, Hispanic/Latinx women of reproductive age are three times more likely to be uninsured, compared to their non-Hispanic peers, and Latinx children are twice as likely to be uninsured.

This bill will:

Expand Coverage

- Provide full health care coverage using existing federal funding for pregnant people who would otherwise be eligible for Medicaid and CHIP+ if not for their immigration status, and continues coverage through 12 months postpartum.
- Provide full health care coverage to children, regardless of immigration status, through age 18.

Provide Support

- Provide pregnancy and postpartum support by improving access to parental support programs.

Collect Data

- Collect data for improved health care equity by strengthening and permanently authorizing CDPHE's Health eMoms Survey.

Expand Enrollment

- Expand health insurance enrollment by creating a Special Enrollment Period for pregnancy so that people can sign up for insurance when they become pregnant and not have to wait until later in the year.

Who Qualifies for Health First Colorado?

- 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!

Approximate Monthly Income To Qualify for Health First Colorado

Family Size	Adults 19-65	Children 0-18	Pregnant Women
Family of 1	up to \$1,616	up to \$1,725	up to \$2,369
Family of 2	up to \$2,186	up to \$2,334	up to \$3,205
Family of 3	up to \$2,755	up to \$2,942	up to \$4,040
Family of 4	up to \$3,325	up to \$3,550	up to \$4,875
You may still qualify if you make more. Apply for more details.			

CO Medicaid Eligibility & Application Process

Any Coloradan who needs health care coverage should apply for Health First Colorado or CHP+. 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 [DHS county office](#) or a [Certified Application Assistance Site](#)
- By phone at 1-800-221-3943 / State Relay: 711. Available Monday – Friday, 8 am to 4 pm
- By mail. Download and print an [application](#).

Applications can be submitted any time of the year--there is no enrollment period for Health First Colorado and CHP+. Members can contact their local DHS office.

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

CO Medicaid Eligibility & Application Process

What Information Do Members 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

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>

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.

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 is a search bar. The main heading is 'Contact Us', followed by three buttons: 'Member Contacts' (blue), 'Provider Contacts' (green), and 'General Contacts' (yellow). The 'Member Contacts' section is active, showing a list of links for members to find help, such as 'Read about Health First Colorado (Colorado's Medicaid program) benefits' and 'Learn how to request a Health First Colorado card'. Below this, there are sections for 'In Person' and 'By Phone' assistance, including contact information for the Member Contact Center and the Colorado PEAK Website. The PEAK Website section provides details on how to apply for coverage, check account status, and download the Health First Colorado mobile app. It also lists technical support options for the PEAK website, including chat, email, and phone support.

Continuous Coverage Ending – What can providers do?

- ✓ **Encourage members to turn in their renewal pack even if their renewal date has passed. There is a 90-day reconsideration period for members to turn in their packet.**
- ✓ Print #KeepCOCovered flyers or Take Action on Your Renewal flyers and distribute to members. See [toolkits](#) (has 11 various languages for members).
- ✓ Remind members to update their contact information by contacting DHS or calling 1-800-221-3943.
- ✓ Check member eligibility to ensure member is still covered with Health First Colorado.
- ✓ Direct members to [Connect for Health Colorado](#) if they have lost coverage/over income guidelines.
- ✓ Direct members to [DHS](#) or a [Certified Application Assistance Site](#) for help in filling out renewal packet.
- ✓ Let members know their renewal packet comes in an envelope that states in RED letters: **URGENT – PLEASE REPLY.** Additionally, the envelope has the Colorado color seal.
- ✓ Direct members to <https://www.healthfirstcolorado.com/renewals/> for more information.

Chapter 03

Medicaid Benefits/EPSDT Services

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.



EPSDT Overview

Introduction to EPSDT

- 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.



What is an EPSDT Service? EPSDT= Early and Periodic Screening, Diagnostic, and Treatment

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!



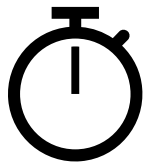
The right **CARE**

(medical, vision, hearing, behavioral, and dental screenings). Screenings are used for diagnostic purposes and inform the treatment a member may receive.



To the right **CHILD**

(children aged 20 and under)



At the right **TIME**

Screenings should be periodic/regular according to Bright Futures Guidelines. The earlier something is diagnosed, the earlier the child can receive treatment.



In the right **SETTING**. The right setting is related to the type of treatment a child needs.



No part of this statement may be reproduced in any form or by any means without prior written permission from the American Academy of Pediatrics except for one copy for personal use.

10. 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/pii/S1054139X16000483>).
11. Screening should occur per "Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice" (<https://doi.org/10.1542/peds.2018-3239>).
12. Screening should occur per "Promoting Optimal Development: Identifying Infants and Young Children With Developmental Delay Through Developmental Surveillance and Screening" (<https://doi.org/10.1542/peds.2019-3449>).
13. Screening should occur per "Identification, Evaluation, and Management of Children With Autism Spectrum Disorder" (<https://doi.org/10.1542/peds.2019-3447>).

Colorado's Responsibilities with EPSDT

Federal Law states:

That state Medicaid programs must provide EPSDT for members under 21 years of age.

Health First Colorado is required to cover any service for members age 20 or younger that is medically necessary to correct or ameliorate a defect, physical or mental illness or a condition identified by screening, whether or not the service is covered under the Medicaid plan.

Additionally,

RAEs have the responsibility to ensure that all eligible children and their families are informed of the availability of screening services and a formal request for an EPSDT screening is **not** required. RAEs must:

1. Onboard members within 60 days to explain EPSDT benefits.
2. Outreach members who have not utilized EPSDT services.

Finally,

“Children’s health problems should be addressed before they become advanced, challenging, or debilitating and before treatment becomes difficult and costly.”

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



Screening Components – comprehensive well care

States (RAEs) Must:

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.

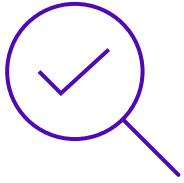
Services can vary by state. Each state must meet EPSDT requirements to provide state-defined medically necessary 1905 (a) services in amount, scope and duration to correct or ameliorate the condition.

Five Components of a Medical Screening:

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.



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/Case-by-Case

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

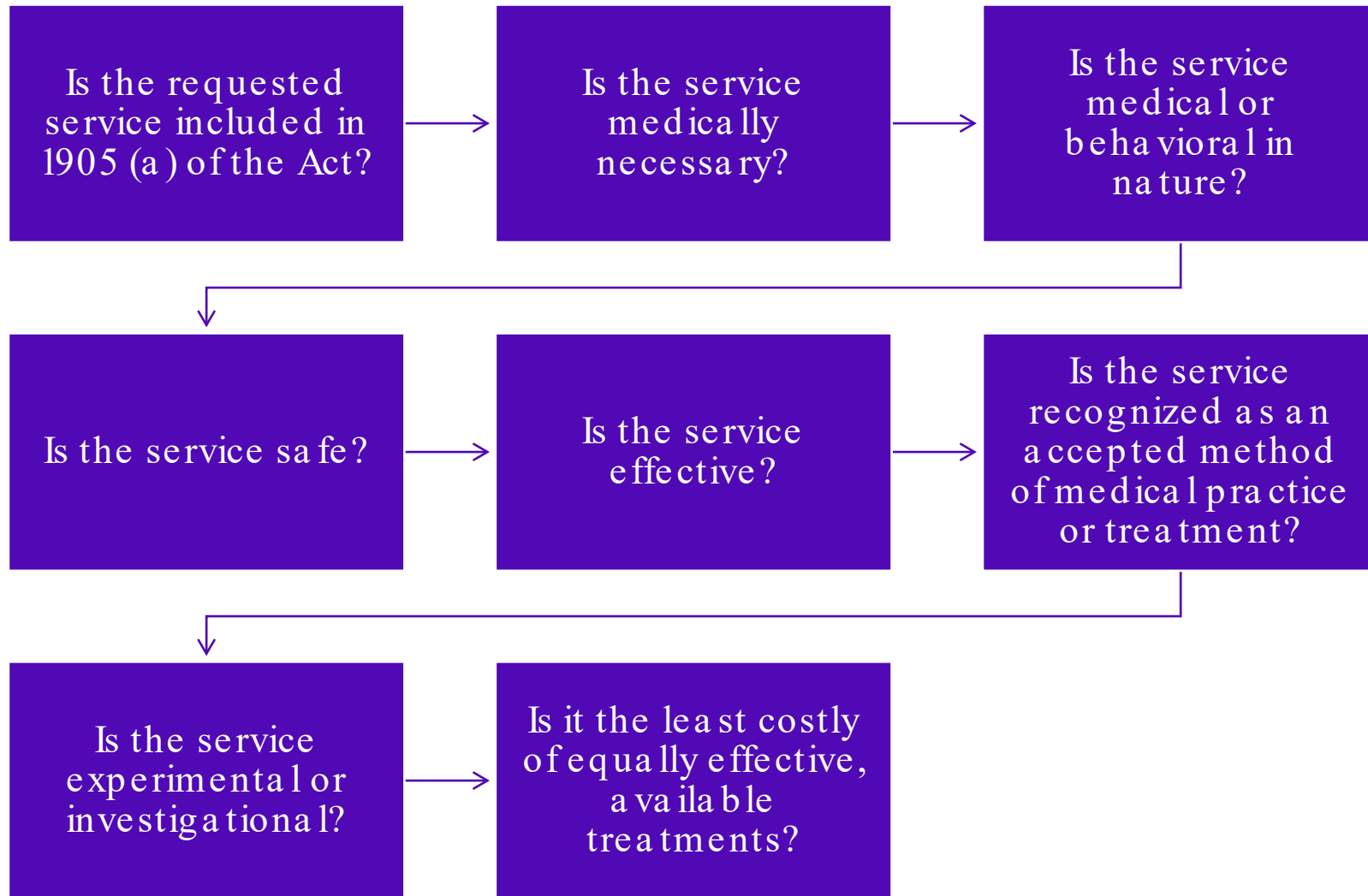
Service must not be experimental or investigational (add 1 information on this)

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 exempt them from this approval.
2. If prior approval is requested and if the member does not meet the clinical coverage criteria or policy limits, providers should submit documentation to the appropriate vendor or contractor with the prior approval request explaining how the service at the requested frequency and amount is medically necessary and meets all EPSDT requirements.
3. The medically necessary criteria includes services/products/procedures to prevent, diagnose, treat, or evaluate a physical or mental illness or condition.
4. The [General Provider Information Manual](#) contains instructions for requesting prior authorization for services covered by 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 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 prior review of a requested service, should be submitted to HCPF_EPSDT@state.tx.us. 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 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 other under-21 members receiving Medicaid services.



“Just Ask” if it maybe 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.

HCI: 888-502-4185

NHP: 888-502-4189



Chapter 04

Member Engagement:

- Wellness & Prevention Focus
- Rights & Responsibilities
- Complaints & Appeals
- Member Appeal & State Fair Hearing Rights
- Provider Claim Appeals


Member Engagement:

Wellness and Prevention Focus

Northeast Health Partners (R2)

- ✓ Northeast Health Partners wellness and prevention focus this month (February) is Stress Reduction/Healthy Heart. Please go to [Calendar and Events](#) for a recording of our “Getting Started.” This will be uploaded soon!
- ✓ NHP has practical tip sheets to provide members on Stress Reduction in English and Spanish. See [Wellness and Prevention Resources](#).
- ✓ March 2024 Focus: Healthy Eating and Exercise (diabetes prevention). Join us on the first Thursday of the month for a “getting started” webinar at 11 a.m. This is a 30-minute webinar for members, family members and health care professionals. We will discuss healthy eating and exercise. See [Calendar and Events](#) for the “Getting Started” webinar link.


Health Tip Sheet



Reduce Your Stress


www.northeasthealthpartners.org
888-502-4189; TTY: 800-432-9553; State Relay: 711

If you would like a copy of this document in large type or help with oral interpretation or written translation, please call 1-888-502-4189. If you have speech or hearing disabilities, there are auxiliary aids you may use (TTY/TDY/American Sign Language – call 1-800-432-9553 or State Relay 711). These services are free.



Practice good habits


- Get at least eight hours of sleep each night.
- Exercise 3-5 times each week for 30-60 minutes.
- Stay away from foods high in fat and sugar.
- Cut down on excess coffee, soda, and alcohol.
- Avoid tobacco and illegal drugs.



Three easy steps


You can choose how to manage your stress. Slow belly breathing is one way to relax and reduce stress. You can do this in three easy steps.

1. Get to know your breath.
2. Slow belly breathing.
3. Practice Belly breathing.




1. Get to know your breath.

- You can stand, sit or lie down. Be comfortable.
- Close your eyes or stare at a spot in front of you.
- Put one hand on your chest, right over your heart.
- Put the other hand on your belly, above the belly button.
- Notice your breath.




2. Slow belly breathing

- Relax your mouth and jaw and breathe in through your nose (like you are smelling a flower).
- Exhale slowly through your mouth (like you are blowing out candles on a cake).
- Let your belly blow up like a balloon with your breath.
- Let your belly fall as you breathe out.
- Count to four as you breath in.
- Count to four as you breath out.




3. Practice belly breathing

- Practice for 5-10 minutes at a time.
- Practice one or two times a day.
- When you start to feel stress in your body, practice breathing.
- You can practice while you are in line at a grocery store or in our car.



Need Help?

If you would like to talk with a health care provider about your stress, you can call Northeast Health Partners (NHP) at 1-888-502-4189. NHP will help you find a provider.





Health Colorado (R4)

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Dental Benefits

Learn more about HCI: healthcoloradoae.com



Free Dental

Dentaquest Information

Dentaquest manages dental benefits for Health First Colorado (Colorado's Medicaid Program) members. DentaQuest can be reached between 8 am – 5 pm MT at 1-855-225-1729. TTY:711.

You can visit them online 24/7 at: <https://dentaquest.com/state-plans/regions/colorado/>

You will need to create an account or use an existing one. Click "Ready to Register/Create an Account". Enter name, email, Medicaid # and date of birth. Your Medicaid # is your Health First Colorado number. Once you create your account, you can:

- Check dental benefits
- Download DentaQuest ID card
- Find a dentist

To find a dentist, go to <https://dentaquest.com/state-plans/regions/colorado/find-a-provider/> or scan:



Covered Services

Children:

- Dental exams and cleaning
- X-rays and fillings
- Basic, complex, and emergency care
- Braces (needs prior authorization)

Adults:

- Cleanings*/Deep cleanings*
- Dentures*
- Exams and x-rays*
- Fillings*
- Tooth Extraction*

*Some services need prior authorization and have limited frequencies.

Make sure to see your dentist **every 6 months** to keep your teeth healthy and prevent issues that could affect your overall health.

888-502-4185

Health Colorado (HCI) is your local health plan that manages Medicaid. HCI will connect you with a care coordinator to help with transportation. This is a free call



Health First COLORADO
Colorado's Medicaid Program
In partnership to better serve you

- ✓ Health Colorado's wellness and prevention focus this month is Dental Visits/Oral Health. Please go to [Calendar and Events](#) for a recording of our "Getting Started." This will be uploaded soon!
- ✓ HCI has practical tip sheets to provide members on Dental Visits in English and Spanish. See [Wellness and Prevention Resources](#).
- ✓ March 2024 Focus: Healthy Eating and Exercise (diabetes prevention). Join us on the first Thursday of the month for a "getting started" webinar at 11:30 a.m. This is a 30-minute webinar for members, family members and health care professionals. We will discuss healthy eating and exercise. See [Calendar and Events](#) for the "Getting Started" webinar link.



Member Engagement:

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:

NHP: [Rights and Responsibilities](#)

HCI: [Rights and Responsibilities](#)

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



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



Member Engagement:

Complaints and Appeals: Member Complaints

Grievance (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 file a complaint about anything. If your complaint is about coverage or pre-approval of services, it is an appeal. 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! If your complaint is about your provider, you can **always talk to your provider.** You can make a complaint to your health plan any time.

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 ANYTIME and for ANYREASON.
 - There is no time limit to file a complaint!
- Carelon 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.



Ombudsman Policy

The RAE's Ombudsman Policy is located on respective websites under Members/Complaints & Appeals Tab. This policy is available in English/Spanish.

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			Lynne A. Fabian, LPC Manager, Health Care Promotion Outreach Specialist
Service Center/Engagement Center: Colorado Springs			
Previous Approval Date: 7/14, 9/15, 8/16, 1/18, 9/21, 12/22			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.



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

or

888-502-4189 (Northeast Health Partners)

Email: northeasthealthpartners@carelon.com

Members can contact the Ombudsman at: 303-866-2789; email: ombuds@bhoco.org. Website: www.bhoco.org.

A Complaint Guide can be found on our websites:
www.northeasthealthpartners.org or 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 ****



Member Engagement:

Complaints and Appeals: Provider Complaints

Provider Complaints

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



coproviderrelations@carelon.com



HCI: 888-502-4185

NHP: 888-502-4189



Member Engagement:

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.

3

There is only one level of appeal for members.

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**.



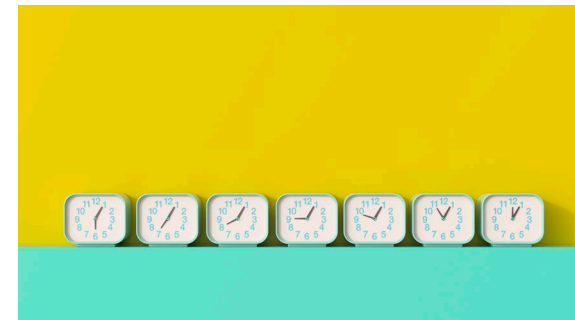
Who Can File an Appeal for a Member

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.

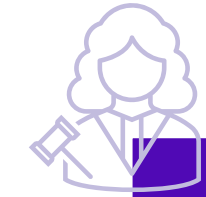
Members can find an Appeal Guide, ROI or DCR form on our website:

www.northeasthealthpartners.org or www.healthcoloradorae.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)



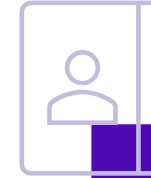
Administrative

- 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, 4th 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



Member Engagement:

Provider Claim Appeals

Provider Claims Appeals



Providers can contact the Claims Department at Carlon 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 Carlon
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.



Language Assistance

- ✓ Call Northeast Health Partners at 888-502-4189 if you need help arranging interpretation services for a member.
- ✓ Call Health Colorado at 888-502-4185 if you need help arranging interpretation services for a member.



Chapter 05

Updates

Carelon Training Webinars

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>

Behavioral Health 101 & Warning Signs
Thursday, February 15 at 3 p.m. ET

ProviderConnect Overview
Wednesday, February 14 at 1 p.m. ET

eServices Overview **Wednesday,**
February 7 at 1 p.m. ET

Claim Submission Guidance
Thursday, February 22 at 12 p.m. ET

Overdose Prevention in Opioid Use Disorders
Wednesday, February 28 at 12 p.m. ET

February HCPF Trainings

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 3rd Thursday of each month. Next training – **Thursday, February 22nd 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 – **Thursday, March 7th at 9 AM**

Business Intelligence and Data Management : Data Analytics Portal (CDAP) - On-Demand

Care and Case Management : Care and Case Management Resources and Training – On Demand

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 1/1/2024 at:
<https://hcpf.colorado.gov/sbhs-billing-manual>
- There is a Tracking Form available outlining changes made to the manual effective 1/1/2024
- Examples of changes are:
 - Edited Appendix N to reflect new Neuro/Psych Testing reimbursement policy
 - Added POS 11, 56, and 99 to H0035
 - Edited language on H0038 Peer Services code
 - Edited language on H0046 Drop-in Services

Chapter 06

Reminders, Questions & Open Discussion

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>

CMS 1500 Claim Form

UB04 Claim Form

Tip Sheets for how to complete billing forms

W9 Templates

Change Request Forms

Clinical Forms

Carelon Resources – Forms and Guides

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

Providers Members Search Find a Provider Other Carelon Sites

carelon Behavioral Health What We Offer Who We Are Perspectives Contact Us

Forms, guides, and resources

Find all the forms, guides, tools, and other resources you need to support the day-to-day needs of your patients and office.

Forms


Billing and claims	Change request	Clinical	Employee Assistance Program (EAP)
Claims Based Dispute Resolution Request Form	Change of Address Packet	ABA Authorization Request Form	Authorization to Disclose Health Information for Formal or Mandatory Referrals to the EAP
95-Day Waiver Request Form	Disclosure of Ownership Form	ABA Treatment Report Guidelines	Authorization to Disclose Health Information for Formal or Mandatory Referrals to the EAP (Spanish)
120-Day Waiver Request Form	Facility Address Change Form	Coordination of Care Authorization	Authorization to Disclose Health Information for Formal or Mandatory Referrals to the EAP
150-Day Waiver Request Medicaid Only	Facility Initial Application	Esketamine-Spravato Request Form	CAF-1 EAP Case Activity and Billing Form
365-Day Waiver Form	Facility Recred Application	ECT Authorization Request Form	CAF-2 EAP Case Activity and Billing Form
Adjustment Void Request Form	Facility Roster Form	Inpatient Treatment Report	EAP Case Activity and Billing Form FAQ
Claim Inquiry Form	Group Addition Form	Member Coordination of Care Tip Sheet	EAP Participant Statement of Understanding
CMS 1500 Claim Form	Group Practice Roster	Outpatient Medication Management Registration Form	EAP Participant Statement of Understanding (Spanish)
Inpatient Treatment Report Instructions	Group Practice Tip Sheet	Outpatient Treatment Report Form	EAP Provider FAQ
Medicare Waiver of Liability Form	Leave of Absence Out of Office Notification Form	Psych Neuropsych Evaluation Request Form	EAP Provider Handbook
Payment Integrity Provider Documentation Standards and Requirements	Locations and Services Form	Reporting a Potential Quality of Care Concern Provider Form	EAP Statement of Understanding - Formal or Mandatory Referrals (Spanish)
Third-Party Liability Indicator	Roster for ABA Paraprofessional Providers	rTMS Authorization Request Form	Important EAP Case Activity and Billing Form Information
Tips for Completing a CMS 1500	Site Information Change Form	Treatment Record Review Audit Tool	
Tips for Completing the UB04			
UB04			
WV9			

Guides

Carelon Resources – Forms and Guides

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

Providers ▾ Members Search Find a Provider | Other Carelon Sites ▾


 What We Offer ▾ Who We Are ▾ Perspectives Contact Us


Forms, guides, and resources

Find all the forms, guides, tools, and other resources you need to support the day-to-day needs of your patients and office.*

▾ Forms

▴ Guides

[270 271 Companion Guide](#) 

[837 Health Care Claim Companion Guides](#) 

State-specific resources:

California	Iowa	Nevada	Oregon
Colorado	Kansas	New Hampshire	Pennsylvania
Connecticut	Kentucky	New Jersey	Texas
Florida	Maine	New York	Virginia
Georgia	Massachusetts	North Carolina	Washington
Illinois	Missouri	Ohio	Wisconsin

Stay Up To Date

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

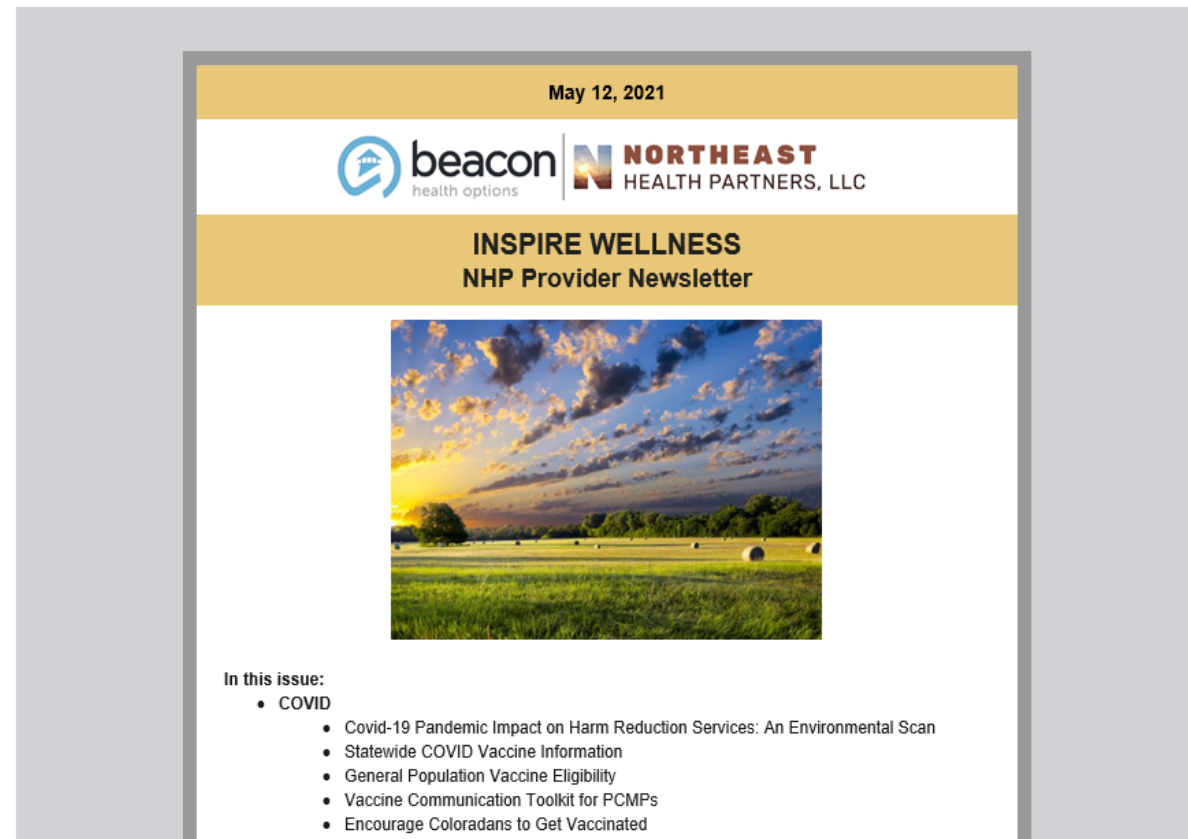
Be sure to check out the Inspire Wellness newsletter!!

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



Upcoming Training

The Next RAE Roundtable

The 2nd Friday of the month


March 8, 2024


11am

Thank you

Contact Us



 888-502-4189

 888-502-4185

 www.northeasthealthpartners.org

 www.healthcoloradoe.com

 northeasthealthpartners@carelon.com

 healthcolorado@carelon.com

 <https://www.facebook.com/northeasthealthpartners.org/>

 <https://www.facebook.com/healthcoloradoe/>