

# Thank you

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

We will get started at 11:00 am

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

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

# Before we get started...

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

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

Everyone's line is muted during the webinar.

Thank you

# July Provider Support Call

Monthly Provider Roundtable

July 12, 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:



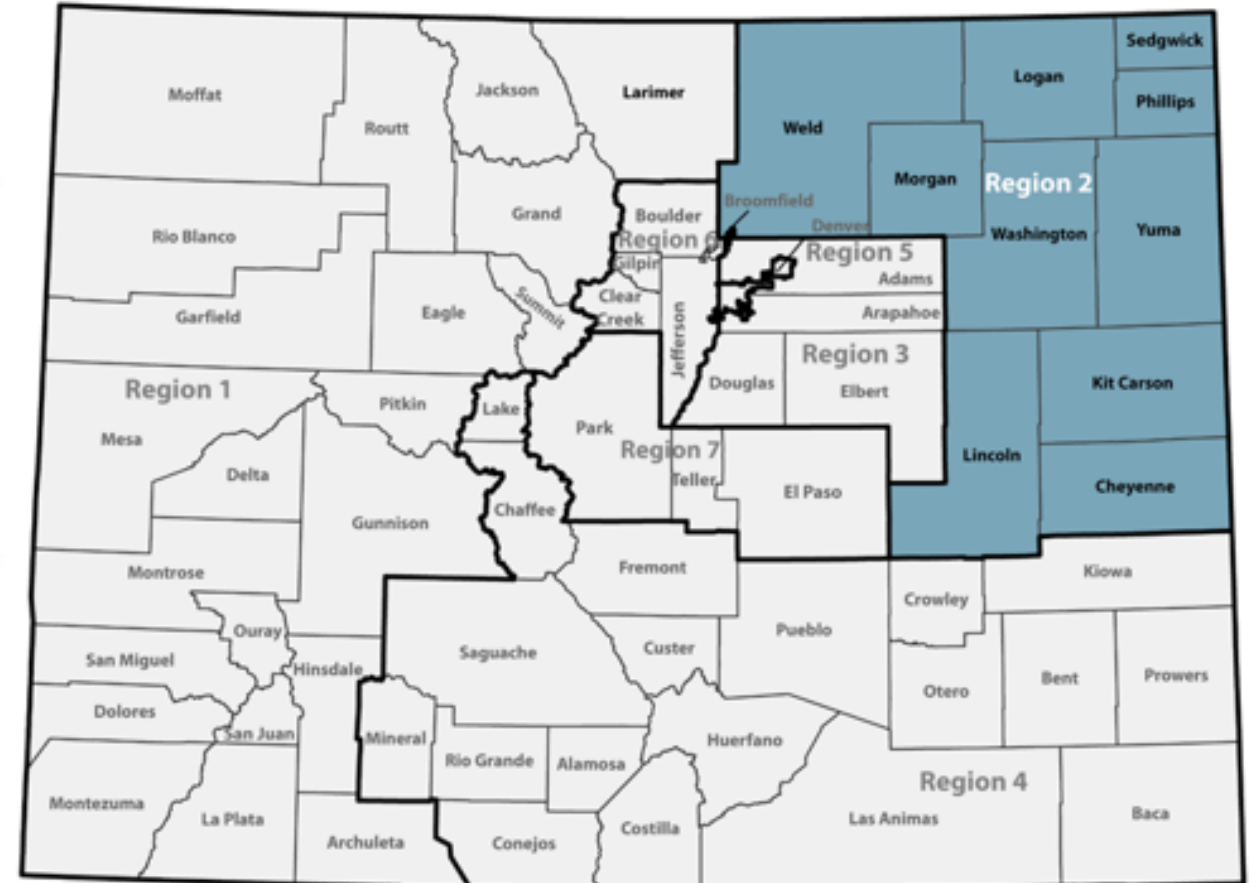
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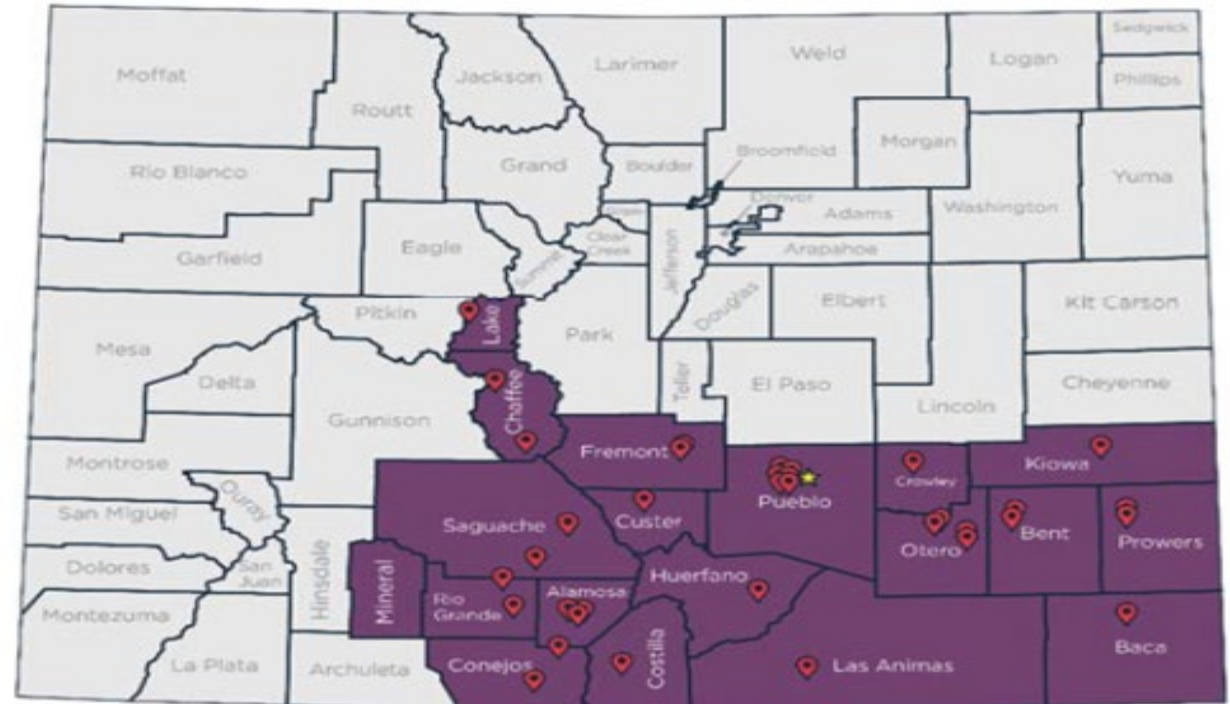


Administrative Service Organization:



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 July also have an interest in attending.

# Agenda

1. Welcome and Introductions
2. Member & Provider Rights and Responsibilities
3. Member & Provider Complaints
4. Member & Provider Appeals
5. Advance Directives & Language Assistance
6. Payment Standards
7. Updates
8. Reminders, Questions & Open Discussion



# Chapter 01

## Welcome and Introductions

Thank you for joining the Provider Support Call

# Chapter 02

## Member & Provider Rights and Responsibilities

Presented by Dawn Surface, Carelon

# Member 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 to learn about your benefits and how to use them.
- Treat other members, your providers and their staff with respect.
- Choose a Primary Care Medical Provider (PCMP) and go to [Enroll.HealthFirstColorado.com](https://enroll.healthfirstcolorado.com) or call 303-839-2120 or 888-367-6557 (State Relay 711) if you want to see a different PCMP.
- Go to your appointments on time or call your provider if you will be late or cannot keep your appointment and pay for services you get that are not covered by Health First Colorado.
- Tell your provider and Health First Colorado if you have other insurance or family or address changes.

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

# Member Rights & Responsibilities (cont'd)

## Member's have the Right to Disenroll

Members can ask to disenroll without having a reason during these times:

- During the 90 days after their enrollment date
- At least once every 12 months after the first 90 days
- If they lost their eligibility, upon their renewal if they missed their chance to disenroll in the 12-month period
- If there are sanctions on the RAE

Members can ask to disenroll for certain reasons at any time:

- They move out of our service area
- They receive poor quality of care
- There is a lack of access to providers or services they need
- They need more than one service to be performed at one time and not all services are offered by the RAE
- The RAE does not cover the service based on a moral or religious reason
- One of their providers leaves the RAE's network and this would impact the member's long-term services and support care

What do they need to do to disenroll?

- Call the Member Contact Center at 800-221-3943 or State Relay at 711 to disenroll.
- Send a written request to Health Care, Policy and Financing (HCPF) or one of their agents to disenroll.
- Call the RAE if they need any help. This is a free call.

# 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

# Chapter 03

## Member & Provider Complaints

Presented by Dawn Surface, Carelon

# 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.





# Member Complaints (cont'd)

## Members have the right to file a Complaint

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



# Member Complaints (cont'd)

## 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.

# Member Complaints (cont'd)

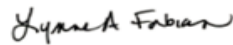
## Ombudsman Policy

- 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:

- 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.
- The RAE will not interfere with advocacy relationships between members and whom they choose as an advocate.
- 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.
- 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.

## Member Complaints (cont'd)

# Where do you direct Members to Make a Complaint?

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

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

888-502-4185 (Health Colorado)

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

or

888-502-4189 (Northeast Health Partners)

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

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

A Complaint Guide can be found on our websites:  
[www.northeasthealthpartners.org](http://www.northeasthealthpartners.org) or  
[www.healthcoloradorae.com](http://www.healthcoloradorae.com) under the member  
tab/complaints and appeals.



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

# Provider Complaints

## Provider Complaints

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



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



HCI: 888-502-4185

NHP: 888-502-4189

# Chapter 04

## Member & Provider Appeals

Presented by Dawn Surface, Carelon

# 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.

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

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- 3** There is only one level of appeal for members.

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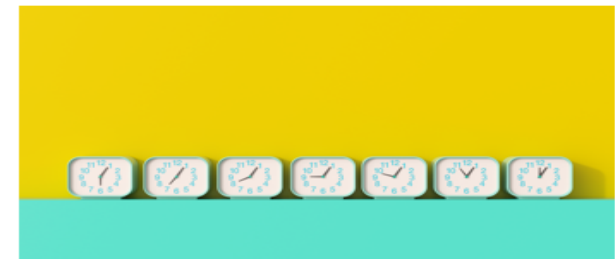
- 4** Providers do not have the right to request a Clinical Appeal in the State of Colorado. A provider can request an appeal for a claims issue by calling **(800) 888-3944**.

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# Member Appeal & State Fair Hearing Rights (cont'd)

## Who Can File an Appeal for a Member

- Members can appoint anyone to be their Designated Client Representative (DCR) to request an appeal on their behalf. This person can be a family member, a service provider, or anyone else they choose. The member can call the RAE's Community Outreach Manager to find out when a DCR and/or ROI form is needed.
- Members can find an Appeal Guide, ROI or DCR form on our website: [www.northeasthealthpartners.org](http://www.northeasthealthpartners.org) or [www.healthcoloradorae.com](http://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 and a decision will be made within 72 hours, otherwise, we will make a decision within ten (10) business days.





# Member Appeal & State Fair Hearing Rights (cont'd)

## State Fair Hearing (SFH)



### Administrative

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



### Law

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



### Judge

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



# Member Appeal & State Fair Hearing Rights (cont'd)

## 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.

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

# Member Appeal & State Fair Hearing Rights (cont'd)

## 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 Appeal & State Fair Hearing Rights (cont'd)

# State Fair Hearing Decision to Uphold the Denial



If the member requested a State Fair Hearing for *denied or reduced residential or inpatient substance use disorder treatment* and the decision was not in their favor, then the member or their provider can ask for an Independent Review. An Independent Review is also called a Secondary Medical Necessity Review.



An Independent Review is when a medical provider who is not associated with the RAE or Health First Colorado reviews the documentation to see if the services that were denied or reduced were medically necessary.



To ask for an Independent Review, the member must have used all their appeal options with the RAE and Health First Colorado. If the member or their provider would like to request an Independent Review, they can contact the RAE for help with the process.

# Provider Appeals - Claims



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

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

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

# Chapter 05

## Advance Directives & Language Assistance

Presented by Dawn Surface, Carelon

## Advance Directives

The RAE maintains written policies and procedures and provides written information to individuals concerning advance directives with respect to all adult individuals receiving care by or through the RAE.

Advance directives policies and procedures include:

Notice that members have the right to request and obtain information about advance directives at least once per year.

A clear statement of limitation if the RAE cannot implement an advance directive as a matter of conscience.

- The difference between institution-wide conscientious objections and those raised by individual physicians.
- Identification of the State legal authority permitting such objection.
- Description of the range of medical conditions or procedures affected by the conscientious objection.

Policies can be found on the RAE website:

<https://www.healthcoloradarae.com/members/advance-directives-living-will/>

<https://www.northeasthealthpartners.org/members/advance-directives-living-will/>

Provisions:

- *For providing information regarding advance directives to the member's family or surrogate if the member is incapacitated at the time of initial enrollment due to an incapacitating condition or mental disorder and is unable to receive information.*
- *For providing advance directive information to the incapacitated member once he or she is no longer incapacitated.*
- *To document in a prominent part of the member's medical record whether the member has executed an advance directive.*
- *That care to a member is not conditioned on whether the member has executed an advance directive, and provision that members are not discriminated against based on whether they have executed an advance directive.*
- To ensure compliance with State laws regarding advance directives.
- To inform individuals that complaints concerning noncompliance with advance directive requirements may be filed with the Colorado Department of Public Health and Environment.
- To inform members of changes in State laws regarding advance directives no later than 90 days following the changes in the law.
- To educate of staff concerning its policies and procedures on advance directives.
- The components for community education regarding advance directives that include:
  - What constitutes an advance directive.
  - Emphasis that an advance directive is designed to enhance an incapacitated individual's control over medical treatment.
  - Description of applicable State law concerning advance directives.

# Advance Directives Workshop

- Facilitated by certified Life Care Planning Facilitator
- Offered quarterly
  - Next Workshop is September 26, 2024, 12:00pm – 1:30pm
- Also available for
  - 1-1 meetings with members
  - Training for staff
- Contact RAE's Community Outreach Manager to schedule or for more information



# Language Assistance

Translators are not a Health First Colorado (Colorado's Medicaid program) benefit. Doctors and other medical providers must offer effective communication with their patients. Effective communication includes translators, American Sign Language interpreters, written material in another language, or other options to help people who speak a language other than English and for people with a disability. For more information, contact the [Americans with Disabilities Act \(ADA\) Coordinator](#).

To request an interpreter:

Colorado Language Connection: <https://www.coloradolanguageconnection.org/>

- ✓ 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.



# Colorado Health Literacy 10<sup>th</sup> Annual Conference



- September 26, 2024
- 9 am – 4 pm
- Early bird cost is \$100. After August 16, prices raise to \$125.
- Embassy Suites Denver Central Park
- [Register](#)

# Questions?

At this time we will open everyone's microphones to address any questions about the topics covered.

# Chapter 06

## Payment Standards

# Payment Standards - Overpayments/ Recoup

Providers should routinely review claims and payments to assure that they have not received any overpayments. Carelon will notify providers of overpayments identified by Carelon, clients, or government agencies.

Overpayments include, but are not limited to:

- Claims allowed/paid greater than billed
- Claims paid in error
- Inpatient claim charges equal to the allowed amounts
- Duplicate Payments
- Payments made for individuals whose benefit coverage is/was terminated
- Payments made in excess of amounts due in instances of third party liability and/or coordination of benefits

# Payment Standards - Overpayments/ Recoup

Subject to the terms of the provider agreement and applicable state and/or federal regulations, Carelon or its designee will pursue recovery of overpayments through:

- Adjustment of the claim or claims in question creating a negative balance reflected on the Provider Summary Voucher (claims remittance)
- Written notice of the overpayment and request for repayment of the claims identified as overpaid

Failure to respond to any written notice and/or request for repayment of identified overpayments in the time period identified in the notice/request is deemed approval and agreement with the overpayment; thereafter, Carelon will adjust the claim or claims in question creating a negative balance.

Any negative balance created will be offset against future claims payments until the negative balance is zeroed out and the full amount the overpayment is recovered.

# Payment Standards - Overpayments/ Recoup

If the *provider* disagrees with an overpayment recovery and/or request for re- payment of an overpayment, the *provider* may request Carelon to review in writing- the written request for review needs to be received by Carelon on or before the date identified in the notice of overpayment recovery or request for re-payment of an overpayment.

Please attach a copy of your written demand or request letter to your request for review and include the following information:

- *provider/participating provider's* name
- identification number and contact information
- *member* name, and number
- a clear identification of the disputed items to include the date of service and the reason the disputed overpayments are being contested.

Overpayment Recovery should be mailed to:

Carelon Behavioral Health  
1330 Amerigroup Way  
Virginia Beach, VA 23464



# Payment Standards - No Balance Billing

Participating providers may not balance bill members for covered services rendered.

This means that the participating provider may not bill, charge or seek reimbursement or a deposit, from the member for covered services except for applicable member expenses, and non-covered services.

Participating providers are required to comply with provisions of Carelon's code of conduct where applicable, including, without limitation, cooperation with claims and billing procedures and participation in training and education.



# Chapter 06

## 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>

ProviderConnect Overview

Wednesday, July 24 at 1 p.m. ET

Claim Submission Guidance

Thursday, July 25 at 12 p.m. ET

eServices Overview

Wednesday, July 10 at 1 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.

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

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

Youth BH 101

Thursday, July 11 at 3 p.m. ET

Gender-Affirming BH 101

Wednesday, July 17 at 3 p.m. ET

Availability Portal Enhancements

Tuesday, July 23 at 1 p.m. ET

# July/July 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. Next training – **Thursday, July 11th at 9 AM**  
**- Also, Friday July 12<sup>th</sup> at 10 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. Next training – **No training scheduled for July.**

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!!

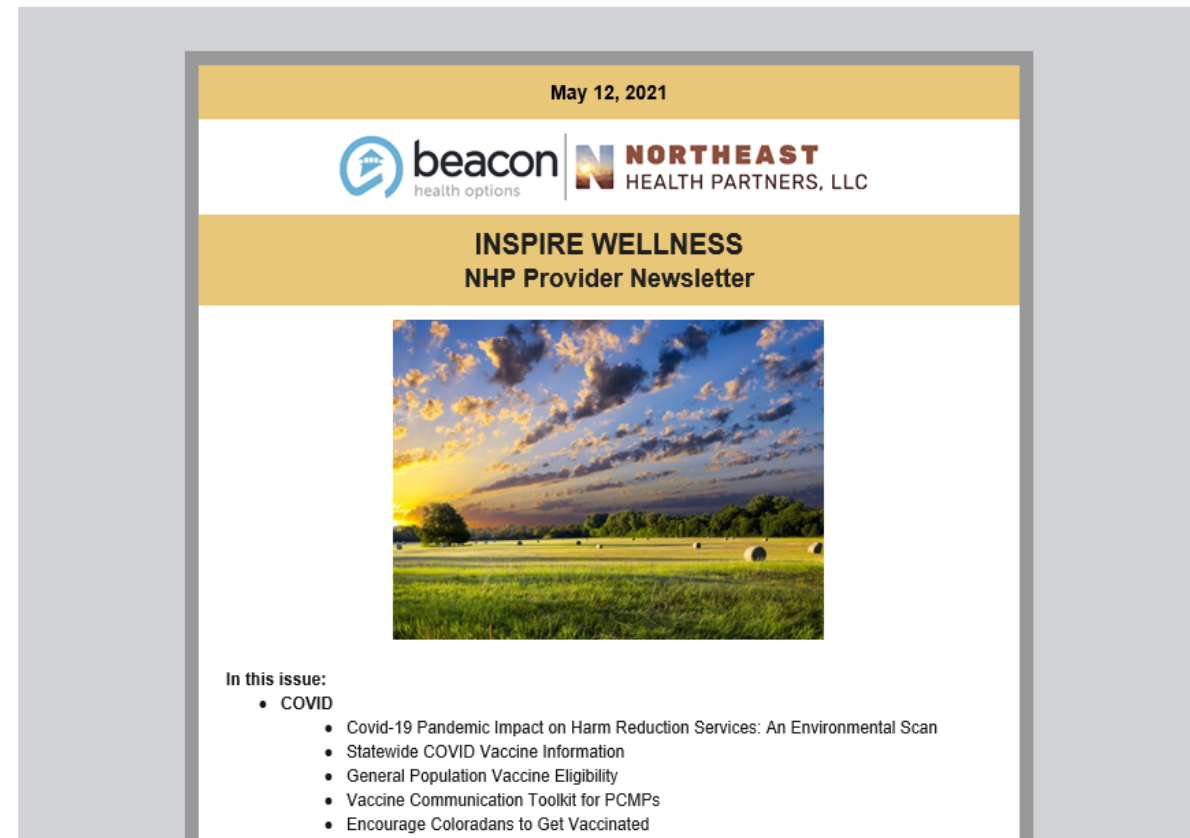
To sign up please email:

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

Wed 5/12/2021 7:02 AM

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

NHP Provider Newsletter 5.12.2021



7/12/2024

# Upcoming Training

The Next RAE Roundtable

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


August 9, 2024


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# Thank you

## Contact Us



 888-502-4189


 888-502-4185


 [www.northeasthealthpartners.org](http://www.northeasthealthpartners.org)

 [www.healthcoloradorae.com](http://www.healthcoloradorae.com)

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

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

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

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