

# 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 11:03 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

[NHP](#)

[HCI](#)



# 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 within the chat

Everyone's line is muted during the webinar.

Thank you



# April Provider Support Call

Monthly Provider Roundtable

April 11, 2025



# 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:



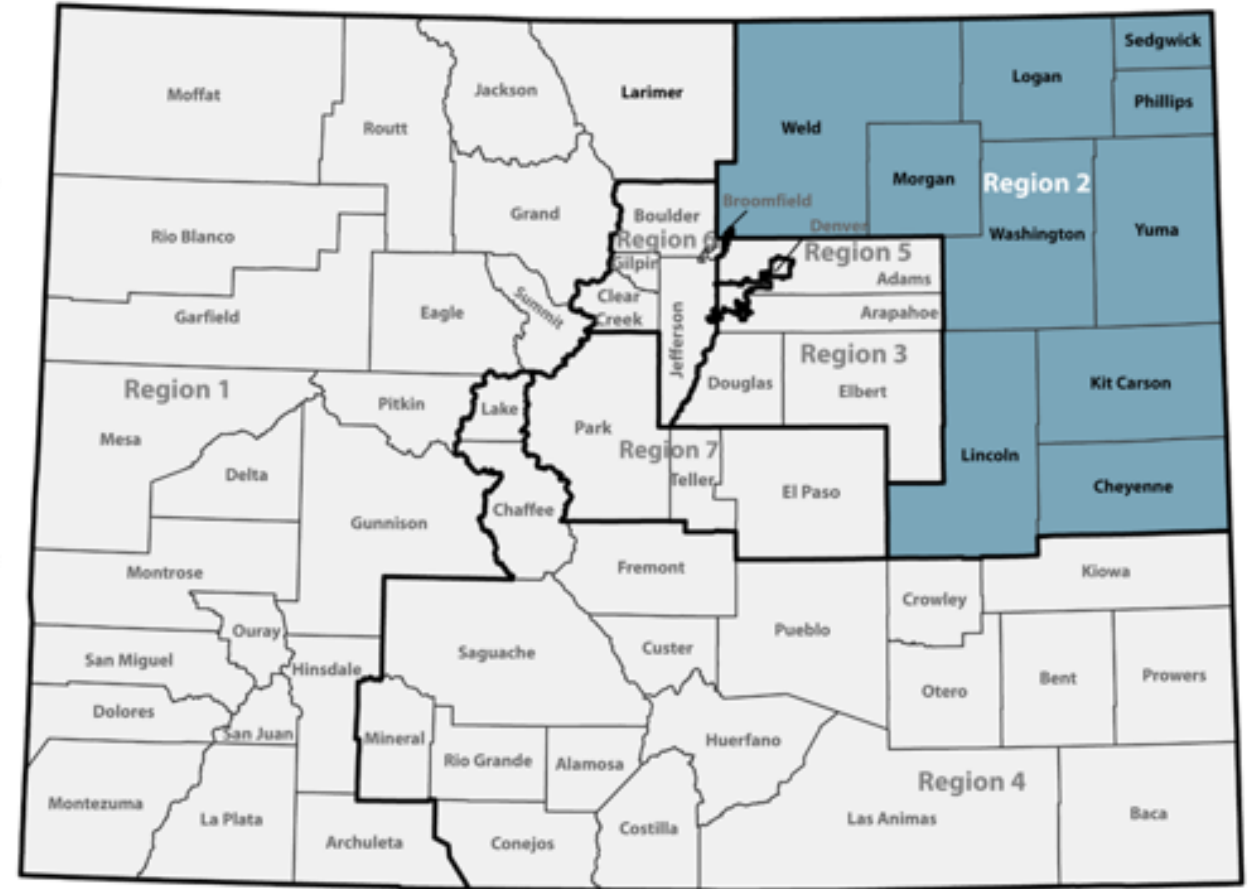
CMHCs:



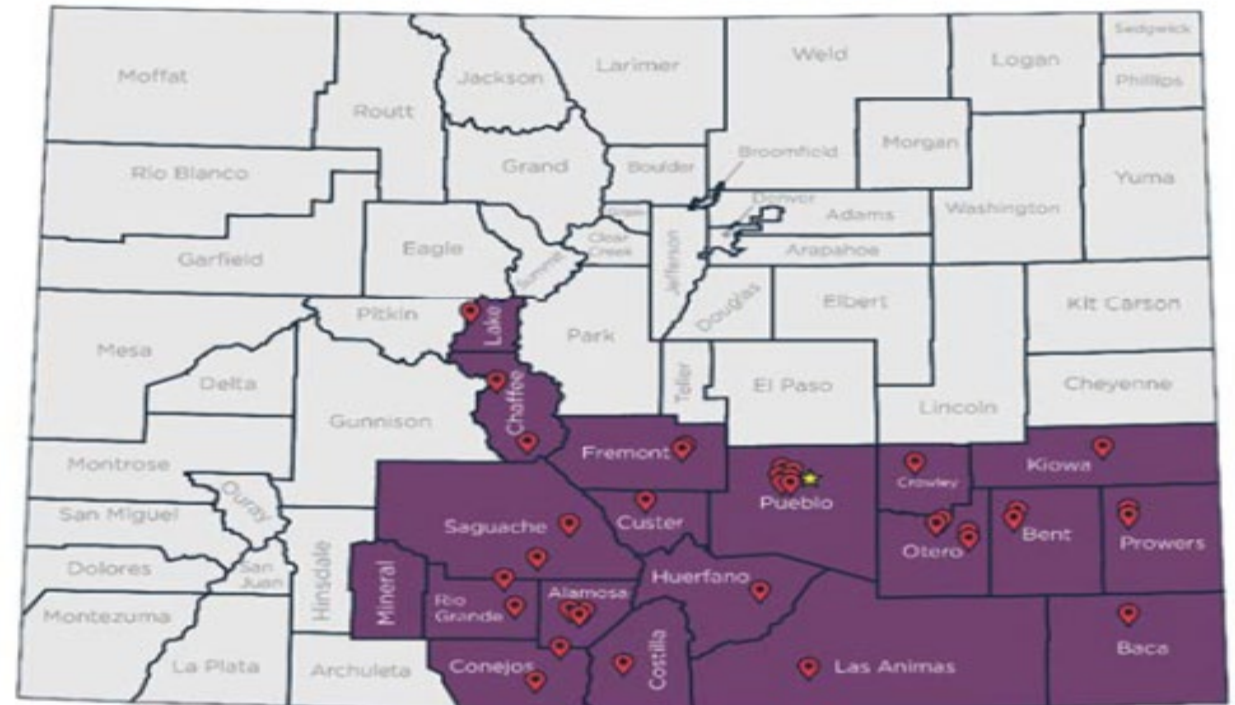
Administrative Service Organization:



Northeast Health Partners









# What is a RAE Roundtable?

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

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



# Agenda

1. Welcome and Introductions
2. H0010 Updates
3. Medicaid Changes with NHP and RMHP
4. Updates
5. Reminders, Questions, and Discussion





# Chapter 01

## Welcome and Introductions

Thank you for joining the Provider Support Call/Roundtable



# Chapter 03

## Medicaid Changes





# Northeast Health Partners

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RAE 2

Dr. Brian Robertson, COO

April 11, 2025



# Mission and Vision

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## Mission

It is our mission to serve the members in our communities and provide a comprehensive range of physical and behavioral health services with commitment to compassionate service to meet the needs of our members.

## Vision

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



# Values

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- **Unwavering Leadership**: We strive to take the lead in advocating for our members, our providers, and our community groups to streamline process and eliminate unnecessary burdens to ensure seamless access to services.
- **Customer Service**: We are committed to maintaining high-satisfaction for the service we provide across members, providers, and community-based organizations.
- **Achievement**: We believe in continuous improvement and constant refinement to achieve results and offer high-quality care to Coloradans.
- **Responsiveness**: We strive to be nimble and efficient in our operations and services.
- **Commitment**: As a local organization focused on healthcare, we are committed to the community to ensure high-value services are available and accessible.
- **Transparency**: We believe in clarity and openness to our activities for both our providers network and the public.



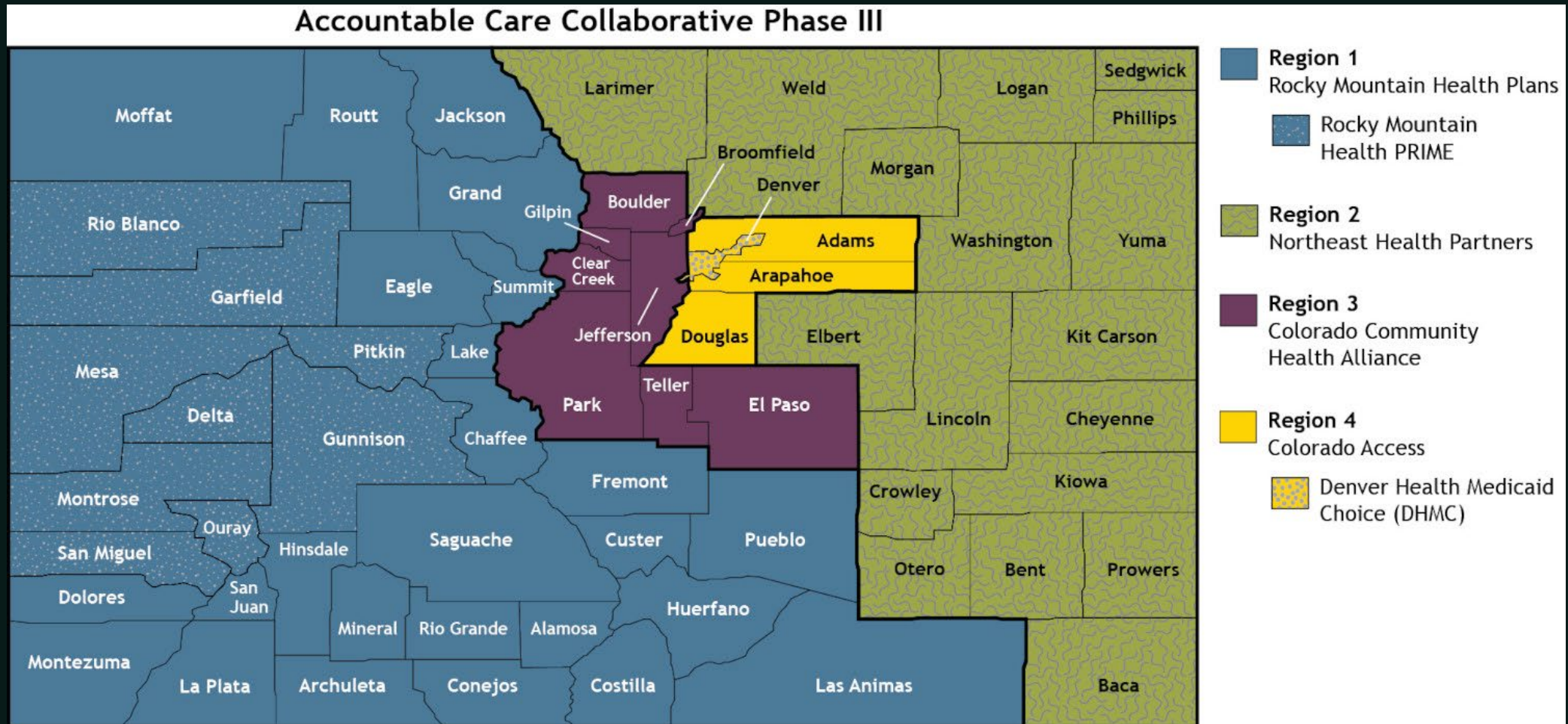


# ACC Phase III

Updates & Key Changes




# ACC Phase III Regional Entities and Counties





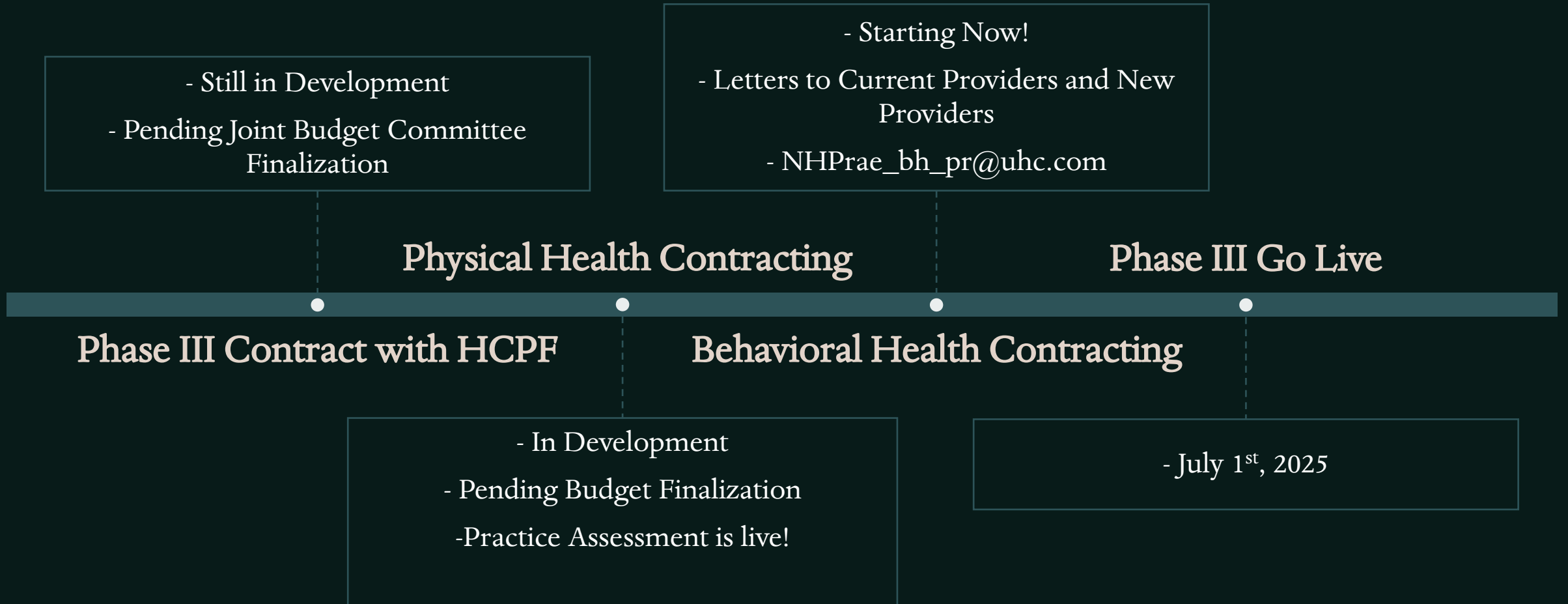
# Key Changes for Phase III

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- New Logo The image shows a logo transition. On the left is the old logo: a white square with a large blue 'N' containing a sunset scene, with the text 'NORTHEAST HEALTH PARTNERS, LLC' below it. A grey arrow points to the right, where the new logo is shown: a stylized heart shape composed of blue and green waves, followed by the letters 'NHP' in blue.
- Expanded Office Locations
  - Greeley, Colorado: Corporate Office
  - Akron, Colorado: Regional Hub
  - Lamar, Colorado: Regional Hub
- New Behavioral Health Partnership with Rocky Mountain Health Plans
  - Seamless Behavioral Health Network
  - Single contract for BH Providers
- Physical Health Contracts will be managed by NHP staff
- NHP is always a point of contact!



# Timeline





# Behavioral Health Network Overview

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- NHP is partnering with Rocky Mountain Health Plans (RAE 1) for the behavioral health network under Medicaid.
- Streamlines contracting, streamlines claims processing and payments
- Any current contract with NHP (via Carelon) will expire on June 30, 2025
  - **You will need a contract with RMHP if you don't have one**
  - For BHASO information, please contact your local BHASO.  
For R2 it will be Signal Behavioral Health:<https://signalbhn.org/>



# Behavioral Health Contracting

- Can Be Found on the NHP website  
<https://www.northeasthealthpartners.org/>  
under “Providers” → “Join Our Network”
  - This will link you to RMHP
- Email [NHPrae\\_bh\\_pr@uhc.com](mailto:NHPrae_bh_pr@uhc.com)
  - Can answer questions and help get you started
- Christopher Miller, RMHP Director or Provider Relations, at [Christopher\\_Miller@uhc.com](mailto:Christopher_Miller@uhc.com)



## NHP / Rocky Mountain Health Plans / Optum Application, Contracting and Credentialing Process

Hello Provider,

Below is an explanation of the NHP/ Rocky Mountain Health Plans (RMHP)/Optum application and credentialing process. Those items indicating “**Action Needed**” draw your attention to things you need to do as part of this process. If you have any other questions, please let us know!

Please make sure you are properly enrolled in [Health First Colorado \(Medicaid\)](#) as a billing individual or an individual within a group. If you have any questions about this let us know and we can get you some help.

The complete process of contracting, credentialing, and data loading will take approximately 60-90 days. You will be offered a contract before you are fully credentialed. Please note that you will not be fully in-network until both contracting and credentialing are complete. The detailed steps of the process are outlined below.

### Step 1: CAQH

**Action Needed:** Fully complete [CAQH Application](#) or Re-attestation. When you start the application, all your information will be pulled from CAQH (update required annually) and if you have not updated your Medicaid ID, you will not be offered a RMHP (NHP) contract, until the outstanding requirements are complete.

### Step 1.5: Review

**Action Needed:** Review the [First Time Registration for Provider Express](#) course to begin your application process and familiarize yourself with the [Optum - Provider Express Home](#) website as needed.

### Step 2: Participation Request

**Action Needed:** Fully complete and *submit* online form. [Join Our Network](#) using your existing One Healthcare ID (or obtain an ID [Registration | One Healthcare ID](#) and then complete).

- **Note:** If you are already credentialed under a different Tax ID, you'll want to complete the ADD/UPDATE Tax ID form on your Provider Express profile instead of the full application. This can be found by going to your Provider Express profile -> My Practice Info -> My Network Status -> ADD/UPDATE.

### Step 3: Contracting

You will be offered two separate contracts, one for NHP/RMHP for Medicaid which will also include RMHP Exchange, CHP+, DSNP and Medicare Advantage lines of business







# Physical Health Providers

Updates & Key Changes





# Key Steps in the Contracting Process

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1. Ensuring enrollment in Health First Colorado (Medicaid).
2. Completing the Practice Assessment by PCMP Practice Site.
3. Submitting Supporting Documents.
4. Reviewing and signing contract via DocuSign.
5. Contact [Contracting@nhpllc.org](mailto:Contracting@nhpllc.org) with any questions.



# Physical Health Attribution & Performance Measures

## Phase II Attribution

- Based on geography
- Uses a family-centric model
- Assigns members to clinics
- PCMPs are responsible for all assigned members
- Performance incentives are RAE-specific and depend on regional performance

## Phase III Attribution

- Assigns members to clinics based on claims
- NO geographical attribution to PCMP
- NO family utilization assessment
- If the member has no claims, they will not be assigned a PCMP. The RAE will be responsible for assigning a PCMP.
- Performance measures are clinic-specific and are not dependent on regional performance



# PCMP Key Dates for Contracting and Attribution

NHP Conducts Provider Meet and Greet	January – June 2025
NHP initiates individual PCMP Outreach	February 10, 2025
PCMP Practice Sites Complete Practice Assessment <i>Note: must be completed prior to progressing to contracting</i>	March 4, 2025 Extension to March 14, 2025
PCMP Submits Practice Demographics	March 5 - April 7, 2025
PCMP submits completed supporting documents (i.e. W9, BAA)	March 5 – May 15, 2025
NHP Submit Final List of Contracted PCMP to HCPF	April 7, 2025 (change from 4/30)
Execute Provider Agreements	April 2 – May 15, 2025
HCPF begins member attribution process	May 1, 2025
HCPF begins member noticing of ACC Phase 3	May 15, 2025
ACC Phase III Program Launch Date	July 1, 2025





# PMPPM Payment Structure



# PMPM Maximum Payment Structure

	Tier 1	Tier 2	Tier 3
PMPM Max (up to)	\$2.00	\$4.50	\$10.00
<i>Practice Assessment (7%)</i>	<i>\$0.14 (7% of \$2.00)</i>	<i>\$0.32 (7% of \$4.50)</i>	<i>\$0.70 (7% of \$10.00)</i>
<i>CC and Acuity (70%)</i>	<i>\$1.40 (70% of \$2.00)</i>	<i>\$3.15 (70% of \$4.50)</i>	<i>\$7.00 (70% of \$10.00)</i>
<i>Integrated BH (7%)</i>	<i>\$0.14 (7% of \$2.00)</i>	<i>\$0.32 (7% of \$4.50)</i>	<i>\$0.70 (7% of \$10.00)</i>
<i>Special Programs (16%)</i>	<i>\$0.32 (16% of \$2.00)</i>	<i>\$0.72 (16% of \$4.50)</i>	<i>\$1.60 (16% of \$10.00)</i>



# Key Components of the PMPM

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PMPM payments covers the following components:

1. Practice Assessment Completion
2. Care Coordination and Acuity Payments
3. Other Programs
4. Integrated Behavioral Health



# Practice Assessment (PA) Scoring Methodology

<b>Tier 1</b>	<ul style="list-style-type: none"><li>• 0-33 points <u>or</u></li><li>• 34-100 points and one or more "Must Pass" criteria were not met.</li></ul>
<b>Tier 2</b>	<ul style="list-style-type: none"><li>• 34-66 points and all "Must Pass" criteria met <u>or</u></li><li>• Practice has NCQA PCMH or AAAHC and one or more "Must Pass" criteria were not met.</li></ul>
<b>Tier 3</b>	<ul style="list-style-type: none"><li>• 67-100 points and all "Must Pass" criteria met <u>or</u></li><li>• NCQA PCMH or AAAHC and all "Must Pass" criteria met.</li></ul>

The Practice Assessment will identify the highest tier level for which a PCMP Practice Site qualifies.

The Practice Assessment is one component of the Tiering process.

There are added requirements for providers, specifically around care coordination.

The PCMP Practice Sites have the option to participate at the highest tier for which they qualify, or they can opt to participate at a lower tier.

PCMP Practice Sites also may opt to identify a higher tier and work towards achieving that tier. NHP will provide tools and resources to support their advance across tier levels.





# Supplemental Information: PCMP Contracting Process



# Step 1: Medicaid Enrolled

The practice, agency, or individual Provider, as applicable, renders services utilizing one of the Medicaid Provider types.

Visit [Health First Colorado \(Medicaid\)](#)

- ✓ Physician (Code 05)
- ✓ Osteopath (Code 26)
- ✓ FQHC (Code 32)
- ✓ RHC (Code 45)
- ✓ School Health Services (Code 51)
- ✓ Family / Pediatric Nurse Practitioner (Code 41)
- ✓ Clinic-Practitioner Group (Code 16)
- ✓ Non-physician Practitioner Group (Code 25)



# Step 2: Practice Assessment

Phase III will include 3 different PCMP tiers based on capabilities and engagement

Tiers will be based on score from practice assessment for each practice site

To obtain Practice Assessment template visit [PCMP Contracting Website](#).

Physical Health Care Delivery Domain	Number of Criteria Passed	Number of Criteria
<b>TOTAL NUMBER OF MUST PASS CRITERIA:</b>	-	8
Physical Health Care Delivery Domain	Points Received	Points Available
<b>TOTAL POINTS:</b>	-	100
<b>NCQA PCMH Certified</b>	-	100
<b>1. Leadership (1 Criteria)</b>		
<b>1.1 Practice Leadership for Quality Improvement Initiatives</b>		
1.1.1 Deploys a quality improvement champion	-	Must Pass
<b>2. Data Driven Quality Improvement (5 Criteria)</b>		
<b>2.1 Quality Measure Tracking and Assessment</b>		
2.1.1 Tracks performance on quality metrics	-	Must Pass
<b>2.2 Quality Improvement Implementation</b>		
2.2.1 Improves quality using data	-	1
2.2.2 Has a quality improvement team	-	1
<b>2.3 Data Collection</b>		
2.3.1 Connects to EHR	-	1
2.3.2 Connects to HIE	-	3
<b>3. Empanelment (2 Criteria)</b>		
<b>3.1 Personal Clinician Assignment</b>		
3.1.1 Process to assign patients to clinician	-	1
3.1.2 Assignment of 75% patients to clinician	-	1
<b>4. Team Based Care (5) Criteria)</b>		
<b>4.1 Roles and Responsibilities of Team</b>		
4.1.1 Defines team roles	-	1
<b>4.2 Communication Within Team</b>		
4.2.1 Holds care team meetings & implements team-based communication	-	1
<b>4.3 Staff Training</b>		
4.3.1 Conducts trainings on HCPF Tools	-	1
4.3.2 Cultural and disability competence training	-	Must Pass
<b>4.4 Staff Satisfaction</b>		
4.4.1 Assess staff satisfaction	-	2
<b>5. Patient and Family Engagement (6 Criteria)</b>		
<b>5.1 Patient/Family Education and Self-Management Support</b>		
5.1.1 Offers patient and family educational resources	-	1
5.1.2 Provides chronic condition self-management support	-	1
<b>5.2 Patient/Family Feedback Collection, Assessment, and Implementation</b>		



# Practice Assessment Scoring

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- Total of 100 points available out of the 9 Physical Health Care Delivery Domains.

Tier 1: 0-33 points

Tier 2: 34-66 points

Tier 3: 67-100 points

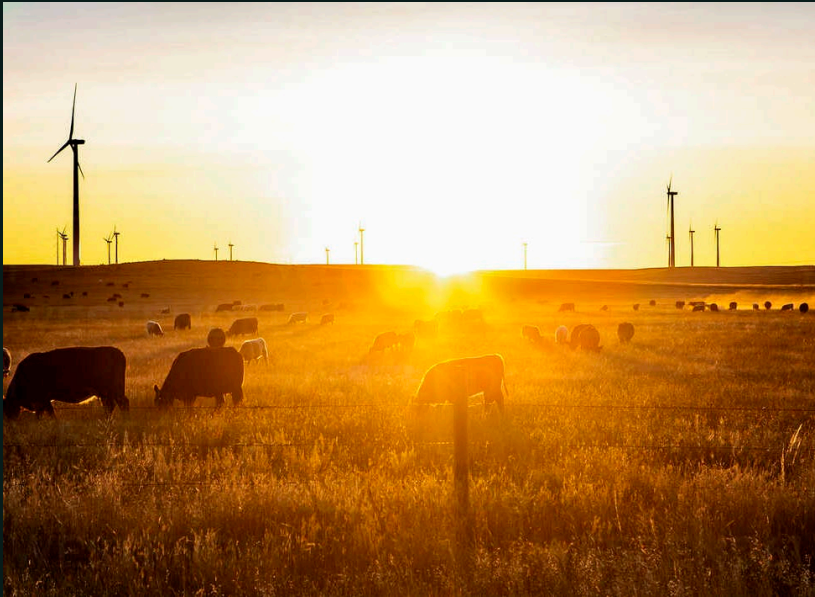
For Tier 2 and Tier 3, practice has to meet ALL “Must Pass” criteria.

- If one or more “Must Pass” criteria is not met, then a practice will fall in Tier 1, regardless of the points received.
- For practice with NCQA or AAAHC as PCMH and ALL “Must Pass” criteria is met, then fall in Tier 3.
- For practice with NCQA or AAHC as PCMH but one or more “Must Pass” criteria is not met, then fall in Tier 2.



# Practice Assessment Audit

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PCMPs attest the information on the Practice Assessment is accurate.

Evidence is not required at the time of attestation.

Practice sites will be audited to evidence the elements noted are accurate.

NHP is working on audit process and will be communicated when completed.

PCMPs with NCQA or AAHC as PCMH will need to show document, if applicable.



## Step 3: Supporting Documents

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PCMP Practice Site(s) and Practitioner Demographic information form.

- Please review and complete the 3 tabs.
  - ✓ GENERAL - Make sure to complete the tab and include the best contacts.
  - ✓ PRACTICE SITES - all Medicaid Enrolled within the Region 2 counties.
  - ✓ PRACTITIONERS - medical care providers within the Practice Sites.

W-9 Form

You can find the templates to the documents in  
our dedicated [PCMP Contracting Website](#).



# Supporting Documents Tiers 2 & 3

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Submit additional documents:

- BAA Form
- IT Security Assessment

Once finalized, the templates will be available in our dedicated [PCMP Contracting Website](#).





## Step 4: Execute Contract

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PCMP contracts is in final stages.

- Will issue via DocuSign to person authorized to sign.

PMPM amounts are still being determined by the state.

NHP will release PMPM framework after final budget.

PMPM rate will be made based on the Practice Site tier level from Practice Assessments.





# PCMP Tier Levels: Responsibilities & Expectations

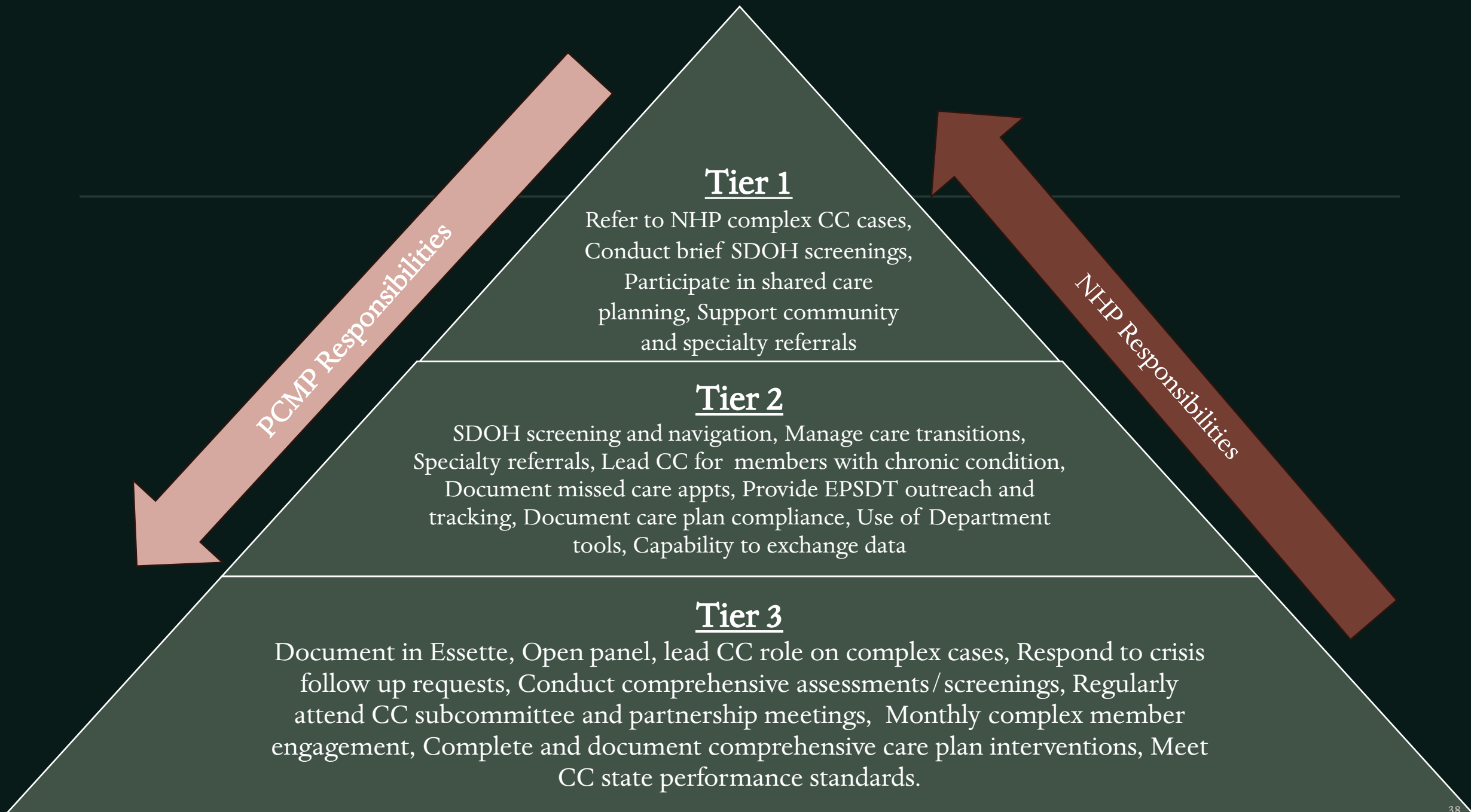


# Requirements for ALL PCMP Practice Sites

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1. Engage with Practice Transformation Coach and participate in Practice Transformation activities in Year 1.
2. Assign a Point of Contact to respond to NHP Care Coordination Team within 24 hours.
3. Conduct EPSDT standardize screening tools, including behavioral health screening tools.
4. Participate in the Departments incentive programs including but not limited to Alternative Payment Model (APM), Key Performance Indicators (KPI), and/or other incentive programs when eligible.
5. Participate in NHP incentive programs or quality measure improvement activities.







# NHP System-Wide Coordination & Oversight

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## Member Services

- Coordinate intensive wraparound services for MSOC youth
- All Transitions of Care from hospitals, residential BH, etc.
- Facilitate Creative/Complex Solutions meetings
- Crisis Encounter Follow-Up: follow-up within 5 days
- Outreach to unattributed members for engagement
- Collaborate with BHASOs, CMAs, child welfare, DSNP, PDN, IMD Transitions

## Data Exchange and Monitoring:

- Monthly contact with member and team; Meet care plan creation and contact performance standards
- Ensure comprehensive care plan (90 days/biannual updates) for complex members
- Ensure appropriate care coordination interventions for stratified Member tiers
- Ensure members receive EPSDT Initial Outreach

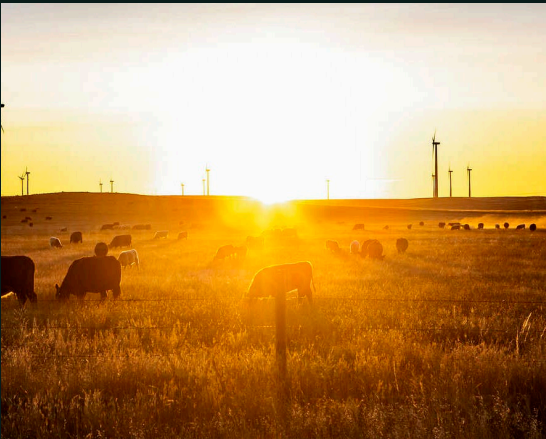
## Oversight

- Audit Practice Assessments attestations and Care Coordination activities



## Contact NHP

- PCMP Website: [www.nhprae2.org](http://www.nhprae2.org)
- Alma Mejorado, Provider Network Consultant:  
[alma@nhpllc.org](mailto:alma@nhpllc.org)
- Cara Hebert, Provider & Community Relations Director:  
[cara.hebert@nhpllc.org](mailto:cara.hebert@nhpllc.org)
- Raina Ali, Community Relations Manager:  
[raina@nhpllc.org](mailto:raina@nhpllc.org)
  - 970-909-4318





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Thank you!







# Open Forum



# Chapter 02

## H0010 Updates

- The registration that was originally required for this service is no longer required and is retro to 7/1/24
- We will continue working with providers regarding denials for no authorization or registration dating back to 7/1/24



# Chapter 04

## 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>

Carelon Provider Orientation

Tuesday, April 8th at 12pm EST

eServices Overview

Wednesday, April 9th at 12pm EST

ProviderConnect Overview

Wednesday, April 16th at 12pm EST

Claims Submission Guidance

Wednesday, April 23rd at 12pm EST



# 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>

Motivational Interviewing  
Thursday, April 10th at 3pm EST

ProviderConnect Authorizations  
Thursday, April 17th at 11am EST

Gender-Affirming Behavioral Health 101  
Wednesday, April 23rd at 3pm EST



# April Department of Health Care Policy and Financing (HCPF) Trainings Examples

Beginner Billing Training: Professional Claims (CMS 1500): Wednesday, April 16, 2025, 9:00-11:30 am

Billing Training: Medicare and Third-Party Liability: Wednesday, April 23, 2025, 9:00-10 am.

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



# Chapter 05

## Reminders, Questions & Open Discussion



# Carelon Resources – How to connect...

Email Colorado Provider Relations at:  
[CoProviderRelations@carelon.com](mailto:CoProviderRelations@carelon.com)

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



# 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



# Reminder: Update Provider Contact Information

Please verify that all provider contact information is current to ensure you do not miss any important updates!

## Provider Connect Portal

<https://providerconnect.carelonbehavioralhealth.com/pc/eProvider/providerLogin.do>




# 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)

February 2025



Provider Newsletter  
INSPIRE WELLNESS

In this issue:

- Department of Health Care Policy and Financing (HCPF)
  - HCPF Provider Bulletin Index
  - Provider Trainings
- Provider Resources and Information
  - Provider Portal Enhancements to Availity Essentials
  - 1st Position Modifier Policy Transmittal
  - New Resource: Communications Toolkit
  - Updated SUD Standard Authorization Form
  - Provider Bulletin Update
  - Stay up to date with Council for Affordable Quality Healthcare, Inc. (CAQH)
  - Northeast Health Partners Website
- Upcoming Events and Webinars
  - Monthly RAE Provider Roundtable Webinar for February 2025
  - NHP's focus for February-Dental Benefits
  - Cover All Coloradans
  - RAE Roundtable Resources

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING (HCPF)

HCPF Provider Bulletin Index


The Provider Bulletin is published monthly and posted to this web page. The bulletin covers topics of interest to providers and billing professionals. For access to the Provider Bulletin Index, please visit the [HCPF website](#).

Provider Trainings

Did you know the Department of Health Care Policy and Financing (HCPF) hosts trainings on the following topics?

- Billing Training

February 2025



HCI Provider Newsletter  
A monthly collection of must-know information and resources

In this issue:

Provider Resources and Information

- Provider Portal Enhancements to Availity Essentials
- 1st Position Modifier Policy Transmittal
- NEMT Fraud And How To Report It
- Did You Know? Carelon Behavioral Health Provider Toolkit is Available
- Reminder: Stay Up to Date with CAQH
- Updated SUD Standard Authorization Form

Health Colorado Member Resources

- Member Engagement Opportunities
- Wellness and Prevention
- 988 Mental Health Crisis Support Information

Public Health Information

- Provider Trainings

Upcoming events

- Monthly RAE Provider Roundtable Webinar for February 2025
- Wellness and Prevention focus for February -Dental Benefits
- Upcoming Webinars and Archives

PROVIDER RESOURCES AND INFORMATION

PROVIDER PORTAL ENHANCEMENTS TO AVAILITY ESSENTIALS

Availity Essentials is a one-stop portal for all of your claims needs. They recently rolled out some exciting new features including several new dashboards (claims, new authorizations, and organization administration), as well as a single sign-on to existing provider portals.

The new features will allow you to:

- Submit new authorization information



# Upcoming Training

The Next RAE Roundtable

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

May 9, 2025


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# Thank you

## Contact Us



 888-502-4189

 888-502-4185


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

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