



Region 2

Town Hall Meeting

August 23, 2019

Agenda

01 Welcome and Northeast Health Partners Update

02 Client Over Utilization Program (COUP)

03 Data Analytics Portal (DAP)

04 C-PAC Program

05 Health First Colorado Revalidation 2020

06 Provider Relations Resources

07 Q & A

Chapter

01

Welcome And Northeast Health Partners Update

Chapter

02

Client Over Utilization Program (COUP)

For PCPs

Client Overutilization Program (COUP)

COUP aligns with the goals of the Accountable Care Collaborative:

- o Improve health
- o Reduce costs

COUP is a **collaborative effort** between the Department and:

- o RAEs
- o Department's utilization management vendor
- o Department's fiscal agent
- o Department's pharmacy benefit management system
- o Pharmacies enrolled in Colorado Medicaid
- o PCMPs and behavioral health providers contracted with the RAE

The RAE's COUP responsibilities:

- **Monitor for inappropriate utilization** of health care services
- **Reach out to clients** who inappropriately use services:
 - assess their needs
 - help them better manage medical/behavioral conditions
- **If inappropriate overutilization persists, consider locking in** to one pharmacy, one PCMP and specialist(s) as needed
- **Identify and support PCMPs and pharmacies** who have the resources to provide supports and interventions
- The **Department has authority** under 42 CFR 440.230 (d) to implement utilization control procedures and will prevent payment for services not delivered by or referred by the designated lock-in providers.

Criteria for Inappropriate Utilization

- **Any** of the following categories **within a three-month period**:
 - Client meets **all** the following prescription criteria:
 - Use of **6 or more high-risk prescriptions**; and
 - Filled prescriptions from **3 or more different pharmacies**; and
 - Filled prescriptions from **3 or more different prescribers**
 - Client had **4 or more visits to the emergency department**
 - Client meets criteria for **both #1** (prescriptions) **and #2** (emergency department)
 - Client has been **identified by a RAE or PCMP** based on a referral or care analysis indicating client's overutilization of services
- **High-risk prescription categories**:
 - Opioids
 - Controlled non-opioid analgesics
 - Controlled muscle relaxants
 - Benzodiazepines
 - Controlled non-benzodiazepine sedative hypnotics
 - Barbiturates

(Exclusions from COUP prescription review: cancer diagnosis, receiving palliative care, part D dual eligible or clients determined by the RAE to be inappropriate)

COUP Process

- The **Department creates a client list** and sends to the RAE every quarter
- Each **client also receives a letter** recommending they contact PCP/RAE for care coordination support
- **RAE outreaches clients** to improve utilization
- **RAE reports back** to the Department every quarter
- As needed, **RAEs and their providers perform a clinical review** to determine which clients would benefit from being locked in to a single PCMP and pharmacy

Lock-In Process

- RAEs **work with clients' PCMPs** to determine whether PCMP is able/willing to serve as the **client's COUP Lock-In provider**
- **RAEs submit client list to the Department** with **provider names** and **billing IDs** of **PCMP, pharmacy, and specialist** (if appropriate) who have agreed to serve the client
- **Department updates** Colorado interChange client record (starting fall 2019)
- A **formal letter is sent to notify client** of their status and rights
- **RAEs and provider network educate Lock-In client** about the program and what it means for their health care services
- **RAEs and network providers deliver care coordination**/other interventions to Lock-In clients for 12 months/until client is stabilized and appropriately utilizing services
- **When client appropriately utilizes services for at least one quarter**, the RAE can request the Department to remove the client from Lock-In
- **The Department removes client's Lock-in Assignment plan** and updates PCMP and RAE enrollment start reason codes

Specialty Care

- COUP Lock-In assignment providers **may refer clients to a physician specialist for consultation or short-term episodes of care.**
- **To receive reimbursement, the specialist** will need to enter the referring Lock-In provider's name and billing ID in the Referring Physician block on the claim.
- For **ongoing specialist treatment**, the RAE may request that the specialist be added to the client's COUP Lock-In assignment plan.
- **Providers are able to view** whether or not a client is in COUP Lock-In through the **Eligibility Verification response on the Provider Portal.**
- **The Lock-In Details panel** will identify the client's Lock-In assignments, including PCMP, physician specialist, and pharmacy.
- **Providers not named on Lock-In assignment plan or referred** by a provider on the COUP Lock-In assignment plan **will not receive payment for any non-emergency services** provided.

Client's Right to Appeal

- **Clients must ask for a hearing** with an Administrative Law Judge by submitting an appeal to the Office of Administrative Courts
- **Information on how** a client can submit an appeal is on the **back of the COUP Lock-In letter**
- **RAEs can assist clients in the appeals process**

Chapter

03

Data Analytics Portal (DAP, Truven, IBM Watson)

Truven DAP

- ❑ Intended for PCMP practice use.
- ❑ Practices may apply for fob or access by passcode.
- ❑ From KPI dashboards and tables there is ability to drill down into member-specific lists which then can be downloaded as CSV files.
- ❑ Multiple filters for sorting.
- ❑ Drill down content is by *practice location*.
- ❑ Member-specific Patient Health Record (PHR) highly valuable for helping to close care coordination information gaps.

Chapter

04



C-PAC Introduction & Update

What is C-PAC?



Real time psychiatric & behavioral health supports for primary care clinics

1. Free telephonic psychiatric consultation with a board certified psychiatrist
2. Free care coordination to arrange out-patient behavioral health treatment
3. Free onsite psychiatric and behavioral health trainings

C-PAC Video



<https://www.youtube.com/watch?v=NNgo5pBGicE>

Who Are the C-PAC Teleconsultants?



Dr. Fred Michel

Adult, Adolescent &
Child Psychiatrist



Dr. Andrew Halpern

Adult, Adolescent &
Child Psychiatrist



Dr. Ronald Rabin

Adult, Adolescent &
Child Psychiatrist



**Dr. Cristi
Bundukamara**

Psychiatric Nurse
Practitioner

Primary Care Practices enrolled in C-PAC

- **Banner Health**
 - The Wray Clinic
- **Family Physicians of Greeley**
 - West Office (Greeley)
 - Johnstown Office (Johnstown)
 - Central Office (Greeley)
 - Cottonwood Office (Greeley)
- **Keefe Memorial Hospital**
 - Prairie View Clinic (Cheyenne Wells)
 - Kit Carson Clinic
- **Peak Vista Community Health**
 - Limon Clinic
- **Salud Family Health Centers**
 - Frederick
 - Fort Lupton (2 locations)
 - Fort Morgan
 - Sterling
- **Sunrise Community Health**
 - Monfort Family Clinic (Evans)
 - Sunrise North Range Clinic (Greeley)
 - Kids Care Clinic (Evans)
 - Sunrise Adelante Clinic (Greeley)
 - Monfort Children's Clinic (Greeley)
- **Valley Medical Clinic**
 - Julesburg
- **Wray Community Hospital**
 - Yuma Clinic
 - Akron Clinic

➤ **Total of 21 Clinics**

C-PAC Trainings Provided since July 2018

Suicide Prevention

- Keefe Memorial Hospital (Cheyenne Wells)
- Peak Vista Community Health (Limon)
- Salud Family Health Center (Fort Lupton)
- Salud Family Health Center (Frederick)
- Salud Family Health Center (Sterling)

Treating Bipolar Disorder in Primary Care & Suicide Prevention

- Sunrise Community Health (All clinics)
- Peak Vista (Limon, 9/5/19)

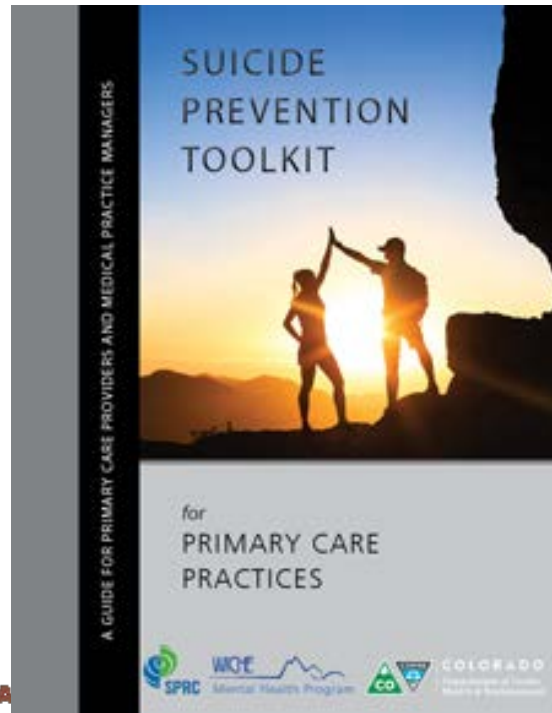


Suicide Prevention for Primary Care Clinics

WICHE

(Western Interstate Commission on
Higher Education)

<https://www.wiche.edu/mentalHealth/suicide-prevention-toolkits>



Zero Suicide

<https://zerosuicide.sprc.org/>



ZEROSuicide
IN HEALTH AND BEHAVIORAL HEALTH CARE

How to contact C-PAC

Enrolled Clinics Call

1-855-758-9747

For a psychiatric consult or
behavioral health referral
assistance

To enroll in C-PAC contact:

Amy.Annett@beaconhealthoptions.com

719-538-1479 (office)

719-367-7298(cell)

Chapter

05

Health First Colorado Revalidation 2020

Revalidation 2020

Actions for Success:

Please log into the portal and *review/update*:

- Email address for point of contact/ provider is still correct
- Please start as early as you can once you receive an email announcing that it is your window to revalidate. Notification emails will go out in stages, so that not everyone is trying to revalidate at the same time.
 - This will help with getting an issues that come up resolved prior to time running out
- This process will be much easier than the previous revalidation process.



More to come from the Colorado Department of Health Care Policy & Financing (HCPF) in the fall of 2019

Chapter

06

Provider Relations Resources for Providers

Questions?

We are here to answer them!

Thank You

Contact Us



 888-502-4189 Clinical- Auths 800-804-5008 Provider Relations

 www.beaconhealthoptions.com | www.northeasthealthpartners.org

 northeasthealthpartners@beaconhealthoptions.com

 coproviderrelations@beaconhealthoptions.com

REGION 2 TOWN HALL- AUGUST 23, 2019

RESOURCE DOCUMENTS

Client Overutilization Program (COUP)

- **Fact Sheet**

Data Analytics Portal

- **Frequently Asked Questions**

<https://www.colorado.gov/pacific/hcpf/health-first-colorado-data-analytics-portal-dap>

C-PAC

- **Flyer**
- **Meet the C-PAC Administrative Staff**
- **Meet the C-PAC Psychiatric Consultants**

Join Us:

- **Training ~ Claims Overview**
- **Next Town Hall ~ October 17, 2019 in Sterling**
- **Program Improvement Advisory Committee**

From Department of Health Care Policy and Financing (HCPF):

<https://www.colorado.gov/hcpf/interchange-resources>

- **Provider Web Portal Quick Guide- Verifying Member Eligibility and Co-Pay**

- **Provider Web Portal Quick Guide- Web Portal Registration**
- **Provider Maintenance-Provider Web Port Quick Guide:**
 - Individual within a Group Provider Maintenance**
 - Group Provider Maintenance**

Provider Relations Team

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COLORADO
Department of Health Care
Policy & Financing

Client Overutilization Program

Accountable Care Collaborative Phase II May 31, 2019

Background

The goals of the Accountable Care Collaborative (ACC) are to improve client health and to reduce costs. To achieve these goals, the Regional Accountable Entities (RAEs) are expected to follow standard managed care practices, such as using data to monitor their clients' utilization of health care services and identifying opportunities for interventions.

Two populations that provide a clear opportunity for intervention are clients who have over/inappropriate utilization of the Emergency Department and/or pharmaceuticals. These use patterns are signals of individuals who may be struggling to properly manage their medical conditions and who could benefit from care coordination and other interventions. These patterns also can be indicators of individuals who are inappropriately utilizing health services and shopping for prescriptions such as opioids. Implementing interventions to support members in utilizing outpatient primary care and behavioral health services is a primary responsibility of the RAEs and can result in significant health improvements, lead to reduction in costs, and ensure appropriate provision of services.

For individuals who do not respond to interventions to reduce the inappropriate or over utilization of Pharmacy or Emergency Department services, the Department has authority under 42 CFR 440.230 (d) to implement utilization control procedures. The Client Overutilization Program (COUP) and COUP Lock-In are part of the Department's utilization control procedures.

Client Overutilization Program (COUP) Overview

The Client Overutilization Program (COUP) is a collaborative effort between the Department, the Regional Accountable Entities (RAEs), the Department's Utilization Management (UM) vendor, the Department's fiscal agent (Colorado interChange), the Department's Pharmacy Benefit Management System, Pharmacies enrolled in Colorado Medicaid, and the RAEs' contracted network of Primary Care Medical Providers (PCMPs) and behavioral health providers. Together they work to identify, outreach, and intervene with members who meet the Department's criteria for inappropriate

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overutilization of health care services.

Following identification by the Department and initial communication by the UM vendor, the RAEs and their provider networks are responsible for reaching out to identified clients to assess the clients' needs, determine whether the client is inappropriately utilizing services, and to provide additional interventions, supports and/or restrictions to effectively manage the client's health and reduce unnecessary utilization of services. Clients who are determined by the RAE and the client's providers to have not demonstrated a positive change in utilization can be locked-in by the Department to one designated pharmacy, one PCMP, and a physician specialist. This is referred to as COUP Lock-In and prevents payment for services not delivered by or referred by the designated lock-in providers.

Criteria for Inappropriate Overutilization

COUP is designed for clients who fit within any of the following categories within a three-month period:

1. Client meets all the following criteria:
 - o Use of six (6) or more high-risk prescriptions; and
 - o Filled prescriptions from three (3) or more different pharmacies; and
 - o Filled prescriptions from three (3) or more different prescribers.
2. Client had four (4) or more visits to the emergency department;
3. Client meets utilization criteria for **both** #1 (prescriptions) and #2 (emergency department).
4. Client has been identified by a RAE or PCMP based on a referral or care analysis indicating client's overutilization of services.

For COUP, the high-risk prescription categories are:

1. Opioids
2. Controlled non-opioid analgesics
3. Controlled muscle relaxants
4. Benzodiazepines
5. Controlled non-benzodiazepine sedative hypnotics
6. Barbiturates

Clients who meet any of the following conditions are excluded from the COUP prescription review as these conditions frequently warrant higher utilization of prescription therapies:

- Clients with a cancer diagnosis
- Client receiving palliative care (ICD-10 Z51.5)
- Part D dual eligible clients
- Other clients identified by the RAE as not being appropriate for this program

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The RAEs are still expected to work with clients who meet any of the above conditions to maximize care coordination and medical management; however, these members should not be considered for COUP Lock-In.

COUP Operational Process

1. Each quarter, the Department's Data Analytics Section (DAS) performs claims analysis utilizing the COUP criteria to identify a list of clients who may be inappropriately utilizing services for at least one quarter. (NOTE: the Department is working to transition this analysis to the UM vendor.)
2. Department staff review the COUP client list and send a specified client file to each RAE by the end of the second full week of each state fiscal quarter.
3. At the same time, the list of COUP clients is sent to the UM vendor who distributes letters to the clients recommending they contact their PCMP and RAE for care coordination support to help reduce their utilization. The PCMP and RAE contact information is included in the letter.
4. Each RAE receives a quarterly client list and collaborates with their provider network to perform the following during the activity period;
 - a. Outreach clients on the list or ensure that the RAE or the RAE's provider network already have appropriate supports and care plans in place for the client.
 - b. Work with client to identify and implement individualized interventions.
 - c. Support providers in delivering interventions for clients.
 - d. Monitor client engagement in interventions and utilization of services.
 - e. Assess whether clients are actively engaging in interventions and more appropriate types of care.
 - f. Assess whether interventions being utilized are producing the desired results and reducing inappropriate utilization of services.
5. RAE submits to the Department the quarterly COUP Report describing the previous quarter's activities.
6. RAEs and their providers perform a clinical review to determine which clients have not been effectively engaging in care and would benefit from being locked-in to a single PCMP and single pharmacy.



- a. For clients determined for COUP Lock-In:
 - i. RAEs work with the clients' PCMPs to determine whether they are able and willing to serve as the client's COUP Lock-In provider.
 - ii. If a PCMP is not able or willing to serve as a COUP Lock-In provider for one of their clients, the RAE will work with their PCMP network to find an appropriate PCMP who is able to serve the client in this function.
 - iii. RAEs develop a list of clients they want to request for the COUP Lock-In program, along with provider names and billing IDs for the PCMP, pharmacy, and physician specialist (if appropriate) that have agreed to serve as the client's COUP Lock-In providers.
7. RAEs submit list to the Department of clients they have determined would benefit from COUP Lock-In and the provider names and billing IDs of the PCMP, pharmacy, and physician specialist (if appropriate) who have agreed to serve the client.
8. Department updates Colorado interChange client record:
 - a. PCMP and RAE Enrollment
 - i. Department will end date any current enrollment spans for the member and create a new PCMP and RAE enrollment span using the enrollment start reason code of "COUP."
 - ii. New COUP Lock-In enrollments will be communicated to the RAE's through:
 1. List from ACC staff of processed enrollments
 2. Client enrollment start reason codes, including the "COUP" reason code, are scheduled to be transmitted on the daily and monthly 834 files beginning in the fall of 2019.
 - b. COUP Lock-In Assignment
 - i. The client's record is modified to reflect inclusion in a Lock-In medical and/or pharmacy assignment plan. This will restrict the client's ability to access outpatient services and prescriptions from any provider other than those identified within the Lock-in Assignment.
9. ACC COUP Specialist sends information on clients enrolled into COUP Lock-In to

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the UM vendor for mailing formal letter to the client notifying the client of their status and rights.

10. RAEs provide support to COUP Lock-In PCMPs and Pharmacies as required to support successful client care and prevent overburdening of providers.
11. RAEs, in collaboration with their provider network, engage COUP Lock-In clients to educate them about the program and what it means for their health care services.
12. RAEs and their network providers deliver care coordination and other interventions to COUP Lock-In clients for a period of 12 months or until such time as the client is stabilized and is determined to be appropriately utilizing services over a few months.
13. RAEs and PCMPs monitor COUP Lock-In clients' ongoing utilization and modify interventions to help achieve more appropriate service utilization patterns.
14. When a client is determined to be stable and appropriately utilizing services for at least one quarter or longer, the RAE can request the Department to remove the client from COUP Lock-In.
15. Upon request from the RAE to remove a client from COUP Lock-In, the Department will remove the client's Lock-in Assignment plan and update the client's PCMP and RAE enrollment start reason codes to no longer reflect COUP Lock-in enrollment.
16. ACC COUP Specialist sends information on clients disenrolled from COUP Lock-In to the UM vendor for mailing a letter to the client notifying them that they are no longer in COUP Lock-In.
17. RAEs will continue to monitor utilization for client's removed from COUP Lock-In on a regular basis in order to identify those who show signs of increases in inappropriate utilization.
 - a. RAEs and their provider network will provide ongoing care coordination and interventions to prevent clients from being re-enrolled into COUP Lock-In.

Lock-In PCMP and Pharmacy

A Lock-In PCMP and Pharmacy will serve as the primary source of outpatient care for the client. RAEs and the Lock-In PCMP can also identify additional physician specialists who are regularly involved in a client's care for inclusion in the client's COUP Lock-In assignment plan. For any non-emergency services, clients will be restricted to receiving

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care and filling prescriptions from only those providers and pharmacies identified in the COUP Lock-In assignment plan within Colorado interChange and Pharmacy Benefit Management System.

COUP Lock-In assignment providers may refer clients to a physician specialist for consultation or short-term episodes of care. For the new physician to receive reimbursement, the physician will need to enter the referring Lock-In provider's name and billing ID in the Referring Physician block on the claim. If a physician specialist will be providing ongoing treatment for the client, the RAE may consider requesting that the physician specialist be added to the client's COUP Lock-In assignment plan.

Providers not named on the COUP Lock-In assignment plan or referred by a provider on the COUP Lock-In assignment plan will not receive payment for any non-emergency services provided.

The RAEs are responsible for identifying PCMPs and pharmacies within their region who have the resources to provide supports and interventions for complex clients who are inappropriately utilizing pharmaceuticals and/or the emergency department. A PCMP and a pharmacy both need to be willing to work with complex clients who may actively resist having any restrictions placed on how they access services.

The RAEs are expected to provide additional supports to PCMPs and pharmacies that agree to serve as a Lock-In provider for a client. These additional supports could include additional utilization data, data analytics training, programmatic interventions, care coordination assistance, and even additional financial support to manage the complex needs of many of these clients. The RAEs have the flexibility to design their program in a way most likely to improve member health and reduce inappropriate utilization.

Client Appeals Rights

Clients who are placed in COUP Lock-In have the right to appeal the decision to be locked into one PCMP and pharmacy. Clients must ask for a hearing with an Administrative Law Judge by submitting an appeal to the Office of Administrative Courts. Information on how a client can submit an appeal is included on the back of the COUP Lock-In letter that is sent by the UM vendor to the client. The RAEs shall assist clients in completing forms and other procedural steps in the appeals process.

How to Identify Clients in COUP Lock-In

Providers are able to view whether or not a client is in COUP Lock-In through the Eligibility Verification response on the Provider Portal. If a client has been placed in COUP Lock-In, the Lock-In Details panel will identify the client's Lock-In assignments, including PCMP, physician specialist, and pharmacy. For instructions on performing



eligibility verification and accessing the Lock-In Details panel, see the [Verifying Member Eligibility and Co-Pay Quick Guide](#).

Frequently Asked Questions

What is the criteria for members who are appropriate for COUP Lock-In?

Clients who meet the Department's criteria for inappropriate utilization for two (2) consecutive quarters and are not responsive to efforts by the RAE and/or PCMP to engage in care coordination and medical management.

Who ultimately determines whether a client will be locked-in to a provider and/or pharmacy?

Each RAE determines which clients will be referred to the Department to be locked-in to a medical or pharmacy provider.

If a client is determined for COUP Lock-In, but their current PCMP is not a Lock-In provider, will HCPF reattribute those members?

The Department expects that each RAE will identify a Lock-In provider that can meet the needs of the client. A RAE should attempt to contract the client's PCMP as a Lock-In Provider to ensure continuity of care. If the client's PCMP does not want to become a Lock-In provider, then the RAE should find another appropriate and willing Lock-In provider for that member.

Will COUP Lock-In restrict a client's access to other services?

COUP Lock-In is designed to help clients identify and utilize their care team appropriately. The RAEs and the Lock-In PCMP can also identify additional physician specialists who are regularly involved in a client's care for inclusion in the client's COUP Lock-In assignment plan.

COUP Lock-In assignment providers may refer clients to a physician specialist for consultation or short-term episodes of care. For the new physician to receive reimbursement, the physician will need to enter the referring Lock-In provider's name and billing ID in the Referring Physician block on the claim. If a physician specialist will be providing ongoing treatment for the client, the RAE should request that the physician specialist be added to the client's COUP Lock-In assignment plan.

Providers not named on the COUP Lock-In assignment plan or referred by a provider on the COUP Lock-In assignment plan will not receive payment for any non-emergency services provided.





Health First Colorado Data Analytics Portal Frequently Asked Questions

Revised: March 2019

What is the purpose of the Data Analytics Portal?

To support the Accountable Care Collaborative's (ACC's) goal of improving member health and reducing costs, the Department has contracted with IBM Watson Health (formerly Truven) to host the Data Analytics Portal (DAP), which replaces the former Statewide Data and Analytics Contractor (SDAC). This data analytics tool for Primary Care Medical Providers (PCMPs) and Regional Accountable Entities (RAEs) includes population and performance information. The portal allows for drill downs and drill ups, data exports, and provider-level comparisons.

Can PCMPs look at their whole organization in aggregate?

This is not currently a function of the Data Analytics Portal; however, the Department recognizes that this could prove a useful tool for providers and is prioritizing this work. First priority is to get the Data Analytics Portal enhancements completed. The Department's next step will be to identify a test group and work out the details to use this function and then roll it out to other providers.

How does the My Members report in the Data Analytics Portal compare with the other reports PCMPs might receive from their RAE?

The My Members report is updated the second Tuesday of each month. The RAE roster report is updated by the 6th of each month. The monthly 834 report is generated on the last business day of the month and delivered within two business days of generation. The RAEs will have the most current and accurate snapshot from what they get through interChange (DXC Technology) throughout the month.

The My Members report provides a comprehensive and user-friendly way to filter, sort, and drill down to Member specific information.

How do PCMPs get their attribution?

The My Members report gives users a snapshot of Members at beginning of the month. Providers can work with their RAEs to get more up to date and current information throughout the month.

What is the timing of Key Performance Indicators (KPIs)?

KPIs run on a monthly basis looking at utilization for the past 12 months. Because KPIs also require three (3) months of claims run out, they are presented in the portal four (4) months after the last service dates. This run out period is very important to gain accurate data and ensure that KPI measures are correct. More information about the KPI methodology is available on the [Department's Public Reporting website](#).

What trainings are offered?

The following DAP enhancements trainings are live for March.

Friday 3/8 9AM-RAE/12PM-PCMP

Monday 3/11 9AM-RAE/12PM-PCMP (repeat)

Monday 3/18 9AM-RAE/12PM-PCMP (repeat)

Monday 3/25 9AM-RAE/12PM-PCMP (repeat)

Join your chosen training session using the following information:

Webinar link: <https://ibm.webex.com/join/joseph.tedder>

Join by phone: 1-669-234-1178

Access code: 927 651 015

The user guide and .pdf of training materials will be available under the file sharing tab of the provider portal once it is live on 3/12/19. A copy can also be requested by email. Please contact Sara Haynes at Sara.Haynes@state.co.us with any questions or if you would like a copy.

IBM offers two different person-led training sessions, one for RAEs and one for PCMPs, once a month. IBM runs a query every month to identify any users that were newly provisioned since the last training session. These newly provisioned users will be invited to future training sessions.

IBM will be providing an E-learning training session available to RAEs and PCMPs for ongoing training sometime in early April.

Why does data differ from the Data Analytics Portal and a practice's Electronic Health Record (EHR)?

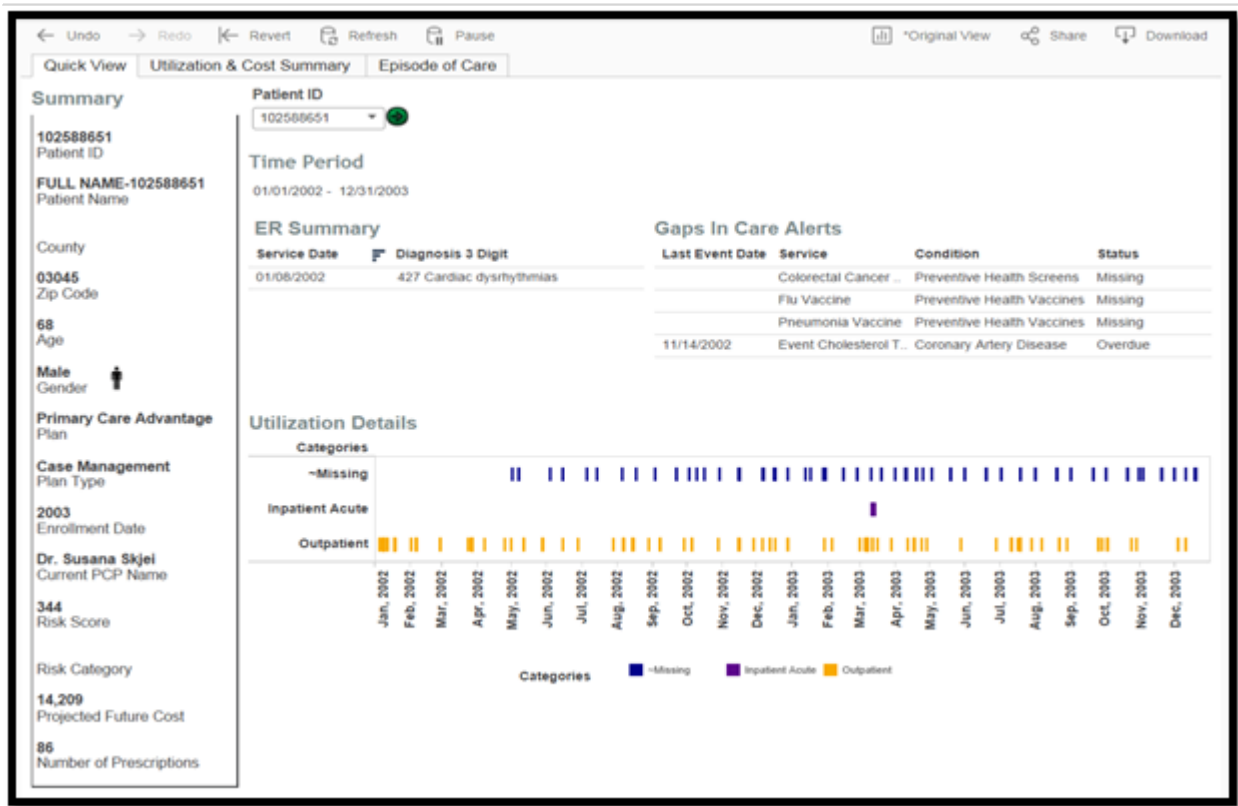
The Data Analytics Portal and practice EHRs will never reconcile. They work with different populations and systems which prevents the data from matching up. The Data Analytics Portal looks only at the Medicaid population, and calculates KPIs using claims from the past 12 months, allowing for a three (3) month lookback. EHRs are entered in real-time by providers, and captures records from patients across all payers.

When is the Data Analytics Portal refreshed?

The portal is refreshed by the 12th of each month (usually by the second Tuesday of the month).

What is the Patient Health Record?

The Patient Health Record provides the user with Member-specific information, including quick view (quick summary view), utilization & cost summary, and episode of care. Please refer to the screenshot below for more detail. It does not show lab results at this time.



Will the Alternative Payment Model (APM) be included in the Data Analytics Portal?

The portal does not currently include APM.

How does ER summary connect with ADT Feed?

There is no connection between the ER summary and the ADT Feed.

DXC is allowing a longer period to enter claims. Will this affect KPI incentives?

Although DXC is allowing a longer period to enter claims, providers will still need to enter claims in a timely manner to meet the requirements to receive incentives.

According to KPI Methodology:

“Incentive Payments are a central component of the ACC Pay-for-Performance. Since the initiation of the ACC Program, the Department has made incentive payments for performance on identified Key Performance Indicators (KPIs) to signal program-level goals and objectives; encourage improved

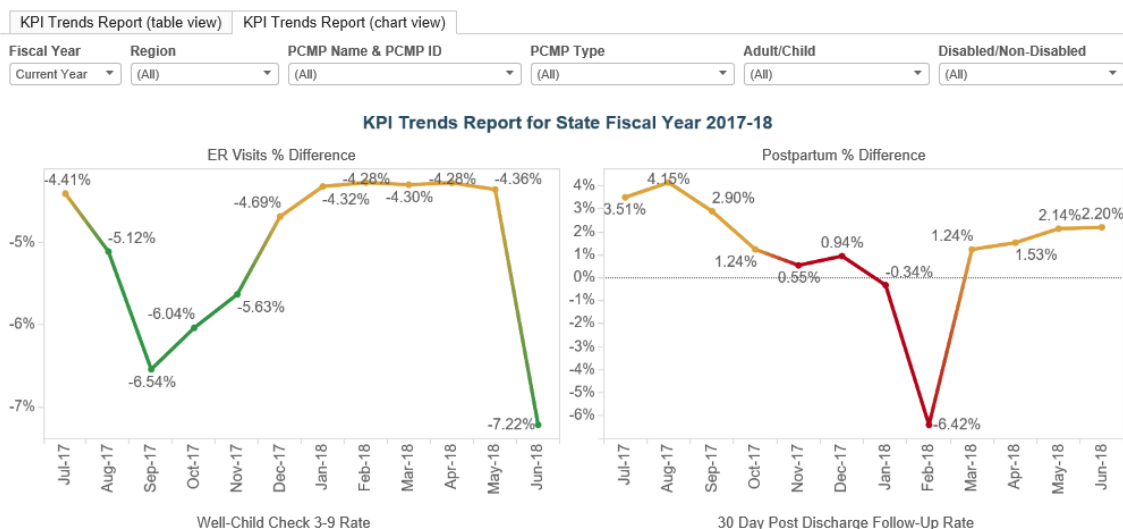
performance at the PCMP and regional level; and reward managed care entities and PCMPs for meeting certain levels of performance. Incentive Payments are a central component of the ACC Pay-for-Performance.”

Is there an option to filter data by provider type and region to compare performance?

Yes, users can filter data by provider type and region. There are currently eight filters that users can apply to drill down to specific populations and the update will add Member County, Member Zip, Aggregated Diagnostic Cost Grouper (ADCG) Category, Concurrent Relative Risk Score, ER Visits, Eligible for Well-Child Check, Well-Child Checks, and dual Medicaid/Medicare (MMP) Enrolled. After downloading the report, users will have access to 34 fields. More filters will be added in the next design rollout.

Can users look at past months of data?

Results are for the 12-month evaluation period. There is the capability to review the previous fiscal year. The KPI trends report, shown in the screenshot below, is a useful tool to view past data.

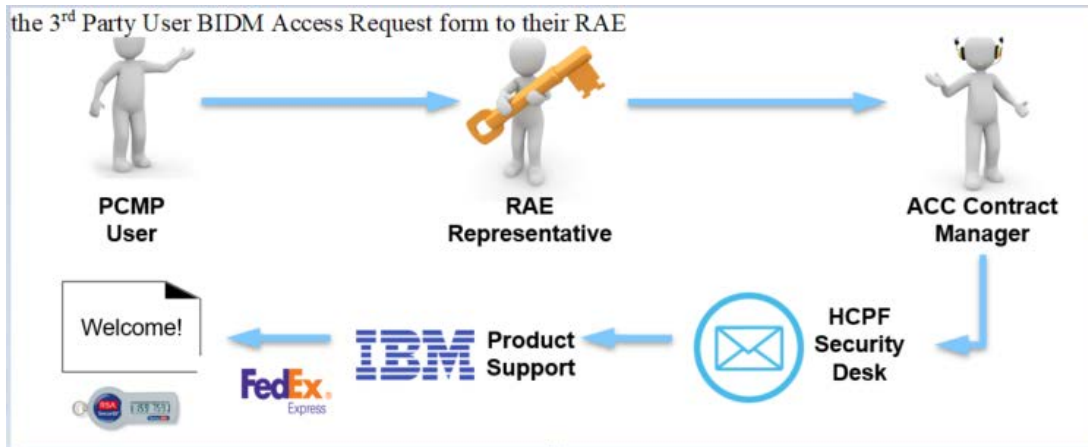


How is the risk score calculated?

The risk score is calculated using IBM/Truven’s Diagnostic Cost Groups (DCG). Like all risk scores, the exact methodology is proprietary to the vendor. Please refer to the KPI Methodology specifications document for more information.

What is the process and status for provisioning (gaining access)?

To ensure the security of our members, the provisioning process is approved by several State authorities before going to IBM for final approval. The process for PCMP provisioning is shown below. The process is the same for the RAEs except they do not have to do the first step.



- PCMP requests the 3rd Party User BIDM Access Request form from RAE.
- PCMP completes form in its entirety. Failure to do so could cause delays in the provisioning process.
- PCMP user submits the completed 3rd Party User BIDM Access Request form back to their RAE.
- RAE approving authority signs the form where appropriate and sends it to HCPF program staff.
- Program staff reviews the form, signs it, and then submits it to HCPF Information Security.
- HCPF Information Security creates a ticket with IBM to create or modify access.

IBM product support analysts grant access and send the fob, used for two-factor authentication, as needed. Additionally, PCMPs now have the option to have a passcode sent instead of using the fob. This functionality is not yet available to RAE or Department users. Provisioning should not take more than two (2) weeks. Please contact your RAE if you have not been provisioned in a timely manner. IBM and the Department meet weekly to review outstanding tickets and issues to ensure these tickets are expedited.

Welcome

Welcome to the IBM Watson Health site.

Please provide your account information to access the application.

Username

Password

Select how to authenticate

☐ I have an RSA token

☐ Send me a passcode

[Sign In](#)

[Forgot Username?](#)
[Forgot Password?](#)

[Manage RSA PIN and Token](#)



Colorado Psychiatric Access & Consultation

For a FREE non-crisis psychiatric consult
(Monday-Friday, 8am-5pm)

or for

Behavioral Health Referral/Care Coordination Assistance

Please call

1-855-758-9747

****Phone number is for PCP's (and clinic staff) only. Please do not give to patients/families****

**C-PAC will facilitate your phone consult with a Psychiatric
Consultant in approximately 30 minutes or less**

***For ALL patients regardless of age or payer source/insurance**

***Call with ANY question regarding psychiatric medication, side
effects, dosing, diagnosis review and/or for treatment
recommendations**

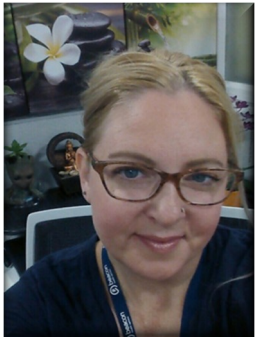


Meet the C-PAC Administrative Staff



Elizabeth Richards, MSW, LCSW, C-PAC Program Supervisor

Elizabeth is a Licensed Clinical Social Worker with 17+ years of experience in healthcare and behavioral health treatment for children and adults. She is a graduate of Colorado State University with a Master's Degree in Social Work. Elizabeth has provided leadership to various medical and behavioral health programs in Southern Colorado in addition to providing clinical services in out-patient and crisis settings. Elizabeth has special interests in human rights and healthcare reform. She is passionate about suicide prevention and is the *Zero Suicide* program champion and team leader at Beacon Health Options. Elizabeth is committed to serving the residents of Colorado, reducing the stigma related to behavioral health treatment and increasing access to care.



Amy Annett, MA, Registered Psychotherapist, C-PAC Care Manager

Amy has worked in the field of behavioral health and substance abuse for over 20 years as a care manager, utilization review manager, and a behavioral health coach. She moved from New Mexico to Colorado a few years ago and loves exploring the state. Amy graduated from Webster University with a Master's Degree in Counseling and is working on completing her Ph.D. in Industrial & Organization Psychology. She enjoys spending time with her husband, son, and fur babies. Amy is committed to helping the residents of Colorado achieve their fullest potential through improved access to services.



Stacey Crowl, C-PAC Program Clinical Assistant

Stacey has provided invaluable administrative support to the C-PAC team since 2016. She prides herself on providing excellent customer service to her team, customers, PCP offices and patients. She believes in Beacon Health's mission to help individuals live their lives to their fullest potential. Stacey is a native of Colorado and enjoys its beauty and the many adventures it has to offer.



For more info on how to enroll in C-PAC, call (719) 579-7897 or send an email to:
CPAC@beaconhealthoptions.com

Meet the C-PAC Psychiatric Consultants



Dr. Fred Michel, M.D. is dually board certified in Adult and Child/Adolescent Psychiatry. He is the Chief Medical Officer for Summitstone Health Partners in Ft. Collins and provides corporate leadership direction, clinical oversight as well as a variety of direct consultation, evaluation, and psychopharmacological management services to adult and child patients. Dr. Michel presents nationally on child and adolescent mental health issues and has special interests in healthcare reform, integrated care strategies, emerging healthcare technologies, meaningful use and EMR optimization for behavioral health settings.



Dr. Andrew A. Halpern, D.O. is a Child & Adult Psychiatrist and Diplomate of the American Board of Psychiatry and Neurology, Inc. Dr. Halpern currently serves as a staff psychiatrist at Centennial Mental Health Center providing much needed support to northeast Colorado. In addition, he provides consultation and on-call psychiatric services for *The Jefferson Center for Mental Health* and *Rite of Passage*. Dr. Halpern formerly served as a Staff Child & Adult Psychiatrist at *Highlands Behavioral Health*, *The Medical Center of Aurora*, *New Vistas/Jefferson Hills*, *Community Reach Center*, and *North Range Behavioral Health* and has provided school-based psychiatric services for the *Adams 12* school district.



Dr. Ronald Rabin, M.D. received his medical school and psychiatric residency training at the University of Cincinnati. After serving two years in the army, at Fitzsimmons Army Medical Center, he went on to direct the psychiatric inpatient unit at *Children's Hospital*. Later he served as medical director of the children's and adolescent programs at Bethesda Hospital. Currently, Dr. Rabin is in private practice and serves on the clinical faculty of the division of Child and Adolescent Psychiatry at CU Denver.



Dr. Cristi Bundukamara, Ed.D, PMHNP-BC, is a board certified psychiatric nurse practitioner with over 20 years of experience in treating acute and chronic mental illness across the lifespan. She is well versed in neuropsychiatry, developmental disorders, children with special needs and alternative medicine. Dr. Bundukamara is an officer in the United States Naval Reserves and has extensive experience in treating active duty service members and veterans with PTSD. She is a clinical Professor with the University of Colorado, Regis University, Colorado State University and a former Associate Senior Professor at Miami Dade College. Dr. Bundukamara is a published author and developer of a copyrighted cognitive behavioral technique which she uses in her private practice.

JOIN US FOR A TRAINING ~ CLAIMS OVERVIEW

**Friday
September 13, 2019**

12:00 pm -1:00 pm

Via Zoom

Join Zoom Meeting

[https://beaconhealthoptions.zoom
.us/j/212167604](https://beaconhealthoptions.zoom.us/j/212167604)

669-900-6833

Meeting ID 212 167 604

denied
appeal
authorizations
timely-filing
claims



Region 2: Town Hall Meeting

Thursday • October 17, 2019

Colorado State University Office of Engagement

302 Main Street, Sterling CO 80751

All Providers (PCP and Behavioral Health)
11:00 am – 1:00 pm

Provider Relations invites you to the Town Hall Meeting. Light refreshments will be available.

Please RSVP so we know who many of our providers will be attending in person.

<https://www.surveymonkey.com/r/Region2TownHallOct172019SterlingCO>

For your convenience, you can also join via Zoom, on the day of the Town Hall, please click the link below to join the Town Hall live on-line.

<https://beaconhealthoptions.zoom.us/j/7138548191>

If you have questions about how to register, please call 800-804-5008 or email: coproviderrelations@beaconhealthoptions.com



Provider Maintenance - Provider Web Portal Quick Guide:

Individual within a Group Provider Maintenance – Provider Web Portal Quick Guide	1
Group Provider Maintenance – Provider Web Portal Quick Guide	9

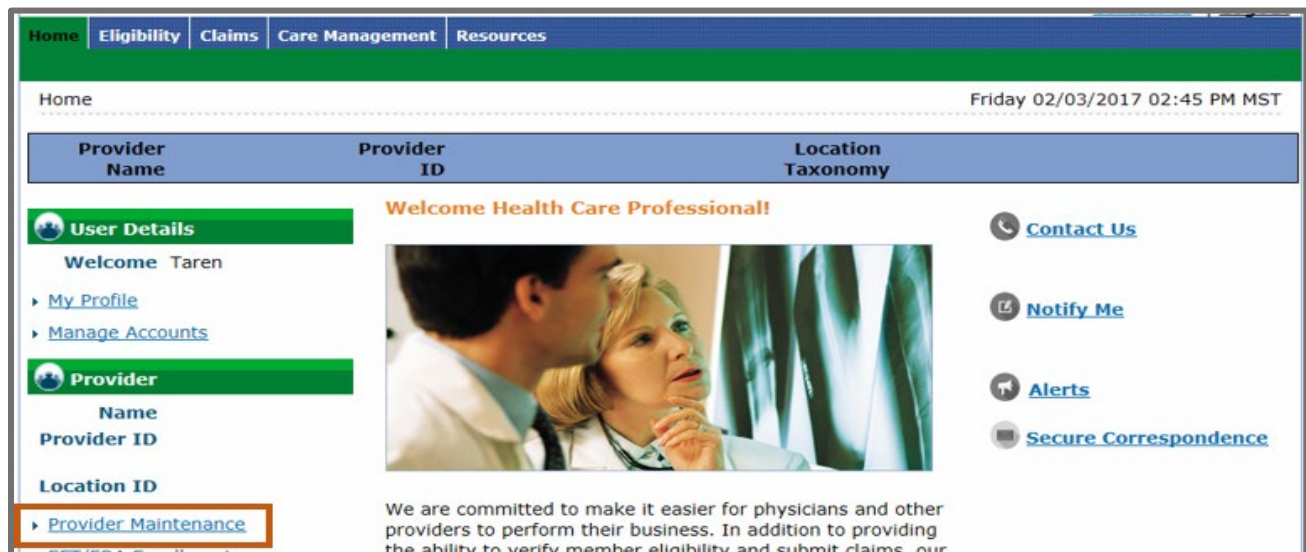
Individual within a Group Provider Maintenance – Provider Web Portal Quick Guide

Provider Maintenance is where a provider updates information, including:

- **Provider affiliations**
- Provider Specialty and additional taxonomies
- **Contact information (including who gets the emails for a provider)**
- **Opt-out of the Provider Directory**
- License and board certification information and updates
- Insurance information
- Network Participation
- Disclosure information
- ACC opt-in changes

1. Login to Provider Web Portal

2. Click Provider Maintenance



3. Click Provider Maintenance again

[Home](#) > Provider Maintenance Saturday 02/04/2017 09:32 PM MST

Provider Name	Provider ID	Location Taxonomy
 Provider Maintenance Provider Maintenance Provider Maintenance Status		

4. Click the links on the left-hand side of the screen to jump to that area, or just click Continue

Provider Maintenance: Instructions

- [Change of Ownership](#)
- [Specialty and Contact Information Changes](#)
- [Address Changes](#)
- [Provider Identification Changes](#)
- [Language Changes](#)
- [Other Information Changes](#)
- [Group Affiliation Changes](#)
- [Network Participation Changes](#)
- [Disclosure Changes](#)
- [ACC Provider Opt-In Changes](#)
- Attachments and Submit

Use these pages to submit any changes to your organizational information.
Please select the link on the left to access the information you would like to update. After all the necessary changes are made you must submit the changes from the Attachments and Submit page.

Information:
If you have updated the necessary provider information, please visit the Manage Accounts page to review and update (if necessary) your delegate information.

Continue **Cancel**

Important To-Dos for an Individual within a Group

Update the email address where we send provider related emails.

Update information for the Provider Look-up

- Opt-out of being listed in the directory (Removal from directory listing)**
- Indicate an open or closed panel**

Ensure Group affiliations are correct.

- A Group's claims will deny if the Individual's within a Group (rendering providers) on a claim are not affiliated to the Group (the billing provider).**
- If the Group Affiliation Changes link does not show, updated affiliation information is not required.**

5. Changing an address, opting-out of being listed in the Provider Directory, or to indicate an open/closed panel

Click **Address Changes**, then click on the + next to the address being changed.

Opt-out of Provider Directory & changing the panel can only be done in the Service Location.

Information Changes	Provider Addresses																
Address Changes	The provider addresses identify the location where a provider renders services, as well as locations that are used for billing and payment. At least one address must be selected as the primary address.																
Provider Identification Changes	All Providers must enter a Service Location, Billing, and Mailing address.																
Language Changes	Click "+" to view or update the details in a row. Click "-" to collapse the row. To add a new row, enter all the required fields and click the "Add" button. Click "Remove" to remove the entire row.																
Other Information Changes	<table border="1"> <thead> <tr> <th></th> <th>Type</th> <th>Address</th> <th>City</th> <th>State</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>☐</td> <td>Service Location</td> <td></td> <td>DENVER</td> <td>Colorado</td> <td></td> </tr> </tbody> </table>						Type	Address	City	State	Action	☐	Service Location		DENVER	Colorado	
	Type	Address	City	State	Action												
☐	Service Location		DENVER	Colorado													

Edit the address information, check or uncheck the applicable checkboxes, & click **Save**.

	Type	Address	City	State	Action
☐	Service Location	☒ 123 Fake Street	DENVER	Colorado	

*Address Type

Service Location

Primary Address

☒

*Location Code

In-State

*Address

123 Fake Street

*City

DENVER

County

Denver

*State

Colorado

*Zip Code

802107011

Primary Email

provider@provider.com

Confirm Email

provider@provider.com

Secondary Email

provider@provider.com

Confirm Email

provider@provider.com

Phone

Office

3333333333

Ext

Phone

Fax

3333333333

Ext

Phone

Ext

Phone

Ext

Service Address Information

If 'Address Type' is changed from 'Service', the service information below will be lost upon Add or Save of address.

Opt Out of Provider Directory

☐

Accepting New Members

☒

ADA Compliant

☐

Accepting New Members with Special Needs

☐

TDD Capability

☐

Phone

Ext

TTY Capability

☐

Phone

Ext

Save

Reset

Cancel

6. See all of the Groups an individual is affiliated to

Click Group Affiliation Changes

This Individual within a Group is not affiliated to any Groups.

Provider Maintenance: Group Affiliation

[Instructions](#)
[Change of Ownership](#)
[Specialty and Contact Information Changes](#)
[Address Changes](#)
[Provider Identification Changes](#)
[Language Changes](#)
[Other Information Changes](#)

Group Affiliation Changes

[Network Participation Changes](#)
[Disclosure Changes](#)
[ACC Provider Opt-In Changes](#)
[Attachments and Submit](#)

You are initiating a change request. Complete the desired changes and click the 'Continue' button to make additional changes. Or click the 'Cancel' button to return to the previous screen.

* Indicates a required field.

Group Affiliations

Click '+' to view or update the details in a row. Click '-' to collapse the row. To end an affiliation enter the End Date for the group row and click 'Save'. Click 'Remove' link to remove a new group affiliation that has not been submitted.

Group NPI	Group Name	Effective Date	End Date	Action
Click to add Group Affiliation				

Go to Submit
Continue
Cancel

Missing Affiliations?

Individuals w/in a Group, are only allowed to affiliate to a Group. If affiliations are missing, it's because they were incorrectly affiliated to a Facility or other enrollment type.

To add a Group affiliation, click the + next to Click to add Group Affiliation

[Specialty and Contact Information Changes](#)
[Address Changes](#)
[Provider Identification Changes](#)
[Language Changes](#)
[Other Information Changes](#)

Group Affiliation Changes

[Network](#)

Group Affiliations

Click '+' to view or update the details in a row. Click '-' to collapse the row. To end an affiliation enter the End Date for the group row and click 'Save'. Click 'Remove' link to remove a new group affiliation that has not been submitted.

Group NPI	Group Name	Effective Date	End Date	Action
Click to add Group Affiliation				

Go to Submit
Continue
Cancel

Page 4 of 16

Click the magnifying glass to search for a provider Group

Group NPI	Group Name	Effective Date	End Date	Action
☐ Click to collapse.				
*Group NPI	 Group Name			
*Effective Date				
Add Reset				

Search for the provider Group to affiliate to by NPI, Provider ID, Name, or Organization.

Provider ID Search

Search By ID | Search By Name | Search By Organization

* Indicates a required field.

*Provider ID x

*Provider ID Type

Click on the Provider ID for the provider Group to affiliate to; make sure it's the correct location.

Provider ID Search

Search By ID | Search By Name | Search By Organization

* Indicates a required field.

*Provider ID

*Provider ID Type

Search Results: NPI 223344556677
Total Records: 20

Provider ID	Provider Name	Provider Type	Taxonomy	Address	City	State	Zip Code
223344556677 (NPI)	Doctors Group	Other Health Services	207Q00000X	123 Main Street	AURORA	Colorado	80012
223344556677 (NPI)	Doctors Group	Other Health Services	261Q00000X	123 Fake Street	ENGLEWOOD	Colorado	80113
223344556677 (NPI)	Doctors Group	Other Health Services	207QA0505X	123 Sesame Street	DENVER	Colorado	80220
223344556677	Doctors	Other Health	193200000X	123 Road	DENVER	Colorado	80218

Choose the effective date for the affiliation, and then click Add

Group NPI	Group Name	Effective Date	End Date	Action
☐ Click to collapse.				
*Group NPI	22334455667	Group Name	Doctors Group	
*Effective Date	02/14/2017			
Add Reset				

Continue to add additional Group affiliations as needed.

Group NPI	Group Name	Effective Date	End Date	Action
☐ 223344556677	Doctors Group	02/14/2017	12/31/2299	Remove
☐ Click to add Group Affiliation				

7. To remove an affiliation, simply fill in the end date of the affiliation and Save.

Provider Maintenance: Provider Affiliations					
Instructions Change of Ownership Specialty and Contact Information Changes Address Changes Provider Identification Changes Language Changes Other Information Changes Provider Affiliation Changes Network Participation Changes					
You are initiating a change request. Complete the desired changes for fields in each section and click the 'Continue' button to make additional changes. Or click the 'Go to Submit' button to submit your changes. * Indicates a required field.					
Provider Affiliations Click '+' to view or update the details in a row. Click '-' to collapse the row. To end an affiliation enter the End Date for the provider row and click 'Save'. Click 'Remove' link to remove a new provider affiliation that has not been submitted.					
Provider ID	Provider Name	Effective Date	End Date	Action	
☐ 12345678	STACEY J PILKINGTON	12/07/2015	12/31/2299		
Provider ID 12345678 Provider Name STACEY J PILKINGTON Effective Date 12/07/2015 End Date 12/31/2299					
Save Reset Cancel					
☐ 12345678910	JAMIE D HALE	12/07/2015	12/31/2299		
☐ Click to add Provider Affiliation					

8. Click the links on the left-hand side to edit other pieces of provider information, or click Go to Submit to submit all changes made

[Instructions](#)
[Change of Ownership](#)
[Specialty and Contact Information Changes](#)
[Address Changes](#)
[Provider Identification Changes](#)
[Language Changes](#)
[Other Information Changes](#)
Group Affiliation Changes

You are initiating a change request. Complete the desired changes for fields in each section and click the 'Continue' button to make additional changes. Or click the 'Go to Submit' button to submit your changes.

* Indicates a required field.

Group Affiliations

Click '+' to view or update the details in a row. Click '-' to collapse the row.
 To end an affiliation enter the End Date for the group row and click 'Save'.
 Click 'Remove' link to remove a new group affiliation that has not been submitted.

	Group NPI	Group Name	Effective Date	End Date	Action
+	223344556677	Doctors Group	02/14/2017	12/31/2299	Remove
+	Click to add Group Affiliation				

[Go to Submit](#)
[Continue](#)
[Cancel](#)

9. Submit Changes

Attach any supporting documentation (if applicable), complete required fields, and click Submit.

[Information Changes](#)
[Address Changes](#)
[Provider Identification Changes](#)
[Language Changes](#)
[Other Information Changes](#)
[Provider Affiliation Changes](#)
[Network Participation Changes](#)
[Disclosure Changes](#)
[ACC Provider Opt-In Changes](#)
Attachments and Submit

Attachments

To add an attachment, complete the required fields and click the **Add** button.
 Use the 'Other' selection to upload attachments not in the list.

Note: if you choose to "Upload" attachments by "File Transfer", a maximum of 5 MBs of information can be uploaded.
 The allowable file types are: bmp, doc, docx, gif, jpg, jpeg, pdf, ppt, tif, tiff, txt, xls, xlsx.

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Attachment Type	Action
+	Click to collapse.			
	*Transmission Method	FT-File Transfer		
	*Upload File	Browse...		
	*Attachment Type			
	Add Cancel			

Submit

Enter the required information below. Click Submit to send us your changes.

By checking this box, I declare, under penalty of perjury, that the information I have entered is true and correct.

*I accept ☒ **Date** 02/05/2017

*Name of the Person Reporting Change

[Submit](#)
[Cancel](#)

10. Retain tracking number

[Print Preview](#)

Provider Maintenance: Tracking Information ?

Your change request has been submitted and assigned the following tracking number: **66605**

Please retain the tracking number for checking on the status of your change request. This change may require additional processes to verify data submitted. Use the Provider Maintenance Status page to check on the status of this change request.

A confirmation email has also been sent to the following contact person's email, associated with the provider:
provider@provider.com.

11. Check the status of an update request

Click the **Provider Maintenance Status** link.

[Home](#) > [Provider Maintenance](#)
Friday 02/03/2017 02:57 PM MST

Provider Name	Provider ID	Location Taxonomy
Provider Maintenance Provider Maintenance Provider Maintenance Status		

Enter the Tracking Number for the update request, and click Search.

Provider Maintenance: Status [Back to Provider Maintenance](#) ?

Enter your assigned tracking number to verify the current status of your change request. For any further queries, please use Contact Us or Secure Correspondence.

* Indicates a required field.

*Tracking Number

[Search](#) [Cancel](#)

View Status details

*Tracking Number

[Search](#) [Cancel](#)

Provider Maintenance - Summary

Below is the status of your provider change request.

Tracking Number	66605
Date Submitted	02/03/2017
Status	Under Review
Status Date	02/03/2017

Group Provider Maintenance – Provider Web Portal Quick Guide

Provider Maintenance is where a provider updates information, including:

- **Provider affiliations**
- Provider Specialty and additional taxonomies
- **Contact information (including who gets the emails for a provider)**
- **Opt-out of the Provider Directory**
- License and board certification information and updates
- Insurance information
- Network Participation
- Disclosure information
- ACC opt-in changes

1. Login to Provider Web Portal

2. Click Provider Maintenance

The screenshot displays the Health First Colorado Provider Web Portal interface. At the top, there are logos for the Colorado Department of Health Care Policy & Financing and Health First Colorado. A navigation bar includes links for Home, Eligibility, Claims, Care Management, and Resources. Below this, a header section shows the user's name (Taren), provider ID, and location taxonomy (225100000X). The main content area is divided into several sections: User Details (Welcome Taren, My Profile, Manage Accounts), Provider (Name, Provider ID, Location ID, and a highlighted **Provider Maintenance** link), and Provider Services (Member Focused Viewing, Search Payment History, Search Accounts Receivable, BIOM). A central banner area welcomes the user and provides information about the portal's purpose. On the right, there are links for Contact Us, Notify Me, Alerts, and Secure Correspondence. At the bottom, a 'Provider Portal News' section shows 'No messages to display.'

4. Click the links on the left-hand side of the screen to jump to that area, or just click Continue

Provider Maintenance: Instructions	
Instructions Change of Ownership Specialty and Contact Information Changes Address Changes Provider Identification Changes Language Changes Other Information Changes Provider Affiliation Changes Network Participation Changes Disclosure Changes ACC Provider Opt-In Changes Attachments and Submit	Use these pages to submit any changes to your organizational information. Please select the link on the left to access the information you would like to update. After all the necessary changes are made you must submit the changes from the Attachments and Submit page. Important Information: If you have updated the necessary provider information, please visit the Manage Accounts page to confirm and update (if necessary) your delegate information. Continue Cancel

Important To-Dos for a Group

- Update the email address where we send provider related emails.
- Update information for the Provider Look-up
 - a. **Opt-out of being listed in the directory (Removal from directory listing)**
 - b. **Indicate an open or closed panel**
- Ensure the correct Individuals within a Group are affiliated correctly:
 - a. **A Group's claims will deny if the Individual's within a Group (rendering**

- a. A Group's claims will deny if the Individual's within a Group (rendering providers) on a claim are not affiliated to the Group (the billing provider).
- b. If the Provider Affiliation Changes link does not show, updated affiliation information is not required.

5. To change address, opt-out of being listed in the Provider Directory, or to indicate an open/closed panel

Click **Address Changes**, then click on the + next to the address to change.

Opt-out of Provider Directory & changing the panel can only be done in the Service Location.

Information Changes	Provider Addresses														
Address Changes	The provider addresses identify the location where a provider renders services, as well as locations that are used for billing and payment. At least one address must be selected as the primary address. All Providers must enter a Service Location, Billing, and Mailing address. Click "+" to view or update the details in a row. Click "-" to collapse the row. To add a new row, enter all the required fields and click the "Add" button. Click "Remove" to remove the entire row.														
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Language Changes															
Other Information Changes															
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Type	Address	City	State	Action											
☐ Service Location		DENVER	Colorado												

Edit address information, check or uncheck the applicable checkboxes, & click Save.

Type	Address	City	State	Action
☐ Service Location	✓ 123 Fake Street	DENVER	Colorado	

***Address Type** **Primary Address** ☒

***Location Code**

***Address**

***City** **County**

***State** ***Zip Code**

Primary Email **Confirm Email**

Secondary Email **Confirm Email**

Phone **Ext**

Phone **Ext**

Service Address Information

If 'Address Type' is changed from 'Service', the service information below will be lost upon Add or Save of address.

Opt Out of Provider Directory ☐

Accepting New Members ☒ **ADA Compliant** ☐ **Accepting New Members with Special Needs** ☐

TDD Capability ☐ **Phone** **Ext**

TTY Capability ☐ **Phone** **Ext**

6. To see all the providers affiliated to a Group

Click Provider Affiliation Changes

This Group only has one provider affiliated to it, Dr. Pepper Smith.

Specialty and Contact Information Changes Address Changes Provider Identification Changes Language Changes Other Information Changes Provider Affiliation Changes	Provider Affiliations Click '+' to view or update the details in a row. Click '-' to collapse the row. To end an affiliation enter the End Date for the provider row and click 'Save'. Click 'Remove' link to remove a new provider affiliation that has not been submitted.																		
	<table border="1"> <thead> <tr> <th></th> <th>Provider ID</th> <th>Provider Name</th> <th>Date</th> <th>End Date</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td></td> <td>1234567890</td> <td>Dr. Pepper Smith</td> <td>04/01/2016</td> <td>12/31/2299</td> <td></td> </tr> <tr> <td colspan="6"> Click to add Provider Affiliation </td> </tr> </tbody> </table>		Provider ID	Provider Name	Date	End Date	Action		1234567890	Dr. Pepper Smith	04/01/2016	12/31/2299		Click to add Provider Affiliation					
	Provider ID	Provider Name	Date	End Date	Action														
	1234567890	Dr. Pepper Smith	04/01/2016	12/31/2299															
Click to add Provider Affiliation																			
	Go to Submit Continue Cancel																		

Missing Affiliations?
Individuals w/in a Group, are only allowed to affiliate to a Group. If affiliations are missing, it's because they were incorrectly affiliated to a Facility or other enrollment type.

To add additional affiliations, click the + next to Click to add Provider Affiliation

Specialty and Contact Information Changes Address Changes Provider Identification Changes Language Changes Other Information Changes Provider Affiliation Changes	Provider Affiliations Click '+' to view or update the details in a row. Click '-' to collapse the row. To end an affiliation enter the End Date for the provider row and click 'Save'. Click 'Remove' link to remove a new provider affiliation that has not been submitted.																		
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Click to add Provider Affiliation																			
	Go to Submit Continue Cancel																		

Click the magnifying glass to search for a provider

Specialty and Contact Information Changes Address Changes Provider Identification Changes Language Changes Other Information Changes Provider Affiliation Changes	Provider Affiliations Click '+' to view or update the details in a row. Click '-' to collapse the row. To end an affiliation enter the End Date for the provider row and click 'Save'. Click 'Remove' link to remove a new provider affiliation that has not been submitted.																														
	<table border="1"> <thead> <tr> <th></th> <th>Provider ID</th> <th>Provider Name</th> <th>Effective Date</th> <th>End Date</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td></td> <td>1234567890</td> <td>Dr. Pepper Smith</td> <td>04/01/2016</td> <td>12/31/2299</td> <td></td> </tr> <tr> <td colspan="6"> Click to collapse. </td> </tr> <tr> <td colspan="6"> *Provider ID* Provider Name *Effective Date* </td> </tr> <tr> <td colspan="6"> Add Reset </td> </tr> </tbody> </table>		Provider ID	Provider Name	Effective Date	End Date	Action		1234567890	Dr. Pepper Smith	04/01/2016	12/31/2299		Click to collapse.						*Provider ID* Provider Name *Effective Date*						Add Reset					
	Provider ID	Provider Name	Effective Date	End Date	Action																										
	1234567890	Dr. Pepper Smith	04/01/2016	12/31/2299																											
Click to collapse.																															
Provider ID Provider Name *Effective Date*																															
Add Reset																															

Search for the provider to affiliate by NPI, Provider ID, Name, or Organization

Provider ID Search

?

Search By ID

Search By Name

Search By Organization

* Indicates a required field.

*Provider ID

9876543210

*Provider ID Type

NPI

▼

Search

Cancel

Click on the Provider ID for the provider to affiliate

Provider ID Search

?

Search By ID

Search By Name

Search By Organization

* Indicates a required field.

*Provider ID

9876543210

*Provider ID Type

NPI

▼

Search

Cancel

Search Results: NPI 9876543210

?

Total Records: 1

Provider ID ▼	Provider Name	Provider Type	Taxonomy	Address	City	State	Zip Code
9876543210 (NPI)	Dr. Doolittle	Other Health Services	225100000X		GUNNISON	Colorado	81230

Choose the effective date for the affiliation, and then click Add

Provider Affiliations

Click '+' to view or update the details in a row. Click '-' to collapse the row.
To end an affiliation enter the End Date for the provider row and click 'Save'.
Click 'Remove' link to remove a new provider affiliation that has not been submitted.

	Provider ID	Provider Name	Effective Date	End Date	Action
+	1234567890	Dr. Pepper Smith	04/01/2016	12/31/2299	

Click to collapse.

*Provider ID

9876543210

🔍

Provider Name

Dr. Doolittle

*Effective Date

02/10/2017

×

📅

Add

Reset

Continue to add additional affiliations as needed.

Provider Affiliations					
Click '+' to view or update the details in a row. Click '-' to collapse the row. To end an affiliation enter the End Date for the provider row and click 'Save'. Click 'Remove' link to remove a new provider affiliation that has not been submitted.					
	Provider ID	Provider Name	Effective Date	End Date	Action
☐	1234567890	Dr. Pepper Smith	04/01/2016	12/31/2299	
☐	9876543210	Dr. Doolittle	02/10/2017	12/31/2299	Remove
☐	Click to add Provider Affiliation				
Go to Submit Continue Cancel					

7. To remove an affiliation, simply enter the end date of the affiliation and Save.

Provider Maintenance: Provider Affiliations																															
Instructions Change of Ownership Specialty and Contact Information Changes Address Changes Provider Identification Changes Language Changes Other Information Changes Provider Affiliation Changes Network Participation Changes	You are initiating a change request. Complete the desired changes for fields in each section and click the 'Continue' button to make additional changes. Or click the 'Go to Submit' button to submit your changes. * Indicates a required field. Provider Affiliations Click '+' to view or update the details in a row. Click '-' to collapse the row. To end an affiliation enter the End Date for the provider row and click 'Save'. Click 'Remove' link to remove a new provider affiliation that has not been submitted. <table border="1"> <thead> <tr> <th></th> <th>Provider ID</th> <th>Provider Name</th> <th>Effective Date</th> <th>End Date</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>☐</td> <td>12345678</td> <td>STACEY J PILKINGTON</td> <td>12/07/2015</td> <td>12/31/2299</td> <td></td> </tr> <tr> <td colspan="6"> Provider ID 12345678 Provider Name STACEY J PILKINGTON Effective Date 12/07/2015 End Date 12/31/2299 Save Reset Cancel </td> </tr> <tr> <td>☐</td> <td>12345678910</td> <td>JAMIE D HALE</td> <td>12/07/2015</td> <td>12/31/2299</td> <td></td> </tr> <tr> <td>☐</td> <td colspan="5">Click to add Provider Affiliation</td> </tr> </tbody> </table>		Provider ID	Provider Name	Effective Date	End Date	Action	☐	12345678	STACEY J PILKINGTON	12/07/2015	12/31/2299		Provider ID 12345678 Provider Name STACEY J PILKINGTON Effective Date 12/07/2015 End Date 12/31/2299 Save Reset Cancel						☐	12345678910	JAMIE D HALE	12/07/2015	12/31/2299		☐	Click to add Provider Affiliation				
	Provider ID	Provider Name	Effective Date	End Date	Action																										
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Provider ID 12345678 Provider Name STACEY J PILKINGTON Effective Date 12/07/2015 End Date 12/31/2299 Save Reset Cancel																															
☐	12345678910	JAMIE D HALE	12/07/2015	12/31/2299																											
☐	Click to add Provider Affiliation																														

8. Click the links on the left-hand side to edit other pieces of provider information, or click Go to Submit to submit all changes made

Provider Maintenance: Provider Affiliations																													
Instructions Change of Ownership Specialty and Contact Information Changes Address Changes Provider Identification Changes Language Changes Other Information Changes Provider Affiliation Changes	You are initiating a change request. Complete the desired changes for fields in each section and click the 'Continue' button to make additional changes. Or click the 'Go to Submit' button to submit your changes. * Indicates a required field. Provider Affiliations Click '+' to view or update the details in a row. Click '-' to collapse the row. To end an affiliation enter the End Date for the provider row and click 'Save'. Click 'Remove' link to remove a new provider affiliation that has not been submitted. <table border="1"> <thead> <tr> <th></th> <th>Provider ID</th> <th>Provider Name</th> <th>Effective Date</th> <th>End Date</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>☐</td> <td>1234567890</td> <td>Dr. Pepper Smith</td> <td>04/01/2016</td> <td>12/31/2299</td> <td></td> </tr> <tr> <td>☐</td> <td>9876543210</td> <td>Dr. Doolittle</td> <td>02/10/2017</td> <td>12/31/2299</td> <td>Remove</td> </tr> <tr> <td>☐</td> <td colspan="5">Click to add Provider Affiliation</td> </tr> </tbody> </table> Go to Submit Continue Cancel						Provider ID	Provider Name	Effective Date	End Date	Action	☐	1234567890	Dr. Pepper Smith	04/01/2016	12/31/2299		☐	9876543210	Dr. Doolittle	02/10/2017	12/31/2299	Remove	☐	Click to add Provider Affiliation				
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☐	9876543210	Dr. Doolittle	02/10/2017	12/31/2299	Remove																								
☐	Click to add Provider Affiliation																												

9. Submit Changes

Attach any supporting documentation (if applicable), sign by entering the name and click Submit.

Attachments																			
Information Changes Address Changes Provider Identification Changes Language Changes Other Information Changes Provider Affiliation Changes Network Participation Changes Disclosure Changes ACC Provider Opt-In Changes Attachments and Submit	To add an attachment, complete the required fields and click the Add button. Use the 'Other' selection to upload attachments not in the list. Note: if you choose to "Upload" attachments by "File Transfer", a maximum of 5 MBs of information can be uploaded. The allowable file types are: bmp, doc, docx, gif, jpg, jpeg, pdf, ppt, tif, tiff, txt, xls, xlsx. Click the Remove link to remove the entire row. <table border="1"> <thead> <tr> <th>#</th> <th>Transmission Method</th> <th>File</th> <th>Attachment Type</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>☐</td> <td colspan="4">Click to collapse.</td> </tr> <tr> <td colspan="5"> *Transmission Method FT-File Transfer *Upload File Browse... *Attachment Type Add Cancel </td> </tr> </tbody> </table> Submit Enter the required information below. Click Submit to send us your changes. By checking this box, I declare, under penalty of perjury, that the information I have entered is true and correct. *I accept ☒ Date 02/05/2017 *Name of the Person Reporting Change Provider Submit Cancel				#	Transmission Method	File	Attachment Type	Action	☐	Click to collapse.				*Transmission Method FT-File Transfer *Upload File Browse... *Attachment Type Add Cancel				
#	Transmission Method	File	Attachment Type	Action															
☐	Click to collapse.																		
*Transmission Method FT-File Transfer *Upload File Browse... *Attachment Type Add Cancel																			

10. Retain tracking number

[Print Preview](#)

Provider Maintenance: Tracking Information ?

Your change request has been submitted and assigned the following tracking number: **66605**

Please retain the tracking number for checking on the status of your change request. This change may require additional processes to verify data submitted. Use the Provider Maintenance Status page to check on the status of this change request.

A confirmation email has also been sent to the following contact person's email, associated with the provider:
provider@provider.com.

11. Check the status of an update request

Click the **Provider Maintenance Status** link.

[Home](#) > Provider Maintenance Friday 02/03/2017 02:57 PM MST

Provider Name	Provider ID	Location Taxonomy
---------------	-------------	-------------------

Provider Maintenance

- Provider Maintenance
- Provider Maintenance Status**

Enter the Tracking Number for the update request, and click **Search**.

Provider Maintenance: Status [Back to Provider Maintenance](#) ?

Enter your assigned tracking number to verify the current status of your change request. For any further queries, please use Contact Us or Secure Correspondence.

* Indicates a required field.

***Tracking Number**

Search **Cancel**

View Status details

***Tracking Number**

Search **Cancel**

Provider Maintenance - Summary

Below is the status of your provider change request.

Tracking Number 66605
Date Submitted 02/03/2017
Status Under Review
Status Date 02/03/2017

Need More Help?

Please visit the [Quick Guides and Webinars](#) web page to find all the Provider Web Portal Quick Guides.



Provider Web Portal Quick Guide - Verifying Member Eligibility (Including Managed Care Assignment Details and Benefit Plan Information) and Co-Pay

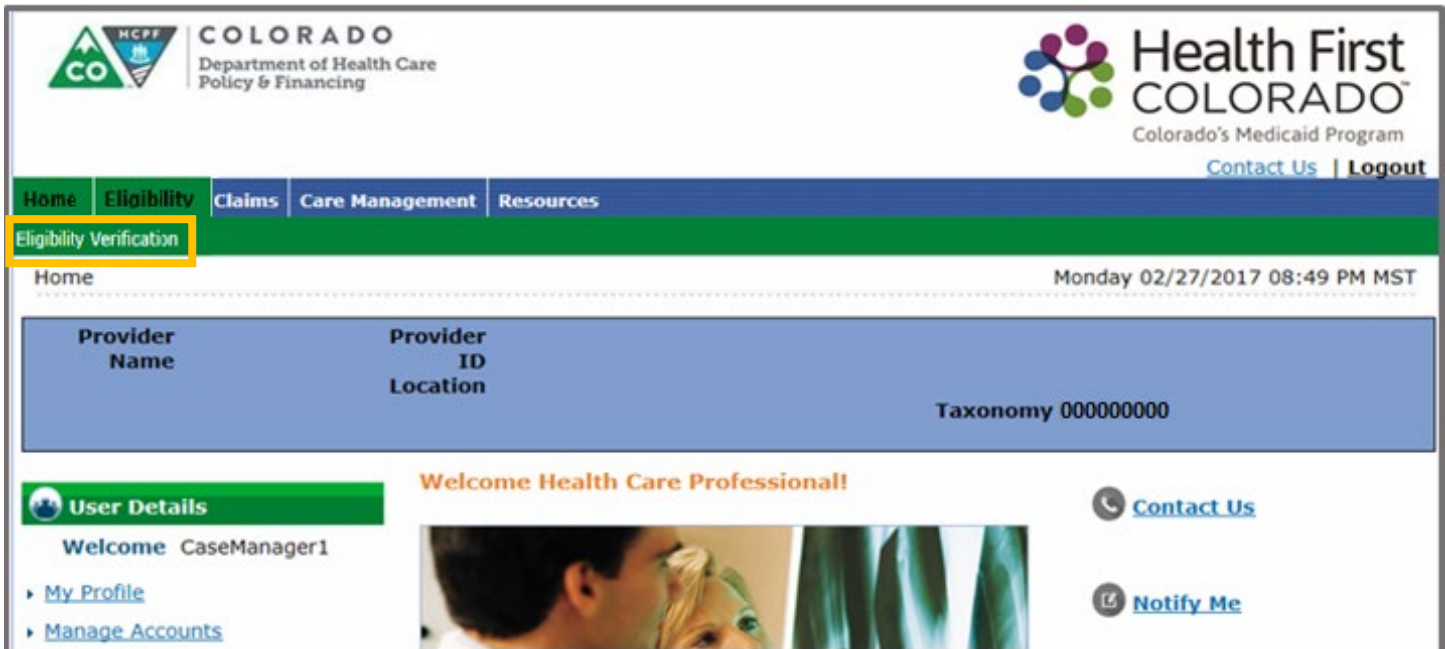
VERIFYING MEMBER ELIGIBILITY	1
VERIFYING CO-PAY AMOUNT	5
VERIFYING REMAINING SERVICE UNITS – PT/OT	6
VERIFYING REMAINING SERVICE UNITS – BEHAVIORAL HEALTH	7
BENEFIT PLANS AND BILLING INSTRUCTIONS	9
VERIFYING THIRD-PARTY LIABILITY COVERAGE	10
NEED MORE HELP?	11

Verifying Member Eligibility

1. Log in to the Provider Web Portal.
2. Click the Eligibility tab.

The screenshot displays the Health First Colorado Provider Web Portal. At the top, there are logos for the Colorado Department of Health Care Policy & Financing and Health First Colorado. The navigation bar includes links for Home, Eligibility (highlighted), Claims, Care Management, and Resources. Below the navigation bar, the page shows a welcome message, user details for CaseManager1, and a table for provider information. The table has columns for Provider Name, Provider ID, Location, and Taxonomy. The Taxonomy field is populated with 000000000. There are also links for Contact Us and Notify Me.

3. Click the Eligibility Verification link.



CO **HCFF** **COLORADO**
Department of Health Care
Policy & Financing

Health First COLORADO™
Colorado's Medicaid Program
[Contact Us](#) | [Logout](#)

[Home](#) [Eligibility Verification](#) [Claims](#) [Care Management](#) [Resources](#)

Home Monday 02/27/2017 08:49 PM MST

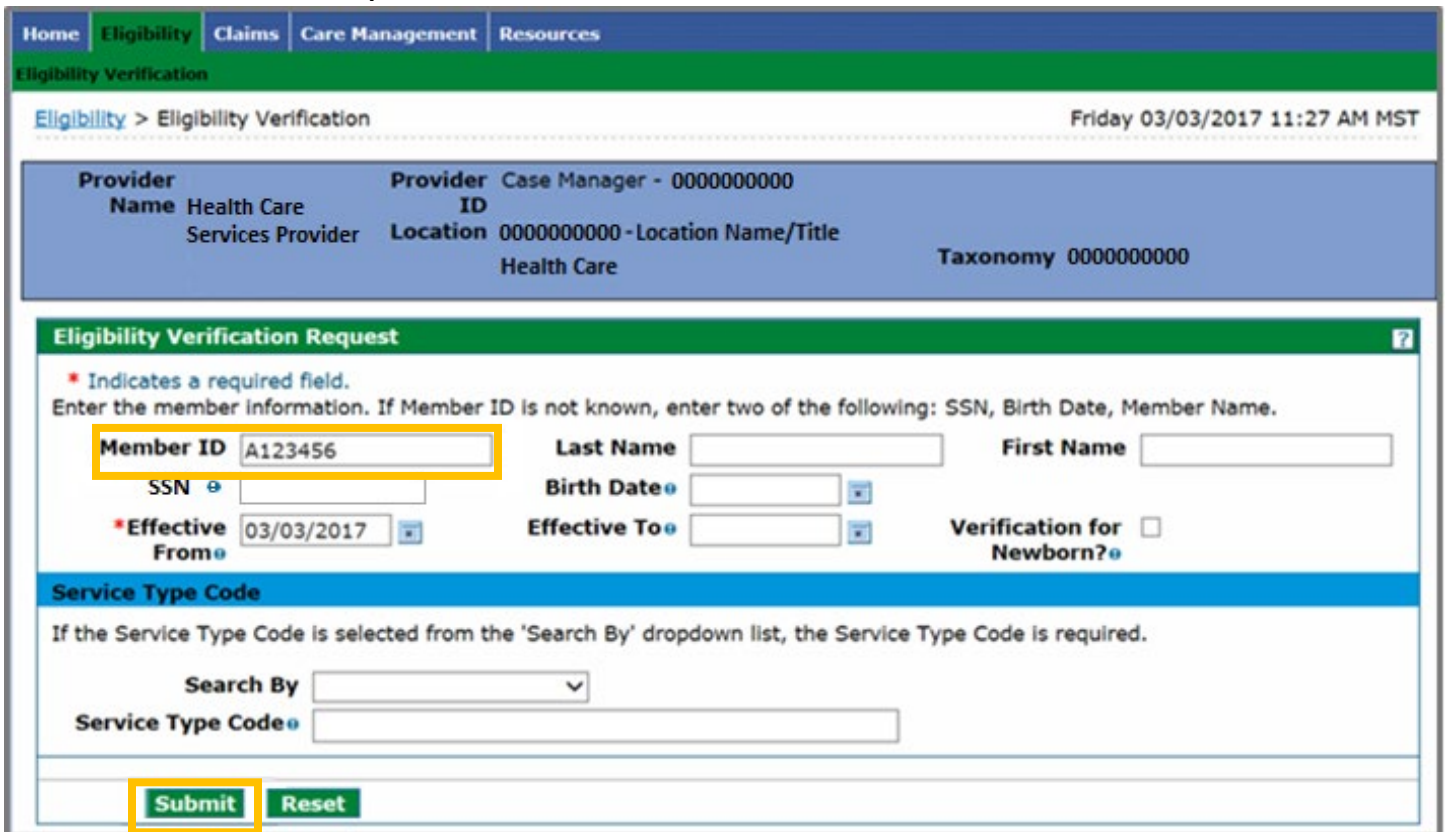
Provider Name **Provider ID** **Location** **Taxonomy 000000000**

User Details
Welcome CaseManager1
[My Profile](#)
[Manage Accounts](#)

Welcome Health Care Professional!

[Contact Us](#)
[Notify Me](#)

4. Enter search criteria, then click "Submit."



[Home](#) [Eligibility Verification](#) [Claims](#) [Care Management](#) [Resources](#)

Eligibility Verification Friday 03/03/2017 11:27 AM MST

[Eligibility](#) > Eligibility Verification

Provider Name Health Care Services Provider **Provider ID** Case Manager - 0000000000 **Location** 0000000000 - Location Name/Title Health Care **Taxonomy** 0000000000

Eligibility Verification Request

* Indicates a required field.
Enter the member information. If Member ID is not known, enter two of the following: SSN, Birth Date, Member Name.

Member ID A123456 **Last Name** **First Name**

SSN **Birth Date**

*** Effective From** 03/03/2017 **Effective To** **Verification for Newborn?** ☐

Service Type Code

If the Service Type Code is selected from the 'Search By' dropdown list, the Service Type Code is required.

Search By **Service Type Code**

Submit **Reset**

5. Click "Expand All" to view Benefit Details, Coverage, Co-pays and Review the search results.

Member ID	Birth Date	Gender	Female
Coverage	Effective Date	End Date	
Medicaid State Plan	01/01/2018	12/31/2299	
Behavioral Health Benefits	01/01/2018	12/31/2299	
Specified Low-income Medicare Beneficiary	02/01/2018	05/15/2019	
Specified Low-income Medicare Beneficiary	05/20/2019	12/31/2019	
Other Insurance Detail Information			

6. Managed Care Assignment Details.

The screenshot below shows Coverage Details, Benefit Details and Managed Care Assignment Details:

Coverage Details

[Back to Eligibility Verification](#)

Coverage Details for Member ID 0000000 - Member Name

Eligibility Verification Response Guarantee Number 0000000000

[Expand All](#)
[Collapse All](#)

Demographic and Copay Details

Mailing Address 123 Main Street
Apt 1234

City DENVER State Colorado Zip Code 00000 - 0000

Copay Status Copay Due

Due to the timing of when claims are submitted and paid, it is possible that the member's Copay Status may change. This eligibility verification is NOT a guarantee of the copay status or copay due.

Click '+' to expand and view copay amounts. Click '-' to collapse.

Benefit Details

	Coverage	Description	Effective Date	End Date
-	TXIX	Medicaid State Plan - H3	06/20/2019	06/20/2019
	Coverage	Coverage Code Description	Copay Amount	
	TXIX	Health Benefit Plan Coverage		
	TXIX	Medical Care		\$0.00
	TXIX	Dental Care		\$0.00
	TXIX	Hospital		\$0.00
	TXIX	Hospital - Inpatient		\$10.00
	TXIX	Hospital - Outpatient		\$4.00
	TXIX	Emergency Services		\$0.00
	TXIX	Pharmacy		Covered
	TXIX	Brand Name Prescription Drug		\$3.00
	TXIX	Generic Prescription Drug		\$3.00
	TXIX	Professional (Physician) Visit - Office		\$2.00
	TXIX	Vision (Optometry)		\$2.00
	TXIX	Mental Health		\$0.00
	TXIX	Urgent Care		\$2.00
	TXIX	Chiropractic		Non-Covered

	BHO+B	Behavioral Health Benefits - H3	06/20/2019	06/20/2019
Coverage		Coverage Code Description	Copay Amount	
BHO+B		Health Benefit Plan Coverage		
BHO+B		Hospital	\$0.00	
BHO+B		Hospital - Inpatient	\$10.00	
BHO+B		Hospital - Outpatient	\$4.00	
BHO+B		Emergency Services	\$0.00	
BHO+B		Professional (Physician) Visit - Office	\$2.00	
BHO+B		Mental Health	\$0.00	

BHO+B	Medical Care	Non-Covered
BHO+B	Chiropractic	Non-Covered
BHO+B	Dental Care	Non-Covered
BHO+B	Pharmacy	Non-Covered
BHO+B	Brand Name Prescription Drug	Non-Covered
BHO+B	Generic Prescription Drug	Non-Covered
BHO+B	Vision (Optometry)	Non-Covered
BHO+B	Urgent Care	Non-Covered

Managed Care Assignment Details				
NPI/MCD	Managed Care Plan	Provider Name	Effective Date	End Date
None/ 1234567890	Child Health Plan Plus	ROCKY MOUNTAIN HEALTH PLANS	05/01/2019	05/31/2019
None/ 1234567890	Child Health Plan Plus - Dental	DELTA DENTAL PLAN OF COLORADO	05/01/2019	05/31/2019
Lock-In Details				
NPI/MCD	Lock-in Plan	Lock-in Provider	Effective Date	End Date
1234567890	COUP Lock-in - Controlled Drugs	COLORADO TREATMENT SERVICES	05/05/2019	05/31/2019
Provider Phone: 1-999-999-9999				
Level of Care Details				
NPI/MCD	Level of Care Plan	Provider Name	Effective Date	End Date
1234567890	Nursing Facility/Hospital 300% institutionalized	KINDRED NURSING REHAB AURORA	05/01/2019	05/31/2019

Verifying Co-Pay Amount

7. Verify member co-pay requirements by referring to the "Copay Amount" column under the Benefit Details section.

Benefit Details				
	Coverage	Description	Effective Date	End Date
	TXIX	Medicaid State Plan - H3	06/20/2019	06/20/2019
Coverage		Coverage Code Description	Copay Amount	
TXIX		Health Benefit Plan Coverage		
TXIX		Medical Care	\$0.00	
TXIX		Dental Care	\$0.00	
TXIX		Hospital	\$0.00	
TXIX		Hospital - Inpatient	\$10.00	
TXIX		Hospital - Outpatient	\$4.00	
TXIX		Emergency Services	\$0.00	
TXIX		Pharmacy	Covered	
TXIX		Brand Name Prescription Drug	\$3.00	
TXIX		Generic Prescription Drug	\$3.00	
TXIX		Professional (Physician) Visit - Office	\$2.00	

Members may not be required to pay a co-pay for every visit, so it is important that providers check the co-pay amount every time they see a Health First Colorado member.

If a member has already reached their 5% co-pay maximum for a given month, the **Copay Amount** field will display \$0 for a member when they are max-met or exempt, the base co-pay amount when a co-pay is due, and 'Non-Covered' when the coverage code is inactive for the member's associated coverage during the benefit plan effective dates.

The Pharmacy Coverage Code Description (CCD) will be used in conjunction with the 'Brand Name Prescription Drug' and 'Generic Prescription Drug' CCD's. If a value of 'Covered' for Pharmacy services is received the base copay due will reside in values next to 'Brand Name Prescription Drug' and/or 'Generic Prescription Drug'.

Scroll to the bottom of the page to see Managed Care Assignment Details.

Verifying Remaining Service Units – PT/OT

8. If applicable, check the member's available units of physical/occupational therapy (PT/OT) services under the Limit Details section.

Benefit Details			
Coverage	Description	Effective Date	End Date
QMB	Qualified Medicare Beneficiary - F4	08/16/2018	08/16/2018
EBD	HCBS Elderly, Blind, & Disabled Waiver - M8	08/16/2018	08/16/2018
TXIX	Medicaid State Plan - M8	08/16/2018	08/16/2018
BHO+B	Behavioral Health Benefits - M8	08/16/2018	08/16/2018
Coverage	Copayments	Amount	
QMB	Medical Care	\$0.00	
QMB	Chiropractic	\$0.00	
QMB	Dental Care	\$0.00	

Limit Details			
		Limit	Used
Individual	5500 PT & OT SVC LIMITS = 48/YR	48	6

Managed Care Assignment Details	
Current MCO	Benefit Plan
DENTAQUEST USA INSURANCE CO IN	Administrative Service Organization - Dental

This remaining benefit amount is calculated by counting all the paid units of service for PT/OT a member has incurred in the previous rolling 365 days. Once the soft limit of 48 units has been reached, an approved Prior Authorization Request (PAR) is required to exceed it.

The counting function will calculate PT/OT units regardless of whether they were paid with a PAR on file. This means that after a PAR for PT/OT is exhausted members will not automatically have another 48 units of PT/OT available without a PAR. A full 365 days must elapse before the member has another 48 units of PT/OT available without requiring a PAR.

Refer to the Benefit Limitation Frequently Asked Questions, located on the [Outpatient PT/OT Benefits web page](#), for more information.

Verifying Remaining Service Units – Behavioral Health

9. If applicable, check the member's available units of short-term behavioral health services under the Limit Details section.

Limit Details			
		Limit	Used
Individual	5807 LIMIT MET FOR BH SERVICES	6	6

Managed Care Assignment Details	
Current MCO	Benefit Plan
MOFFITT	Primary Care Medical Provider
ROCKY MOUNTAIN HEALTH PLANS	Regional Accountable Entity
DENTAQUEST USA INSURANCE CO IN	Administrative Service Organization - Dental

"5807 LIMIT MET FOR BH SERVICES" references the system audit that will post when the service unit limit is exceeded.

This used benefit amount is calculated by subtracting all the paid units of service for short-term behavioral health a member has incurred within the current state fiscal year from the limit. Once the unit limit has been reached for the state fiscal year, a PAR **cannot** be used to exceed it.

Additional visits beyond the unit limit during a state fiscal year may be eligible for reimbursement by the Regional Accountable Entity in accordance with their provider credentialing and utilization management policies and procedures. At the beginning of the next state fiscal year, the total units for that fiscal year will be available.

10. Scroll to the Managed Care Assignment Details section, then click the [+] sign.

Click the plus [+] sign next to Managed Care Assignment Details.

Benefit Details				
	Coverage	Description	Effective Date	End Date
[+]	TXIX	Medicaid State Plan - HD	06/04/2019	06/04/2019
[+]	ABP	Alternative Benefit Plan - HD	06/04/2019	06/04/2019
[+]	BHO+B	Behavioral Health Benefits - HD	06/04/2019	06/04/2019
Limit Details				
Managed Care Assignment Details				

The coverage information will include the name or type of coverage and the **Effective** and **End dates** of that coverage. Additional information returned in the eligibility response may display the following details panels:

- **Managed Care Details** displayed when the member is assigned to a managed care plan and shows all of the plans the member is assigned to including their effective dates of coverage.
- **Lock-in Details** displayed when a member is locked-in or restricted to a specific provider known as a 'lock-in plan'. To authorize services delivered for a member by a provider other than the designated Lock-in Plan Provider, claims must include the referring provider's National Provider Identifier (NPI). The Lock-in Details panel provides the Lock-in Provider's DBA Name and Provider Phone information.
- **Level of Care Details** displayed when a member resides in a nursing home and reports their level of care within that facility.

Managed Care Assignment Details				
NPI/MCD	Managed Care Plan	Provider Name	Effective Date	End Date
None/ 2222222222	Child Health Plan Plus	KAISER FOUNDATION HEALTH PLAN	12/01/2018	12/31/2018
111111111/ 2222222222	Child Health Plan Plus - Dental	COLORADO DENTAL SERVICE INC	12/01/2018	12/15/2018
Lock-in Details				
NPI/MCD	Lock-in Plan	Lock-in Provider	Effective Date	End Date
None/ 2222222222	COUP Lock-in - Medical	Doing Business As Name	12/01/2018	12/31/2018
Provider Phone: 123-456-7890				
Level of Care Details				
NPI/MCD	Level of Care Plan	Provider Name	Effective Date	End Date
111111111/ 2222222222	Nursing Facility/Hospital 300% institutionalized	Doing Business As Name	12/01/2018	12/31/2018

Benefit Plans and Billing Instructions

See the table below for a complete list of all possible benefit plans along with billing instructions and co-pay notes.

Benefit plans for which providers should bill DXC directly are marked in **green** below. Benefit plans for which providers should bill the listed Managed Care Organization are marked in **purple** below.

MC Benefit Plan	Billing	Co-pay
<u>Denver Health Medicaid Choice (PIHP)</u>	Providers should bill Denver Health directly, not DXC for medical claims. Mental health is billed to the RAE. Span must show "Active."	Most services, such as office visits, medications and hospital stays have co-pays. Services for pregnant women, children 18 and under, American Indians and Alaska Natives do not require a co-pay.
<u>Denver Health and Hospital Authority - Primary Care Medical Provider</u>	Providers should not bill the PCMP and instead should bill DXC directly for medical claims. Mental health is billed to the RAE.	Not applicable
Rocky Mountain Health Plans	Providers should bill the RAE for mental health services (behavioral therapy is an exception). Medical claims should be billed to DXC directly.	..
<u>Rocky Mountain Health Plans Prime</u>	Providers should bill Rocky Mountain Health Plans Prime directly, not DXC. Mental health should be billed to the RAE.	Contact Rocky Mountain Health Plans Prime for co-pay details.
<u>Accountable Care Collaborative</u>	Providers should not bill the ACC, PCMP or RCCO and instead should bill DXC Technology (DXC) directly (unless the services are for mental health). Note: ACC will only appear for dates of service prior to 7/1/18.	Not applicable
Administrative Service Organization - Dental	Providers should bill DentaQuest directly, not DXC.	Contact DentaQuest for co-pay details.
<u>Child Health Plan Plus</u> or <u>Child Health Plan Plus - Dental</u> or <u>State Managed Care Network - CHP+</u>	Providers should bill Child Health Plan Plus (CHP+) directly, not DXC.	Some CHP+ clients may also have to pay co-pays to their health care provider at the time of service. There are no co-pays for preventative care, such as prenatal care and check-ups. Other services may require co-pays based on member income. Native Americans and Alaskan Natives do not have to pay co-pays.
<u>Primary Care Medical Provider</u>	Providers should not bill the RAE or PCMP and instead should bill DXC directly for medical claims. Mental health should be billed to the RAE.	Not applicable
<u>Program For All-Inclusive Care For The Elderly</u>	Providers should bill the Program of All-Inclusive Care for the Elderly (PACE) directly, not DXC.	There are no co-payments or out-of-pocket expenses for services covered under this program.

<u>Regional Accountable Entity</u> <i>[formerly known as Behavioral Health Organizations (BHOs) and Regional Care Collaborative Organizations (RCCOs)]</i>	Providers should bill the RAE for mental health services (behavioral therapy is an exception). Medical claims should be billed to DXC directly, unless they have Denver Health PHIP or Rocky Mountain Prime.	There are no co-pays for Health First Colorado behavioral health services. However, if the member has other insurance, they must use that insurance first before using Health First Colorado benefits.
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Verifying Third-Party Liability Coverage

11. To see Third Party Liability (TPL) coverage (including Medicare), return to the Eligibility Verification page.

Home	Eligibility	Claims	Care Management	Resources	Switch Provider
Eligibility Verification					
Eligibility > Eligibility Verification > Coverage Details					
Tuesday 06/04/2019 12:04 PM MST					

Scroll to bottom of page and click **Other Insurance Detail Information**.

Eligibility Verification Information for			
from 02/27/2017 to 02/27/2017			
Member ID	Birth Date	Gender Female	
Coverage		Effective Date	End Date
Medicaid State Plan		08/01/2016	12/31/2299
Behavioral Health Benefits		08/01/2016	12/31/2299
HCBS Elderly, Blind, & Disabled Waiver		08/01/2016	12/31/2299
Qualified Medicare Beneficiary		09/01/2014	12/31/2299
Other Insurance Detail Information			

If Qualified Medicare Beneficiary (QMB) is listed under the Coverage column, this means the member has Medicare coverage.

If a member has QMB coverage but does not have Medicaid State Plan (TXIX) coverage, Health First Colorado will not provide payment unless Medicare pays first.

If a member has QMB and Medicaid State Plan (TXIX) coverage, then Health First Colorado is the secondary payor.

This is where other insurance coverage (including Medicare coverage) is displayed:

Other Insurance Information for Member ID
[Back to Eligibility Verification](#)

* Indicates a required field.

Click '+' to view details in a row. Click '-' to collapse the row.

	Carrier Name (Carrier ID)	Policy ID	Group ID	Policy Holder	Policy Type	Coverage Type	Effective From	Effective To
	Medicare A (1)	12345678A					10/01/2010	12/31/2299
	Medicare B (2)	12345678A					10/01/2010	12/31/2299

Other Insurance Carrier Information

Carrier 2 - Medicare B

Policy ID 12345678A

Policy Type _

Coverage Type _

Effective From 10/01/2010

Group ID _

Effective To 12/31/2299

Other Policy Holder Information

Relationship Self

Save

Reset

Add additional TPL information as needed.

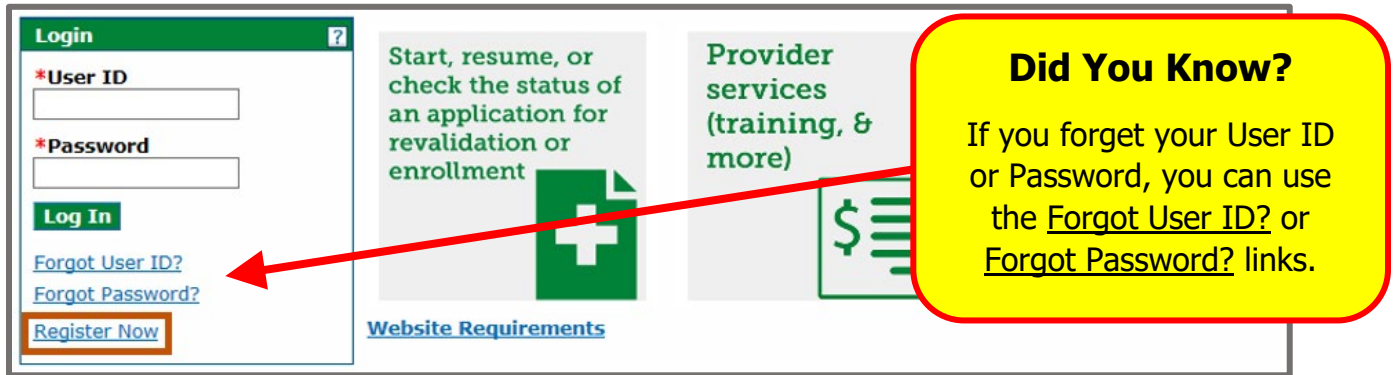
Refer to the [Updating Additional TPL Information Provider Web Portal Quick Guide](#) for step-by-step instructions on how to add TPL information for a member with TPL coverage that isn't already listed.

Need More Help?

Please visit the [Quick Guides and Webinars](#) web page to find all the Provider Web Portal Quick Guides.

Provider Web Portal Quick Guide – Web Portal Registration

1. From the Provider Web Portal Home page, click Register Now



Login

*User ID

*Password

Log In

[Forgot User ID?](#)

[Forgot Password?](#)

Register Now

Start, resume, or check the status of an application for revalidation or enrollment

Provider services (training, & more)

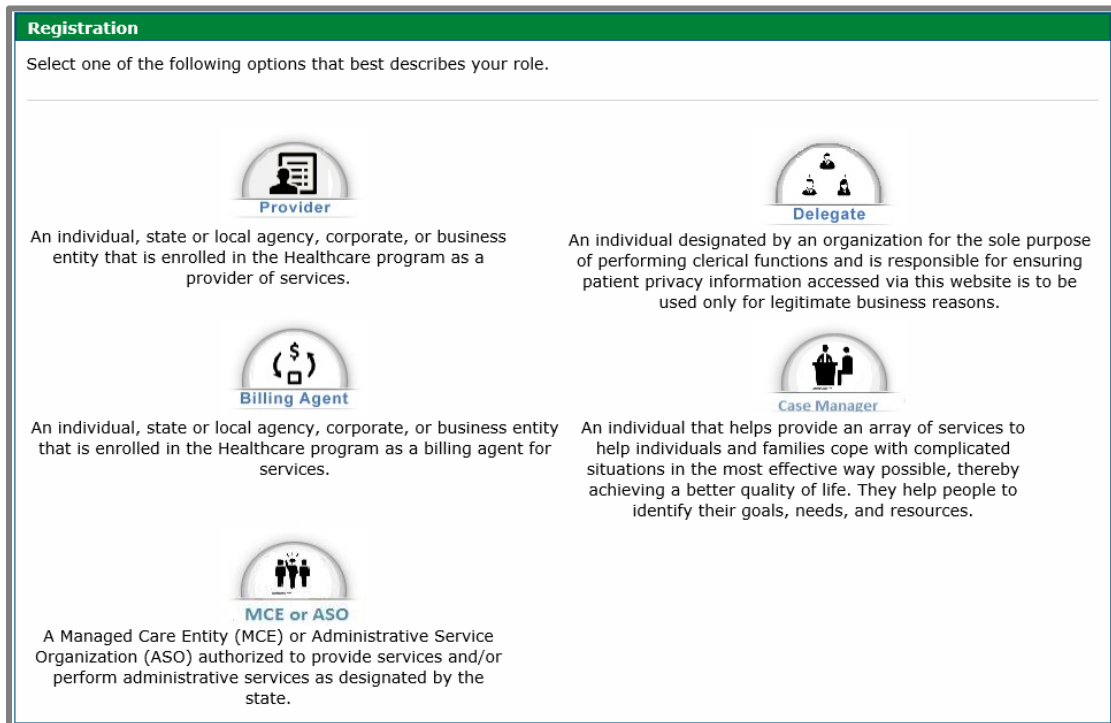
Did You Know?
 If you forget your User ID or Password, you can use the [Forgot User ID?](#) or [Forgot Password?](#) links.

[Website Requirements](#)

2. Choose the most appropriate option

If enrolled as more than one provider type, choose the option most appropriate for the Provider ID used for the creation of a Web Portal account.

Example: many case managers (provider type 11) are also enrolled as HCBS providers (provider type 36). In this example, the case manager would need to create two Web Portal accounts. They would select the "Case Manager" option to register their case manager Provider ID; they would register their HCBS Provider ID as a "Provider".



Registration

Select one of the following options that best describes your role.

Provider
 An individual, state or local agency, corporate, or business entity that is enrolled in the Healthcare program as a provider of services.

Delegate
 An individual designated by an organization for the sole purpose of performing clerical functions and is responsible for ensuring patient privacy information accessed via this website is to be used only for legitimate business reasons.

Billing Agent
 An individual, state or local agency, corporate, or business entity that is enrolled in the Healthcare program as a billing agent for services.

Case Manager
 An individual that helps provide an array of services to help individuals and families cope with complicated situations in the most effective way possible, thereby achieving a better quality of life. They help people to identify their goals, needs, and resources.

MCE or ASO
 A Managed Care Entity (MCE) or Administrative Service Organization (ASO) authorized to provide services and/or perform administrative services as designated by the state.

3. Enter information.

For registration as a "Provider", "Case Manager", or "MCO or ASO"

If the NPI is tied to more than one location or provider type, it is highly recommended to use the Provider ID (instead of the NPI) to register.

Registration Step 1 of 2 - Personal Information

* Indicates a required field.

Please provide the following information to get started!

*NPI/Provider ID

*Zip Code

Taxonomy

Continue Cancel

For registration as a "Delegate".

The information entered here must match the information that was used to create the Delegate Code. If there are difficulties with registration, double check with the person who created the delegate code.

Registration Step 1 of 2 - Personal Information

* Indicates a required field.

Please provide the following information to get started!

*First Name

*Last Name

*Birth Date

*Last 4 of Driver's License No.

*Delegate Code

Continue Cancel

For registration as a "Billing Agent".

The Trading Partner ID entered here needs to come from DXC Technology (DXC). The TPID used in the legacy system will not work.

Registration Step 1 of 2 - Personal Information

* Indicates a required field.

Please provide the following information to get started!

*Trading Partner ID

*Trading Partner Name

Continue Cancel

4. Choose a User ID and Display Name

The User ID is what is used to log into the Web Portal account. **It is recommended to create a Display Name that will make it easy to identify which account is logged in.**

For example: If this provider type is a Hospital and the service location is 123 Fake Street – a good Display Name would be: "Hospital_123FakeSt". **Do NOT use spaces in the display name.**

The User ID and Password cannot be the same and the password must be 8-20 characters in length, contain a minimum of 1 numeric digit, 1 uppercase letter and 1 lowercase letter.

***User ID**

***Password**

***Confirm Password**

Check Availability

Please provide your contact information below.

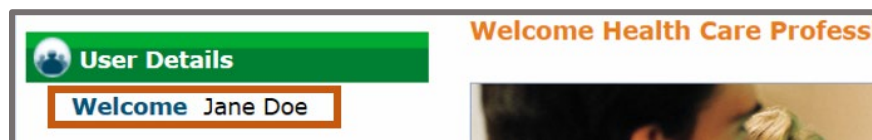
***Display Name**

***Phone Number**

***Email**

***Confirm Email**

The Display Name is the name seen when logged into the Provider Web Portal account.



The Display Name is the name delegates will see when using the "Switch Provider" function.

Switch Provider Sunday

Switch Provider

Switch Provider

Enter at least one selection criteria below and click **Search** to retrieve information.

Display Name

Email

Search **Reset**

Available Providers

Select a Provider that you wish to switch to, then click **Submit** button. Total Records: 5

#	Display Name	Email Address
1	☐ allegro3	
2	☐ CaseManager1	
3	☐ DouglasHospital1	
4	☐ Porter	
5	☐ Taren	

Submit **Close**

5. Answer the Challenge Questions, Read & Sign the Web Portal User Agreement.

Please select a unique challenge question and provide an answer for each of the question groups below.

*Challenge Question #1

*Answer to #1

*Challenge Question #2

*Answer to #2

*Challenge Question #3

*Answer to #3

User Agreement



Colorado Medical Assistance Program

Web Portal User Agreement

The following Agreement explains how you may use the Web Portal and your responsibilities and obligations as a user.

PLEASE READ!

By entering my full name in the space provided below and transmitting this form electronically, I state that, I am the person whom I represent myself to be herein, and I acknowledge that I have read and understand the User Agreement and agree to the terms and conditions as described about the role that I will perform.

*Please sign by typing your full name here:

6. Click link in confirmation email.

A confirmation email from co_hcp_noreply@dx.com will be received, **but it may take up to an hour**. If not receiving a verification email within an hour, use the system to request the verification email again.

1. Use the user ID and password to attempt to login to the Provider Web Portal account.
2. Click Resend Verification Email.

Please remember to check the junk, clutter and spam folders. If not receiving an email in one business day, call Provider Services as there may have been an issue with the email entered.

Home > Registration Verification Friday 0

Registration Verification

Your account has not been verified.
 You must verify your registration before you are permitted to log in to your account.

Locate the verification email you received and follow the instructions.

If you cannot locate the verification email, click the button below to have the email resent to the email address you used during registration.

[Resend Verification Email](#) [Cancel](#)

7. Confirm that logged in as an active provider

Being able to register for the Web Portal is NOT an indicator that the correct Provider ID is being used.

If **not** logged in as a delegate, and not seeing the Manage Accounts and Provider Maintenance links: either registered using the wrong Provider ID, or registered using the NPI and the Web Portal linked to the wrong account.

How to fix it:

All that needs to be done is to register for a new Provider Web Portal account, using the correct Provider ID (**not the NPI**). Please call 1-844-235-2387 the correct Provider ID isn't known.

Nothing needs to be done with the incorrect Provider Web Portal account, just stop using it.

Registered w/ correct ID	Registered w/ incorrect ID
User Details Welcome Hospital_123 FakeSt ▶ My Profile ▶ Manage Accounts Provider Name Memorial Hospital Provider ID 123456789 (NPI) Location ID 98765432 ▶ Provider Maintenance ▶ EFT/ERA Enrollment ▶ Disenroll	User Details Welcome Hospital_123 FakeSt ▶ My Profile Manage Accounts link missing Provider Name Memorial Hospital Provider ID 123456789 (NPI) Location ID 98765432 ▶ Disenroll Provider Maintenance link missing

Another indicator that the wrong ID is being used is in My Profile → Roles.

“Provider Restricted” means it has been registered using the wrong ID, or that this provider isn’t enrolled.

Roles	
Current Roles	Providers Provider Restricted
Restricted = Wrong ID or unenrolled provider	

Need More Help?

Please visit the [Quick Guides and Webinars](#) web page to find all the Provider Web Portal Quick Guides.



COLORADO

Department of Health Care
Policy & Financing

Health First Colorado and CHP+ Provider Revalidation and Implementation of Colorado NPI Law

Child Health Plan *Plus* (CHP+) and Health First Colorado (Colorado's Medicaid Program) providers must revalidate in the program at least every five (5) years to continue as a provider. Organization Health Care Providers are required to obtain and use a unique National Provider Identifier (NPI) for each service location and provider type enrolled.

Revalidation

- All providers must revalidate at least every five (5) years to continue their participation in Health First Colorado and CHP+. This is a federal requirement under the Affordable Care Act (42 CFR §455.414). Revalidation involves reconfirming some of the provider's enrollment information so the Department of Health Care Policy & Financing (the Department) has accurate data and can properly screen the providers to ensure they are eligible to provide services to members.
- Information about the upcoming revalidation cycle will be published several months before revalidation starts via Provider Bulletins, emails, etc. **It is crucial that providers update all email addresses in their enrollment profiles before they revalidate so they receive these notices.** The Department will also be doing outreach through provider associations, advocate groups, and other stakeholders.
- Providers will be given at least a six (6) month notice via email in advance of their enrollment deadline. Additional email notices will be sent every month that the provider has not begun a revalidation application.
- The first group of providers must complete revalidation in October 2020, and they will receive email notices starting April 2020. Each enrollment (individual or service location) must be revalidated separately using a link in [the Provider Web Portal](#). ***This link will become available six (6) months before the provider's revalidation deadline.***
- Training materials, FAQs, and revalidation checklists will be available for providers on the [Provider Main web page](#). Additional trainings may be offered in the community.
- Much of the information needed for revalidation will be pre-populated. Some examples of data required include licenses and certifications, W-9 forms and a voided check, insurance policies, disclosures, etc. Providers will not be able to change their enrollment type or tax ID during revalidation. If changes need to be made, a new enrollment application must be submitted, not a revalidation.

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
www.colorado.gov/hcpf



- The revalidation process will work similarly to the enrollment process, which will require providers to submit required information and documents. A new Application Tracking Number (ATN) will then be assigned upon submission. If the application requires additional information or changes, a notice will be emailed to the provider.
- Some applications will still require a new site visit by DXC Technologies (DXC) and some providers may require fingerprinting. Providers should begin revalidation as quickly as possible after they receive the notification to ensure that these processes are completed on time.

New Colorado NPI Law Requirements

HB 18-1282 requires newly enrolling and currently enrolled Organization Health Care Providers (not individuals) to obtain and use a unique National Provider Identifier (NPI) for each service location and provider type enrolled in the Colorado interChange.

- Starting 2020, the Department will require providers to submit a claim with a unique NPI so that the Department, members, and policymakers have more transparency to where services are being provided.
- Over the years, providers have expanded to create a number of separate physical locations for delivering health care. When individuals seek care in inappropriate locations, delivery of that level of care in that setting can increase costs in the overall health care system.
- Under this new law, providers will not share the same identifier across sites as their affiliated locations. Because the costs associated with care delivered at different locations are not transparent, it may be impossible for the Department to understand the basis for costs and for policymakers to evaluate the effects.
- Under federal regulations, most providers may obtain an NPI at no cost that identifies the services provided at each of their sites and their subparts. For more information about NPI, visit the [National Plan & Provider Enumeration System \(NPPES\) website](#).
- What is an NPI? The NPI is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live, or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions. As outlined in the Federal Regulation, HIPAA covered providers must also



share their NPI with other providers, health plans, clearinghouses, and any entity that may need it for billing purposes.

The implementation date for **new providers**, i.e., those not enrolled, is January 1, 2020.

The implementation date for **all off-campus hospital locations** is January 1, 2020.

The implementation date for **currently enrolled providers** is January 1, 2021.

When providers enroll, they will need to have a unique NPI for each Provider Type (e.g., Rural Health Clinic, Community Mental Health Center, Transportation) at each site from which the Organization Health Care Provider delivers medical care, services, or goods authorized under the Medical Assistance Program. For a complete list of Provider Types please visit the [Information by Provider Type web page](#).

Note: This new law does not apply to individual practitioners (Individuals Within a Group or Billing Individuals) who should have only one enrollment and one NPI per person.

The Department will provide more detailed information regarding the implementation of this new state law before a provider's revalidation deadline.

Email HCPF_ColoradoNPIlaw@state.co.us for questions regarding the Colorado NPI Law, or visit the [Colorado NPI web page](#).

Contact Provider Services Call Center at 1-(844) 235-2387 for questions regarding the Provider Web Portal.

May 2019



State Seeking Members for Program Improvement Advisory Committee

On behalf of the Colorado Department of Health Care Policy and Financing (Department), we would like to invite you to participate in the subcommittees of the state Program Improvement Advisory Committee (PIAC) Community of the Accountable Care Collaborative (ACC).

Over the past year, the Department has worked with our partners to renew the PIAC Community. The PIAC Community consists of:

- The state PIAC
- Three state PIAC subcommittees
- Seven regional PIACs
- Seven regional member experience advisory committees (MEACs).

Throughout this process, the Department and the new state PIAC have developed three strategic focus areas for the broader PIAC Community:

- Member Engagement and Performance Measurement Strategies
- Provider and Community Experience
- Behavioral Health and Integration Strategies

In choosing these strategic focus areas, the Department and state PIAC hope to foster meaningful change within the ACC through aligned efforts across the state. These focus areas are also meant to be broad enough to encompass the diverse work being done at the regional level.

The Department and state PIAC have now delegated these focus areas to their respective subcommittees to begin constructive conversations about how to improve ACC performance within these areas.

Learn more about each subcommittee and how to get involved below.

Member Engagement and Performance Measurement Strategies Subcommittee

Subcommittee Charge: To assess the overall performance of and experience within the ACC by investigating strategies to ensure member participation in all aspects of the health care system and to provide guidance for an effective and publicly accessible performance measure set that is member and health outcomes focused and aligned with other efforts of the broader health care system.

Time: 3:00 - 4:30 p.m., 3rd Thursday of the month

Location: Colorado Department of Health Care Policy and Financing, 303 E 17th St, Denver, 11th Floor, Room 11C

Subcommittee Listserv: Sign up [here](#) and select *PIAC: Member Engagement and Performance Measurement Strategies Subcommittee*

Provider and Community Experience Subcommittee

Subcommittee Charge: To assess the experience of providers and community-based organizations (CBOs) within the ACC by identifying, prioritizing, and investigating key challenges and solutions to best support and build capacity within providers and CBOs, to foster collaboration and development of a health neighborhood between providers, CBOs, and Regional Accountable Entities (RAEs), and to leverage their collective strengths in broader regional and state improvement work.

Time: 8:00 - 9:30 a.m., 2nd Thursday of the month

Location: Colorado Department of Public Health and Environment, 4300 Cherry Creek S Dr, Denver, 2nd Floor, Room A2A

Subcommittee Listserv: Sign up [here](#) and select *PIAC: Provider and Community Experience Subcommittee*

Behavioral Health and Integration Strategies Subcommittee

Subcommittee Charge: To assess behavioral health integration within the ACC by investigating the strategies by which RAEs and providers are joining behavioral and physical health at the practice and systems level, by improving foundational understanding of behavioral health issues, benefits, and services, including substance use disorders, by ensuring care coordination and continuity across benefits, and by identifying the barriers to accessing behavioral health including but not limited to gaps in care and stigma.

Time: 9:00 - 10:30 a.m., 1st Wednesday of the month.

Location: Colorado Department of Health Care

Policy and Financing, 303 E 17th St, Denver, 11th floor, Room 11C

Subcommittee Listserv: Sign up [here](#) and select *PIAC: Behavioral Health and Integration Strategies Subcommittee*

All subcommittee meetings are open to the public. You may participate in more than one subcommittee. Each subcommittee must create a voting membership that assures an effective variety of expertise and perspectives. If interested, you must demonstrate a commitment to the charge of the subcommittee and to regular attendance.

Participation in a state PIAC subcommittee does not prevent your participation in our regional PIAC and MEAC.

If you are interested in participating in our regional PIAC or MEAC, you can find more information [here](#).

Stakeholders have provided invaluable guidance and conversation in our efforts to improve health, access, cost, and satisfaction of the Department's members and providers. The Department and state PIAC look forward to working with you to continue to make progress and thank you in advance for your participation.

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