

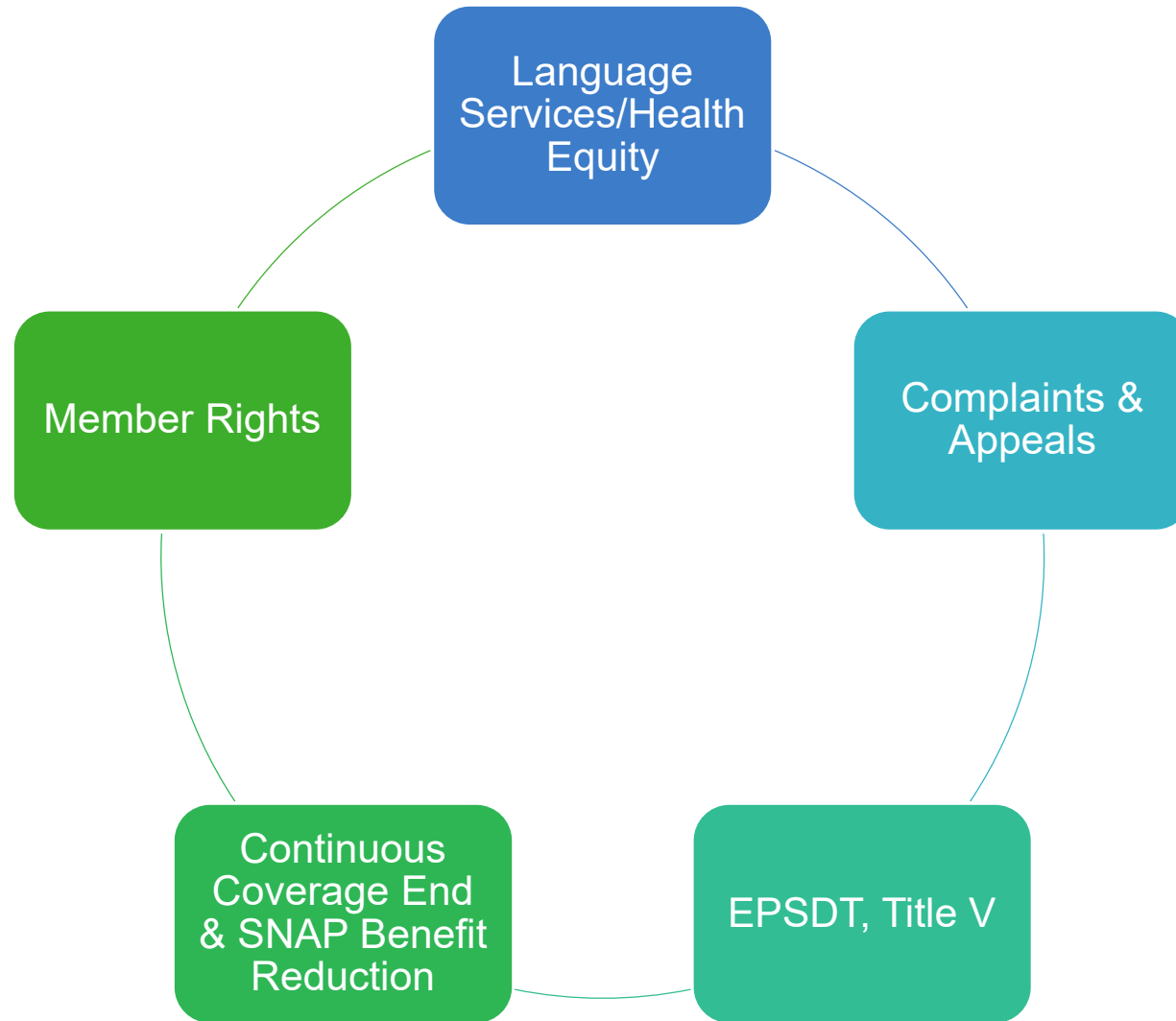


Member Engagement

Provider Roundtable: February 10, 2023

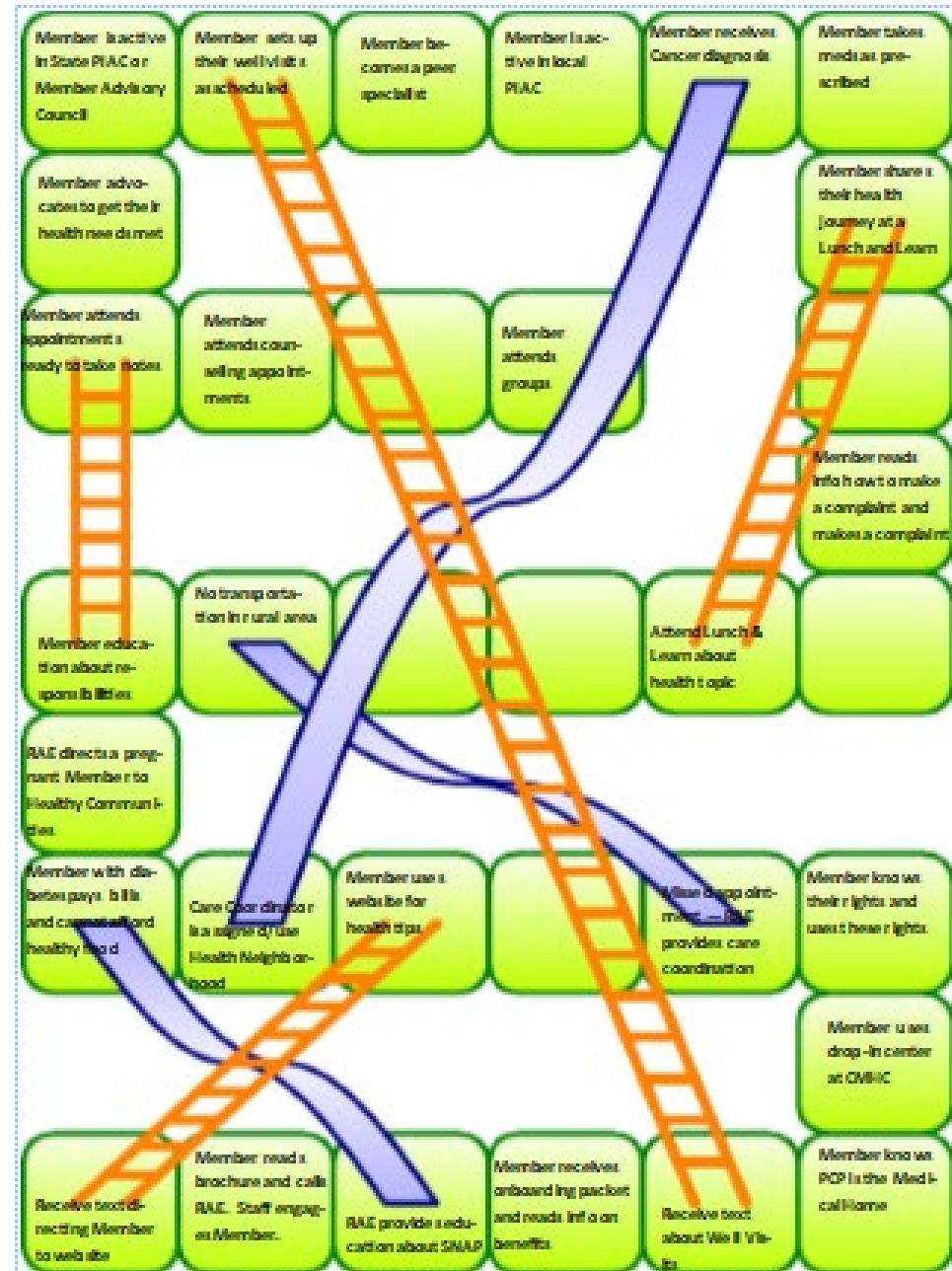
Lynne A. Fabian, LPC and Dawn Surface, MS

Agenda



Reality of Member Care/Member Engagement

REGION 2 & 4 MEMBER ENGAGEMENT — THE REALITY OF CHUTES AND LADDERS



Chapter

01

“We help people live their lives to the fullest potential.”

Our Commitment

Continuous Coverage Ending and SNAP Benefit Reduction

Continuous Coverage Ending

Continuous coverage for Health First Colorado Members who no longer qualify for coverage will end May 2023. The PHE end date is 5/11/2023.

The state will have a 12 month redetermination process – not all members will lose coverage at the same time. Members will receive multiple alerts if it is their time to renew.

Members with renewals due in May will be sent renewal notices in March with the last day of coverage of May 31, 2023 if they do not return a signed copy of renewal packet. This is approximately 15,000 members between NHP & HCI for May renewals. Approximately 315,000 members will lose coverage across Colorado during continuous coverage ending.

Approximate # of Members Up for Renewal

| MONTH/YEAR | NHP # OF MEMBERS | HCI # OF MEMBERS |
|----------------|------------------|------------------|
| May 2023 | 7,171 | 8,595 |
| June 2023 | 7,761 | 9,729 |
| July 2023 | 8,771 | 11,404 |
| August 2023 | 8,975 | 13,322 |
| September 2023 | 10,711 | 15,638 |
| October 2023 | 10,522 | 15,480 |
| November 2023 | 10,569 | 15,334 |
| December 2023 | 10,829 | 16,204 |
| January 2024 | 8,825 | 13,039 |
| February 2024 | 3,267 | 4,989 |
| March 2024 | 1,965 | 2,943 |

What Providers Can Do

Check members eligibility to ensure member is still covered with Health First Colorado.

If members lose coverage because they are no longer eligible based on Federal Poverty Guidelines, direct members to Connect for Health Colorado. This will account for 29% of members.

If members inform you that they received a renewal packet and need help with completing, you can direct members to DHS or a Certified Application Assistance Site (CAAS). The renewal packet will come in an envelope that states in RED letters: Urgent – please reply.

Alert Members to Look for Envelope with Red Letters

- Sample of Renewal Pack Envelope



Key Phrase:

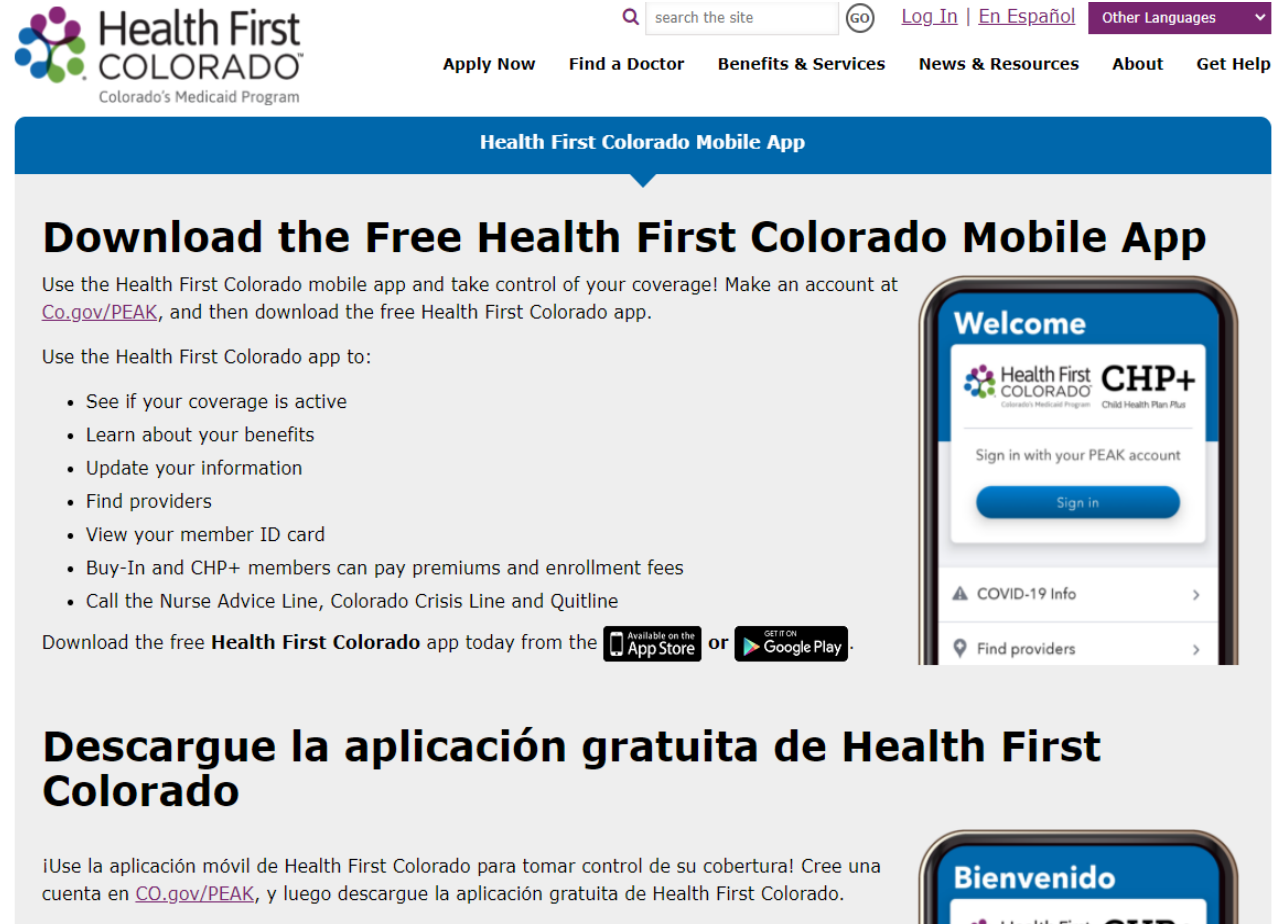
Take Action on Your
Renewal!

Members can also use electronic devices to complete renewal packet. Packets must be signed.

Members can:

- Create a free account at co.gov/peak to access their benefits and information online.
- Download the free Health First Colorado mobile app to access their benefits and information on their phone.
- Update their contact information and fill out their renewal paperwork.

Member must create an account at co.gov/peak before they can sign in to the app



The screenshot shows the Health First Colorado website. At the top, there is a search bar and navigation links: "Apply Now", "Find a Doctor", "Benefits & Services", "News & Resources", "About", and "Get Help". The main heading is "Health First Colorado Mobile App". Below this, it says "Download the Free Health First Colorado Mobile App". The text explains that users should use the mobile app to take control of their coverage, make an account at [Co.gov/PEAK](https://co.gov/peak), and then download the app. A list of features includes checking coverage, learning about benefits, updating information, finding providers, viewing member ID cards, and paying premiums. To the right, there is a smartphone mockup showing the app's "Welcome" screen with a "Sign in" button and links for "COVID-19 Info" and "Find providers". Below the English text, there is a Spanish section titled "Descargue la aplicación gratuita de Health First Colorado" with similar instructions and a Spanish smartphone mockup.

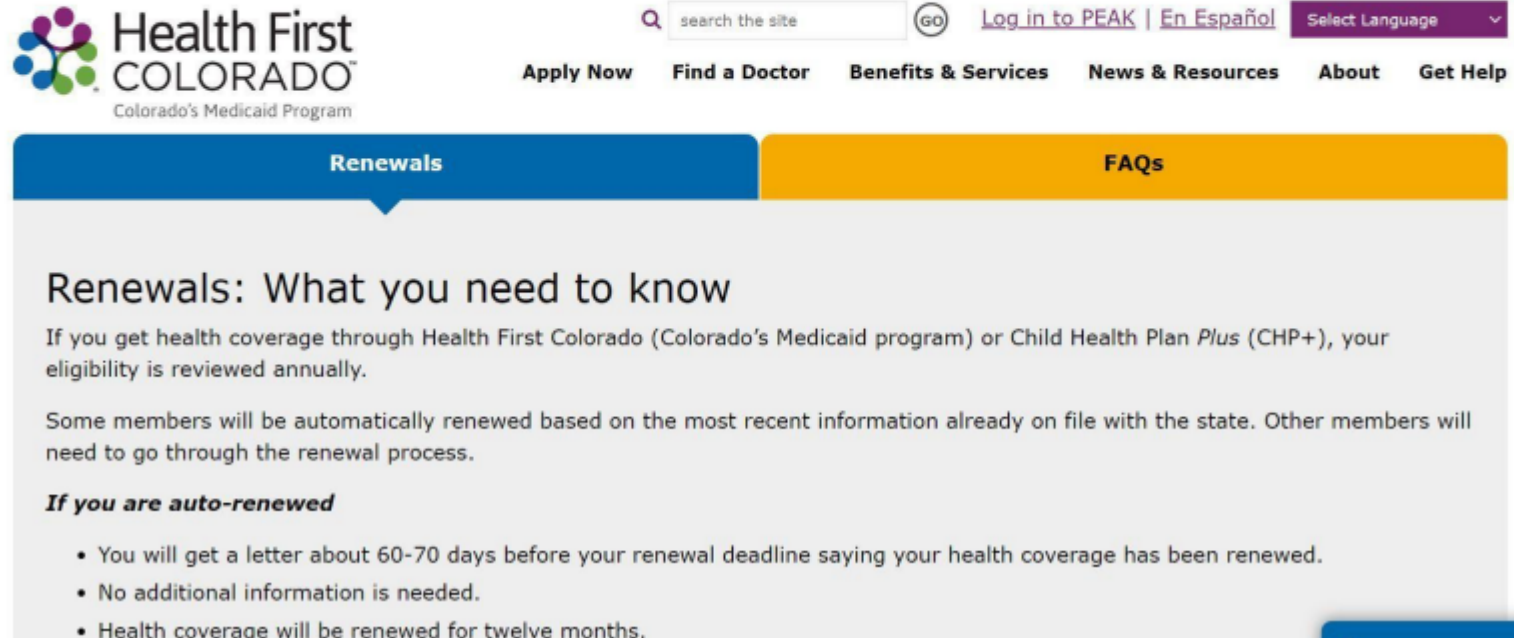
Check out:

<https://www.healthfirstcolorado.com/renewals/>

NEW: Health First Colorado Renewals Page

High-level information for members about the renewal process

Available in English and Spanish



The screenshot shows the Health First Colorado website's Renewals page. At the top is the Health First Colorado logo with the tagline 'Colorado's Medicaid Program'. To the right of the logo is a search bar with the text 'search the site' and a 'GO' button. Further right are links for 'Log in to PFAK | En Español' and a 'Select Language' dropdown menu. Below these are navigation links: 'Apply Now', 'Find a Doctor', 'Benefits & Services', 'News & Resources', 'About', and 'Get Help'. The main content area has two tabs: 'Renewals' (active) and 'FAQs'. Under the 'Renewals' tab, the heading 'Renewals: What you need to know' is followed by a paragraph stating that eligibility is reviewed annually. Below this, another paragraph explains that some members are auto-renewed while others need to go through the renewal process. A section titled 'If you are auto-renewed' lists three bullet points: receiving a letter 60-70 days before the deadline, no additional information needed, and coverage renewed for twelve months.

Health First COLORADO
Colorado's Medicaid Program

search the site GO Log in to PFAK | En Español Select Language

Apply Now Find a Doctor Benefits & Services News & Resources About Get Help

Renewals FAQs

Renewals: What you need to know

If you get health coverage through Health First Colorado (Colorado's Medicaid program) or Child Health Plan *Plus* (CHP+), your eligibility is reviewed annually.

Some members will be automatically renewed based on the most recent information already on file with the state. Other members will need to go through the renewal process.

If you are auto-renewed

- You will get a letter about 60-70 days before your renewal deadline saying your health coverage has been renewed.
- No additional information is needed.
- Health coverage will be renewed for twelve months.

Renewal Packets and Connect for Health Colorado

- Health Care Policy and Financing (HCPF) has a website with toolkits.

<https://hcpf.colorado.gov/understanding-renewal-process>

- Update your Address Toolkit:

<https://hcpf.colorado.gov/uva>

- C4H is creating a toolkit for members who may lose coverage when the PHE ends. Visit C4H at : <https://connectforhealthco.com/>
- For certified application assistance sites, visit:
- <https://hcpf.colorado.gov/application-assistance-sites>

Community Partners PHE unwind webinar information:

Time: 1 – 2:30 pm

Dates:

- ~~January 25, 2023~~
- April 26, 2023
- July 26, 2023
- October 25, 2023

- To register, go to:
<https://hcpf.colorado.gov/covid-19-phe-planning>



Register

- You can review previous presentations by going to the above website.

SNAP Benefit Reduction

- Emergency additional SNAP benefits are ending in March 2023
- All Coloradans who receive Supplemental Nutrition Assistance Program (SNAP) benefits will see a reduction in their monthly benefit amount after February 2023. The temporary additional benefit amounts (emergency allotments) are ending due to the result of recent congressional action. This is a change enacted by Congress and is not appealable. SNAP serves more than 290,000 households and 554,000 individuals in Colorado each month by providing money to purchase food and safeguard the well-being of SNAP participants and their families.
- Emergency allotment gives SNAP participants additional money for food during the COVID-19 pandemic, bringing households up to their maximum amount of money for food they can receive for their household size and circumstances. This reduction in benefits may have a significant impact on many households. For more information please visit <https://cdhs.colorado.gov/snap>
- Check out the SNAP tool kits on our websites, www.northeasthealthpartners.org or www.healthcoloradornae.com

Chapter

02

“We help people live
their lives to the
fullest potential.”

Our Commitment

Language Services/Health Equity

Quick Poll:


- I know how to access language services for a member with Limited English proficiency?

☐ Yes

☐ No

Interpreter Services


The RAE asks members their preferred language for therapy and try to match them with a therapist who speaks their primary language, including ASL.



The RAE will complete a Single Case Agreement if an in-network provider cannot be located that meets a member's need



If we cannot find a provider, the RAE will cover the cost for an interpreter. This is a member's right.



Call us at HCI: 888-502-4185 or NHP: 888-502-4189 and ask to speak to a Member Engagement Specialist if you need help setting up interpretation services

Language Services

- 1 The RAES will assist providers with accessing competent interpreters, including American Sign Language (ASL). Just call the RAE's number.

- 2 Oral interpretation is available in all languages.

- 3 Providing language services is crucial to providing equitable care for members.

- 4 The RAEs have a guide for providers to work with interpreters

Tips for Using an Interpreter

Speak in a normal tone; speak slowly and clearly.

Avoid technical terms or jargon; use lay-person language when appropriate

Keep your statements short, pausing to allow for interpretation.

Ask one question at a time.

Expect interruptions from the interpreter to ask for clarification; the interpreter might take notes.

Avoid using family or friends as interpreters, even when the member asks. NEVER ask a member's child to do interpretation.

Allow extra time for the appointment – the appointment may take at least twice as long.

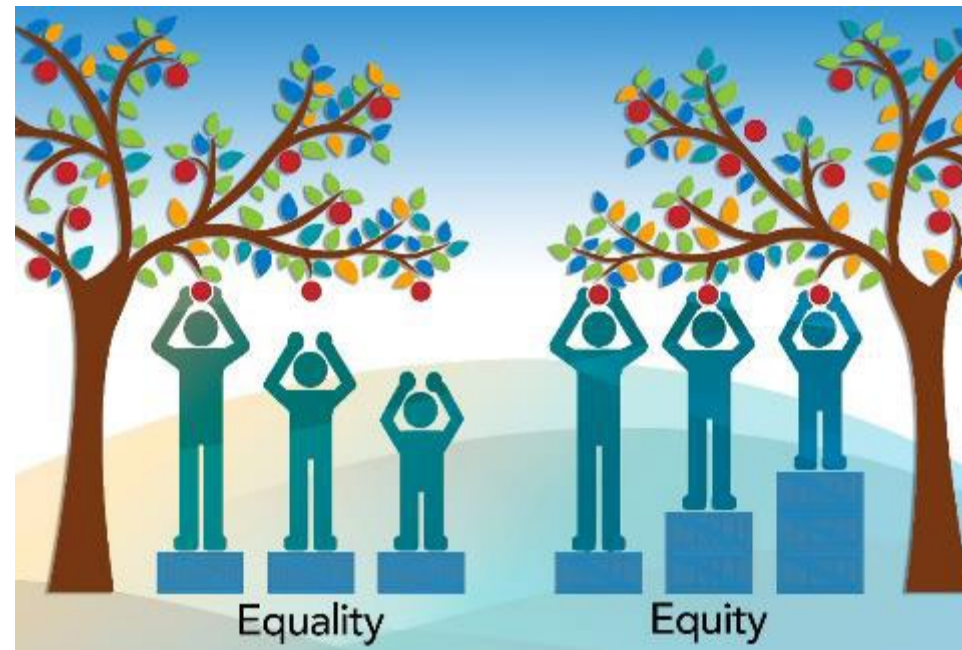
Arrange seating in a “triangle”

Don't say anything to the interpreter that you do not want the member to hear.

Use carefully chosen words to convey meaning;

Avoid hand gestures

Health First Colorado (Colorado's Medicaid Program) members should have a fair and just opportunity to be as healthy as possible and to thrive. The goal is to reduce and eliminate disparities and its determinants that adversely affect and exclude marginalized groups and underserved populations.



Mental Health Disparities and Medical Risks – Hispanics and Latinos

Report poor communication with their health provider

1 out of 10 Hispanics with a mental health disorder use mental health services from a PCP, while only 1 out of 20 use a behavioral health specialist

Cultural stigma associated with mental illness is a barrier to treatment

US-born Hispanics report higher rates for most psychiatric disorders than Hispanic immigrants

20-42% of Colorado's population are Hispanic
21% are uninsured

Mental Health Disparities and Medical Risks – African Americans

More likely to use the ED or PCP rather than a behavioral health specialist

Often receive poorer quality of care and lack access to culturally competent care

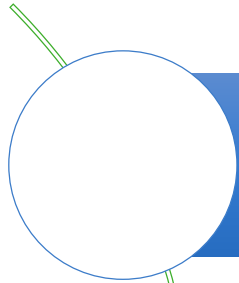
Only 1 out of 3 who seek mental health care receives it

Compared with whites with the same symptoms, they are more frequently diagnosed with schizophrenia and less frequently diagnosed with mood disorders

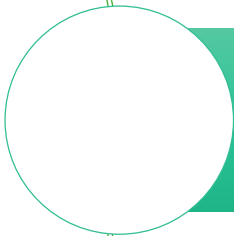
More likely to be incarcerated if they have a mental health condition

Death rate is higher than whites for heart disease, stroke, cancer, asthma, flu, pneumonia, diabetes, HIV/AIDs and homicide

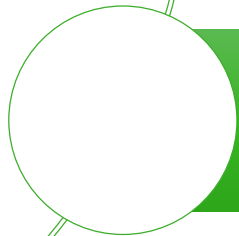
Mental Health Facts on Refugees, Asylum-seekers and survivors of forced displacement



Most will not receive mental health care due to scarcity of services and stigma of mental health and beliefs that a dx would interfere with jobs and housing



Mental health care should be provided in partnership with social, cultural and family supports



Despite high rates of traumatic events among refugee population, many do not have chronic psychiatric impairment. Clinicians should make the distinction between normal responses to the abnormal situations of war, protracted violence and other traumatic experiences

Health Disparities Among LGBTQIA Individuals

More than twice as likely as heterosexual men and women to have a mental health disorder in their lifetime.

2.5 times more likely to experience depression, anxiety and substance misuse than heterosexual individuals.

Bisexual males are more likely to have experienced physical abuse and or non-consensual sex in their childhood

Bisexual women were more vulnerable to heavy drinking, marijuana use and other drugs compared to heterosexual women

Transgender individuals from other colors are at increased risk of suicide than white transgender individuals.

Experience higher levels of anxiety over depression

Cultivating Mindfulness with LGBTQIA

Always assume someone from the LGBTQ community is present. Be inclusive, supportive, and protective

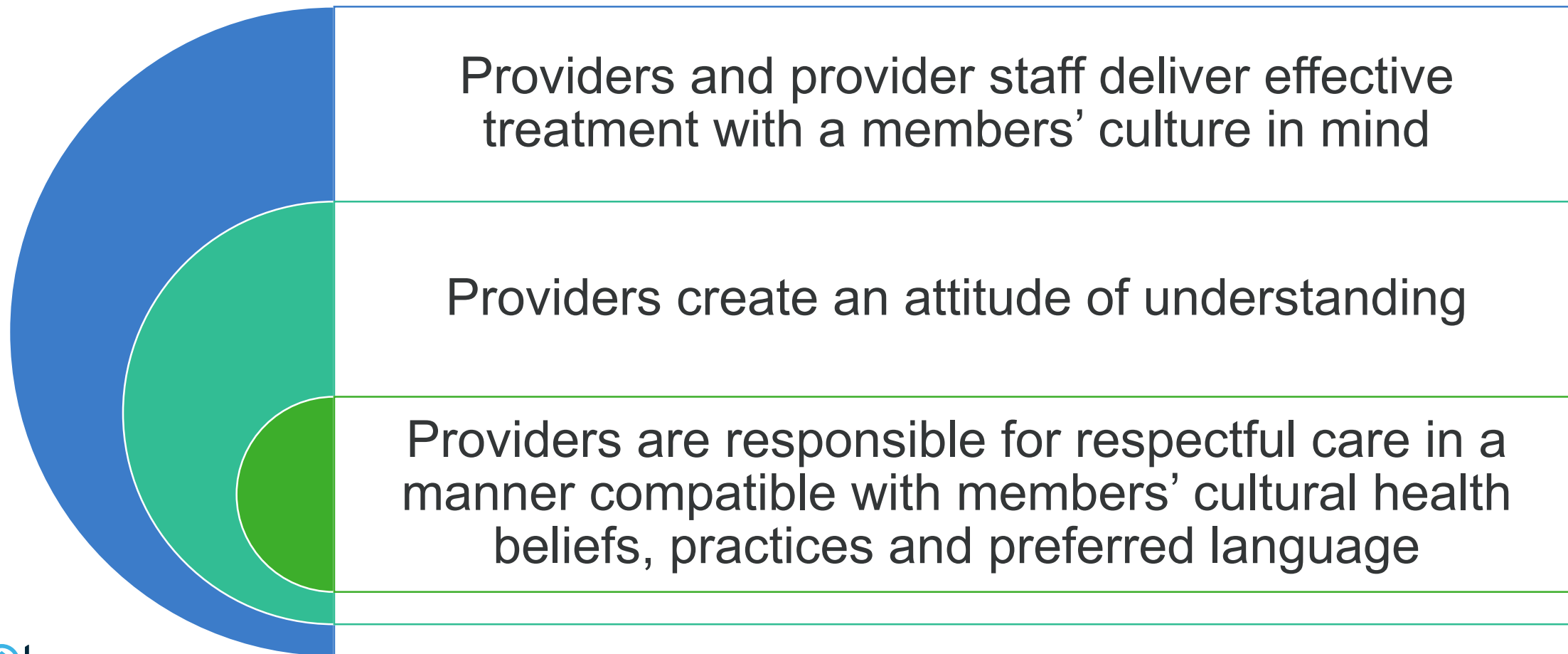
Recognize that someone's gender identity does not dictate their sexuality

Listen for cues or politely ask for someone's preferred pronouns: "Hi, I'm [name], and I use the pronouns, 'He' and 'Him'. What about you?"

Consider the reason for your personal questions and be polite. If asking about surgeries, ensure that it is pertinent to counseling

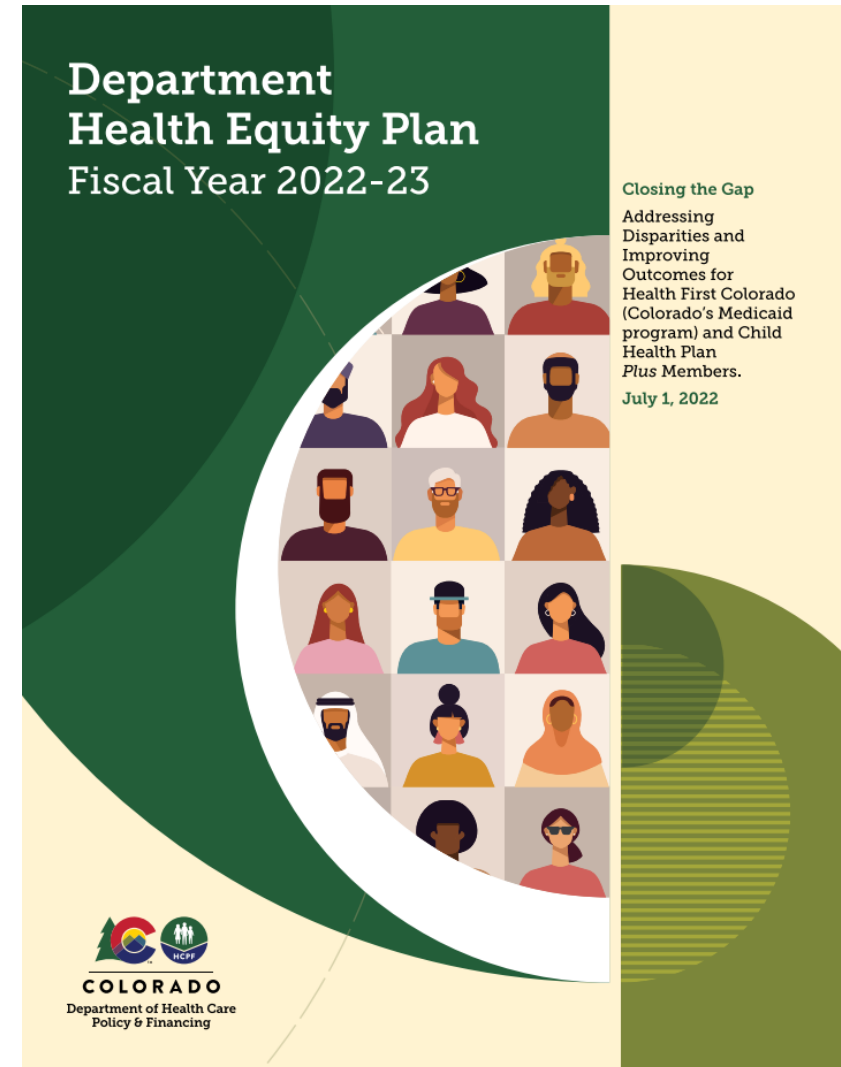
Avoid asking for someone's "real name" (note, you may need legal name for insurance)

Cultivating Cultural Responsiveness



NHP & HCI have bi-annual cultural competency/health equity roundtables

- NHPs next roundtable is May 1, 2023 from 11 am – noon
- HCIs next roundtable is May 11, 2023 from 11 am – noon
- Continued conversations about HCPF's health equity plan
- Let us know if you would like to attend



Chapter

03

“We help people live their lives to the fullest potential.”

Our Commitment

Member Appeals and State Fair Hearing Information

Appeal Facts

- 1 A clinical appeal is the member's right in Colorado. Members can designate a person of their choice (including a provider) to request an appeal on their behalf by filling out a Designated Client Representative (DCR) Form. This is found on the website under Members/Complaint and Appeals.

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

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

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

“Just the Facts”

- Members can appoint anyone to be their Designated Client Representative (DCR) to request an appeal on their behalf. This person can be a family member, a service provider, or anyone else they choose. The member can call the RAE’s Community Outreach Manager to find out when a DCR and/or ROI form is needed.
- Members can find an Appeal Guide, ROI or DCR form on our website: www.northeasthealthpartners.org or www.healthcoloradae.com under the member tab/complaints and appeals.
- If a Member/Guardian/DCR requests an Expedited (quick) appeal, the MD for the RAE needs to make a decision if the standard appeal timeframes would jeopardize a member’s life, physical or mental health. If approved, the “appeal clock” starts ticking, otherwise, we will make a decision within ten (10) business days.



State Fair Hearing (SFH)



Administrative

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



Law

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



Judge

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

Continuation of Benefits During an Appeal OR State Fair Hearing

If a Member wants services to continue during an appeal or State Fair Hearing, the member must ask the RAE that their services continue. *A provider cannot make this request on behalf of the Member.*

The Member must make this request within ten (10) days from date they received the Notice of Adverse Benefit Determination letter or Upheld Appeal Decision letter. The Member may be liable for the cost of continued services if the appeal or SFH decision is upheld.

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

Continuation of Services: Standards that must be met:

Standards for continuation of services during an Appeal or State Fair Hearing

- The service must have been ordered by an authorized provider
- The Member must ask to continue the service by calling their RAE within ten (10) business days

Standards for Continuation of Services during an Appeal

- The time period for the authorized service must not be over yet
- The services were denied, reduced, or stopped
- The Member has sixty (60) days from the date of the adverse benefit determination to file an appeal

Standards for Continuation of Services during a State Fair Hearing

- The previously authorized services were denied, reduced, or stopped
- The Member can request a State Fair Hearing up to 120 days from the upheld appeal
- Services must have been continued during an appeal to request continuation of services during a SFH

Requesting an Appeal

A member/guardian/DCR can ask for an appeal verbally or in writing. Our Community Outreach Manager will help with filing their appeal, including language assistance and filling out paperwork.

Community Outreach Manager
9925 Federal Drive, Suite 100
Colorado Springs, CO 80921
TTY: 800-432-9553; Relay: 711



888-502-4185

healthcolorado@beaconhealthoptions.com



888-502-4189

northeasthealthpartners@beaconhealthoptions.com



Appeal or State Fair Hearing Decision overturns or modifies a decision

Authorization will be updated and payment will be initiated within 72 hours.



Fee For Service (FFS) Appeals – Physical Health

Member can appeal a denial of medical services.

Information on the appeal process is included in the Notice of Adverse Benefit Determination Letter and provided in the Health First Colorado Member Handbook.

[Health First Colorado Member Handbook](#)

| If you are appealing the decision for: | You can get help from: |
|--|---|
| Health First Colorado eligibility (coverage) | <p>Your Eligibility Site listed on your Notice of Action</p> <p>For instructions: Office of Administrative Courts Public Benefits Resources at CO.gov/pacific/oac/public-benefits</p> <p>Colorado Legal Services Phone: 303-837-1313</p> |

Chapter

02

“We help people live
their lives to the
fullest potential.”

Our Commitment

Provider Claims Appeals

Provider Claims Appeals

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

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

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



Chapter

03

“We help people live
their lives to the
fullest potential.”

Our Commitment

Member Complaints

Complaint Defined

- Health First Colorado's Member Handbook informs members: You have a right to complain. This may also be called a grievance. You can complain about anything except a decision about your coverage or pre-approval of services. For example, you can complain if you are unhappy with your service or think you were treated unfairly. You cannot lose your coverage for filing a complaint. That's the law!
- HCPF defines complaint as an oral or written expression of dissatisfaction about any matter other than an Adverse Benefit Determination.



Members have the right to file a Complaint

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

What Happens When a Member Complaint is Filed?

- A letter is sent to the Member within two (2) business days that acknowledges receipt of the complaint.
- The complaint investigation will be completed within fifteen (15) business days of the day they filed the complaint. A one-time fourteen (14) day calendar extension can be requested by the Member or the RAE if it benefits the Member. Members will be informed if more time is needed to resolve the complaint.
- A complaint resolution letter will be sent to the Member explaining the results of the investigation.
- If the Member does not agree with the results of the investigation, they can ask for a “Second Level Review”. This review is completed by the Colorado Department of Health Care Policy and Financing, Medicaid Managed Care Contract Manager. The results of this review are final.
- The Member also has the right to ask for a review by contacting the Ombudsman for Health First Colorado Managed Care. There is an Ombudsman Policy on the websites for providers to review.

Where do you direct Members to Make a Complaint?

Member/Guardian/DCR can call or write:

Community Outreach Manager
9925 Federal Drive, Suite 100
Colorado Springs, CO 80921

888-502-4185 (Health Colorado)

or

888-502-4189 (Northeast Health Partners)

A Complaint Guide can be found on our websites:

www.northeasthealthpartners.org or
www.healthcoloradocrae.com under the member
tab/complaints and appeals.

Add information about ombudsman and policy



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

Chapter

04

“We help people live
their lives to the
fullest potential.”

Our Commitment

Provider Complaints

Provider Complaints

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



coproviderrelations@beaconhealthoptions.com



HCI: 888-502-4185

NHP: 888-502-4189

Chapter

05

“We help people live their lives to the fullest potential.”

Our Commitment

Member Rights & Responsibilities

Member's Rights & Responsibilities

Rights

- Be treated with respect and consideration for your privacy and dignity.
- Get information in a way you can easily understand. This includes language services.
- Get information from your provider about treatment choices for your health condition.
- Be involved in all decisions about your health care and say “no” to any treatment offered.
- Not be secluded or restrained as a punishment or to make things easier for your provider.
- Ask for and get a copy of your medical records and ask that they be changed or corrected.

Responsibilities


- Understand your rights.
- Follow the Health First Colorado's (Colorado's Medicaid Program) handbook.
- Treat other members, your providers and staff with respect.
- Choose a provider from your plan network or call us if you want to see a different provider.
- Pay for services you get that are not covered by Health First Colorado.
- Tell your provider and Health First Colorado if you have other insurance or family or address changes.


Members Right to Ask to Disenroll from the RAE

- Members can request Health Care Policy and Financing to be disenrolled from the RAE.
- There are times members can disenroll for any reason
- There are reasons members can disenroll at any time
- We have information sheets available in both English and Spanish on the websites under rights/responsibilities section


Member Rights

Disenrollment

www.northeasthealthpartners.org



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



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

- You move out of our service area
- You receive poor quality of care
- There is a lack of access to providers or services you need
- You need more than one service to be performed at one time and not all services are offered by NHP
- We do not cover the service based on a moral or religious reason
- One of your providers leaves our network and this would impact your long term services and support care

Members have a Right to Disenroll


(Disenroll means that you do not want to be enrolled with Northeast Health Partners)

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

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

What do I need to do to disenroll?

- Call the Member Contact Center at 800-221-3943 or State Relay at 711 to disenroll.
- Send a written request to Health Care, Policy and Financing (HCPF) or one of their agents to disenroll.
- Call Northeast Health Partners (NHP) at 888-502-4189 if you need any help. This is a free call.



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

Provider Responsibilities

- Review rights with members
- Have information about rights and how to file a complaint posted in a prominent place at your practice

Posters Available For Free in Spanish and English

- Rights & Responsibilities
- How to File a Complaint
- You can print these from the websites

To request posters email:

Coproviderrelations@beaconhealthoptions.com

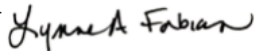


Ombudsman Policy



| BEACON HEALTH OPTIONS | | POLICIES AND PROCEDURES |
|--|-----------|----------------------------------|
| Policy Number: 308L | Category: | Page 1 of 4 |
| Title: Working in Partnership with the Ombudsman for Medicaid Managed Care | | Original Date of Issue: 12/01/13 |
| Keyword Search: | | Date Approved: 12/29/2022 |

Beacon Health Options Policies and Procedure cover the operations of all entities within the BVO Holdings, LLC corporate structure, including but not limited to Beacon Health Strategies LLC or Beacon CBHM LLC.

| | | | |
|--|---|------------------------------|---|
| Reviewed <input type="checkbox"/> | Revised <input checked="" type="checkbox"/> | New <input type="checkbox"/> | Approval Signatures: |
| Functional Area(s) Involved in Review: All | | |  |
| Regional Center/Engagement Center: Southeast/Central Region CO | | | Lynne A. Fabian, LPC Director, Member Services |
| Previous Approval Date: 7/27/2014; 9/03/2015; 9/8/16, 1/18/18, 9/13/2021, 12/29/22 | | | Next Annual Review Due: 12/29/2023 |

I. Policy:

- The Regional Accountable Entity (RAE) ensures that Health First Colorado (Colorado's Medicaid Program) Members have a voice in their care delivery. The RAE recognizes that many Health First Colorado Members benefit from having an advocate work on their behalf when using the complaint process or seeking specific services.
- The RAE will not interfere with advocacy relationships between Members and whom they choose as an advocate.
- The RAE will utilize and refer Members to the Ombudsman for Medicaid Managed Care to help with problem solving, complaint resolution, in-plan and administrative law judge (ALJ) hearing level appeals, and referrals for community resources, as appropriate.
- The RAE will work with the Ombudsman and share Personal Health Information (PHI) without a signed release on matters outside of psychotherapy notes or substance use disorder-related information. The RAE will work with Ombudsman except if Member has signed a release with explicit instructions to not share information about their healthcare with the Ombudsman.
- The RAE will address all issues expeditiously with the Ombudsman if a Member, family member, advocate, or caregiver contacts the Ombudsman concerning the care or lack of care a Member is receiving. The RAE will keep the Ombudsman informed about these issues in real time and inform them of the final resolution to the concerns.
- The RAE will make this policy which outlines all requirements in working with an ombudsman available for members, family members, advocates, network providers and any subcontractors on the RAE website.

II. Definition(s):

- Member** is any individual enrolled in the Accountable Care Collaborative managed through the RAE.



Chapter

06

“We help people live
their lives to the
fullest potential.”

Our Commitment

Benefits, EPSDT, and Title V

“You don’t need to know everything, you just need to know where to find it, when you need it.” (Albert Einstein)

Member Handbook:

<https://www.healthfirstcolorado.com/wp-content/uploads/2020/05/Health-First-Colorado-Member-Handbook.pdf>

Benefit Link:

<https://www.healthfirstcolorado.com/benefits-services/>

- Member Handbook is also found on our websites.



The federal Medicaid Act provides EPSDT guidance for states



EPSDT is:

A comprehensive healthcare plan focused on prevention and early treatment for Health First Colorado (Colorado's Medicaid Program) members

Regular preventative care with a pediatric standard of medical necessity with a goal of early identification and integrated treatment of kids' health problems

A flexible plan tailored to a child's individual and development needs not to private insurer benchmarks.

EPSDT is NOT:

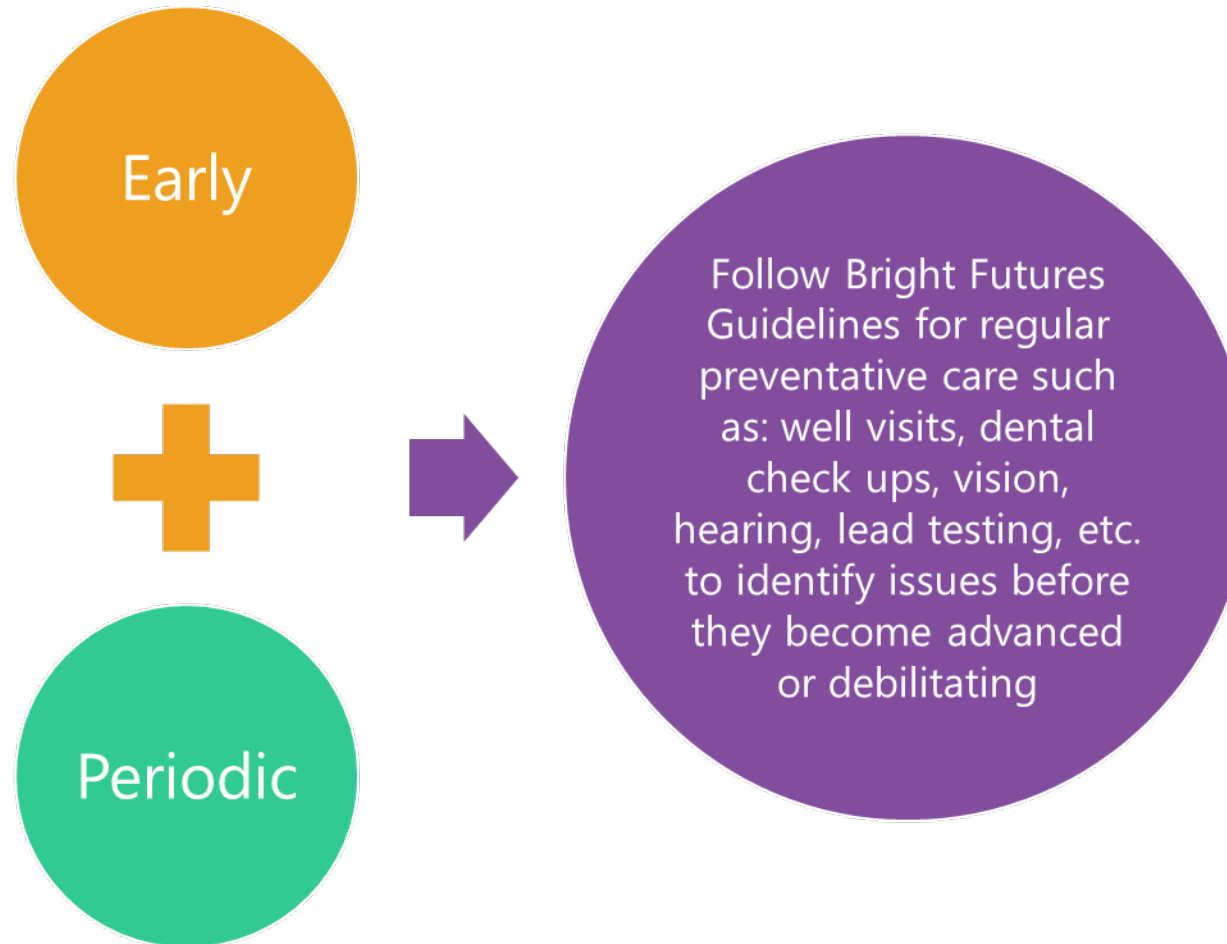
A special funding program

A freestanding funding source for a limited class of services

A stand-alone coverage with a special application process

EPSDT is for Health First Colorado members 20 years of age and younger

The **E** & **P** in **EP**SDT



Screening – the S in EPSDT



History: PCMPs should assess family and child's medical and behavioral past, patient's immunization, nutrition, and social history



Comprehensive unclothed physical exam at initial intake (should be soon after birth) and updated at each well visit. Exam should be age appropriate and provided in a culturally sensitive manner



Current living conditions, immunizations, lab and lead testing, developmental milestones, oral screening, vision, hearing, etc.



Diagnostic – the D in EPSDT

Presumptive diagnosis can be made at time of screening by PCMP

PCMPs will advise child's parent if further diagnosis and treatment is necessary

PCMPs make appropriate referrals to a specialist or request services (even if not on the state plan) if medically necessary

Treatment – the T in EPSDT



Can be provided by the PCMP

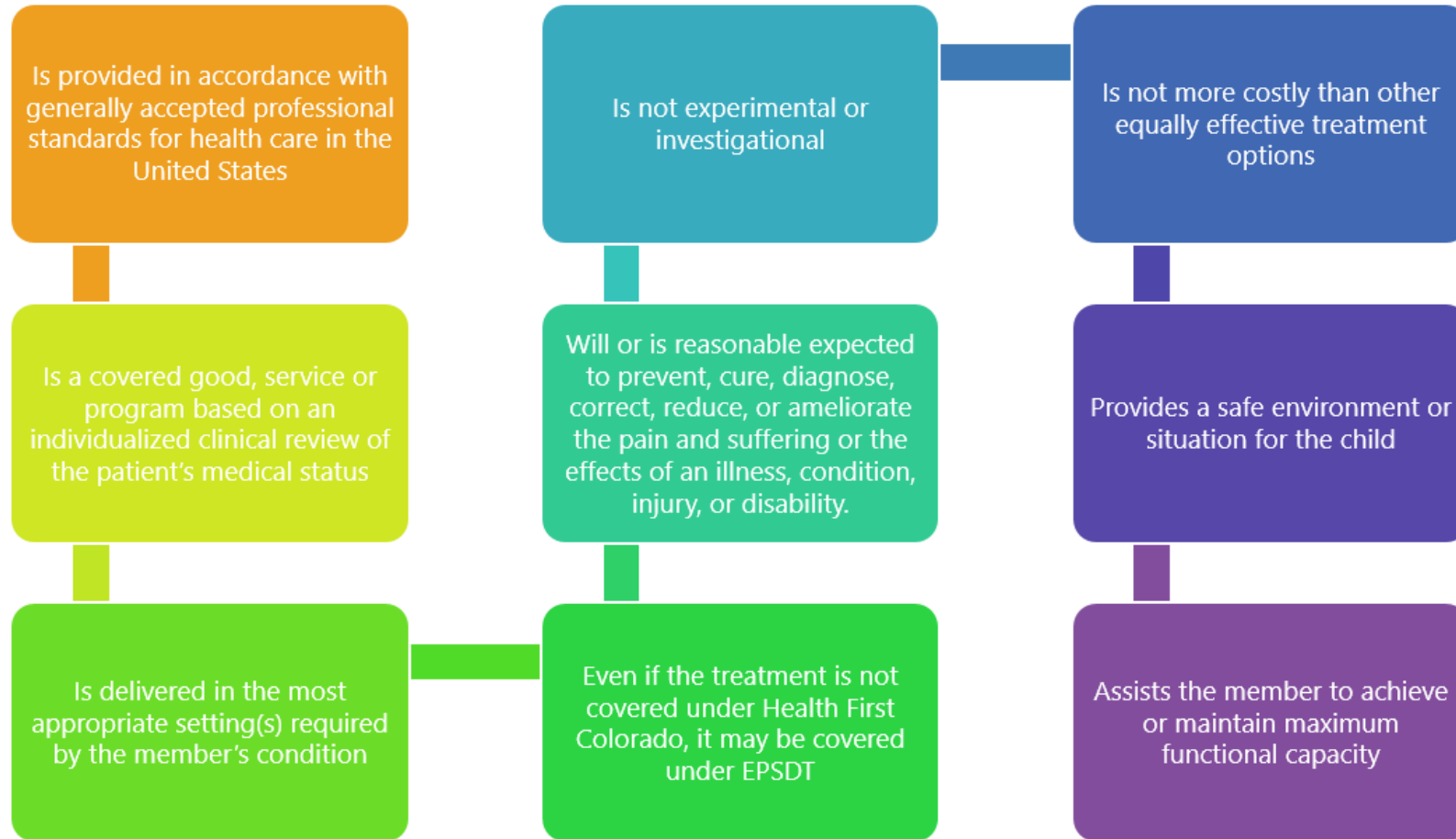


PCMP can refer to an appropriate enrolled specialist for treatment



Treatment should be to correct or ameliorate defects, physical and mental illnesses or conditions identified during screening/diagnosis

EPSDT Medical Necessity



Just ASK.

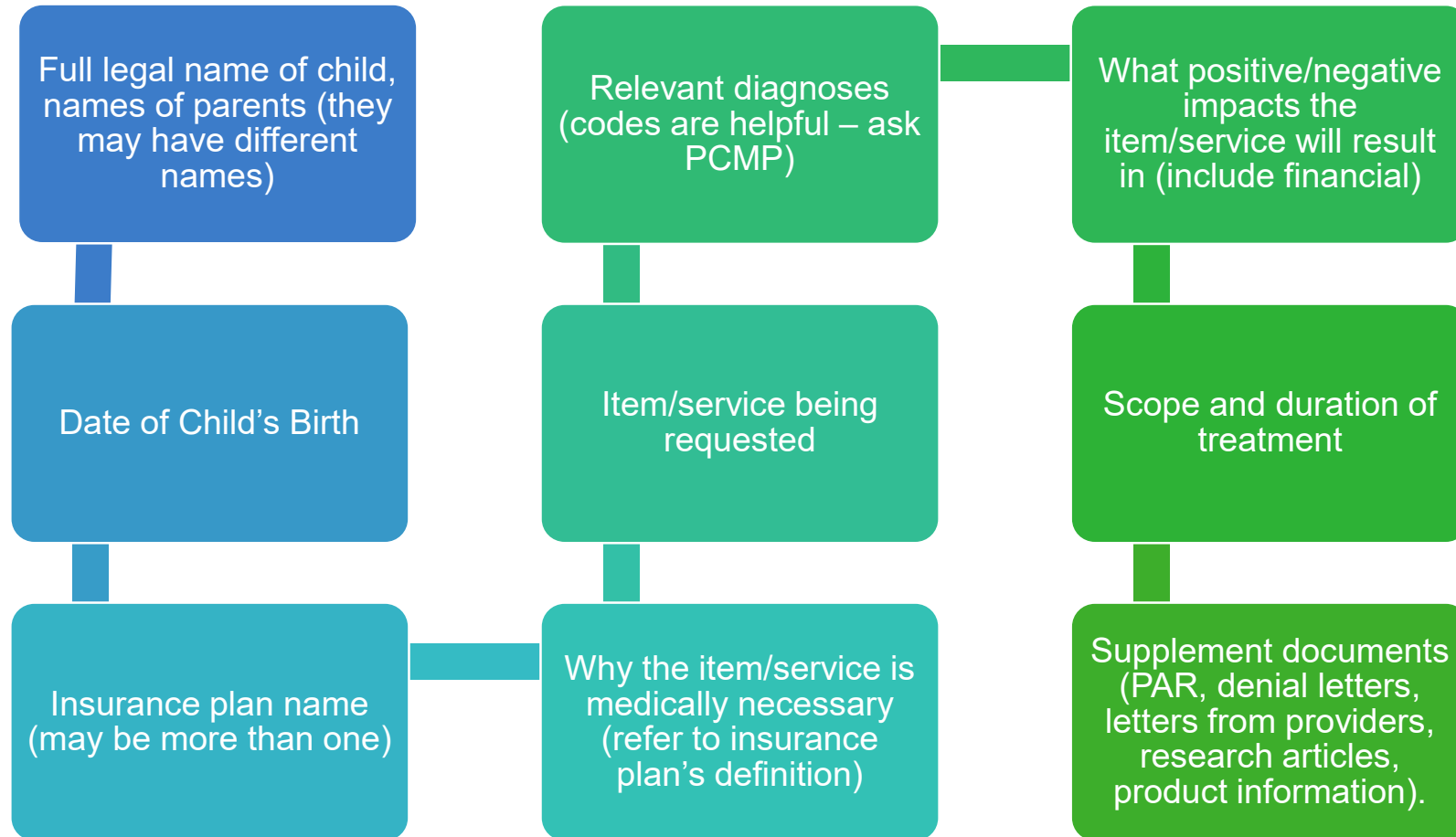
Providers who feel a service or item is medically necessary can and should ask for that service even if it is not listed as a covered service.

Follow the directions on the ColoradoPAR website for how to make an EPSDT request.

<https://hcpf.colorado.gov/early-and-periodic-screening-diagnostic-and-treatment-epsdt>

Each request is reviewed on a case-by-case basis.
Everything is “on the table” by request.

Justifying Medical Necessity (include)



Terms to Use/Avoid to Justify Medical Necessity

Use:

- Medically necessary
- Clinically based
- Promoting independence
- Preventing secondary disability
- Cost-effective
- Safety

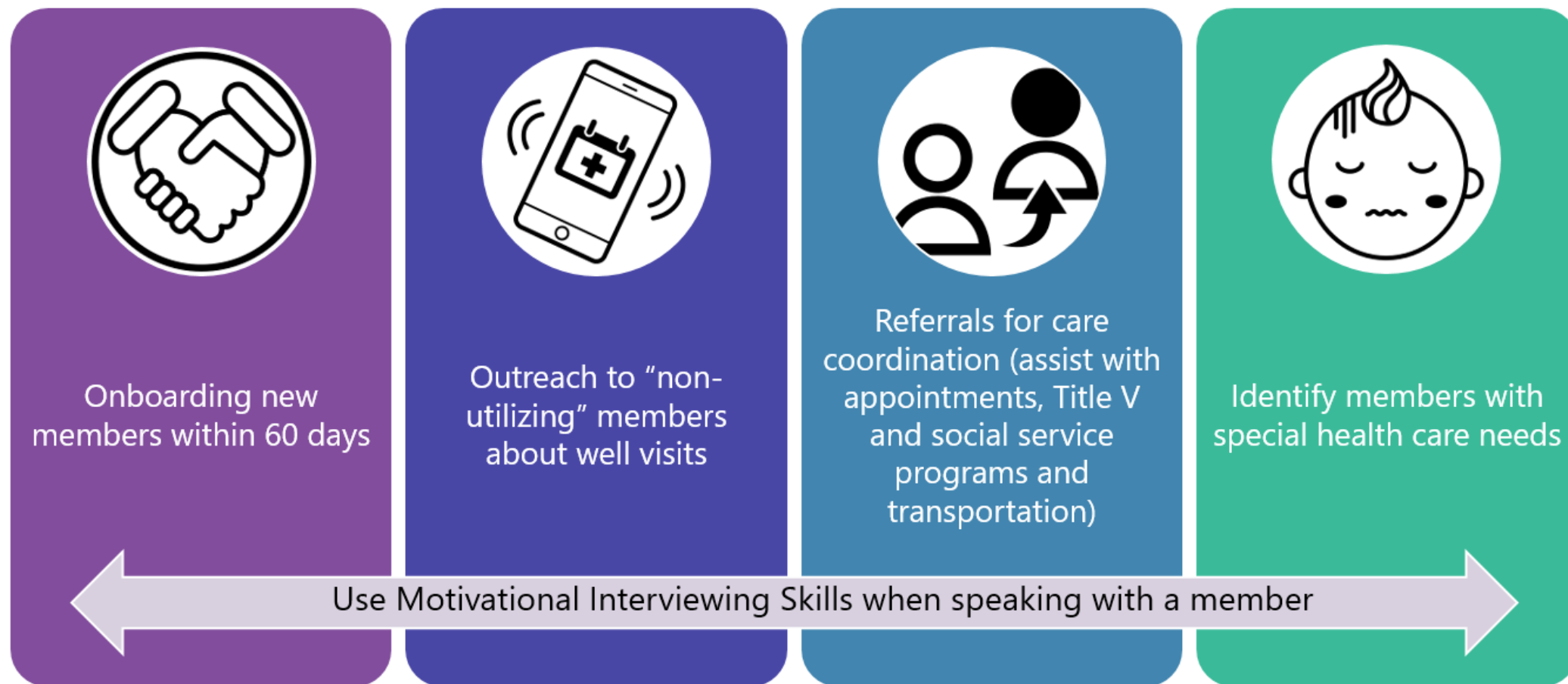
Avoid:

- Custodial
- Rehabilitate
- Developmental delay/disability
- Speech delay (without a dx such as aphasia)
- Caregiver convenience

Ask if your letter of medical necessity answers:

- Is there a licensed provider stating in writing the item/service is medically necessary?
- Is this item/service not for care giver convenience?
- Is this item/service costs effective and if so, have you explained how?
- Is this item/service considered standard medical practice?
- Have you explained how long and how often the item/service will be used?
- Is this item/service right for the need of individual?

Administrative Service Organization's (ASO) responsibilities with EPSDT

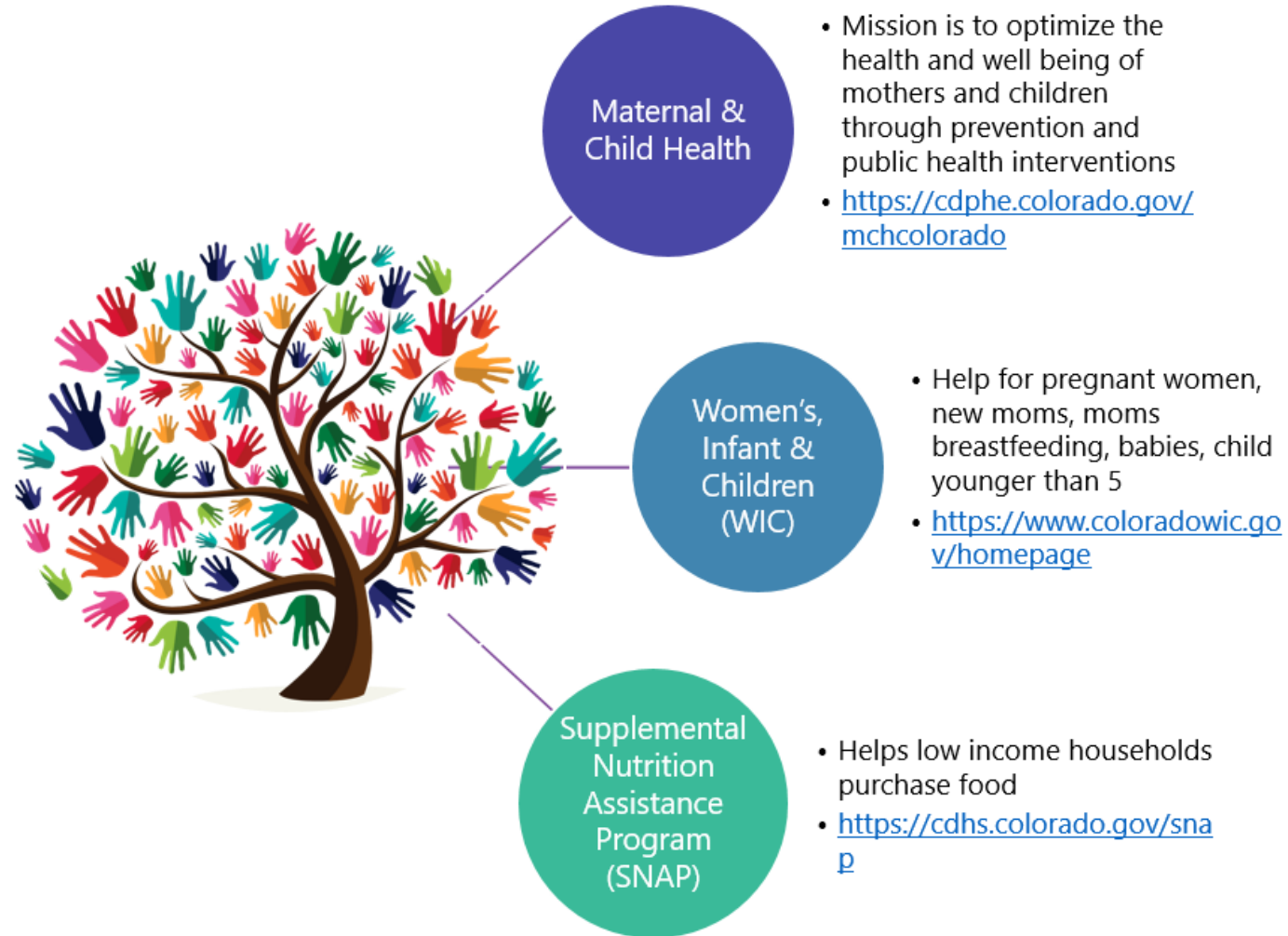


EPSDT – Title V requirements

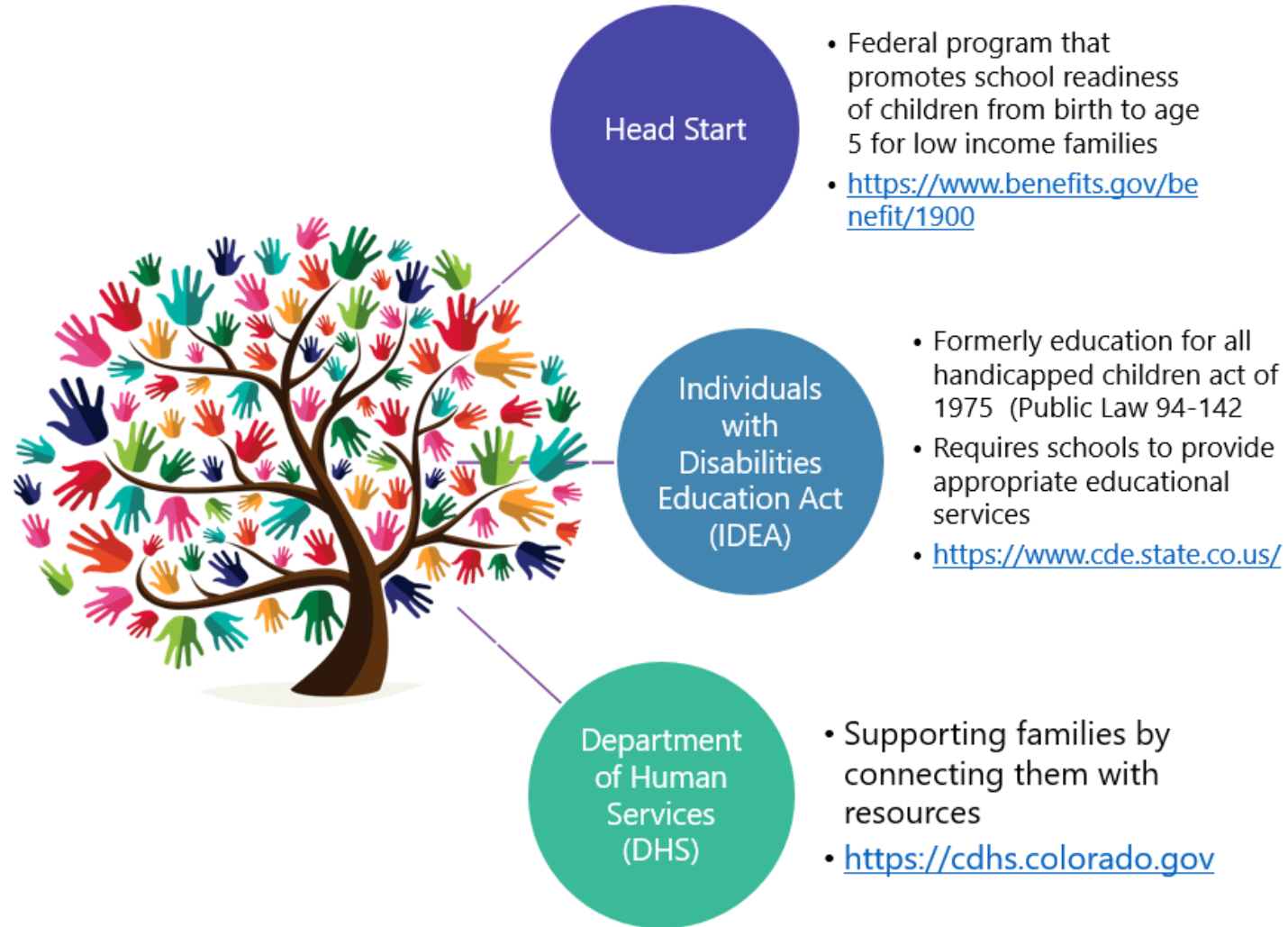
- The Subcontractor shall provide referrals to Title V and similar programs when appropriate to the individual needs of the Member. Title V and similar programs include but are not limited to: Head Start, the Special Supplemental Food Program for Women, Infants and Children (WIC); school health programs of state and local education agencies (including the Education for all Handicapped Children Act of 1975); and social services programs under Title XX.



Title V/Program Referrals



Title V/Program Referrals



Resources

Bright Futures Guidelines (EPSDT)

https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf?_ga=2.192576554.1675631524.1660607589-450001001.1660607589

EPSDT state resources through Health Care Policy and Financing (HCPF)

<https://hcpf.colorado.gov/early-and-periodic-screening-diagnostic-and-treatment-epsdt> and <https://hcpf.colorado.gov/epsdt-manual>

Maternal and Child Health (CDPHE)

https://link.zixcentral.com/u/b64ca983/sNmytg4U7RG6KLzFhns_oMg?u=https%3A%2F%2Fcdphe.colorado.gov%2Fmchcolorado

Additional Member Services Trainings Available

Health Equity

Advance
Directives

Getting Started
Webinars

EPSDT & Title
V

Health Literacy

Member Rights
&
Responsibilities

Complaints &
Appeals

Thank You

Contact Us



Health Colorado: 888.502.4185
Northeast Health Partners: 888.502.4189



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