

COLORADO ACCESS

Care Coordination Overview



Regional Accountable Entities (RAEs)



Regional Accountable Entities (RAEs) are organizations that Health First Colorado (Colorado's Medicaid Program) made responsible for care of their members in their region(s).

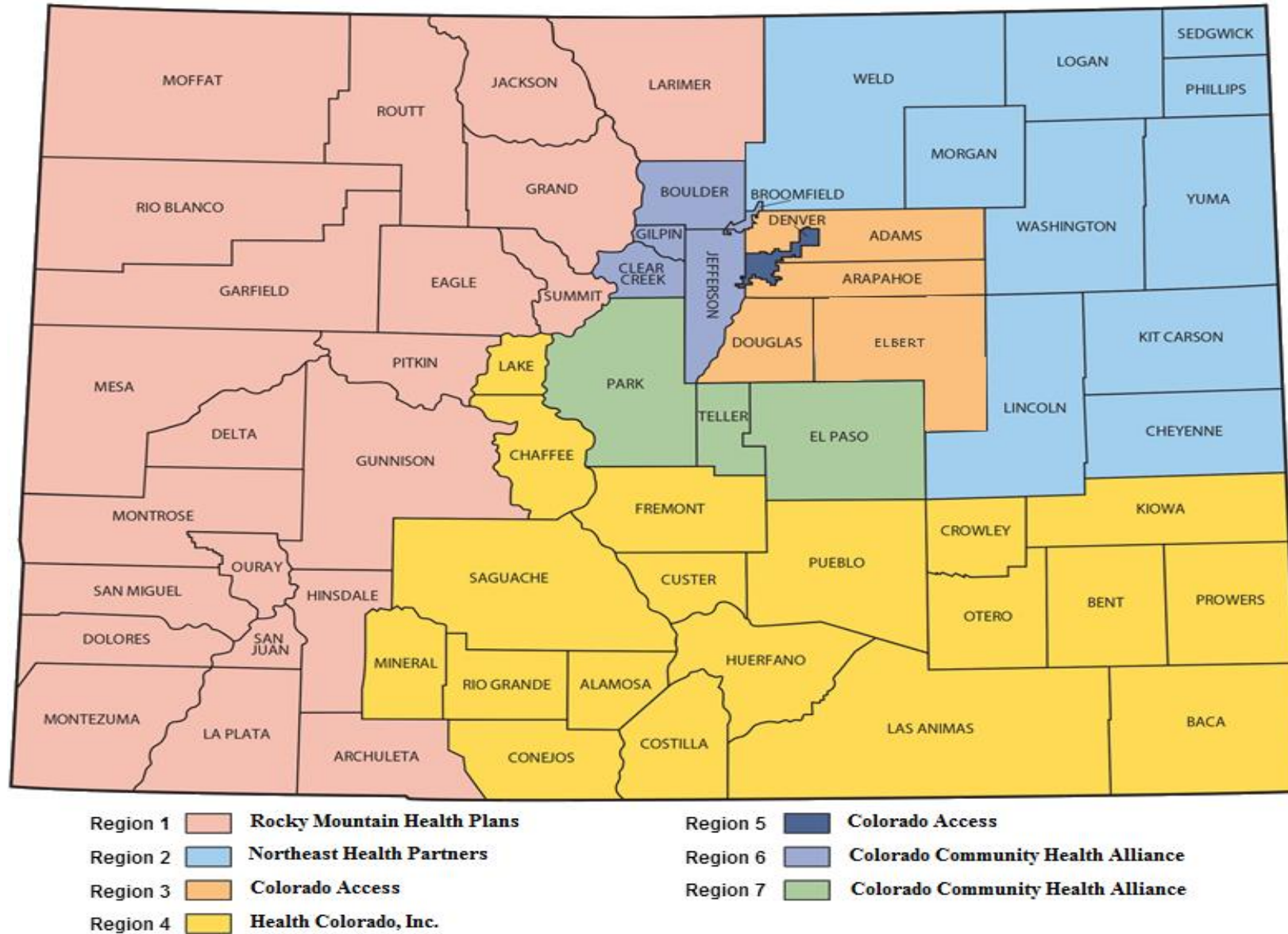
Colorado Access manages care in Denver, Arapahoe, Adams, Douglas, and Elbert Counties (RAEs 3 & 5)

RAEs are determined by the person's Primary Care Physician's location. This PCP is chosen by the member when they enroll or automatically assigned by the state based on claims data, utilization, and family connection.

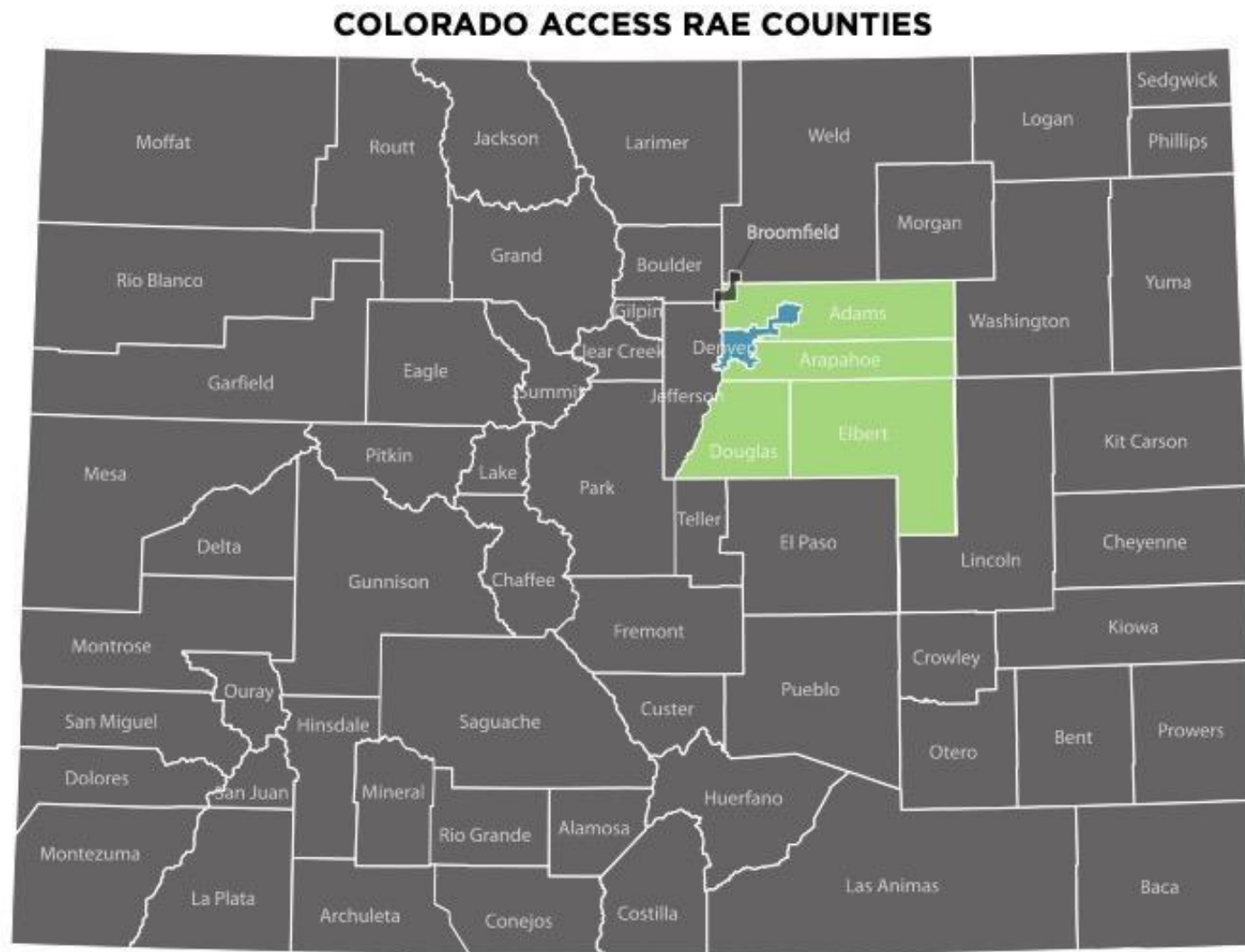
If a member would like to change their PCP and/or RAE they may do so on the Health First Colorado app, website, or by calling 303-839-2120.

Please note that all changes occur on the 1st of the following month.

Regional Accountable Entities (RAEs)



Regional Accountable Entities (RAEs)



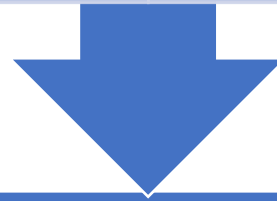
Our Members:

Region 5:
130,798

DHMC:
106,234

Region 3:
314,986

CHP+: 38,555



TOTAL: 590,573

ALL members still have access to a care manager!

RAE Attribution Methodology

1. Member Contact with Enrollment Broker

(first thing system looks at)



2. Utilization*



3. Family Connection*



4. Proximity*



*Auto-attribution

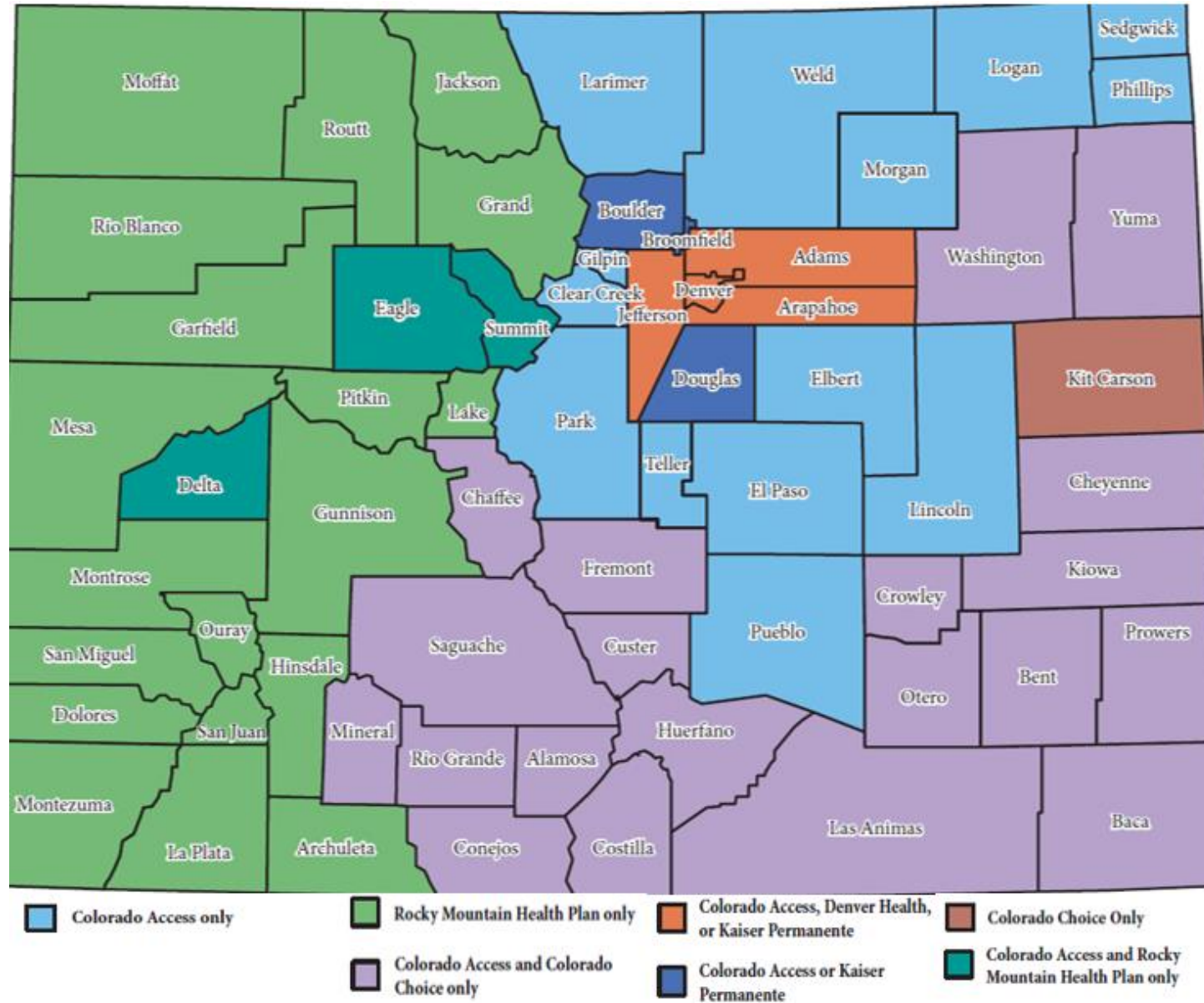
RAE Responsibilities

Facilitate the appropriate delivery and coordination of physical, behavioral health, and social services

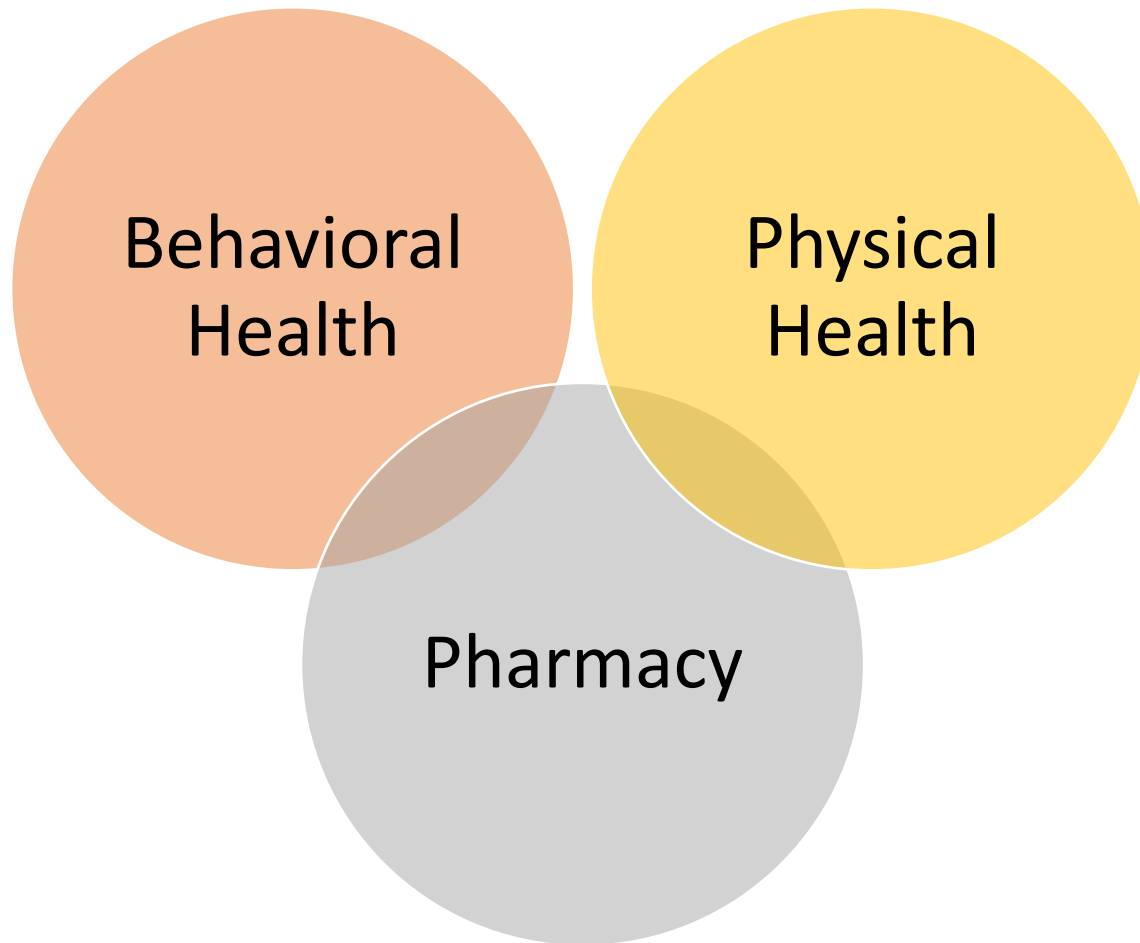
Connect	Members with services and providers; Members to resources such as: transportation, food assistance or other social services
Provide	Members with care management and care coordination
Assist	Assist members in understanding their medical conditions
Support	Support members in managing physical and behavioral health benefits

What does Colorado Access do?

- Colorado Access manages behavioral health services for members with Primary Care Physicians in RAEs 3&5.
 - Manage a network of behavioral health providers (including provider support, provider relations, etc.)
 - Pay behavioral health claims
 - Provide behavioral and physical health care management
- Colorado Access manages some CHP+ Members (Medicaid expansion program)
 - Children and youth ages 18 and under
 - Pregnant women older than age 19
 - People who are not eligible for Health First Colorado
 - People living in a family that qualifies financially
 - Lawfully residing children and pregnant women with no five-year waiting period
 - Refugees and Asylees
 - People who are not covered under any other health plan



Benefits of CHP+



- Preventive care
- Specialty care
- In-patient, OP services
- ED, Urgent Care services
- Ambulance transport
- PT/ST/OT
- Behavioral Health/SUD
- Pharmacy
- Vision
- Dental
- DME
- *There is not a transportation benefit for CHP+*
- *There are some differences in coverage for Autism*

Dental Benefits



What is covered?

Cleanings
Exams
X-rays
Fillings
Root canals



Call DentaQuest for more
information at 888-307-6561



[DentaQuest Member Handbook](#)

The Colorado Access Eligibility Application Partner Site

The Colorado Access Eligibility Application Partner Site is a state certified medical application assistance site for Health First Colorado (Colorado's Medicaid Program), Child Health Plan Plus (CHP+), or Long-Term Care Coverage.

We accept and process initial or new (no open coverage) applications for Medical Assistance, just like any Department of Human Services in Colorado.

Due to COVID-19, our office is closed to the public and all in-person interviews, but we're still here to help. We do have application processors available to guide applicants through the application by phone. We also accept applications via mail, email or we have a secure drop box at our office to drop off an application.

To contact us:

Phone: 303-755-4138 / Toll Free: 855-221-4138

Fax: 720-744-5227

Email: appassist@accessenrollment.org

Our location: 11100 E Bethany Dr., Aurora, CO 80014

How Members Connect with Care Managers



Behavioral Health Care Managers

- Assigned upon hospitalization.
- Assist with transitions of care.



Complex Member Care Management

- Provided by RNs for those needing specific, extended care management.



Physical Health Care Managers

- Assigned via claims paid by Health First Colorado.
- 8 Care Managers serving 19 hospitals



Resource & referral

- Resource&referral@coaccess.com



Clinical registry work

- Condition-specific clinical registries.
- Part of the Colorado Access potentially avoidable costs program (diabetes, asthma, COPD).

What do Care Managers Do?



What do Care Managers Do?



Locate appointments



Provider search



Understanding benefits



Linkage to social resources



Program

Care Management Referrals



Colorado Access Care Management Referral Form

REFERRING AGENCY/ORGANIZATION INFORMATION/PERSON REFERRING

Agency/Organization Name: Click or tap here to enter text.	
Name of Person Referring: Click or tap here to enter text.	Phone Number: Click or tap here to enter text.
Email: Click or tap here to enter text.	Relationship to Member: Click or tap here to enter text.
Would you like Care Management Staff to follow up with updates on case? <input type="checkbox"/> YES <input type="checkbox"/> NO	

MEMBER INFORMATION

Member Name: Click or tap here to enter text.	State ID: Click or tap here to enter text.
Member DOB: Click or tap to enter a date.	Member Phone Number: Click or tap here to enter text.
Guardian/Parent Name/Caregiver Name (if applicable): Click or tap here to enter text.	
Guardian/Parent/Caregiver Phone number if different from member: Click or tap here to enter text.	
Foster Care: <input type="checkbox"/> YES (if yes, please attach Custody Paperwork to referral) <input type="checkbox"/> NO	

REFERRAL INFORMATION/MEMBER NEEDS (check all that apply)

<input type="checkbox"/> Assistance with locating new PCP	<input type="checkbox"/> Assistance with locating specialist-if yes, what type: Click or tap here to enter text.	<input type="checkbox"/> Complex Medical Needs
<input type="checkbox"/> Multiple Chronic Conditions	<input type="checkbox"/> Social Determinants (food, housing, transportation etc)	<input type="checkbox"/> Behavioral Health Needs(SUD, outpatient behavioral therapy, other behavioral health concerns)
<input type="checkbox"/> Transitions of Care (from inpatient or other care transition)	<input type="checkbox"/> System Navigation assistance	<input type="checkbox"/> Medication/Treatment plan adherence concerns
<input type="checkbox"/> EPSDT	<input type="checkbox"/> Pregnancy/Post-Partum Support	<input type="checkbox"/> Other:Click or tap here to enter text.

To better serve the member, please provide a brief description of the case/member needs/what has already been done and any other important information: Click or tap here to enter text. ☐

****Release of Information form can be found here:** <http://3b0c642hkugkna13z1xrpau1-wpengine.netdna-ssl.com/wp-content/uploads/2018/07/Authorization-Disclose-PHI.pdf>

Please submit your referral as well as any important supporting documents (such as Release of Information, Guardianship Paperwork, POA Paperwork, MDPOA Paperwork, Custody Paperwork) to our Care Management email: Resource&Referral@coaccess.com

Complete the Colorado Access care management referral form and include details.

Form includes a link to Colorado Access ROI.

Can be found on the COA website:

01-06-157-0321A_COA-Care-Management-Referral-form_fillable.pdf
(netdna-ssl.com)

Email completed form along with supporting documents to:

Resource&referral@coaccess.com

ROI/Custody Orders

- Colorado Access requires a Release of Information (ROI) [Authorization-Disclose-PHI.pdf \(netdna-ssl.com\)](#) to be signed by the minor for ages 15 to 18 in order to collaborate with a guardian (including a parent or DHS) regarding Protected Health Information (PHI).
- If the minor is under 15, Colorado Access requires Department of Human Services custody orders in order to exchange PHI with DHS. If the minor is not in DHS custody, Colorado Access requires the guardian to sign a ROI in order to exchange information with DHS.
- ROIs are also needed to coordinate care with entities that are not Colorado Access providers. These entities include but are not limited to; school districts, GALs, and foster parents.
- Due to 42 CFR Part 2, additional consent is needed to exchange substance abuse information with providers and external parties. Colorado Access requires the ROI to be completed with the “Drugs/alcohol diagnosis, treatment and referral information” box checked in order to exchange this information.
- If you would like to complete the Release of Information electronically, please request DocuSign links.

ROI

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

This form must be filled out completely to be valid.

Member Name: _____ Member ID: _____

I give Colorado Access and the person/organization listed below permission to exchange and share my health information

Name _____ Phone number _____ Fax number _____

Address (optional) _____ City _____ State _____ Zip code _____

Please make selections in the following three (3) sections:

My information may be shared for the following purpose (you must mark a selection):

- ☐ Care coordination/treatment
- ☐ To explain benefits and coverage
- ☐ Legal representation
- ☐ Grievance and/or appeal representation
- ☐ At my request
- ☐ Other _____

By marking one (1) of the boxes below, I give permission to share the following information:

☐ All health records

OR

☐ Only limited information may be shared (select the information you would like to share below).

- _____ Billing and claims information/Prior Authorizations
- _____ Eligibility information
- _____ Case management notes/plans
- _____ Demographic information
- _____ Other - please specify _____

Specific health information will not be shared, unless I select this information below:

- _____ HIV/AIDS related information and/or records
- _____ Genetic testing information
- _____ Drug/alcohol diagnosis, treatment and referral information

The information to be shared covers the following dates of service: _____

My permission will expire one (1) year from the date this authorization is signed, unless I change my permission below: Specific date of expiration: ____/____/____(MM/DD/YY) not to exceed two (2) years.

Name should be something like “John Smith, Denver County Department of Human Services, Douglas County School District, etc.”

If there needs to be information about Substance Abuse released, please ensure “*Drug/alcohol diagnosis, treatment and referral information*”.

Please write which dates of service can be released. Many people write “all”.

Behavioral Health Prior Authorization Requests

Behavioral Health Services that do not require prior authorization through Colorado Access:

- Outpatient Services (individual therapy, family therapy, psychiatry)
- In-Home Therapy for Adolescents under the age of 18
- Services provided by Mental Health Centers

Behavioral Health Services that require prior authorization:

- Inpatient Hospitalization
 - Such as: Denver Health, Medical Center of Aurora, Highlands Behavioral Health, Denver Springs, Children's Hospital, etc.
- Acute Treatment Unit
 - Such as: North Range ATU, Bridge House ATU (All Health Network), Aspen Pointe ATU)
- Partial Hospitalization Program (5 days a week)
 - Such as Medical Center of Aurora, Denver Springs, Highlands Behavioral Health.
- Intensive Outpatient Program: (3 to 4 afternoons a week)
 - Such as Medical Center of Aurora, Denver Springs, Highlands Behavioral Health.
- Other Services requiring Prior Auth for Adolescents: Day Treatment, Short Term Residential, and Long Term Residential

Substance Use Disorder Treatment

- Health First Colorado's coverage of SUD services include: early intervention, outpatient, intensive outpatient SUD treatment, and social detox services.
- As of January 2021, Coverage for residential and inpatient SUD treatment and withdrawal management services has been added to ensure that members have access to the full continuum of SUD services through their Health First Colorado benefits.
- The American Society of Addiction Medicine (ASAM) Criteria is used to determine appropriate level of care for individuals.
- To be eligible all SUD Services must be:
 - Provided by a Medicaid enrolled provider
 - Determined medically necessary
 - Determined as the appropriate level of care according to ASAM criteria.

[Ensuring a Full Continuum of SUD Benefits | Colorado Department of Health Care Policy & Financing](#)

ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services (24-hour structure, at least 5 hours of clinical service per week. Participate in outside activities such as work and school.

ASAM Level 3.3 Clinically Managed Population-Specific High Intensity Residential Services (24-hour care and support for people who have problems with cognition or thinking due to an illness or injury, adult only)

ASAM Level 3.5 Clinically Managed Medium-intensity (Adolescents) and High-intensity (Adults) Residential Services (24-hour care with trained counselors)

ASAM Level 3.7 Medically Monitored Intensive Inpatient Services. 24-hour nursing care with physician availability, 16 hour per day counselor availability

ASAM Level 3.2 Withdrawal Management - Clinically Managed Residential Withdrawal Management (Moderate withdrawal requiring 24-hour support

3.7 WM - Medically Monitored Inpatient Withdrawal Management (Severe withdrawal requiring 24-hour nursing care, physician visits as needed

Utilization Management



- What is a PAR? Prior Authorization Request
- To request services through Colorado Access that require a Pre-Authorization, please send a request form to Utilization Management.
 - To locate this form, go to coaccess.com, select Providers from the menu, then click Forms & Documents. This form is listed under General Forms.
 - You can also use this link: [Forms & Documents - Colorado Access \(coaccess.com\)](https://coaccess.com/forms-and-documents)
- What to Include:
 - Clinical information
 - Rationale/recommendations
 - Examples: letters from parents, past treatment plans, etc.
- Fax to 720-744-5130 or email to behavioral.health@coaccess.com
- Please do not send the requests to care management! Care management is unable to review, recommend, or approve RAE services that require a prior authorization.
- The request will be reviewed by utilization management and a decision will be made within 10 calendar days.

PAR Form

BEHAVIORAL HEALTH PRIOR AUTHORIZATION REQUEST

PERSON COMPLETING AND SUBMITTING THIS FORM:

Name:	NPI:	Facility:
Phone:	Fax:	Date Form Submitted:

MEMBER INFORMATION:

Member Name:	DOB:
State ID:	SSN:

Select the line of business or organization this request is for (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> CHP+ offered by Colorado Access | <input type="checkbox"/> Regional Organization (RAE) 3 |
| <input type="checkbox"/> CHP+ State Managed Care Network | <input type="checkbox"/> Regional Organization (RAE) 5 |

Primary diagnosis (ICD10):	Secondary diagnosis (ICD10):
----------------------------	------------------------------

Please make sure to fill out this form in its entirety.

SERVICES:

- | |
|--|
| <input type="checkbox"/> Inpatient Treatment - Facility/Provider: |
| <input type="checkbox"/> Acute Treatment Unit (ATU) - Facility/Provider: |
| <input type="checkbox"/> Partial Hospitalization - Facility/Provider: |
| <input type="checkbox"/> Day Treatment - Facility/Provider: |
| <input type="checkbox"/> Short-Term Residential - Facility/Provider: |
| <input type="checkbox"/> Long-Term Residential - Facility/Provider: |
| <input type="checkbox"/> Mental Health Intensive Outpatient Services (IOP) - Facility/Provider: |
| <input type="checkbox"/> Substance Use Disorder Intensive Outpatient Services (IOP) - Facility/Provider: |
| <input type="checkbox"/> Electroconvulsive Therapy (ECT) - Facility/Provider: |

- ☐ Non-contracted provider requesting routine outpatient services (routine services rendered by our contracted providers do not require prior authorization). Please specify CPT/HCPC codes and number of services being requested. Please also specify why COA in-network providers cannot be utilized for this member/these services.

Continued on next page

BEHAVIORAL HEALTH PRIOR AUTHORIZATION REQUEST (CONT.)

For psychological testing, please use separate form found [here](#).

For short-term behavioral health services in primary care, please use separate form found [here](#).

SERVICE PRIORITY:

- ☐ **Prospective** (service has not yet been rendered/member not yet admitted)
- ☐ **Retrospective** (service already rendered/member admitted without prior authorization). Please explain why prior authorization was not completed:

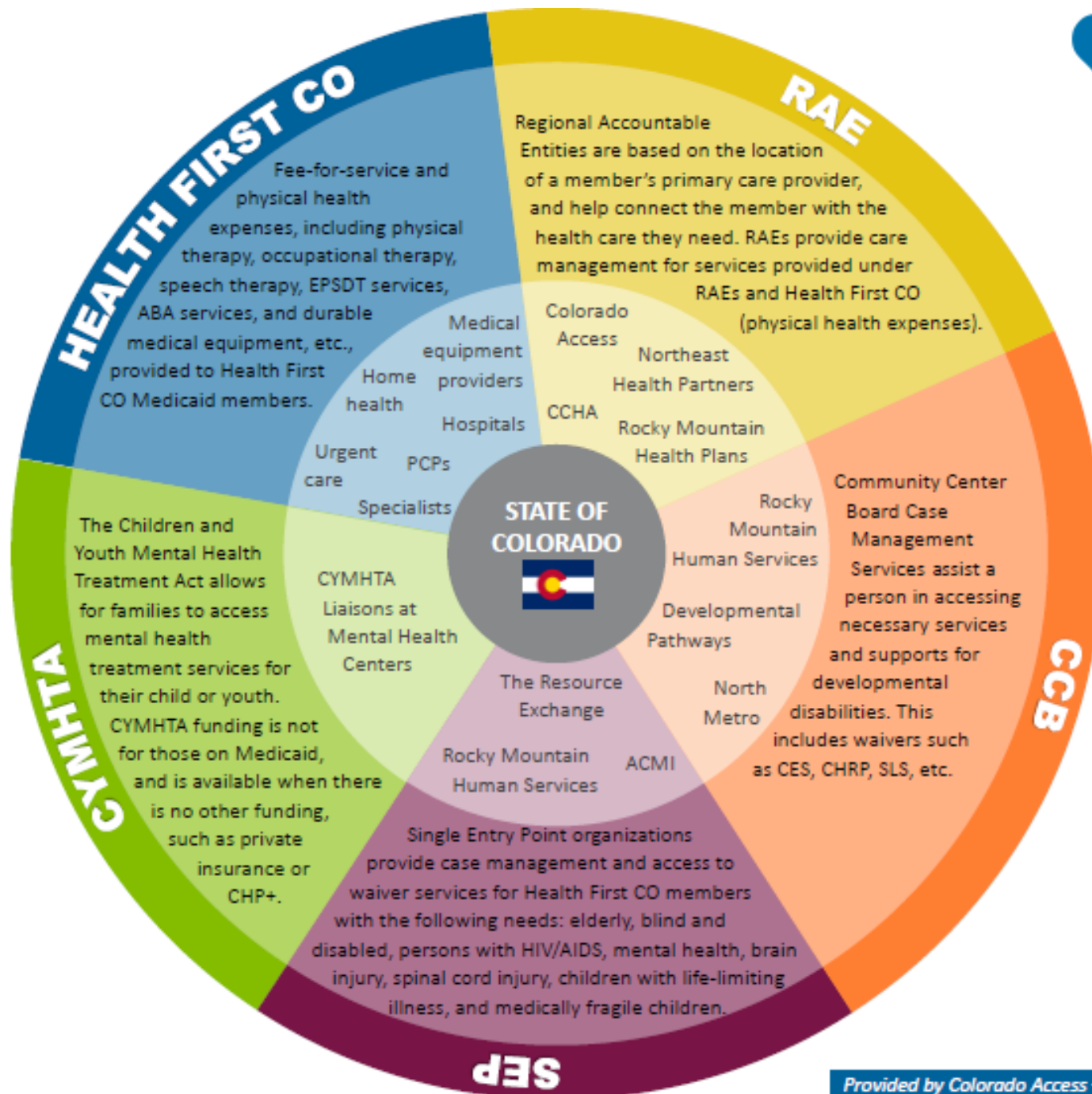
REMEMBER TO ATTACH CLINICAL NOTES WITH THIS REQUEST TO AVOID PROCESSING DELAYS.

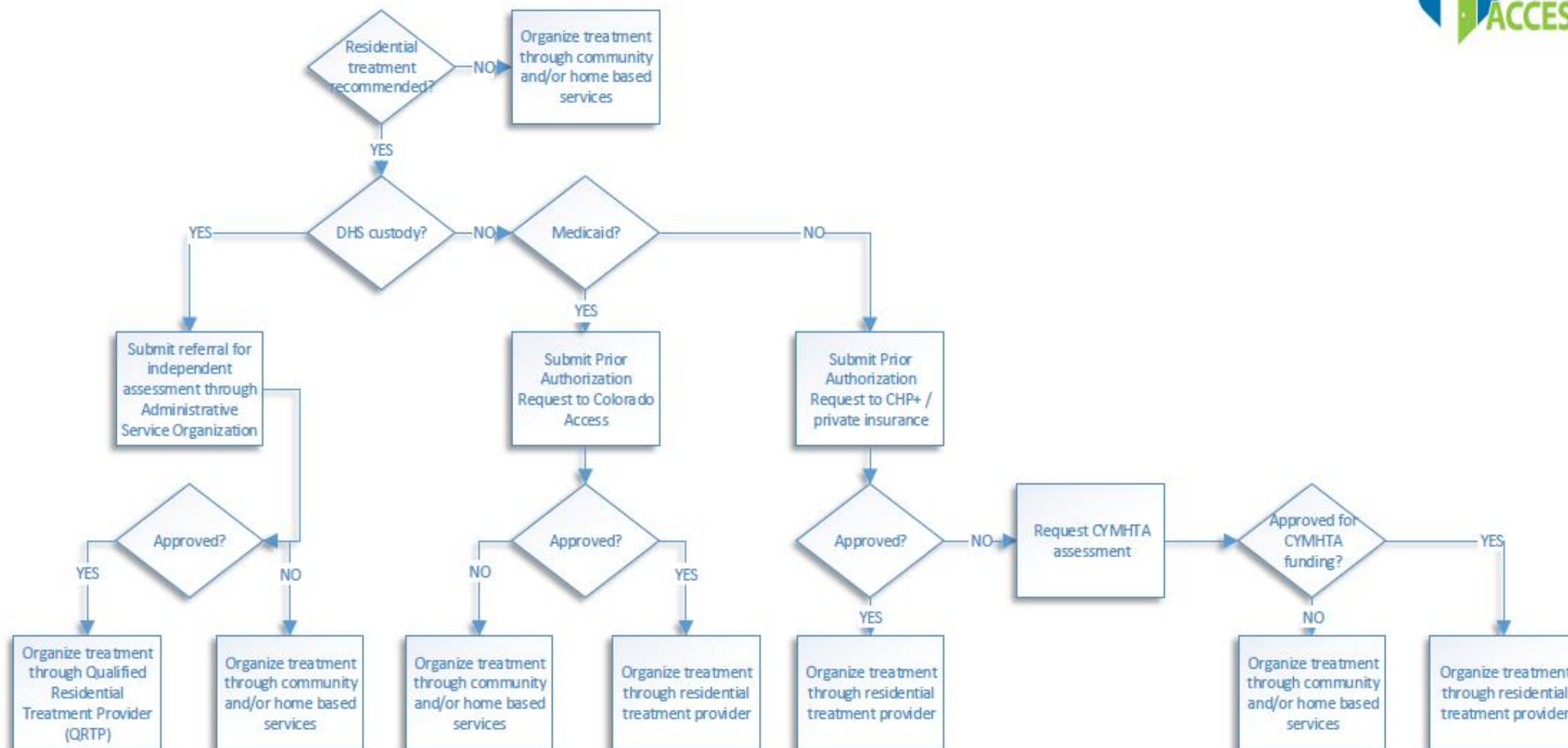
We are not financially responsible for the services that are preauthorized if the patient is not eligible on the date services are provided. This request is not a guarantee of payment. Eligibility must be verified at time service is rendered. For questions regarding eligibility of a member, please call us at the numbers below.

Confidentiality Notice:

The documents accompanying this telecopy transmission contain confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party and is required to destroy the information after its stated need has been fulfilled, unless otherwise required by state law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for return of these documents.

After completing this form, fax it to 720-744-6130 or 877-322-6876 | 24 hours a day, 7 days a week





Creative Solutions Calls vs. Staffings

Staffings	Creative Solutions
Can include all community partners	Required invitation to Health Care Policy and Financing
Increases communication amongst multiple entities	Helpful when barriers cannot be mitigated through a staffing
Used to determine next steps in a difficult system	Can be used to assist with EPSDT funded residential placement out of state
Eliminates barriers to treatment	Often an escalation of staffings

Both calls can include Colorado Access Utilization Management and Care Management, Department of Human Services, parents, providers, HCPF, out of state placements, hospitals, CCB, school district, GALs, etc.

If any entity would like to request a staffing, please complete the referral form to request a Care Manager. If a Care Manager is already assigned, the Care Manager will reach out and coordinate a staffing. If a CM is NOT assigned, one will be assigned, and a staffing will be coordinated as soon as possible. All correspondence should go through the Resource&Referral@coaccess.com email address.

In order to ensure everyone can participate in these coordination efforts, please ensure Care Managers are assisted with the following ROI process

FINDING PROVIDERS

Colorado Access Provider Search Site: [Colorado Access Provider Portal \(healthx.com\)](https://healthx.com)

In-network providers:

- Care Coordinators 1-866-833-5717
- Care managers work with requesting providers to connect members to appropriate care.

RAEs can only contract with providers who are validated as Health First Colorado providers:

- This must happen, *first*, before RAEs can initiate contracting, and is between the State and the provider.
- Colorado Access can move quickly to contract, once a provider is validated.

RAE-to-RAE transitions:

- Standard RAE to RAE transition referral form.
- Newly developed RAE to RAE transition referral form.

If a provider has a question about billing, contracting, codes, etc. please have them email Provider Relations at providerrelations@coaccess.com

Finding Providers



If you need this document in another language, large print or on tape, please call Customer Service at 1-800-511-5010 (toll free).
TTY/TDD users call 1-888-803-4494.

Si necesita este documento en español, letras grandes, o en un casete, por favor llame a nuestro Servicio del Cliente al 1-800-511-5010 (gratuita). Usuarios de TTY/TDD deben llamar al 1-888-803-4494.

Provider

Clinic/Facility

Provider Search

By Location

No preference

Within

10 Miles

Only inside

- of -

Zip Code

City

State

Colorado

County

Any County

By Provider Detail

Find PCP

Provider Gender

Male

Female

Any Gender

Only show providers who are accepting new patients

Languages Spoken at Location other than English

Please Select

Provider First Name

By Coverage and Care Requirements

Health Plan(s)

Please Select

Specialty

Any Specialty

Behavioral Health Subspecialty



Please Select

Care Coordinators 1-866-833-5717

Care managers work with requesting providers to connect members to appropriate care.

Website: [Colorado Access Provider Portal \(healthx.com\)](https://healthx.com)

How to Find a Physical Health Provider



Find Providers Near Me

Find Providers By Name

☐ Accepting New Patients

Reset Filters

ListMap

Within 5 milesFind Me

Find Providers By TypeAny Provider Type

Find Providers By SpecialtyAny Specialty Type

Find Providers By Health PlanHealth First Colorado (Medicaid)

Provider Results

Print

Kramer, Hilary

Audiologist – Audiologist, Audiologist

108 Delmar St - Sterling, CO 80751

970-522-8622

Gender: Female | Languages: English, SignLang

Accepting New Patients: Yes | ADA Compliant: Yes

Primary Care Medical Provider (PCMP): No

Van Ness, Marc

Dentist – Dentist, Dentist, Dentist - General Practice

155 Lake Avenue, Suite 201 - Colorado Springs, CO 80906

719-375-5201Website

Gender: Male | Languages: English

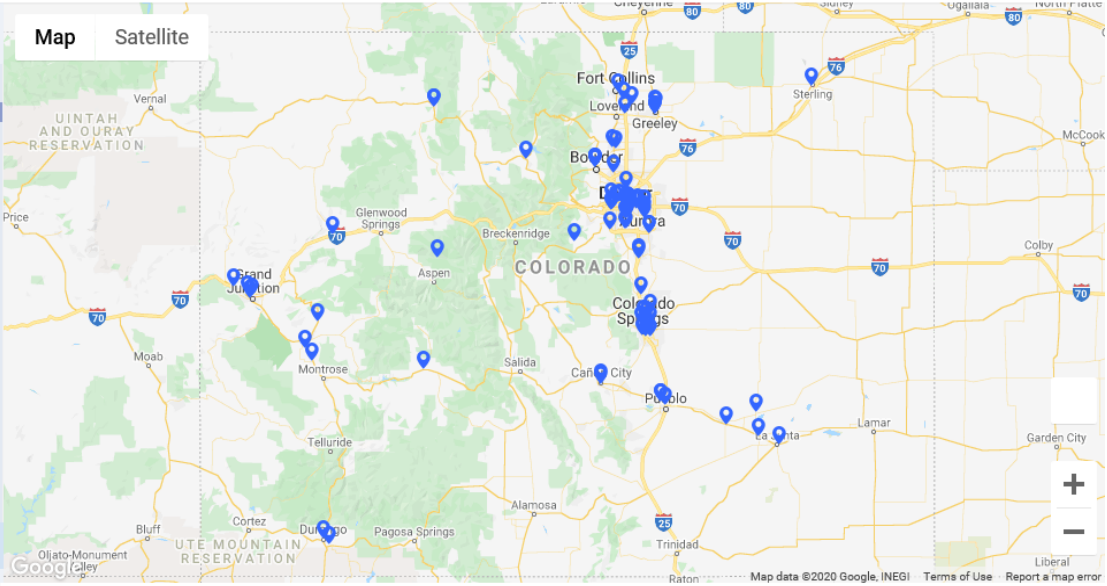
Accepting New Patients: No | ADA Compliant: No

Showing 1 - 100 of 64228 provider results

Get Directions

Get Directions

MapSatellite



Map data ©2020 Google, INEGI Terms of Use Report a map error

[Find a Doctor - Health First Colorado](#)

Crisis Services

Crisis Line 1-844-493-8255 or text TALK to 38255

Walk- In Crisis Services:

Aurora Mental Health Center, 2206 Victor Street, Aurora (8a-11p)

All Health Network, 6509 S. Santa Fe Drive, Littleton (24/7)

Mental Health Center of Denver, 4353 E. Colfax Ave, Denver- Denver County (24/7)

Jefferson Mental Health Center, 4643 Wadsworth Blvd. Wheatridge (24/7)

Mental Health Partners, 3180 Airport Rd, Boulder- Broomfield and Boulder Counties (24/7)

Crisis Stabilization Units

Adults:

Aurora Mental Health Center, 2206 Victor Street, Aurora

All Health Network, 6509 S. Santa Fe Drive, Littleton

Adolescents:

Jefferson Hills, 421 Zang Street, Lakewood

IN-HOME THERAPY OPTIONS

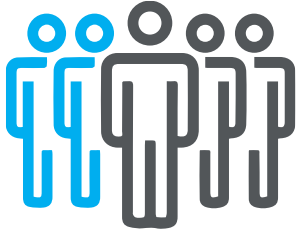
- Denver Children's Home
 - Online Admission form for all levels of care (in-home, day treatment, residential, etc.)
 - Case Management Services (assist with food insecurity, clothing, gang prevention, etc.) 303-399-4890 Ext. 252
- Devereux Cleo Wallace
 - In-home services, outpatient therapy, and outpatient psychiatry.
 - Outpatient Medicaid clinic at Colorado & Florida 720-863-6012
- Mount Saint Vincent
 - Only for children 12 and under
 - Contact Melissa mmaile@msvhome.org or call and leave a message at 303-318-1813.
- Tennyson Center for Children
 - In-home services within a 25 mile radius of 6th and i25
 - Contact admissions@tennysoncenter.org or 303-731-4845
- Savio House
 - Multisystemic Therapy (MST), Family Functional Therapy (FFT), Trauma Focused Cognitive Behavioral Therapy (AF-CBT)
 - Contact 303-225-4100 info@saviohouse.org

Coordination with other RAEs

Each RAE has a system that utilizes a central call number or email address for referrals. Referrals are triaged, from there, to the proper team. See below for the contact information of each RAE:

- Rocky Mountain Health Plans, Region 1: 888-282-8801 customer_service@rmhp.org
- Northeast Health Partners, Region 2: 888-502-4190
<https://www.northeasthealthpartners.org/members/care-coordination/>
- Colorado Access, Regions 3 & 5: 866-833-5717 carecoordination@coaccess.com
- Health Colorado, Region 4: 888-502-4186
<https://www.healthcoloradorae.com/members/care-coordination/>
- Colorado Community Health Alliance, Regions 6 & 7: 855-627-4685
<https://www.cchacares.com/about-ccha/contact-us/>

MEMBER AFFAIRS



Goal

To intentionally build relationships with community organizations and ensure there is consistent collaboration with Colorado Access and discuss strategies on providing care to our shared members.

How?

- Colorado Access trainings for Department of Human Services (DHS) counties.
- Assistance with complex cases.
- Create processes on how to improve collaboration.

Lauren Showers, MA, LPC

Program Manager of Member Affairs

Lauren.Showers@coaccess.com

THANK YOU

Any questions?

