

HCPF/Eligibility Sites Monthly Touch base

May 22, 2025

Marivel Klueckman | Eligibility Division Director

Agenda

- Welcome
- ACC Phase III
- Community First Choice, Wellness Education Benefit (WEB) and New Children with Complex Health Needs (CwCHN) Waiver
- Buy-In
- Renewal

ACC Phase III

Mark Queirolo | ACC Planning and Implementation Section Manager (HCPF)

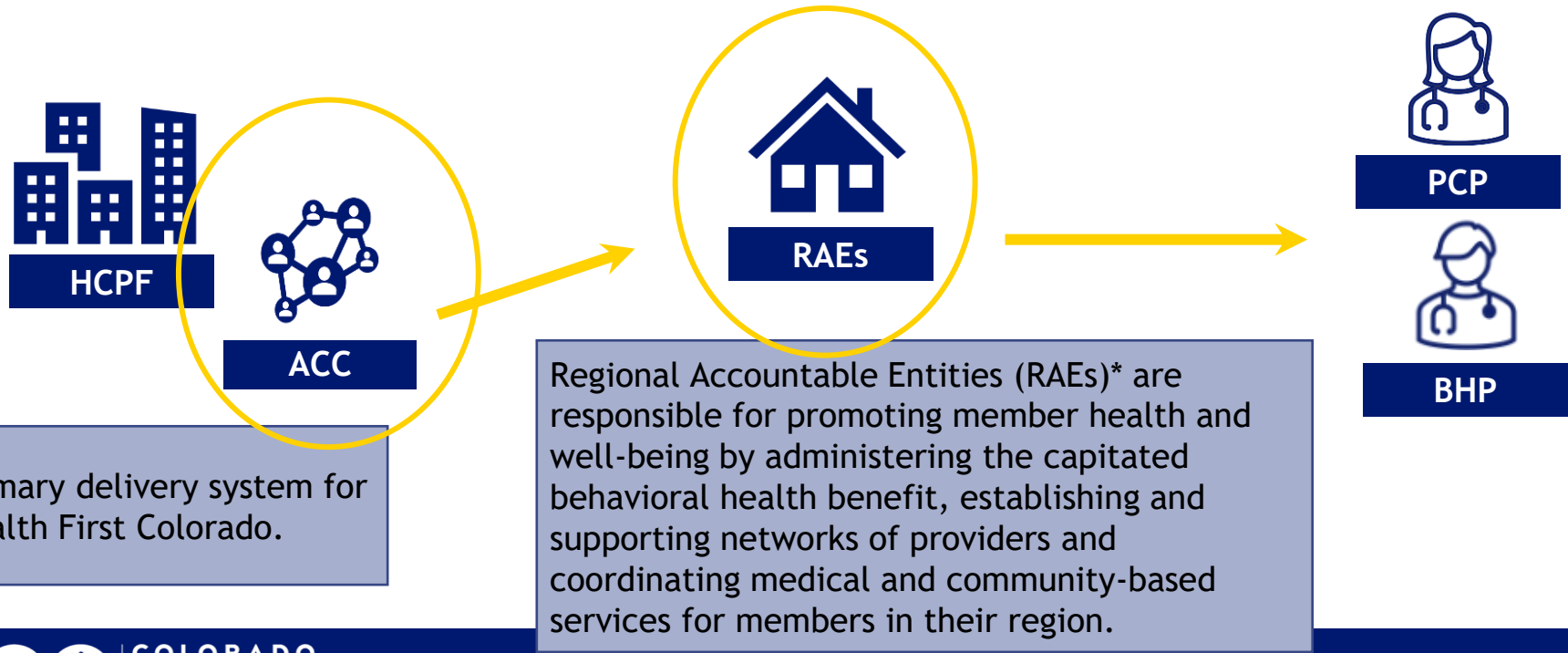
Taylor Kelley | Program Manager (CHI)

Gerardo Silva-Padron | Research and Policy Analyst (CHI)

Agenda

1. ACC Phase III Upcoming changes
2. Member Communications Toolkit
3. General ACC Phase III Talking Points
4. Talking Points for Specific Scenarios
5. Other Resources

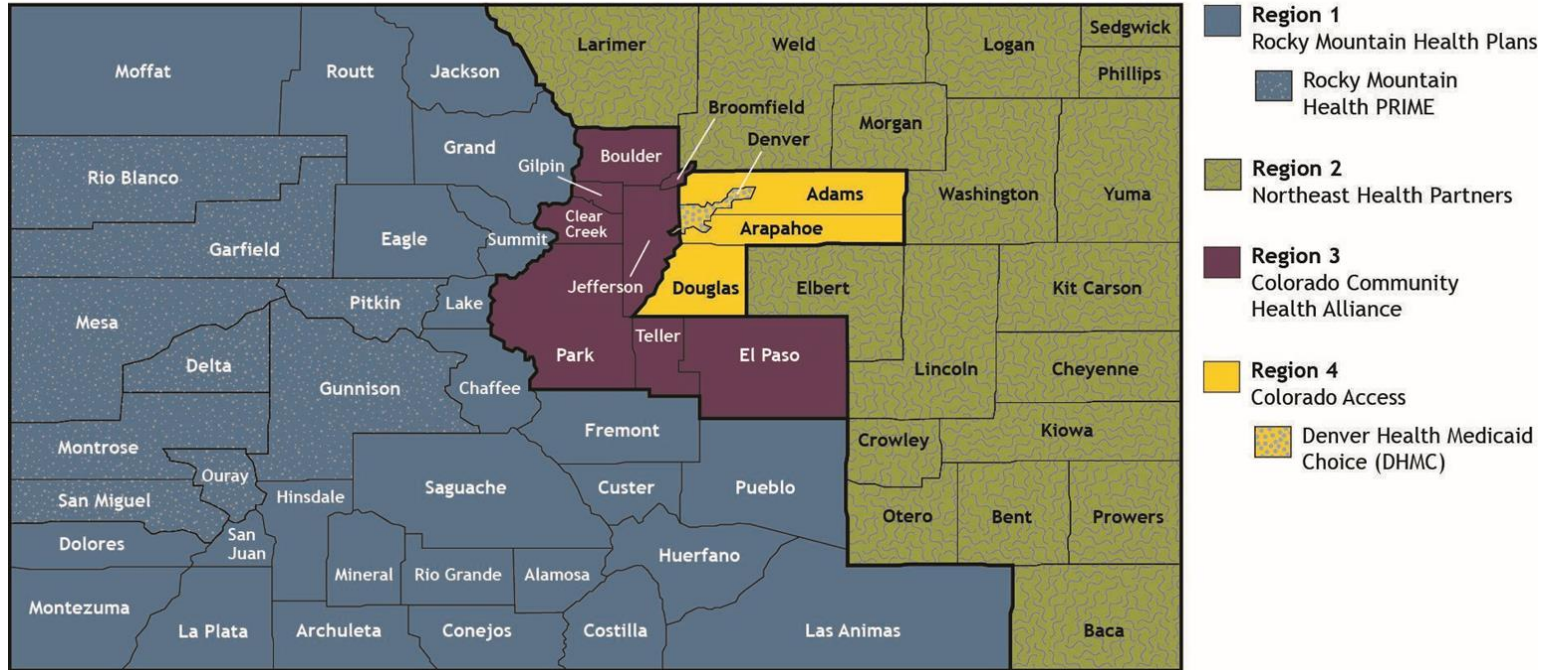
Accountable Care Collaborative Background



What is changing in ACC Phase III?

- Current Phase II contracts with the RAEs end on June 30, 2025. New contracts, ACC Phase III, will launch **July 1, 2025**.
- The ACC is going from seven regions to four regions operated by four organizations.
- As a result of these changes, some Health First Colorado members may experience a change in their RAE.

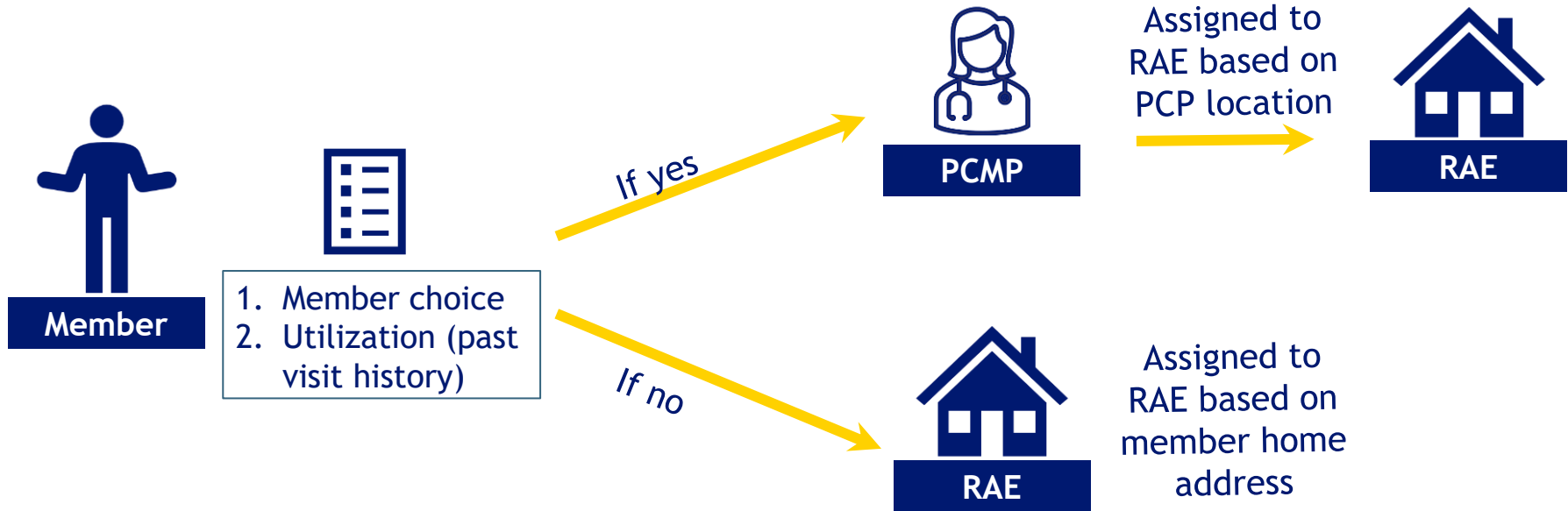
ACC Phase III Regions



RAE Changes by County

Counties Changing	Old Regional Organization ("Phase II")	New Regional Organization ("Phase III")
Larimer County	Rocky Mountain Health Plans	Northeast Health Partners
Elbert County	Colorado Access	Northeast Health Partners
Alamosa, Chaffee, Conejos, Costilla, Custer, Fremont, Huerfano, Lake, Las Animas, Mineral, Pueblo, Rio Grande, Saguache	Health Colorado, Inc.	Rocky Mountain Health Plans
Baca, Bent, Crowley, Kiowa, Otero, Prowers	Health Colorado, Inc.	Northeast Health Partners

PCP Attribution Changes in ACC Phase III



Members who wish to change (or select) their PCP may contact the Enrollment Broker to do

"So why are all these changes happening?"



Member




"Changes to regional organizations and PCPs are for regular administrative updates to Health First Colorado. Your benefits and services are not changing."



You

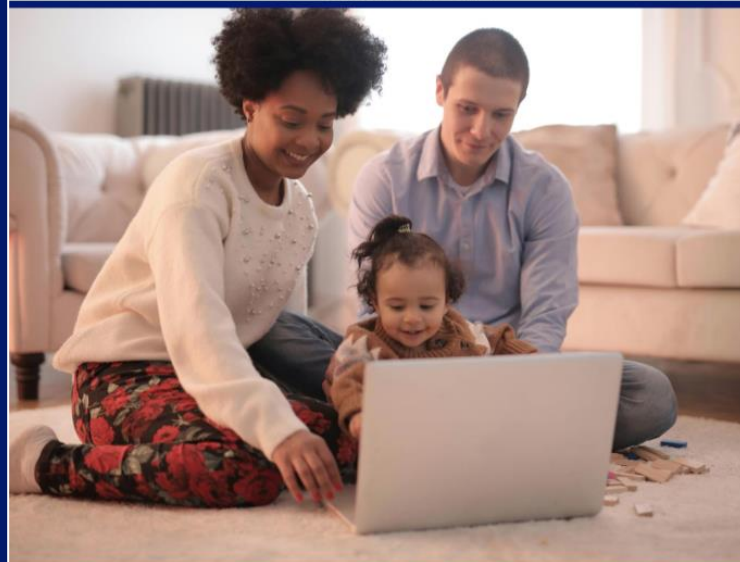
Upcoming Member Communications

Please note: Members who have no change in regional organization and PCP will NOT receive any letters

	Letter	Sender	Content	Timing
1 	Closeout Communication	Old RAE	Closeout communication notifying members they are no longer the member's RAE (for specific counties/regions with new RAEs)	Late June
2 	Health First Colorado Letter	Health First Colorado	Welcome letter to members with updated information on a member's RAE and PCP	July
3 	Welcome Letter	New RAE	Welcome letter to members with information about member's new RAE	July or later

Important: Remind members that they do NOT need to take any action after receiving a letter

Communicating Changes to Health First Colorado Members



ACC Phase III Member
Communications
Toolkit

Member Communications Toolkit

Toolkit includes:

- Key Terms
- About the ACC
- ACC Phase III Changes
- General Talking Points for ACC Phase III
- Key Talking Points for Navigation Questions from Specific Scenarios

Introduction

About this Document

Purpose: Provide information and consistent talking points about upcoming changes for members in ACC Phase III.

Audience: Advocates, community-based organizations, health care providers and other stakeholders who work with Health First Colorado members.

Goal: Increase awareness of the RAEs and help members navigate any changes without disruption to their care.

About the ACC

HCPF administers Health First Colorado, Child Health Plan Plus (CHP+) and other health care programs for Coloradans who qualify. Created in 2011, the ACC is the primary delivery system for Health First Colorado. Phase II of the ACC created the RAEs who are responsible for coordinating members' care, ensuring they are connecting primary and behavioral health care, and developing regional strategies to serve Health First Colorado members. Current Phase II contracts with the RAEs end on June 30, 2025. New contracts, ACC Phase III, will launch July 1, 2025.

What Changes are Happening in ACC Phase III?

Health First Colorado members are assigned to a regional organization and a PCP. On July 1, some of the regional organizations are changing and our methodology for assigning members to a PCP will change to reflect a member's recent visit history. As a result, some members may have a new regional organization and/or PCP.

Health First Colorado members can check to see who their regional organization or PCP is by logging into PEAK or through the Health First Colorado app. If the listed PCP does not match who they consider to be their PCP, they can change it by contacting Health First Colorado Enrollment.

3 ACC Phase III Member Communications Toolkit

Key Terms

Health First Colorado: Colorado's Medicaid program

Health First Colorado member: Coloradans who are covered by Health First Colorado, or Colorado's Medicaid program. May also be referred to as "members".

Regional Accountable Entities (RAEs): In communications directly to members, referred to as a regional organizations. Sometimes referred to as regional health plans, Rocky Mountain Health Plans, Northeast Health Partners, Colorado Community Health Alliance and Colorado Access will be operating as RAEs in ACC Phase III.

Department of Health Care Policy and Financing (HCPF): HCPF is the state agency in charge of Health First Colorado.

Accountable Care Collaborative (ACC): The ACC is Colorado's Medicaid delivery system. It refers to administrative and financial arrangements between RAEs and HCPF.

Primary Care Provider (PCP): This is the health care provider who serves as the focal point of care. Members are assigned a primary care provider based on their visit history. PCPs may also be referred to as Primary Care Medical Providers (PCMPs).

Managed Care Health Plan: Managed care is a group of doctors, clinics, hospitals, pharmacies and other providers who work together to take care of your health care needs. These plans are also referred to as Managed Care Health Plans. The organizations operating these plans under Health First Colorado are Rocky Mountain Health Plans PRIME and Elevate (Denver Health) Medicaid Choice. We often refer to these as Managed Care Organizations or MCOs.

- If you are concerned that you may have missed a letter with this information, you can find out who your regional organization is by checking the Health First Colorado mobile app or by calling Health First Colorado Enrollment Monday to Friday, from 8 a.m. to 5 p.m. at 303-839-2120 or 1-888-367-6557 (State Relay 711). The call is free.



Scenario 2

Members who are assigned to a regional organization that is no longer covering certain areas of the state.

Note: These members will receive letters from their old regional organization about this change. Members also will receive a letter from Health First Colorado about this change, which may include changes to their primary care provider. See additional talking points in the following scenario.

- On July 1, your regional organization will change. You either have Rocky Mountain Health Plans, Northeast Health Partners, Colorado Community Health Alliance, or Colorado Access as your regional organization. These organizations are also known as Regional Accountable Entities (RAEs).
- You can find your regional organization on your enrollment letter or in the Health First Colorado mobile app beginning July 1, 2025.
- Your Health First Colorado benefits and services are not changing.
- Regional organizations can help you find providers and access your Health First Colorado benefits and services.



Scenario 3

Members who have a new primary care provider and/or a new regional organization.

Note: These members will receive a letter from Health First Colorado with information about their primary care provider and regional organization.

For regional organization changes:

- On July 1, your assigned regional organization will change. You either have Rocky Mountain Health Plans, Northeast Health Partners, Colorado Community Health Alliance, or Colorado Access as your regional organization. These organizations are also known as Regional Accountable Entities (RAEs).
- You can find your regional organization on your enrollment letter or in the Health First Colorado mobile app beginning July 1, 2025.
- Your Health First Colorado benefits and services are not changing.
- Regional organizations can help you find providers and access your Health First Colorado benefits and services.



COLORADO
Department of Health Care
Policy & Financing

General ACC Phase III Talking Points

Key Messages

- **Your Health First Colorado benefits and services are not changing.**
- These changes have no impact on your Health First Colorado renewal process. You should proceed with your annual renewal as usual. More information on the renewal process is on the Health First Colorado website.

Talking Points for Specific Scenarios

How County Human Services Can Support



Scenario 1

Members who do not receive a letter about this change, but may have heard about it from friends or family.

Verify whether regional organization or PCP changed



Scenario 2

Members who are assigned to a regional organization that is no longer covering certain areas of the state.

Use talking points to help members understand changes. Direct members to new RAE.



Scenario 3

Members who have a new primary care provider and/or a new regional organization.

Use talking points to help members understand changes. Direct members to new RAE or enrollment broker (PCP change).



Scenario 4

Members who are enrolled in a managed care health plan.

Disenrollment information is in their letter

Other Member Communications Resources

Additional Resources



Did you know?

Members are part of a regional organization that can help you navigate care and find resources.

Health First COLORADO



What Can a Regional Organization Do for You?

What is a regional organization?

Also referred to as "Regional Accountable Entities (RAE)", "Health Plan", or "Regional Health Plan"

How does my regional organization help me?

Physical Health

Regional organizations work with health care providers to ensure members receive coordinated care for physical needs, including medical, vision, and dental. Members can also get any physical health provider who takes Health First Colorado.

How else does my regional organization help me?

Some members may not need to get their needs met by their regional organization. Members can:

- Coordinating between health care providers
- Connecting members with health care providers
- Helping you access health care services



Care Coordination

What is Care Coordination?

All regional organizations are required to help Health First Colorado members get the care they need. Members who are able to get most or all of their health care needs met by their provider would likely not work directly with their regional organization.

For members who have more complex needs and receive services from multiple state agencies, the regional organization is available to work with the member and their different providers to support improved coordination of services.

Care coordinators help connect and support members to reach their health goals. They navigate between different health care providers and other organizations or programs like Case Management Agencies, Medicare, and even local community-based organizations like the food bank. They can also help arrange transportation to and from medical appointments.

Regional organizations may provide care coordination directly or through another agency. Regional organizations are responsible for helping members access care coordination either way.

Frequently Asked Questions

How much will Care Coordination cost me?

Care coordination is provided at no cost to Health First Colorado members. It is part of your benefits.

How do I know if I'm eligible for Care Coordination?

Any Health First Colorado member is eligible for care coordination. Depending on your needs, your RAE may work with you directly or connect you with another care coordinator with the skills and experience to navigate your specific situation and needs.

What is the difference between care coordination and case management?

In Colorado, care coordination and case management refer to different types of services. Care coordination refers to services provided to any Health First Colorado member through regional organizations and providers.

Some Health First Colorado Members who are enrolled in Long-Term Services and Supports (LTSS) may also work with a case manager through a Case Management Agency (CMA). CMAs help coordinate long-term care for people with disabilities and older adults in Colorado.

CMAs and regional organizations are both affiliated with HCPS but serve different purposes. In some communities, the CMA and regional organizations are both run by the same company (for example, Rocky Mountain Health Plans).

What if I already have a care coordinator or case manager from a different organization or provider?

If you are already working with someone at a different organization and they are meeting your needs, that is great! However, if you're having trouble navigating your Medicaid benefits as a Health First Colorado member, it may be helpful to work with a care coordinator through your regional organization for additional support.

Care Coordination sounds like a great idea for me. How do I get help?

Contact your regional organization and ask them how to get connected to care coordination.



COLORADO
Department of Health Care
Policy & Financing

Who to Contact, When

For What	Who	How
A member needs help finding a provider.	Regional organization	Colorado Access Colorado Community Health Alliance Northeast Health Partners Rocky Mountain Health Plans
A member has questions about their benefits and services.	Regional organization or Health First Colorado Member Contact Center	Regional Organization info above or Toll Free: 1-800-221-3943 State Relay: 711
A member wants to change their primary care provider	Health First Colorado Enrollment	Toll Free: 1-888-367-6557 State Relay: 711
A member needs care coordination	Regional organization	Colorado Access Colorado Community Health Alliance Northeast Health Partners Rocky Mountain Health Plans



Questions?



A background image showing two young women, one with her hair in a bun and the other with curly hair, sitting at a desk and looking at a laptop. They appear to be in a modern office or lab environment with various equipment and a green exit sign visible in the background.

Thank You!

For your continued efforts supporting members through upcoming changes.

Community First Choice (CFC), Wellness Education Benefit (WEB), and New Children with Complex Health Needs (CwCHN) Waiver

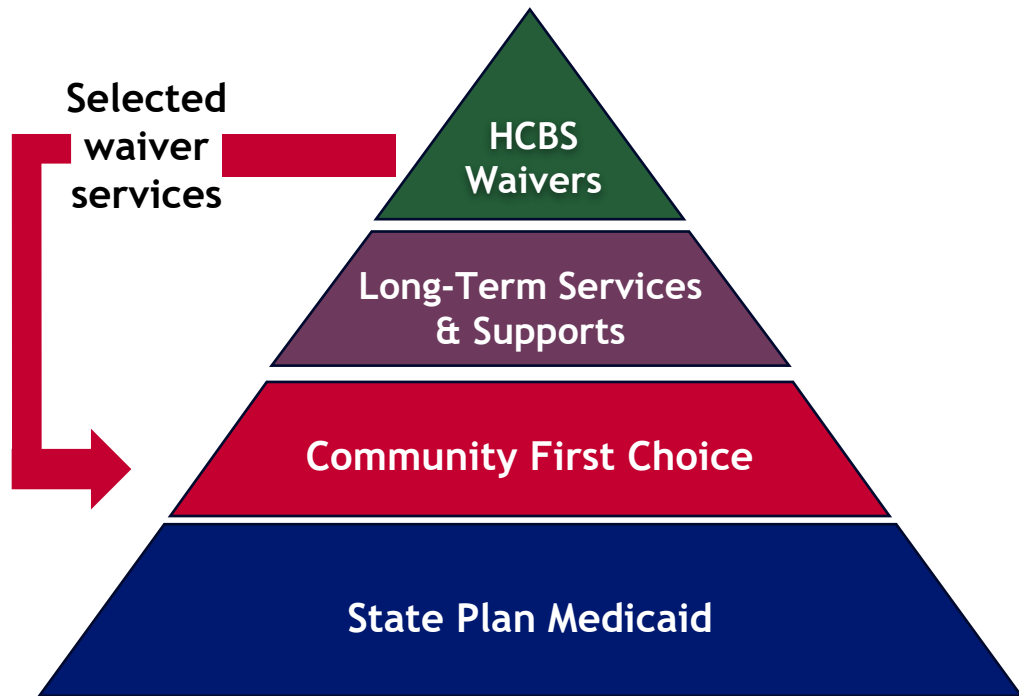
Lana Eggers, Waiver Innovation and Compliance Section Manager

Community First Choice (CFC)

- CFC is a Medicaid program that expands services and service delivery options for all Health First Colorado (Medicaid) and Home and Community-Based Services (HCBS) members who need long-term care
- CFC will be available on July 1, 2025
- CFC moves certain HCBS benefits out of 1915(c) waivers and makes them available to all eligible Health First Colorado members

Community First Choice Services

Goal of CFC: Making HCBS accessible for more Medicaid members with expanded options and availability for self-directed care



CFC services available:

- Homemaker (with new task called Acquisition, Maintenance, and Enhancement of Skills)*
- Personal Care (with new task called Acquisition, Maintenance, and Enhancement of Skills)*
- Health Maintenance Activities*
- Home Delivered Meals
- Personal Emergency Response System: Electronic Monitoring, Medication Reminders
- Remote Supports
- Remote Supports Technology
- Transition Setup

*Includes option for self direction through CDASS or IHSS



CFC Eligibility

- CFC does not create a new eligibility category or aid code under the Medicaid State Plan and does not increase the financial eligibility threshold for Members seeking Long-Term Care.
- To enroll in CFC, individuals must either be financially eligible for the Medicaid State Plan or, if they are not financially eligible for Medicaid State Plan alone, they may become eligible at the higher long-term care income threshold by being enrolled in an HCBS waiver and receiving at least one waiver service per month.

CFC Eligibility

- CFC services are available to Members of all ages and are not based on disability or diagnosis. All individuals are eligible for CFC if they are either:
 - Eligible for Health First Colorado state plan benefits, meet an institutional level of care (LOC) as determined by a Case Manager using the state prescribed Level of Care assessment and have an assessed need for a CFC service(s).

OR

- Eligible for Health First Colorado long term care benefits, meet an institutional level of Care (LOC), enrolled in an HCBS waiver program, receiving at least one waiver service per month, and have an assessed need for a CFC service(s).

Age-appropriate guidelines will still apply when assessing children's level of care.

Wellness Education Benefit (WEB)

- The WEB provides individualized educational materials designed to reduce the need for a higher level of care.
- Launched May 2024 for CHCBS members and expanded to all HCBS members May 2025
- Articles are individualized and physically mailed to HCBS waiver members
- Acts as a monthly waiver service and can help members maintain waiver eligibility

WEB Example



Wellness Education Benefit



March 2024



Cholesterol Management

Treatment can include lifestyle changes



Cholesterol is a waxy substance that's found in all cells of your body. Your body needs some cholesterol, but having too much is linked to higher risks of heart disease and stroke. The only way to find out whether your cholesterol level is high is by having a blood test.

Treatment for high cholesterol levels includes lifestyle changes like a healthy diet, weight management, and physical activity. Taking a cholesterol-lowering medicine is sometimes necessary.

If you are thinking of taking a supplement to help manage your cholesterol, consider:

- Some soy products can have a small cholesterol-lowering effect. Soy foods are more effective than soy protein supplements.
- Some studies indicate whole flaxseed has some benefit in lowering cholesterol. Flaxseed oil did not have the same effect.
- Garlic supplements can help lower cholesterol if taken for more than 2 months.
- Green tea may have a cholesterol-lowering effect.

Other supplements have been found to have little effect on cholesterol. No supplement has been found to be as effective as cholesterol-lowering drugs.

National Center for Complementary and Integrative Health

WEBC0002



What to Expect

- The WEB expanded in May 2025 and is now a waiver service option for all HCBS waiver members.
- The number of members utilizing the WEB is expected to increase from roughly 2,000 to up to 60,000 between May 2025 and May 2026.
- This means a potential increase in returned mail and member addresses in need of updating

Process for Address Updates

- The Department receives a list of members whose WEB articles were returned each month.
- The Department informs CMAs, who then conduct member outreach and update member addresses, so members receive the next month's WEB.
- There may be an increase in member addresses for counties to update. Counties will follow the current process and receive Change Reports through the Peak inbox and manually update member addresses.
 - This process is important to ensure members receive potentially their only monthly waiver service and are able to maintain their waiver eligibility

Children with Complex Health Needs (CwCHN)

- With Community First Choice (CFC) implementation in July 2025, In-Home Support Services - Health Maintenance Activities will be moved from the Children's Home and Community-Based Services (CHCBS) Waiver into CFC
 - This will leave only the WEB on the CHCBS waiver
- The existing CHCBS waiver population will merge with the Children's Life Limiting Illness Waiver (CLLI) and create the CwCHN Waiver

CwCHN

- The CwCHN Waiver will include all current CLLI Waiver services, plus the WEB
 - Services available to CHCBS members will increase
 - Services available to CLLI members will remain the same
- The CwCHN Waiver will have expanded eligibility criteria to include the CHCBS and CLLI Waiver populations
- CHCBS Waiver members will transition to the CwCHN Waiver at the time of their annual Continued Stay Review (CSR)
- No action required for CLLI Waiver members

What to Expect

- The CwCHN waiver will **not** require the unique parental income consideration that CHCBS currently requires. The CwCHN waiver will align financial eligibility determination criteria with all the other children's waivers.
- This means that financial eligibility for the CwCHN waiver will only be determined using the member's (child's) income.

Questions?



Buy-In Program for Working Adults with Disabilities (WAwD) with Home & Community Based Services (HCBS)

June 2025 Project Update

Nancy Brenes | Adult Medical Policy Specialist

What Was Proposed

- Discontinue auto-enrollment into Working Adults Buy-In with HCBS at enrollment & first renewal. Members wouldn't be auto-enrolled in a premium paying program.
- Members would need to opt-in to Working Adults Buy-In with HCBS
- Members would be automatically reviewed for Long Term Care (LTC) eligibility

What Happened

- System issues and escalations when reinstating premiums
- Complexity with [Long Term Services & Supports \(LTSS\) stabilization](#) and CHP+ Continuous Eligibility project

What's Happening Now

June 2025 Working Adults Buy-In project has been **DELAYED** for at least a year

- It is imperative that HCPF does not continue to introduce new system updates until [Long Term Services & Supports \(LTSS\) stabilization](#) is complete (planned through 2025)

What Does This Mean?

- The eligibility determination process for Working Adults Buy-In with or without HCBS remains the same.
- Any member, including those who are also receiving HCBS services, can opt out of Working Adults Buy-In at any time.
- Premiums have been reinstated as planned for Buy in programs, including Working Adults Buy-In members.

Contact

For Working Adult Buy-In members and advocate questions call the Colorado Medical Assistance Program (CMAP) at 1-(800) 711-6994

For Working Adults Buy-In program policy questions:
nancy.brenes@state.co.us

Project CCPM -10595

CBMS MA Renewal CMS Guideline

Updates

June 2025

Haydon Bestle | Eligibility Systems

Gayle Fowler | Eligibility Systems

Ana Bordallo | Eligibility Policy Lead

Policy Summary

On March 15, 2024, the Centers for Medicare & Medicaid Services issued guidance to all states, outlining important information for conducting renewals consistent with federal Medicaid and Children's Health Insurance Program(CHIP+) requirements.

The Department's goal is to comply with the federal renewal requirements to ensure that individuals eligible for Medicaid or CHIP can successfully renew their coverage. If the Department fails to comply with these federal renewal requirements, the Department anticipates that CMS may place it on a corrective action plan until the renewal process is adequately addressed and brought into compliance.

Project Implementation

The Department will implement the CMS renewal requirements in different phases because of how big the scope of these changes are. The goal for completing all requirements is no later than June of 2027.

Phase 1: Project CCPM 10595 is scheduled for June 2025 and will impact September 2025 renewals.

System Updates

Members who returned their renewal form or requested documentation by the end of their eligibility renewal period must maintain coverage until a final determination is made.

- CBMS will reinstate coverage immediately and automatically for individuals whose coverage was terminated at Final Review (15th of Renewal month).

Members who get terminated at final review and who submitted renewal form or documentation by the end of the eligibility renewal period.

- CBMS will automatically generate a **New Reinstatement Notice** to notify the member their benefit coverage has been reinstated and that a final determination has not yet been made.
- CBMS will generate a system case comment upon the automatic reinstatement of an individual.

County Dashboard Updates

- A column with an indicator and the ability to filter the column will be added when a renewal is extended for a member who returns their renewal form or documentation by the end of the eligibility renewal period.
- This indicator will help eligibility sites to keep track of their timeliness and compliance with performance standards.
- MAP Dashboards will continue to be the data source that will be used to hold eligibility sites accountable to meeting expectations.

System Updates

Children moving into a lower benefit category at Ex Parte.

- If a child is eligible in a lower benefit category, a renewal packet will be sent to the household. At final review if they do not return the renewal packet, the child must be enrolled in the new benefit category, such as CHP+.

Renewal VCL Cover Letter Language Updates

- New language to the renewal VCL cover letter was added to specify which members in the home we are requesting renewal documentation for.

Income Interfaces at Renewal

- During the MA Ex Parte process, CBMS will not check the income interfaces (FDSH/Equifax/IEVS) if income is verified within the 6-month lookback period.

PEAK Enhancements at Renewal

- When a Medical Assistance Renewal is in “Started Status” in CBMS, any changes reported in the Health First Colorado App or PEAK should not cause RTE to run for MA.
- The changes reported will go to the PEAK Inbox for processing.

What's Coming Next

HCPF Webinar June 26th 2025 2pm- 4pm

- Understanding the Changes and New Functionality for Renewals-Project 10595

HCPF Renewal MAP July 15th 2025 11-12:30pm

- Performance & Timeliness Overview for Renewals

Staff Development Division CPPM-10595 Medical Assistance (MA) Renewal Build Training June 18th

- Renewal Basics (WBT)
- MA Renewals (WBT)
- MA Rescind or Reapply
- MA Renewal for LTC and Buy Population
- Timeliness Desk Aid
- Acceptable Forms for RRR
- LTC RRR Renewal Part 2

Medical Assistance Renewal Document Updates

- MA Renewal Workbook
- Renewal Guidance For MA Programs Memo
- MA Renewal Updated FAQ

Thank you!



Update on June Meeting



