



**COLORADO**

Department of Health Care  
Policy & Financing

303 E. 17th Avenue  
Denver, CO 80203

# Changes to Health First Colorado (Colorado's Medicaid program) Substance Use Disorder Benefit Requests

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## *Frequently Asked Questions*

**Q: What has changed for Health First Colorado members who need Substance Use Disorder (SUD) services and benefits?**

**A:** Some SUD services and benefits have always needed prior approval before members can use them. The approval happens through a prior authorization request (PAR). A new law has changed the process for SUD PARs. Now, members or providers can ask for a second PAR review if a PAR is denied or reduces member benefits.

Members must complete the appeals process after their first PAR denial or reduction before a second review can happen. This change happened because of [a new Colorado law: Senate Bill 21-137 Behavioral Health Recovery Act, Section 9](#).

**Q: When can a second review happen?**

**A:** After the first PAR denial or reduction, the member must file an appeal. Information on how to appeal will be in the PAR denial letter. If the member loses the appeal, then the member or their provider can ask for a second review.

**Q: Who can request the second review?**

**A:** Members or Health First Colorado providers can request a second review, but the review must have a provider who also agrees to support the request. A Health First Colorado provider must complete a SUD Request Form at [ColoradoPAR.com](http://ColoradoPAR.com). Members can ask a Health First Colorado provider to complete this form. Providers can decide whether to do so. They are not required to support a second review. If a member is having trouble finding a provider to support the second review, the member should contact their [regional organization](#) for help.

**Q: How can a Health First Colorado member ask for a second review?**

**A:** The member can email [hcpf\\_sudreviewrequest@state.co.us](mailto:hcpf_sudreviewrequest@state.co.us) to ask for a second SUD PAR review. To protect their privacy, members should **not** include any personal information in the email. Name and phone number are enough to start the process. Health First Colorado staff will call the member.

During the phone call, the member must provide their name, date of birth, Health First Colorado ID number, and the approximate date of the original denial for SUD services (if known). If the member does not already have a provider to support the second review, Health First Colorado will contact the member's [regional organization](#) for help.

**Q: What happens if the member cannot find a provider to support the request for the second review?**

**A:** The member's [regional organization](#) can help find a provider who will support the second review. If the regional organization cannot find a provider who thinks a second review is needed, the second review will be canceled.

**Q: What needs to happen before making a second review request?**

**A:** First, the member must go through the appeals process after their first PAR denial or reduction. Information on how to appeal is in the letter that denied the first PAR request. Members can also get information about appeals through their [regional organization](#).

If a member asks for a second review, Health First Colorado staff will check to make sure the member completed the appeals process. If the appeals process has not been completed, the request for a second review will be placed on hold.

After confirming the member appeals process has been completed, Health First Colorado will contact the member's regional organization to get copies of all the clinical documentation from the first review. The regional organization will have 72 business hours to send those records. After Health First Colorado confirms all records have been received, they will share those records with Acentra, the contractor who performs the second review.

**Q: Who performs the second review?**

**A:** Health First Colorado is working with Acentra, a 3rd party contractor, to perform second reviews. Nurses and physicians at Acentra who have experience with substance use disorders will make the second review decision.

**Q: How does Acentra complete its review and how long does it take?**

**A:** Acentra uses [nationally recognized medical necessity criteria created by the American Society of Addiction Medicine \(ASAM\)](#) to perform the reviews. Acentra is only allowed to review the documentation that was used in the first PAR review decision. Nurses and physicians with experience in SUD treatment will make the decision.

Acentra has 10 business days to complete their review. Acentra will either agree with the original decision to deny or reduce the requested SUD services, or they may overturn the denial, and approve some or all of the services. **Acentra's decision is final and cannot be appealed.**

**Q: How will Acentra let everyone know about their final decision?**

**A:** Acentra will document their decision in their Provider Prior Authorization Portal online. They will also mail a letter to the member and the provider who requested the review, and email copies of those letters to the member's [regional organization](#).

**Q: What happens next for members after Acentra's review?**

**A:** Providers and members should contact their [regional organization](#) after they receive Acentra's decision letter. The regional organization can answer all questions about next steps and treatment options.

## What needs to happen before making a second review request?

