



COLORADO

Department of Health Care
Policy & Financing

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State Bill 21-137, Section 9, Frequently Asked Questions: Secondary Medical Necessity Substance Use Disorder Reviews

Frequently Asked Questions July 2023

Q: What is State Bill (SB) 21-137 Section 9?

A: SB 21-137 Behavioral Health Recovery Act, Section 9, is a Legislative Bill passed by the General Assembly of the State of Colorado in 2021. Section 9 requires the Department to contract with an external vendor starting July 1, 2023. The vendor will conduct a secondary medical necessity review after a denial or reduction of residential or inpatient services for Substance Abuse Disorder (SUD) treatment occurs. The Members appeals process must be exhausted before a secondary medical necessity review request can be completed.

Read more about the Bill at:

https://leg.colorado.gov/sites/default/files/2021a_137_signed.pdf

Q: How do you define an “exhausted” appeal?

A: The Department will confirm the Member received a hearing on the original denial with the Administrative Law Judge (ALJ), and the ALJ upheld the original RAE denial or reduction in services. If the ALJ process has not been completed, the request will be placed on hold. If the ALJ overturns the RAE’s denial, the request will be cancelled.

Q: How does a Provider request the secondary medical necessity review?

A: A Provider, enrolled in Health First Colorado, must fill out a SUD Request Form located here: <https://hcpf.colorado.gov/par>. The Provider is required to attest to the appropriate level of access to the Members SUD Data. Upon completion of all required fields, the requests form automatically uploads to hcpf_sudreviewrequest@state.co.us the Department’s dedicated SUD email inbox. General inquiries may also be sent here.

Q: Can a Medicaid Member initiate the review?

A: A Member may initiate the review process by submitting a request to hcpf_sudreviewrequest@state.co.us. The Member must include a phone number so a Department representative can contact the Member. The Member should *not* include any personal information in the email to protect their privacy.

During the phone call, the Member must provide their name, date of birth, Medicaid ID, the name and contact information of a Provider who agrees to request the second review, and the approximate date of the original denial for SUD services (if known). A Department

representative will contact the Provider to confirm their agreement to assist in submitting the SUD Request Form.

Q: What if the Provider refuses to sponsor the request?

A: Department staff will refer the Member to their RAE for assistance in identifying an alternate Provider. If the RAE cannot identify a Provider, then they will notify the Department and the request will be cancelled.

Q: Which external vendor will perform these reviews?

A: The Department contracted with Kepro, its third-party fee-for-service Utilization Management vendor.

Q: What is Kepro's review process?

A: Kepro will review the documentation that was included in the original RAE review and denial. Information or documentation from prior appeals *is not* included in Kepro's review. Kepro clinical staff, certified by the American Society of Addiction Medicine (ASAM), will perform the reviews. Kepro has 10 business days to complete their review. Kepro will agree with the RAE's original denial or overturn the denial and approve some or all of the services. Kepro's decision is final and cannot be appealed. Read more about ASAM criteria visit: <https://www.asam.org/asam-criteria>

The Department will contact the Member's RAE to obtain a copy of all the clinical documentation from the original denial. The RAE will have 72 business hours to share the clinical documentation. The Department will deliver the original request documents to Kepro.

Q: How will I know the outcome of Kepro's review?

A: Kepro will document its decision in Atrezzo, their Provider Portal. Kepro will mail letters to the requesting Provider, and the Member, and the Department will send a letter to the attributed RAE.

Q: Who should a Provider or a Member contact after Kepro's review?

A: Providers and Members should contact the RAE the Member is attributed too after Kepro's review. The RAE can answer all questions about next steps or discuss treatment options. For more information and contact information for the RAEs, please visit <https://hcpf.colorado.gov/acphase2>