RMHS
Rocky Mountain Human Services

## Funding Hierarchy Changes- Effective 7/1/2026

EI Colorado has recently announced changes to the funding hierarchy to remove non-Trust eligible policies for providers who are out-of-network. This change is retroactive for dates of service beginning 7/1/26, and we thank you for your patience as we have been working to implement these changes. EI Colorado Funding Hierarchy Guidance

Per EICO, documentation is still needed to show that a provider is out-of-network with the child's insurance and is unable to submit claims. RMHS does not currently have the infrastructure to maintain a database of subcontractors' network statuses with individual payers, so we have created a new **Out-of-Network Private Insurance Exemption Form** for providers to attest that they are unable to bill the child's insurance.

The form can be found under our website under Forms For Providers - RMHS

**When do forms need to be submitted?**
Please submit exemption forms at the onset of services, prior to invoicing RMHS. Exemptions will be granted through a child's age-out date, unless the family changes insurance, a new provider is selected, or if the provider becomes in-network with the payer. A new form will need to be submitted if a child is participating in Extended Part C next summer or has not yet entered Extended Part C this summer. Forms no longer need to be renewed at the time of the child's Annual IFSP!

**Do I still need to submit benefits verification documentation?**
No, out-of-network providers only need to attest via the new form that they are out-of-network and cannot bill the child's insurance. In-network providers may still submit documentation that private insurance will not pay if they want to seek an in-network private insurance exemption.

**What if I have an existing exemption?**
We are working to extend the end dates of any exemptions that were active on 7/1/26 to now expire on the age-out date of the child. This *does* include any existing exemptions for children already participating in Extended Part C this year. If an insurance exemption expired prior to 7/1/26 has not been renewed, please submit a new request.

**What if a child has secondary Medicaid/ Denver Health Medicaid, or CHP+**
Out-of-network exemptions *can* be granted when there is secondary coverage. In-network

providers still cannot obtain insurance exemptions when there is secondary public insurance.

**Where do I send the form?**
Please continue to submit forms via encrypted email (Mimecast is *highly* encouraged) to Eligibility@rmhumanservices.org. Please do not submit requests through our Optimax invoice submission portal. We have the eventual goal of transitioning the Eligibility inbox into the Optimax portal but are prioritizing other future projects in the portal ahead of this, such as setting up direct deposit--still no date to announce on that, but just an assurance it is a priority we are working on!

**What if my discipline is never able to bill insurance?**
Providers who can never bill insurance/Medicaid do not need to submit exemption request forms. This change primarily impacts OT's, PT's, SLP's and Audiologists.

**In-Network Providers**
In-network providers can still bill insurance for non-Trust eligible policies and continue to send RMHS any EOB's with the corresponding contact notes for any patient responsibility. In-network providers can still opt to submit documentation that insurance will not pay for services using the "old" exemption form, now renamed the **In-Network Private Insurance Exemption Form**

**What if a policy is Trust eligible?**
RMHS will remain the responsible biller for all Trust eligible policies and providers cannot submit claims to insurance, regardless of network status. If you are unsure if a policy is Trust eligible or if Trust verification is still pending, it is safest to submit the exemption request form to ensure billing is not denied.

**What training materials are available for this change?**
We are still working to update our existing training materials and our Provider Manual. Please be on the lookout for more information to come!

**Do I still need to submit DHMC PAR requests?**
Yes, this change to the funding hierarchy does not impact children with primary Denver Health Medicaid. If you are contracted for RMHS to bill DHMC on your behalf, you will still need to submit a PAR form to the Eligibility inbox at the onset of services or if there is any change to the plan of care (frequency, change in CPT codes, etc.) Please be sure to include any eval codes you may be billing for annual eligibility redeterminations!

RMHS
Rocky Mountain Human Services

**Can I get an exemption for CHP+?**
CHP+ remains in the funding hierarchy. RMHS expects providers to be able to accept CHP+ clients, but providers who are not contracted should not accept CHP+ referrals. Please remember that Denver Health CHP+ and Kaiser CHP+ policies should always be Trust eligible. Standard (Colorado Access) CHP+ is not Trust eligible. Providers are responsible for verifying public insurance plans in the HCPF portal at the onset of services and on a monthly basis. Colorado Access recently removed the requirement of prior authorization for EI services if you've been waiting for your sign to contract with them!

**What if I have additional questions?**
Please reach out to Billingquestions@rmhumanservices.org

**This was a lot of information- what action do I need to take?**
If you are out-of-network with an insurance company and taking on new cases, please submit the new Out-of-Network Private Insurance Exemption request attesting that you are unable to bill the child's insurance.

If you are in-network with insurance or your discipline can never bill private insurance, no changes to your current billing practices are needed.

If a child already had an active exemption in place on 7/1/26, no action is needed and the exemption will be extended to the child's age-out date.