



Automated Medical Payments

Medicaid Bulletin

Colorado Title XIX

Fiscal Agent


600 Seventeenth Street
Suite 600 North
Denver, CO 80202

Medicaid Provider Services

303-534-0146
1-800-237-0757

Mailing Addresses

Claims & PARs
P.O. Box 30
Denver, CO 80201-0030

Correspondence, Inquiries & Adjustments
P.O. Box 90
Denver, CO 80201-0090

Provider enrollment, Provider information,
Changes, Signature authorization,
and Claim requisitions
P.O. Box 1100
Denver, CO 80201-1100

Medicaid Fiscal Agent Information on the Internet

coloradomedicaid.acs-inc.com

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Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

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Distribution: Nursing Facility, Hospital,
HCBS, MHASA and SEP providers

June 2002

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Utilization Review for Long Term Care Programs

In an effort to control utilization and ensure that clients are accessing medically appropriate level of services, the State and its contractors perform utilization reviews. For Long Term Care (LTC), utilization review includes:

- Prior authorization of admissions into LTC programs and
- Regular review of continued stay requests in LTC programs.

For many years, the Colorado Foundation for Medical Care (CFMC) has contracted with Colorado Medicaid to conduct utilization review for LTC programs. CFMC will continue to provide this service for Medicaid, but there will also be three additional contractors in some areas of the state.

Effective April 1, 2002, four contractors began conducting utilization review activities for Medicaid's LTC programs. The contractors include CFMC, and three Single Entry Point (SEP) agencies throughout the State that are participating in a test study. The SEPs that have contracted with the State include:

- Adult Care Management, Inc. in Boulder County,
- Alamosa County Nursing Service, and
- Mesa County Department of Human Services.

Each of the three SEP contractors is responsible for conducting prior authorization and continued stay request reviews for certain LTC programs in their area (see the map included with this bulletin for each SEP's area). SEPs have been involved in long-term care eligibility determinations and are familiar with the tasks that have been performed by CFMC. To make certain review administration is accurate, the SEPs will be trained and overseen by the Balance of State Contractor, CFMC. This study will determine the effectiveness of having some reviews conducted on a local level rather than the state level. The test study will last for approximately one year. Then it will be evaluated and either continued, expanded, or discontinued.

In addition to the increase in utilization review contractors, the utilization review of some LTC programs will change from the State to the Department of Human Services (DHS). DHS will assume the responsibility for utilization review activities for four programs. The programs include:

- Children's Habilitation Residential Program (CHRP)
- Residential Treatment Centers (RTC)
- Developmental Disabled (DD)
- Supported Living Services Waiver (SLS)

DHS will perform all tasks related to the prior authorization of admissions into these programs and the review of continued stay requests. Providers should forward admission and/or continued stay requests for these programs to DHS and not CFMC.

What Does All This Mean to Providers?

Providers will see only small changes in the old ULTC 100 submission process, and in some areas, no change at all. Only the following counties will be affected:

- | | | |
|----------------|-------------|---------------|
| 1. Boulder | 4. Costilla | 7. Mineral |
| 2. Clear Creek | 5. Gilpin | 8. Rio Grande |
| 3. Conejos | 6. Mesa | 9. Saguache |

The primary change for these areas will be *where* to send a ULTC 100 when requesting admission or continued stay in programs for Medicaid clients. For certain programs the ULTC 100 needs to be sent to the SEP rather than CFMC. The following programs will be reviewed by the SEPs in the three identified areas:

1. Class I, II and IV Nursing Facilities and Pre-Admission Screening Annual Resident Review (PASARR) reviews
2. Home and Community Based Services (HCBS) for the Elderly, Blind, or Disabled Waiver
3. HCBS Mentally Ill Waiver
4. HCBS Brain Injury Waiver
5. HCBS Persons Living with AIDS Waiver
6. Program for All-inclusive Care for the Elderly (PACE)
7. Estate Recovery

For admission or continued stay requests for these seven programs, send the ULTC-100 to the agencies listed below.

For clients residing in the following counties:

- Boulder
- Clear Creek
- Gilpin

Send ULTC 100s to:

Adult Care Management, Inc.
12 Garden Center, #220
Broomfield, CO 80020-1700

For clients residing in the following counties:

- Conejos
- Costilla
- Mineral
- Rio Grande
- Saguache

Send ULTC 100s to:

Alamosa County Nursing Services
403 Santa Fe Avenue
Alamosa, CO 81101

For clients residing in the following counties:

- Mesa

Send ULTC 100s to:

Mesa County Department of Human Services
P.O. Box 20000
Grand Junction, CO 81502-5035

Additional changes

Although the most significant changes in the utilization review process are related to the reviewing agencies, some changes have also been made to the rules and guidelines for specific programs. These changes include:

- HCBS-Brain Injury – The frequency of continued stay reviews has been reduced to every six months for the first year and annually thereafter.
- HCBS-Brain Injury – Minor changes in the calculation of hours and reimbursement rates have been made for relative personal care services.

To support these changes, it is very important to complete the ULTC-100 forms accurately. Inaccurate and/or incomplete forms delay the review process and may be returned to the provider. Below is a list of fields that **must** be complete and correct:

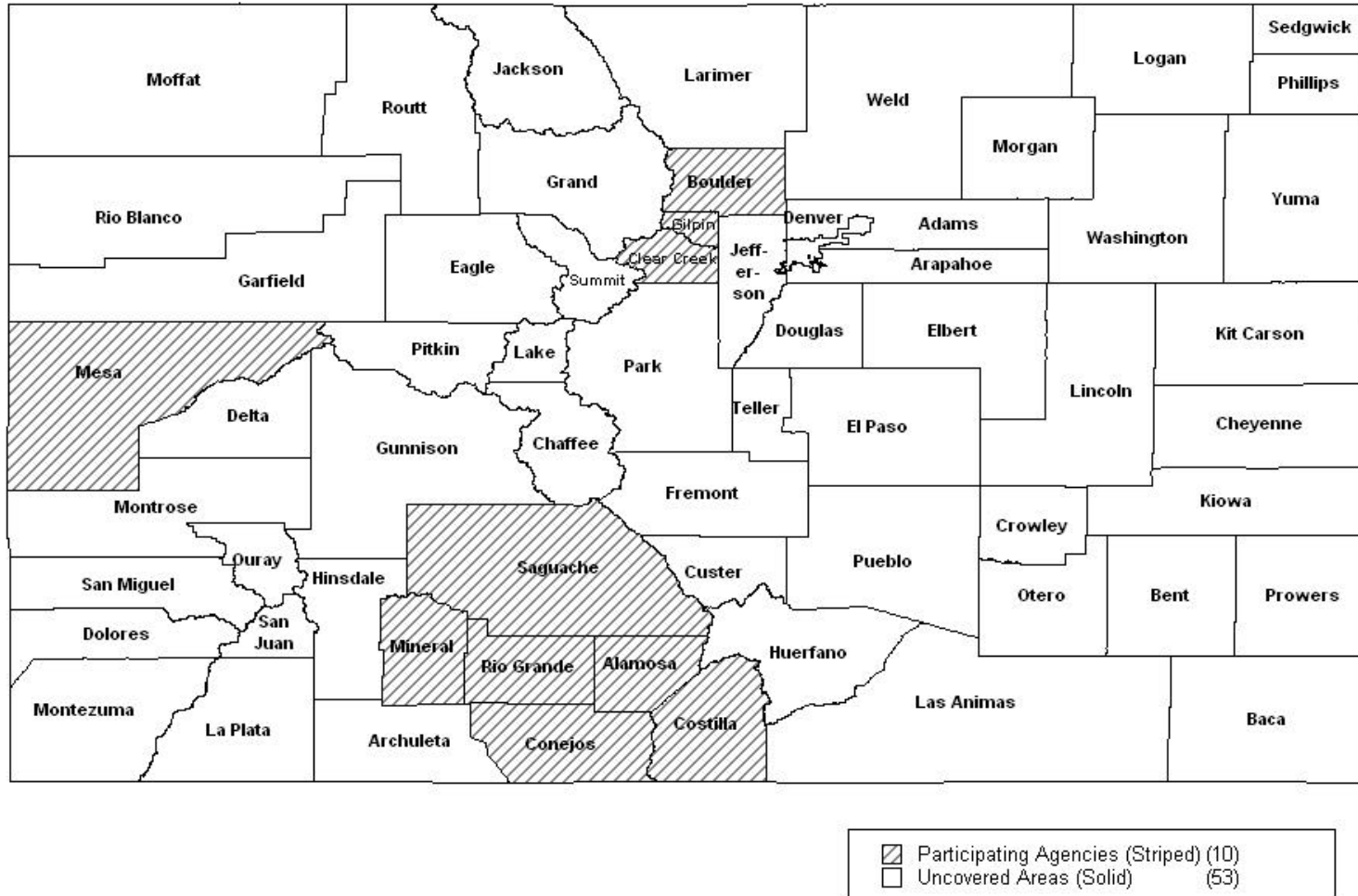
- ✓ Client's Social Security Number (not Medicare number)
- ✓ Client's Name
- ✓ Client's Address
- ✓ Client's Date of Birth
- ✓ Client's County of Residence
- ✓ Client's Medicaid Number or date of Medicaid application. Client **must** have applied to the County Department for Long Term Care Medicaid.
- ✓ Current diagnosis including any known diagnosis of depression, mental illness or developmental disability.
- ✓ Primary medications, treatments and therapies
- ✓ Physician Signature.
- ✓ Date of physician signature.
- ✓ Physician's Colorado License Number
- ✓ Legible signature of assessor on Page 6 and date assessment was completed.
- ✓ Additional information in the comment section on Page 6 pertaining to the client's condition not listed elsewhere on the ULTC -100.

Instructions for PASARR Level 1 reviews are outlined on the ULTC -100 and are sent to the same agency that receives the ULTC-100. SEPs are responsible for forwarding Level 1 screens to CFMC. CFMC is responsible for all Level 1 reviews.

Please direct questions about Medicaid billing or the information in this bulletin to
Medicaid Provider Services at:

**303-534-0146 or
1-800-237-0757 (toll free Colorado).**

UTILIZATION REVIEW COVERAGE



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