COLORADO
Department of Health Care
Policy & Financing

Provider Bulletin

colorado.gov/hcpf

In this issue:

**Xerox State Healthcare
Denver Club Building
518 17th Street, 4th floor
Denver, CO 80202**

Contacts

Billing and Bulletin Questions
800-237-0757

Claims and PARs Submission
P.O. Box 30
Denver, CO 80201

**Correspondence, Inquiries, and
Adjustments**
P.O. Box 30
Denver, CO 80201

**Enrollment, Changes, Signature
Authorization and Claim
Requisitions**
P.O. Box 1100 Denver, CO 80201

ColoradoPAR Program PARs
www.coloradopar.com

Did you know...?

If you order, prescribe, or refer items or services to Medicare or Medicaid patients, new ACA regulations may impact your business – and not just Health First Colorado providers, these regulations apply to any health care provider who may order, prescribe, or refer items or services. Watch this short video to learn more!

All Providers

Health First Colorado Provider Enrollment and Revalidation Update

Reminder: All Health First Colorado (Colorado's Medicaid program) and Child Health Plan *Plus* (CHP+) providers should have already begun the process for enrolling/revalidating providers and sites into the new Medicaid Management Information System, the Colorado interChange.

Web Portal Training - Registration

Web Portal Training
Training Sessions Begin
10/3/16. Register Now!

Training Schedule

Click Here for the Training Schedule

Click Here for Registration Instructions

All Ordering, Prescribing, or Referring (OPR) Providers Must be Enrolled in the New Colorado interChange

The Affordable Care Act (ACA) now requires physicians and other eligible practitioners to enroll in the Medicaid program to order, prescribe, and refer items or services for Medicaid members, even when they do not submit claims to Medicaid. Claims listing an OPR provider that is not enrolled cannot be paid. Visit Colorado.gov/HCPF/OPR for more information.

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources
colorado.gov/hcpf
October 2016

Any pharmacy claims, including refills, with an unenrolled prescriber will be denied. If you know of any such prescribers, please contact them and let them know that they must enroll to continue to order, prescribe, or refer items or services for Health First Colorado (Colorado's Medicaid program) members.

Need Provider Enrollment or Revalidation Assistance?

Please call the Health First Colorado Enrollment and Revalidation Information Center at 1-800-237-0757, option 5.

ColoradoPAR

New Training and Educational Documents Available

Three (3) new guides are available to help providers better navigate eQSuite®.

The guides can be found in the Provider Education/Training section of the [ColoradoPAR website](#). These guides address frequently asked provider questions, such as:

1. <u>Checking the Status of Your Prior Authorization Request (PAR)</u> – This document provides instructions on how to check the status of a PAR submitted online via eQSuite®.
2. <u>Review Status Notifications</u> – This document defines each review status notification (e.g., Awaiting Required Attachments, Pended for Additional Information) that providers receive via email and includes instructions on how to take action for each status.
3. <u>Finding Your PAR Number</u> – This document details three different methods to help providers locate PAR numbers in eQSuite®.

Please continue to check the Provider Bulletin, as well as [ColoradoPAR.com](#) for announcements regarding new training and educational documents.

Introducing Colorado's New Medicare-Medicaid Advocate

Did you know Colorado has an advocate for clients who have both Medicare and Health First Colorado (Colorado's Medicaid Program) and are members of Health First Colorado Accountable Care Collaborative for Medicare and Medicaid Enrollees?

The Colorado Medicare-Medicaid Advocate is available – free of charge – to help your clients and patients resolve problems with their health care services. Examples include issues with Medicare and Health First Colorado covered care such as behavioral health care, durable medical equipment, supplies and prosthetics, as well as other services and supports.

As of Summer 2016, Colorado Medicaid will be known as
Health First Colorado (Colorado's Medicaid Program).
Visit HealthFirstColorado.com for more information.

Watch our video and learn more by clicking the icon below:

▶ PLAY VIDEO

The Colorado Medicare-Medicaid Advocate can:

- Investigate coverage or problems with Medicare or Health First Colorado
- Explain information from Medicare, Health First Colorado, or care coordinators
- Help file a complaint or grievance
- Help with an appeal if services are denied, reduced, or stopped

Your clients may qualify for help from the Colorado Medicare-Medicaid Advocate if they have no other private or public health insurance such as Medicare Advantage, TRICARE, the Program for All Inclusive Care of the Elderly (PACE), or Health First Colorado administered by Denver Health Medicaid Choice Plan.

The Colorado Medicare-Medicaid Advocate cannot help with questions or concerns related to Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).

The organization that coordinates care for your client through the Accountable Care Collaborative (ACC) is the best resource to help them keep track of their health care needs, communicate with doctors and other health care providers, and find social and community services in their area. Direct clients to co.gov/hcpf/mmp or 1-888-367-6557 to find the contact information for the organization that coordinates their care.

If your clients have reached out to the organization that coordinates their care but they need additional assistance, we encourage you to refer them to the Colorado Medicare-Medicaid Advocate. This advocate also serves as your ally and can help you and your clients navigate Medicare and Health First Colorado.

For providers and community partners, the Colorado Medicare-Medicaid Advocate can help directly address client concerns before they become larger issues.

With client permission, providers and community partners can also work directly with this advocate on behalf of those they serve.

The Colorado Medicare-Medicaid Advocate is part of Disability Law Colorado, formerly called The Legal Center. The Colorado Medicare-Medicaid Advocate is not employed by Medicare or Health First Colorado and is not an attorney.

Contact the Medicare-Medicaid Advocate:

Business hours: Monday through Friday - 8:30 a.m. to 5:00 p.m.	**Phone:** 303-722-0300 or toll free at 1-800-288-1376
Email: dlcmail@disabilitylawco.org	**Online:** disabilitylawco.org/MMA
Mail: Disability Law Colorado, Colorado Medicare-Medicaid Advocate 455 Sherman Street, Suite 130 Denver, CO 80203	

Accepting Applications for the Member Experience In-Person and Virtual Advisory Council with the Colorado Department of Health Care Policy and Financing

"Being on the Council has changed me for the better. I have an awareness that I'm actually trying to move in the world now." – In-Person Advisory Council Member

The Department of Health Care Policy and Finance (the Department) has created two (2) Member Experience Advisory Councils (formerly known as the Person and Family-Centeredness Advisory Councils) for Health First Colorado (Colorado's Medicaid Program) and Child Health Plan Plus (CHP+) members to get involved. The purpose of the In-Person and Virtual Advisory Councils is to help the Department develop and maintain a culture of person-centeredness by hearing from our members, family members, and caretakers who are not normally heard and to gather additional member, family member, and caretaker feedback.

The Department has updated the position descriptions and selection criteria for both Advisory Councils and is actively recruiting new members.

The **In-Person Advisory Council** meets no more than once a month in Denver. Mileage reimbursement and gift card incentives for participation are available. Review the In-Person Advisory Council position description for more information.

The **Virtual Advisory Council** provides feedback to the Department via email, surveys, or other online forums. In-person meetings are not required, and incentives for participation are not available. For a list of qualifications, please see the Virtual Advisory Council Member position description.

We need your help recruiting Health First Colorado and CHP+ members or their parents/caretakers to apply for both Advisory Councils. More information can be found online at Colorado.gov/HCPF/MFAC. You can also direct questions about the Advisory Councils to HCPF_peoplefirst@state.co.us.

Please encourage Health First Colorado and CHP+ members in your community to apply.

PainNet Access

The Department worked with the vendor of our Project ECHO Pain Management program, Community Health Center, to expand access to the program website known as PainNet, an online learning community that aims to improve pain care expertise amongst primary care providers. Current ECHO Pain participants have access to the website, and we are pleased to announce that the site is now available – free of charge – to other Health First Colorado primary care medical providers (PCMP) as well.

The PainNet learning community enables PCMPs to develop expertise to treat patients with complex chronic pain through a combination of archived Project ECHO Pain case presentations, resource libraries, community forums, and expert consultations. Providers and specialists are able to communicate through discussion boards, chat rooms, and direct messaging.

This is a great opportunity for providers who were unable to sign up for Project ECHO to access resources that can increase knowledge on how to manage chronic pain more effectively. Please refer to the PainNet Video for more information. Feel free to share information on this program with any PCMPs accepting Health First Colorado members.

Any providers who would like to sign up for access, please contact Agi Erickson. Please contact JD Belshe with any other questions about the PainNet program.

Recovery Audit Contractor (RAC)

The Department is pleased to announce that it has awarded Health Management Systems, Inc., (HMS) a contract to act as its Recovery Audit Contractor (RAC). In November 2009, President Barack Obama signed Executive Order 13520 that aimed to reduce improper payments by increasing transparency in the government and holding agencies accountable for reducing improper payments. A year later, Section 6411 of the Affordable Care Act was enacted, directing each state Medicaid program to establish a program in which it contracts "with 1 or more recovery audit contractors for the purpose of identifying underpayments and overpayments and recouping overpayments." To learn more about the final rules established for the Medicaid RAC program, click here.

The purpose of the RAC is to reduce improper Medicaid payments while also presenting billing education opportunities to providers to improve the accuracy of claims submitted to the Department for reimbursement. Under the RAC, all provider types will be audited.

While developing a new RAC agreement, the Department took many lessons learned from the previous contracts and incorporated them into a request for proposals (RFP). In addition, the Department contacted multiple stakeholder groups and professional associations for comment and input on the RFP through a request for information (RFI) that was posted in the fall of 2013. The results of these efforts led to the following changes in the new RAC agreement:

- Stronger quality assurance and control measures to improve the accuracy and quality of audits that are conducted;
- Additional contract language to ensure consistent, meaningful training and education opportunities for providers; and
- Clarity in vendor responsibilities and obligations to the Department and to providers when conducting audits and presenting provider education.

The RFP was posted in early 2014; unfortunately, no bids were received. At the end of 2015, the Department posted a second RFP that included the addition of inpatient hospital DRG claims within the audit scope of the RAC. The Department received two (2) vendor responses to the RFP, including HMS.

HMS serves as a RAC vendor in several other states around the country. In addition, the Department is currently contracted with HMS to conduct third-party liability reviews to determine if another party is legally responsible for claims payment. The Department and HMS are working to create a provider outreach plan on the RAC that will include information on what providers can expect.

Please contact Kim Nguyen for any questions regarding RAC.

Columbus Day Holiday

Due to the Columbus Day holiday on **Monday, October 10, 2016**, State and ColoradoPAR Program offices will be closed. Xerox State Healthcare, DentaQuest, and Veyo are conducting business during regular business hours. The receipt of warrants and Electronic Funds Transfers (EFTs) may potentially be delayed due to the processing at the United States Postal Service or providers' individual banks.

Home Health Providers

Discontinuation of Home Health Type of Bill 33X: Effective October 31, 2016

Effective for home health services billed with dates of service on or after October 31, 2016, Health First Colorado will no longer accept institutional claims submitted with Type of Bill 033X. The 032X Type of Bill has been redefined to mean "Home Health Services under a Plan of Treatment" and should be used to bill home health services. The National Uniform Billing Committee (NUBC) originally started using the 032X Type of Bill in 2013 and Health First Colorado must now enforce its use for home health claims submitted through the Interchange.

Please review the CMS Claims Processing Manual document for more information or contact Alexandra Koloskus with questions.

Hospice Providers

Notice of Skilled Nursing Facility (SNF) Change of Ownership (CHOW) – Autumn Heights Health Care Center

The Department has been notified that Autumn Heights Health Care Center changed ownership on May 1, 2016. Hospice providers are required to input the Skilled Nursing Facility (SNF) provider ID when submitting claims for hospice services provided in an SNF. When a SNF changes ownership, the Department issues a new SNF provider ID. Please discontinue the use of the provider ID for all claims billed on or after May 1, 2016. Any hospice claims for revenue code 0659 using the previous provider ID may pay incorrectly and may require the provider to make adjustments.

To ensure correct payment, please begin using the new provider ID for all hospice services provided to members residing in Autumn Heights Health Care Center on or after May 1, 2016.

To receive a current SNF room and board rate schedule, please contact Jay Davenport.

Notice of SNF Change of Ownership – Mesa Vista of Boulder

The Department has been notified that Mesa Vista of Boulder changed ownership on May 1, 2016. Hospice providers are required to input the SNF provider ID when submitting claims for hospice services provided in a SNF. When a SNF changes ownership the Department issues a new SNF provider ID. Please discontinue the use of the provider ID for all claims billed on or after May 1, 2016. Any hospice claims for revenue code 0659 using the previous provider ID may pay incorrectly and may require the provider to make adjustments.

To ensure correct payment, please begin using the new provider ID for all hospice services provided to clients residing in Mesa Vista of Boulder on or after May 1, 2016.

To receive a current SNF room and board rate schedule, please contact Jay Davenport.

<u>Hospital Providers</u>

Inpatient Base Rate & Outpatient Hospital Supplemental Medicaid Payment

Interim Percentage Adjustment Factors for Federal Fiscal Year (FFY) 2016-17

In September 2016, hospital providers were notified of their interim monthly provider fee and supplemental payment beginning October 2016. The interim monthly provider fee and supplemental payment are calculated using the FFY 2015-16 model, but adjusted to reflect changes to Colorado's Federal Medical Assistance Percentages (FMAP). A greater portion of fees collected will be needed as state share for supplemental payments and expansion members. For the interim period, provider fees are the same as the FFY 2015-16 model, but interim payments will be lower to ensure sufficient fees are available to fund expansion members and supplemental payments. Inpatient and Outpatient percentage adjustment factors have been revised accordingly. The interim percentage adjustment factors are listed in Attachment A of this Provider Bulletin.

Please email Jeff Wittreich or call 303-866-2456 with questions.

Attachment A		
Hospital	**FFY 2016-17 Inpatient Percentage Adjustment Factor (%)**	**FFY 2016-17 Outpatient Percentage Adjustment Factor (%)**
Animas Surgical Hospital	109.203%	35.855%
Arkansas Valley Regional Medical Center	89.710%	46.980%
Aspen Valley Hospital	68.411%	35.825%
Banner Health Fort Collins	104.482%	37.637%
Boulder Community Hospital	36.233%	19.207%
Castle Rock Adventist Hospital	45.046%	23.879%
Cedar Springs Behavior Health System	0.000%	0.000%
Centennial Peaks Hospital	0.000%	0.000%
Centura Health - Avista Adventist Hospital	111.954%	44.647%
Centura Health - Littleton Adventist Hospital	112.660%	44.929%
Centura Health - Ortho Colorado	0.000%	0.000%
Centura Health - Parker Adventist Hospital	44.203%	23.432%
Centura Health - Penrose -St. Francis Health Services	41.454%	21.975%
Centura Health - Porter Adventist Hospital	44.536%	23.608%
Centura Health - Saint Anthony Central Hospital	43.866%	23.253%
Centura Health - Saint Anthony North Hospital	43.950%	23.298%
Centura Health - Saint Anthony Summit Hospital	112.691%	37.001%
Centura Health - St. Mary-Corwin Medical Center	104.717%	37.721%
Centura Health - St. Thomas More Hospital	115.527%	37.932%

Attachment A		
Hospital	**FFY 2016-17 Inpatient Percentage Adjustment Factor (%)**	**FFY 2016-17 Outpatient Percentage Adjustment Factor (%)**
Children's Hospital Colorado	7.507%	7.588%
Colorado Acute Long Term Hospital	4.455%	0.000%
Colorado Mental Health Institute-Ft Logan	0.000%	0.000%
Colorado Mental Health Institute-Pueblo	0.000%	0.000%
Colorado Plains Medical Center	115.103%	37.792%
Colorado West Psychiatric Hospital Inc.	0.000%	0.000%
Community Hospital	89.867%	32.372%
Conejos County Hospital	101.017%	33.167%
Craig Hospital	4.393%	4.393%
Delta County Memorial Hospital	82.546%	43.229%
Denver Health Medical Center	19.820%	11.545%
East Morgan County Hospital	80.208%	42.003%
Eating Recovery Center	0.000%	0.000%
Estes Park Medical Center	13.012%	8.716%
Family Health West Hospital	16.303%	8.649%
Good Samaritan Medical Center	44.362%	23.516%
Grand River Medical Center	88.204%	46.191%
Gunnison Valley Hospital	83.942%	43.960%
Haven Behavioral Health at North Denver	0.000%	0.000%
Haven Behavioral Senior Care at St. Mary-Corwin	0.000%	0.000%
Haxtun Hospital	61.162%	32.024%
HealthONE Medical Center of Aurora	43.967%	23.307%
HealthONE North Suburban Medical Center	43.808%	23.223%
HealthONE Presbyterian/St. Luke's Medical Center	113.075%	45.094%
HealthONE Rose Medical Center	112.062%	44.690%
HealthONE Sky Ridge Medical Center	44.150%	23.404%
HealthONE Spalding Rehabilitation Hospital	4.398%	4.053%
HealthONE Swedish Medical Center	112.867%	45.011%
HealthSouth Rehabilitation Hospital - Colorado Springs	4.330%	4.328%
HealthSouth Rehabilitation Hospital - Denver	4.345%	0.000%
Heart of the Rockies Regional Medical Center	87.324%	45.731%
Highlands Behavioral Health System	0.000%	0.000%
Keefe Memorial Hospital	36.985%	19.324%
Kindred Hospital	4.455%	0.000%
Kindred Hospital Aurora	4.388%	0.000%
Kit Carson County Memorial Hospital	86.266%	45.175%
Kremmling Memorial Hospital	81.205%	42.520%
Lincoln Community Hospital and Nursing Home	78.409%	41.060%

Attachment A		
Hospital	**FFY 2016-17 Inpatient Percentage Adjustment Factor (%)**	**FFY 2016-17 Outpatient Percentage Adjustment Factor (%)**
Longmont United Hospital	36.608%	19.406%
Lutheran Medical Center	44.280%	23.473%
McKee Medical Center	104.306%	37.574%
Medical Center of the Rockies	102.169%	36.804%
Melissa Memorial Hospital	73.552%	38.523%
Memorial Hospital	18.782%	14.004%
Mercy Medical Center	115.168%	37.814%
Montrose Memorial Hospital	73.633%	38.561%
Mount San Rafael Hospital	111.623%	36.649%
National Jewish Health	37.019%	19.625%
North Colorado Medical Center	19.742%	13.227%
Northern Colorado Long Term Acute Care Hospital	4.463%	0.000%
Northern Colorado Rehabilitation Hospital	4.455%	4.454%
Pagosa Mountain Hospital	87.882%	46.023%
Parkview Medical Center	104.667%	37.704%
Peak View Behavioral Health	0.000%	0.000%
Pikes Peak Regional Hospital	108.820%	35.730%
Pioneers Hospital	81.732%	42.797%
Platte Valley Medical Center	43.274%	22.940%
Poudre Valley Hospital	14.618%	9.794%
Prowers Medical Center	86.547%	45.324%
Rangely District Hospital	67.806%	35.511%
Rio Grande Hospital	107.691%	35.359%
Saint Joseph Hospital	112.476%	44.855%
San Luis Valley Regional Medical Center	114.619%	37.634%
Sedgwick County Memorial Hospital	78.721%	41.221%
Select Long Term Care Hospital	4.441%	0.000%
Select Specialty Hospital - Denver	4.455%	0.000%
Select Specialty Hospital - Denver South Campus	0.000%	0.000%
Southeast Colorado Hospital	69.987%	36.648%
Southwest Memorial Hospital	88.389%	46.288%
Spanish Peaks Regional Health Center	83.615%	43.787%
St. Mary's Hospital and Medical Center	111.046%	44.285%
St. Vincent General Hospital District	78.344%	41.023%
Sterling Regional Medical Center	114.148%	37.479%
The Memorial Hospital	87.273%	45.704%
University of Colorado Hospital	15.174%	22.637%
Vail Valley Medical Center	115.837%	38.034%
Valley View Hospital	115.719%	37.994%

Attachment A		
Hospital	**FFY 2016-17 Inpatient Percentage Adjustment Factor (%)**	**FFY 2016-17 Outpatient Percentage Adjustment Factor (%)**
Vibra Long Term Acute Care Hospital	4.454%	4.536%
Weisbrod Memorial County Hospital	17.014%	8.922%
Wray Community District Hospital	85.373%	44.709%
Yampa Valley Medical Center	114.577%	37.619%
Yuma District Hospital	84.664%	44.340%

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