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Breaking News

IAPD Update

The Department received final approval from the Centers for Medicare and Medicaid Services (CMS) on our Implementation Advanced Planning Document (IAPD). The \$62.9 million award is a critical piece of federal funding that will be used to secure staffing and consulting resources to research, analyze and plan the Department’s collaboration with the Exchange. The dollars will also be used to update CBMS so it’s compliant with the requirements of federal health reform.

We are developing communication materials to send to county partners, providers and stakeholders to keep you informed of upcoming milestones and opportunities for engagement.

If you would like more information, please contact Rachel Gibbons.

Exchange Name Change and Navigator RFP Update

The Colorado Health Benefit Exchange has a new name, Connect for Health Colorado. Connect for Health Colorado will open for business on October 1, 2013 as a marketplace for insurance where Coloradans can shop for, compare and purchase health insurance and apply for tax credits and cost-sharing reductions to help bring down the cost. Connect for Health Colorado is currently creating a navigator program to assist individuals, families and small businesses with the application and enrollment process.

The navigator program aims to build on and support organizations throughout Colorado that are already providing application and enrollment assistance to Medicaid and CHP+. Funding will be available to help support organizational capacity and increased

caseloads. In late February 2013, Connect for Health Colorado will release a request for applications for funding. For updates on Connect for Health Colorado's implementation activities, including information about the navigator program, visit <http://www.getcoveredco.org/Index>, and sign up for updates (in the lower right hand corner of the home page).

If you would like more information, please contact Navigator Program Manager [Adela Flores-Brennan](#), 720-496-2545.

CHP+ Passive HMO Enrollment Notices

Once applicants become eligible for CHP+ they receive a notice through CBMS notifying them of their eligibility. Usually, the client receives a separate letter notifying them of their HMO enrollment, and their ability to change the selection within 90 days.

With recent systems improvements, a data conversion and clean-up was needed. Because of this, members will not receive the second letter notifying them of their HMO. They will still receive a packet from Colorado Access, the Pre-HMO vendor and care will not be delayed.

Clients still have 90 days to change/select their HMO. Letters will begin going out again before the 90 days is up. This only affects clients enrolled January 2, 2013 or after.

If you would like more information, please contact [Teresa Craig](#), 303-866-3586.

Improve Health Outcomes

Medicaid Physician Supplemental Payments

As of January 1, 2013, Medicaid physicians were able to receive supplemental payments for primary care services rendered.

Eligible physicians include:

Family Medicine, General Internists and Pediatric Medicine physicians; and

- 1) Physicians must be board certified; or
- 2) 60 percent of Medicaid claims submitted to Medicaid by the physician were for E&M codes 99201 through 99499 or vaccine administration codes 99201-99499, 90460, 90461, 90471, 90472, 90473 and 90474.
- 3) Physician assistants and advance nurse practitioners must be identified as being personally supervised by an eligible physician.

Supplemental payments only cover those services paid for by Medicaid.

Self-Attestation

Eligible physicians must self-attest by using the short form at Colorado.gov/hcpf, Providers, [and Physician Self-Attestation Form](#). Physicians must self-attest even if they are not the ones filling out the form. States cannot pay a physician without evidence of self-attestation.

If you self-attested before March 31, 2013, payments will be retroactive to January 1, 2013. If you attest after March 31, 2013, the supplemental payments will be for eligible services provided after the date of self-attestation.

If you have any questions, please email PCPSupplemental_Payments@state.co.us .

Children's Medical Home Update



The Children's Medical Home program will be integrating into the Accountable Care Collaborative (ACC) Program in 2013. Medicaid has been working with a stakeholder group comprised of Children's Medical Home providers, child advocates, and Regional Care Collaborative Organizations (RCCOs) on an integration strategy and will hold public meetings in spring 2013 to receive additional input and provide education around this strategy. Medicaid will continue to

pay the current pay-for-performance reimbursement to Children's Medical Home providers until the transition is complete.

In preparation for the integration of the Children's Medical Home program into the ACC, Medicaid encourages all Children's Medical Home providers to contact the RCCO in their region to enroll as a PCMP in the ACC program and to participate in ACC Advisory Committee discussions about integration of the programs.

If you have any questions, please contact [Greg Trollan](#).

Contain Costs

Medicaid Mandatory PAR Submission into CareWebQI, CWQI

Effective March 4, 2013 Prior Authorization Requests (PARs) must be submitted using CareWebQI (CWQI). After April 1, 2013, PARs submitted via fax or mail will not be entered into CWQI and subsequently not reviewed for medical necessity. These PARs will be returned to providers via mail.

Electronic PAR format will be required unless hard copy PAR submittals are specifically authorized by the Department. This exception is for providers who submit five or less PARs per month.

If you would like a trainer to come to your office, please contact the ColoradoPAR Program at RES_ColoradoPAR@apshealthcare.com.

Legislative Update

Introduction of Department Bills

[HB 13-1068](#) (Rep. Young/Sen. Roberts) On-site Inspections of Medicaid Providers
Bill Summary: Federal law mandates that CMS, its designated contractors, or the State Medicaid agency have the authority to conduct unannounced on-site inspections of any and all provider locations. Our state statute says the Department must give a provider 10 days notice of a request for records review, and must give the provider the option to either provide the records or conduct an onsite inspection. This bill would change state statute to align with federal law that is designed to protect clients and provide another mechanism to guard against fraud, waste, and abuse.

Status: Committee hearing has yet to be scheduled



[SB 13-044](#) (Sen. Nicholson/Rep. Coram) Concerning Incentive Payments in Prepaid Inpatient Health Plan Agreements

Bill Summary: A Prepaid Inpatient Health Program (PIHP), under contract with the Department, provides medical services to our clients including any inpatient hospital or institutional services. Currently the state has one PIHP administered by Rocky Mountain Health Plans (RMHP); we pay them a capitated payment to provide health services to Medicaid clients. In addition, we pay a performance incentive to qualifying PIHPs if they meet certain health performance metrics. If met, current statute requires the Department to pay that incentive payment within six months of providing service. The Department has been unable to pay the PIHP incentive payment within six months as required by statute which puts us at risk for CMS disallowance of the federal match. This bill would remove the unfeasible six month deadline from statute and replace with “within a reasonable period following the end of each fiscal year.”

Status: This bill was heard on Wednesday, January 30, 2012 in the Senate Health and Human Services Committee and was passed unanimously.

For more information please contact [Zach Lynkiewicz](#), 303-866-2031

Medical Services Board

New Members

The Medical Services Board adopts the rules and regulations that govern the operation of the Colorado Medicaid Program, Colorado Indigent Care Program, Adult Foster Care Program and Home Care Allowance. The regulations adopted by the board will direct the efforts of the State in defining eligibility and the benefits for these programs, the rights and obligations of clients receiving benefits, and the payment of vendors providing health care services. The board provides advice and consultation to the State Board of Human Services in connection with the administration of the Old Age Pension Health and Medical Fund. The appointments must be confirmed by the Colorado Senate.

The members appointed with terms expiring July 1, 2016:

- Donna Marie Roberts of Wray, to serve as a resident of the 4th Congressional District, with knowledge of medical assistance programs, and as a Democrat.
- Brenda LaCombe of Pueblo, to serve as a resident of the 3rd Congressional District, with knowledge of medical assistance programs, and as a Democrat, reappointed.
- Mary E. Young of Alamosa, to serve as a resident of the 3rd Congressional District and as an Unaffiliated, with experience in caring for medically underserved children.

Public Rule Review Opportunities

Partners who are interested in a one-on-one discussion with Department staff about upcoming rules are invited to attend the Department’s Public Rule Review Meeting. Information is available on the [Public Rule Review Meetings](#) web page. Reasonable accommodations for the meetings are provided upon request for persons with disabilities.

For more information or to be added to the Board email distribution list for updates on Board activities, please contact [Judi Carey](#).

Employment Opportunities

Applying for state government jobs is easy. Applications are electronic, you will receive updates, and you do not need to answer any written questions until it is determined that you meet the minimum qualifications. Check out the new [website](#) and our job openings.

The Department offers a competitive benefits package that includes the Public Employees' Retirement Account (PERA), a 401K or 457 retirement plan, health and dental insurance options, 10 holidays, and accrual of paid sick and vacation time.

The Department is a tobacco-free campus.

Enrollment

In December 2012 there were 671,879 clients enrolled in Medicaid and 87,167 clients enrolled in CHP+. Monthly numbers for enrollment and expenditures can be found on the Department's [Budget](#) Web page.

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