

Department of Health Care Policy and Financing

February 28, 2013

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Breaking News

Faster Medicaid PAR Process

Effective March 4, 2013 all Medicaid Prior Authorization Requests (PARs) processed by the ColoradoPAR program must be electronically submitted through CareWebQI (CWQI). Electronic PAR processes have been proven successful and will decrease the time it takes to determine medical necessity.

Due to the demonstrated success, the electronic PAR process through CWQI is mandatory as of March 4, 2013. After April 1, 2013 PARs submitted via fax or mail will not be entered into CWQI and subsequently not reviewed for medical necessity. Providers that submit five or fewer PARs per month may contact the ColoradoPAR program to receive an exemption from this requirement.

The ColoradoPAR Program offers CWQI training via WebEx every Wednesday and Thursday at 1:00 p.m.

Please visit the <u>December 2012 Provider Bulletin</u> and the <u>ColoradoPAR fact sheet</u> for detailed information.

If you would like more information, please contact the ColoradoPAR program at 888-454-7686.

Adults without Dependent Children Update

The Department will incrementally expand the enrollment cap for adults without dependent children on Medicaid. The income requirements remain below 10 percent of the Federal Poverty Level but the Department intends to increase enrollment by 9,250 more clients by the end of September 2013 as funding allows.

Those who have applied and are on the waitlist do not need to reapply. We will be pulling from the waitlist to fill the new enrollment slots.

If you would like more information, please contact Sonja Madera.

Colorado Access CHP+ Expansion

CHP+ is happy to announce the expansion of Colorado Access into two additional counties effective March 1, 2013 – El Paso and Teller. The expansion into the two additional counties will increase the services available to our CHP+ clients in those counties.

Colorado Access will be the primary CHP+ plan in both counties. The State Managed Care Network will continue to provide services to Pre-HMO and pregnant clients.

If you would like more information, please contact <u>Teresa Craig</u>.

ACA Implementation News

A <u>new communication specifically</u> developed for county partners, stakeholders and eligibility workers regarding implementation of the Affordable Care Act is now available on the Department's site. Click on ACA Implementation News in the Communication box on the homepage to view the newsletter.

Improve Health Outcomes

NEW DEADLINE: Medicaid Physician Supplemental Payments



Changes to Medicaid primary care <u>reimbursement</u> were enacted as part of the Affordable Care Act. Eligible physicians will receive supplemental payments for services rendered between January 1, 2013 and December 31, 2014. The supplemental payments will raise the Medicaid reimbursement to Medicare rates.

To be eligible, physicians must personally attest as practicing in family medicine, general internal medicine and/or pediatric medicine and be board certified or meet thresholds for providing recent primary care

services. Advanced practice professionals practicing under the personal supervision of a qualified physician are eligible to receive the supplemental payment.

Supplemental payment will be made from the date of attestation and will begin after the Centers for Medicare and Medicaid Services approves the state plan amendment allowing the payment, which is expected in April 2013.

Į	Providers must fill out the short	Self-Attestation Form	in order to b	e eligible for t	he
	supplemental payments.				

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

Frequently Asked Questions

If you would like more information, please email PCPSupplemental_Payments@state.co.us.

Call for Applications for Connect for Health Assistance Network

The Colorado Health Benefit Exchange (COHBE) is inviting organizations across Colorado to submit applications to be part of the new Connect for Health Assistance Network. The Assistance Network will be a team of organizations across the state that will provide certified Health Coverage Guides to sit down with customers and help them use Colorado's new health insurance marketplace.

If you would like more information, please click here.

Medicare-Medicaid Demonstration Project

The Centers for Medicare and Medicaid Services (CMS) and the Department continue to work together to develop a plan to better integrate health care, services, and supports for Medicare-Medicaid beneficiaries.

The Accountable Care Collaborative provides the foundation for the Demonstration in Colorado. Stakeholder meetings are held quarterly, and the Demonstration's Advisory Subcommittee meets on a monthly basis. The Subcommittee addresses issues such as efforts of the Regional Care Collaborative Organizations, enrollment materials, beneficiary protections, and quality measures.

Beginning in February, a *Learning Lab* will be hosted before each Advisory Subcommittee meeting to examine relevant issues in greater detail. For example, upcoming topics include the role of Single Entry Point agencies, the Statewide Data and Analytics Contractor, and Demonstration efforts in other states.

Meetings are open, and a complete schedule, minutes, and materials are available on the Department's Web site. We welcome and appreciate your participation and ongoing support.

If you would like more information, please contact <u>Teri.Bolinger@state.co.us</u>.

Save the Date

The next Full Benefit Medicare-Medicaid Enrollees Demonstration Project Quarterly Stakeholder Meeting will be held:

Date: Tuesday, April 30, 2013 Check-in: 1:00 p.m. – 1:30 p.m. MT Meeting: 1:30 p.m. – 3:30 p.m. MT

Location: National Multiple Sclerosis Society

900 S Broadway, Ste 200 Denver, CO 80209 Google Map

RSVP by April 9: Laura Pionke

Laura.Pionke@state.co.us or 303-866-3980

State Innovation Models Initiatives Funding Received

The Centers for Medicare and Medicaid Services Innovation (CMMI) Center announced that Colorado was awarded \$2,000,422 in State Innovation Models initiatives' funding. Colorado will use the funding over the next six months to further develop a State Health Care Innovation Plan with a focus on improved integration of physical and behavioral health services.

Three types of funding were available: Model Design, Pre-Testing Assistance and Model Testing awards. Sixteen states received Model Design funding to develop a Health Care Innovation Plan, three states (including Colorado) received Pre-Testing Assistance and six states received Model Testing awards to implement their plans for health care delivery system transformation.

If you would like more information, please contact <u>Leah Spielberg</u>.

Improve the Long-Term Services and Supports Delivery System



Colorado Choice Transitions (CCT)

On January 1, 2013 the departments of Health Care Policy and Financing and Human Services jointly submitted a request to the General Assembly to provide community-based services through CCT for Medicaid eligible persons with developmental disabilities who are currently being served in nursing facilities paid for through the Department. This request is cost-neutral because new resources for the HCBS-DD waiver program are funded through the estimated savings from moving individuals out of nursing facilities.

If you would like more information, please click: <u>Budget Supplemental Request - CCT for HCBS-DD Waiver Clients</u>

Streamlining Committees

After careful consideration, the Department has decided to discontinue the LTCAC committee meetings, while continuing the LTCAC subcommittee meetings.

The LTCAC will have a final meeting at its regular time on March 14th, 1:00 p.m.- 4:00 p.m., to publicly thank the members for the important, foundational work you have done. We hope you will be able to attend this meeting. The location and details of the meeting will be distributed as soon as they are available.

If you would like more information, please contact John Barry.

Legislative Update

How a Bill Becomes Colorado Law

Proposals discussed by the Colorado General Assembly during the legislative session are presented in the form of a written document called a bill. A bill can create new law, amend existing law or repeal existing law. Bills are numbered in the order they are introduced and usually have a House and Senate sponsor. Legislators are limited to five bills each session.

Please click here for a diagram illustrating the entire law-making process.

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: Passed unanimously out of House Public Health committee on Tuesday, February 19, 2013; will be heard next week on the House floor for second and third reading before moving onto the Senate.

<u>SB 13-044</u> (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 clients on Medicaid. 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 potentially risks over \$1 million in General Fund monies.

This bill will remove the unfeasible six month deadline from statute and replace it with "within a reasonable period following the end of each fiscal year".

Status: This bill passed unanimously out of the Senate and will be heard in House Public Health Care and Human Services committee on March 5, 2013.

<u>HB 13-1199</u> (Rep. Pettersen/Sen. Kefalas) Concerning Clarifications to the Statute Governing Provider Fees Paid by Nursing Facilities.

Bill Summary: HB 13-1199 will clarify the definition of a Continuing Care Retirement Communities (CCRC) without affecting any facilities that are currently considered a CCRC. It will also align the reporting requirements of nursing facilities with original intent of SB 09-263 and the Department's current practice.

Status: This passed successfully out of the House on a final vote of 50-13. This bill will now be introduced in the Senate and scheduled for a hearing in Senate HHS committee.

Medical Services Board

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 <u>Judi Carey</u>.

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 Web site for state of Colorado jobs including the Department of Health Care Policy and Financing jobs.

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 January 2013 there were 680,513 clients enrolled in Medicaid and 82,347 clients enrolled in CHP+. Monthly numbers for enrollment and expenditures can be found on the Department's Budget Web page.



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