

Beginning Billing Workshop Waiver

Colorado Medicaid
2015



COLORADO

Department of Health Care
Policy & Financing



Centers for Medicare & Medicaid Services



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Medicaid

Medicaid/CHP+
Medical Providers



Xerox State Healthcare



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Training Objectives

- Billing Pre-Requisites
 - National Provider Identifier (NPI)
 - What it is and how to obtain one
 - Eligibility
 - How to verify
 - Know the different types
- Billing Basics
 - How to ensure your claims are timely
 - When to use the CMS 1500 paper claim form
 - How to bill when other payers are involved



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What is an NPI?

- National Provider Identifier
- Unique 10-digit identification number issued to U.S. health care providers by CMS
- All HIPAA covered health care providers/organizations must use NPI in all billing transactions
- Are permanent once assigned
 - Regardless of job/location changes
- **Waiver Provider currently do not require a NPI**



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What is an NPI? (cont.)

- How to Obtain & Learn Additional Information:
 - CMS web page (paper copy)-
 - www.dms.hhs.gov/nationalproidentstand/
 - National Plan and Provider Enumeration System (NPPES)-
 - www.nppes.cms.hhs.gov
 - Enumerator-
 - 1-800-456-3203
 - 1-800-692-2326 TTY



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NEW! Department Website



www.colorado.gov/hcpf



[For Our Providers](#)



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NEW! Provider Home Page

Find what you need here

Contains important information regarding Colorado Medicaid & other topics of interest to providers & billing professionals

The screenshot shows the website's header with the Colorado logo and HCPF logo, followed by the text "COLORADO Department of Health Care Policy & Financing". A navigation bar includes links for Home, For Our Members, For Our Providers, For Our Stakeholders, and About Us. The main content area is titled "For Our Providers" and features four columns of information: "Why should you become a provider?" with a cross icon, "How to become a provider (enroll)" with a document icon, "Provider services (training, & more)" with a dollar sign icon, and "What's new? (bulletins, newsletters, updates)" with a radio tower icon. At the bottom, there are three service boxes: "Get Help Dept. Fiscal Agent 1-800-237-0757" with a phone icon, "Get Info FAQs & More" with a question mark icon, and "Find a Doctor Are you a client looking for a doctor?" with a doctor icon.



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Provider Enrollment

Question:

What does Provider Enrollment do?

Answer:

Enrolls **providers** into the Colorado Medical Assistance Program, not members

Question:

Who needs to enroll?

Answer:

Everyone who provides services for Medical Assistance Program members

Billing Provider Number

Billing Provider

Entity being reimbursed for service



Verifying Eligibility

- Always print & save copy of eligibility verifications
- Keep eligibility information in member's file for auditing purposes
- Ways to verify eligibility:



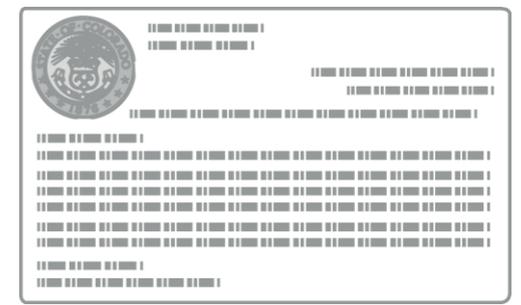
Colorado Medical
Assistance Web Portal



Fax Back
1-800-493-0920



CMERS/AVRS
1-800-237-0757



Medicaid ID Card
with Switch Vendor

Eligibility Response Information

Eligibility
Dates

Co-Pay
Information

Third Party
Liability
(TPL)

Prepaid
Health Plan

Medicare

Special
Eligibility

BHO

Guarantee
Number



Eligibility Request Response (271)

[Print](#) [Return To Eligibility Inquiry](#)

Eligibility Request

Provider ID: National Pro
From DOS: Through D
Client Detail
State ID: DOB:
Last Name: First Name

Client Eligibility Details

Eligibility Status: **Eligible**
Eligibility Benefit Date:
04/06/2011 - 04/06/2011
Guarantee Number: **111400000000**
Coverage Name: Medicaid

PREPAID HEALTH PLAN OR ACCOUNTABLE CARE COLLABORATIVE

Eligibility Benefit Date:
04/06/2011 - 04/06/2011
Messages:

MHPROV Services

Provider Name:
COLORADO HEALTH PARTNERSHIPS LLC

Provider Contact Phone Number:
800-804-5008

CO MEDICAL ASSISTANCE

Response Creation Date & Time: 05/19/2011

Contact Information for Questions on Res
Provider Relations Number: 800-237-0755

Requesting Provider

Provider ID:
Name:

Client Details

Name:
State ID:

Information appears in sections:

- Requesting Provider, Member Details, Member Eligibility Details, etc.
- Use scroll bar on right to view details

Successful inquiry notes a Guarantee Number:

- Print copy of response for member's file when necessary

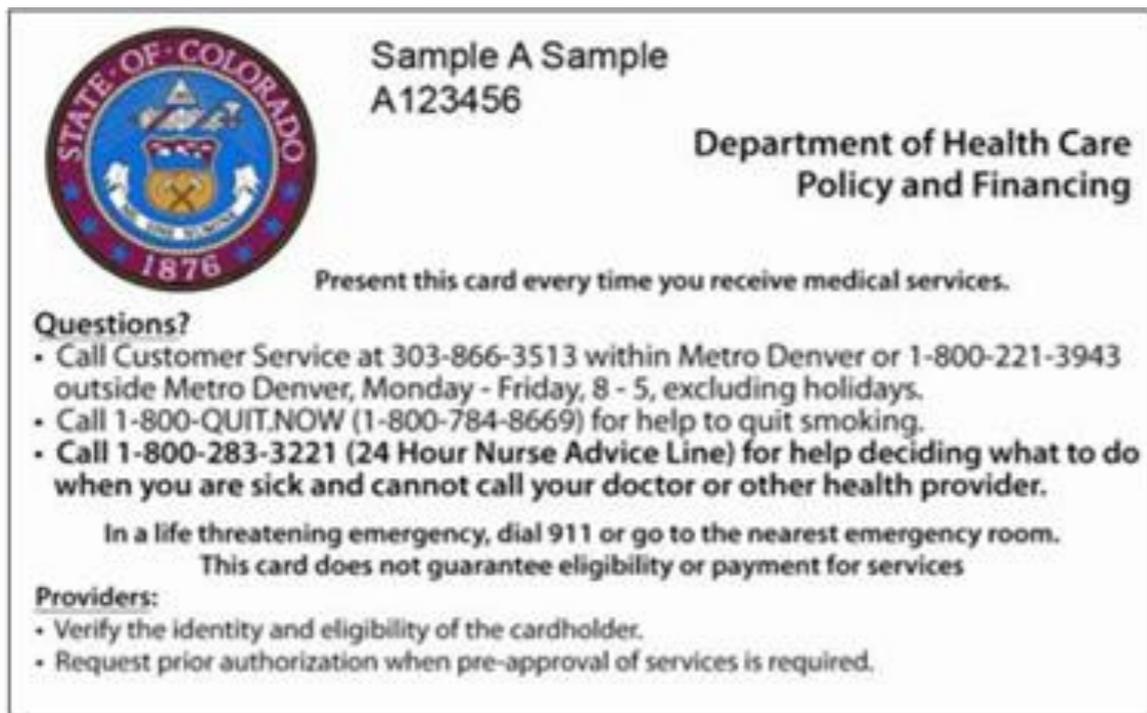
Reminder:

- Information received is based on what is available through the Colorado Benefits Management System (CBMS)
- Updates may take up to 72 hours



Medicaid Identification Cards

- Both cards are valid
- Identification Card does not guarantee eligibility



Billing Overview

Record
Retention

Claim
submission

Prior
Authorization
Requests
(PARs)

Timely filing

Extensions for
timely filing



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Record Retention

- Providers must:
 - Maintain records for at least 6 years
 - Longer if required by:
 - Regulation
 - Specific contract between provider & Colorado Medical Assistance Program
 - Furnish information upon request about payments claimed for Colorado Medical Assistance Program services



Record Retention

- Medical records must:
 - Substantiate submitted claim information
 - Be signed & dated by person ordering & providing the service
 - Computerized signatures & dates may be used if electronic record keeping system meets Colorado Medical Assistance Program security requirements



Submitting Claims

- Methods to submit:
 - Electronically through Web Portal
 - Electronically using Batch Vendor, Clearinghouse, or Billing Agent
 - Paper only when:
 - Pre-approved (consistently submits less than 5 per month)
 - Claims require attachments



ICD-10 Implementation Delay

ICD-10 Implementation delayed until 10/1/2015

Claims with Dates of Service (DOS) on or before 9/30/15

Use ICD-9 codes

Claims with Dates of Service (DOS) on or after 10/1/2015

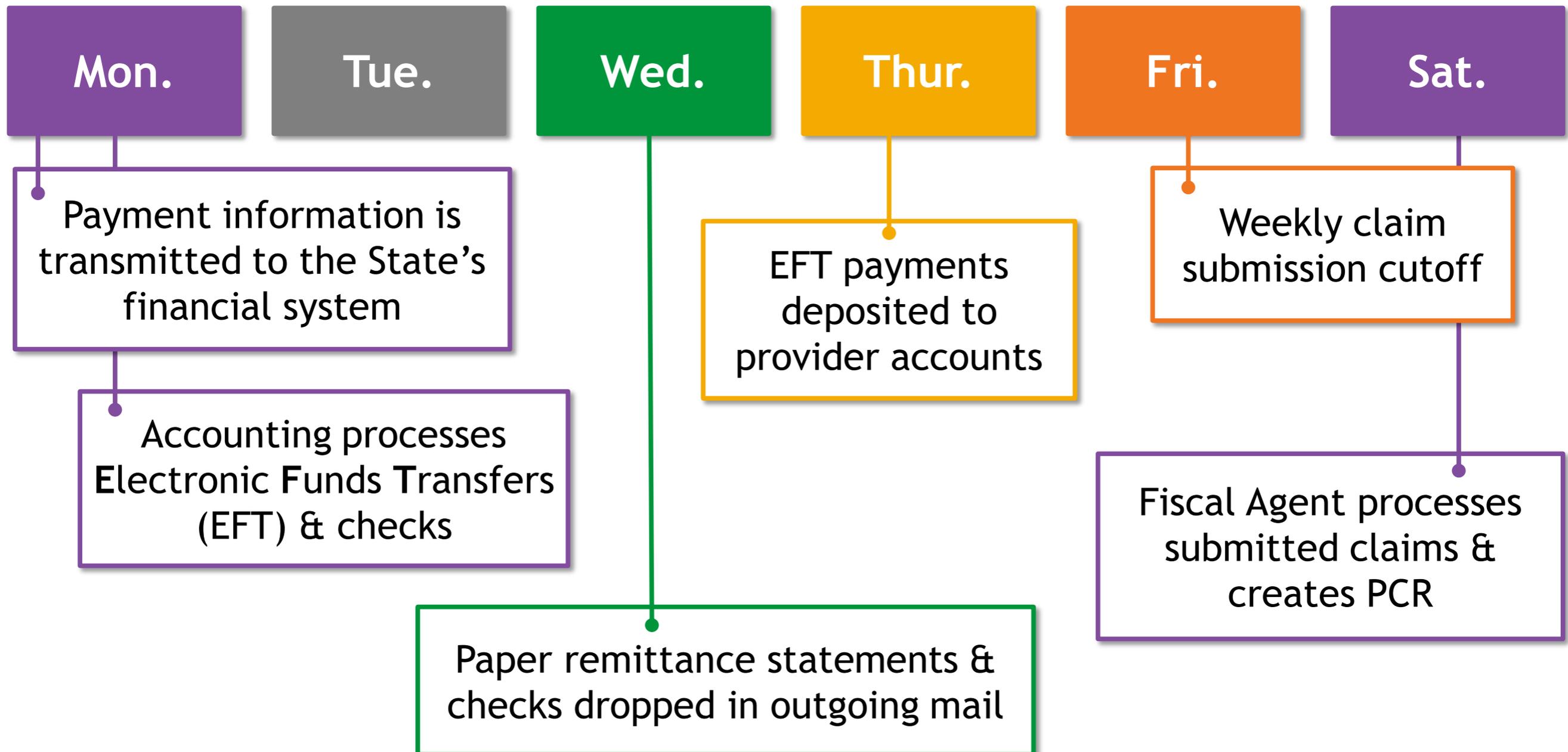
Use ICD-10 codes

Claims submitted with both ICD-9 and ICD-10 codes

Will be rejected



Payment Processing Schedule



Electronic Funds Transfer (EFT)

Advantages

- Free!
- No postal service delays
- Automatic deposits every Thursday
- Safest, fastest & easiest way to receive payments
- [Colorado.gov/hcpf/provider-forms](https://colorado.gov/hcpf/provider-forms) → Other Forms

Waiver PARs

Community Center Board Adult & Children DHS Waivers

- Supported Living Services (SLS)
- Developmentally Disabled (DD)
- Children's Extensive Support (CES)
- Day Habilitation Services and Support (DHSS)

Community Center Board Children DHS Waivers

- Children's Habilitation Residential Program (CHRP)

Waiver PARs (cont.)

Case Management Agency Adult & Children HCPF Waivers

- Elderly Blind and Disabled (EBD)
- Community Mental Health Services (CMHS)
- Brain Injury (BI)
- Spinal Cord Injury (SCI)
- Children's Home Community Based Services (CHCBS)
- Children With Autism (CWA)
- Children with Life Limiting Illness (CLLI)



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Waiver Prior Authorization Form

STATE OF COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING							
REQUEST FOR ADULT HOME AND COMMUNITY BASED SERVICES (HCBS) PRIOR APPROVAL AND COST CONTAINMENT						CMHS- UA	
 HCBS - Community Mental Health Supports (CMHS) Waiver						PA Number being revised:	
						Revision? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1. CLIENT NAME		2. CLIENT ID		3. SEX		4. BIRTHDATE	
5. REQUESTING PROVIDER #		6. CLIENT'S COUNTY		7. CASE NUMBER (AGENCY USE)		8. DATES COVERED	
				From:		Through:	
STATEMENT OF REQUESTED SERVICES							
9. Description	10. Provider	11. Modifier	12. Max # Units	13. Cost Per Unit	14. Total \$ Authorize	15. Comments:	
S5105 Adult Day Services, Basic (UA)							
S5105 Adult Day Services, Specialized (UA)		TF					
T2031 Alternative Care Facility (ACF) (UA)							
T2025 CDASS (Cent/ Unit) (UA)							
T2040 CDASS Per Member/ Per Month (PM/PM) (UA)							
S5165 Home Modifications (UA)							
S5130 Homemaker (UA)							
T2029 Medication Reminder, Install/Purchase (UA)							
S5185 Medication Reminder, Monitoring (UA)							
A0100 NMT, Taxi (UA)							
A0120 NMT, Mobility Van	Mileage Band 1(0-10 miles) (UA)						
A0120 NMT, Mobility Van To and From Adult Day	Mileage Band 1(0-10 miles) (UA)	HB					
A0130 NMT, Wheelchair	Mileage Band 1(0-10 miles) (UA)						
A0130 NMT, Wheelchair Van To and From Adult Day	Mileage Band 1(0-10 miles) (UA)	HB					
T1019 Personal Care (UA)							
T1019 Personal Care, Relative (UA)		HR					
S5160 Personal Emergency Response System (PERs)							
S5161 PERs, Monitoring (UA)							
S5151 Respite Care, ACF (UA)							
H0045 Respite Care, NF (UA)							
A							

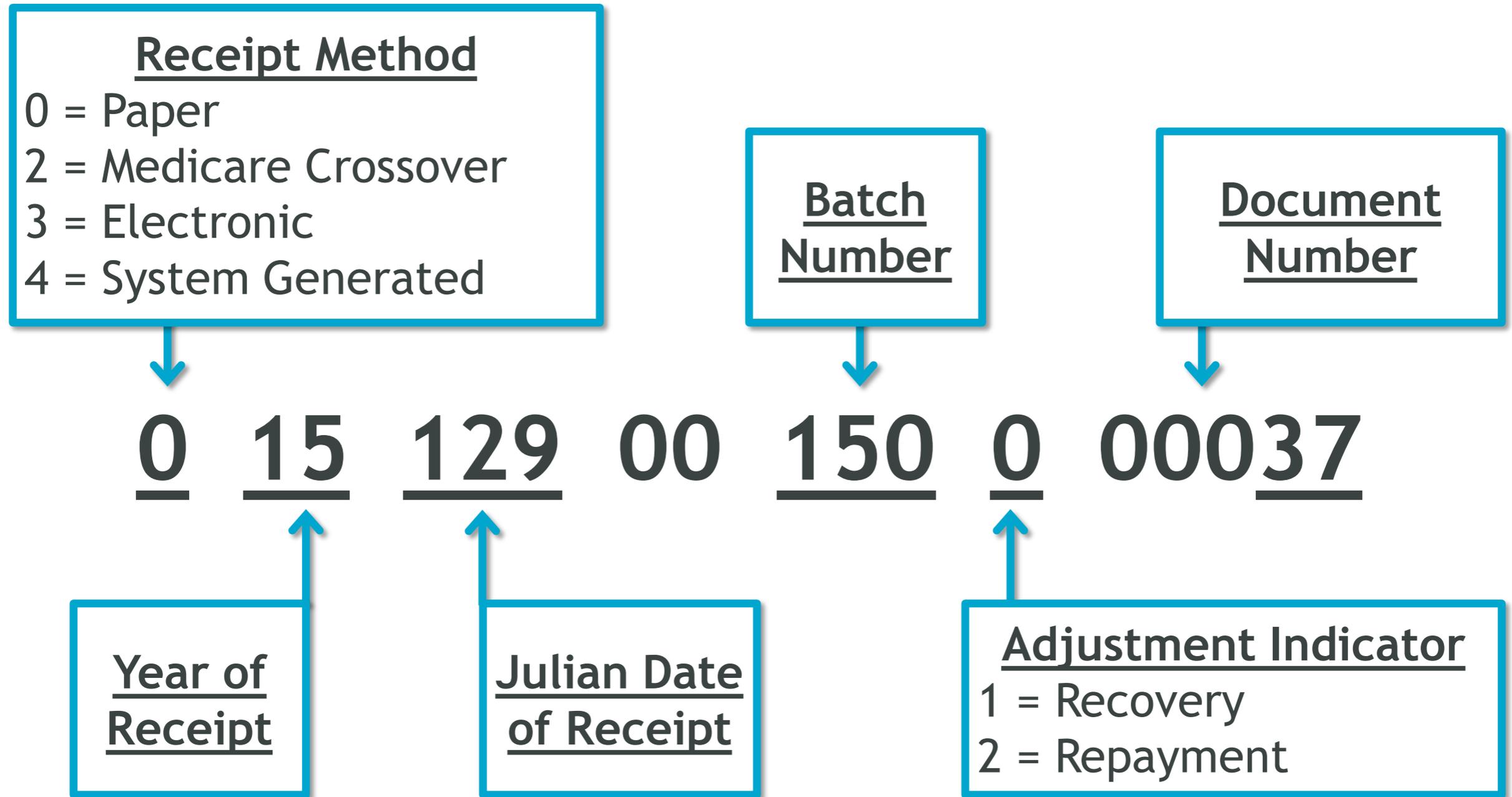
BI CMHS EBD PLWA CHCBS CLLI CWA +

Find Adult HCBS Prior Approval and Cost Containment workbook for Waiver programs on the Department's website

[Colorado.gov/hcpf/provider-forms](https://colorado.gov/hcpf/provider-forms)



Transaction Control Number



Timely Filing

- 120 days from Date of Service (DOS)
 - Determined by date of receipt, not postmark
 - PARs are not proof of timely filing
 - Certified mail is not proof of timely filing
 - Example - DOS January 1, 20XX:
 - Julian Date: 1
 - Add: 120
 - Julian Date = 121
 - Timely Filing = Day 121 (May 1st)



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Timely Filing

From “through” DOS

Waiver



Documentation for Timely Filing

- 60 days from date on:
 - Provider Claim Report (PCR) Denial
 - Rejected or Returned Claim
 - Use delay reason codes on 837P transaction
 - Keep supporting documentation
- Paper Claims
 - CMS 1500- Note the Late Bill Override Date (LBOD) and the date of the last adverse action in field 19 (Additional Claim Information)



Timely Filing Extensions

- Extensions may be allowed when:
 - Commercial insurance has yet to pay/deny
 - Delayed member eligibility notification
 - Delayed Eligibility Notification Form
 - Backdated eligibility
 - Load letter from county



Timely Filing Extensions

Commercial Insurance

- 365 days from DOS
- 60 days from payment/denial date
- When nearing the 365 day cut-off:
 - File claim with Colorado Medicaid
 - Receive denial or rejection
 - Continue re-filing every 60 days until insurance information is available



Timely Filing Extensions

Delayed Notification

- 60 days from eligibility notification date
 - Certification & Request for Timely Filing Extension - Delayed Eligibility Notification Form
 - Located in Forms section
 - Complete & retain for record of LBOD
- Bill electronically
 - If paper claim required, submit with copy of Delayed Eligibility Notification Form
- Steps you can take:
 - Review past records
 - Request billing information from member



Timely Filing Extensions

Backdated Eligibility

- 120 days from date county enters eligibility into system
 - Report by obtaining State-authorized letter identifying:
 - County technician
 - Member name
 - Delayed or backdated
 - Date eligibility was updated



CMS -1500

Who completes the CMS -1500?

HCBS/Waiver
Providers



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CMS 1500

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA <input type="checkbox"/>																																																	
1. MEDICARE <input type="checkbox"/> (Medicare#)		MEDICAID <input type="checkbox"/> (Medicaid#)		TRICARE <input type="checkbox"/> (ID#/DoD#)		CHAMPVA <input type="checkbox"/> (Member ID#)		GROUP HEALTH PLAN <input type="checkbox"/> (ID#)		FECA BLK (LUNG) <input type="checkbox"/> (ID#)		OTHER <input type="checkbox"/> (ID#)		1a. INSURED'S ID. NUMBER (For Program in Item 1)																																			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)						3. PATIENT'S BIRTH DATE MM DD YY			SEX M <input type="checkbox"/> F <input type="checkbox"/>			4. INSURED'S NAME (Last Name, First Name, Middle Initial)																																					
5. PATIENT'S ADDRESS (No., Street)						6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>						7. INSURED'S ADDRESS (No., Street)																																					
CITY				STATE		8. RESERVED FOR NUCC USE						CITY				STATE																																	
ZIP CODE				TELEPHONE (Include Area Code)								ZIP CODE				TELEPHONE (Include Area Code)																																	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)						10. IS PATIENT'S CONDITION RELATED TO:						11. INSURED'S POLICY GROUP OR FECA NUMBER																																					
a. OTHER INSURED'S POLICY OR GROUP NUMBER						a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO						a. INSURED'S DATE OF BIRTH MM DD YY						SEX M <input type="checkbox"/> F <input type="checkbox"/>																															
b. RESERVED FOR NUCC USE						b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO						b. OTHER CLAIM ID (Designated by NUCC)																																					
c. RESERVED FOR NUCC USE						c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO						c. INSURANCE PLAN NAME OR PROGRAM NAME																																					
d. INSURANCE PLAN NAME OR PROGRAM NAME						10d. CLAIM CODES (Designated by NUCC)						d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i>																																					
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.														13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.																																			
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.																																																	
SIGNED _____														DATE _____				SIGNED _____				DATE _____																											
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY						15. OTHER DATE QUAL. MM DD YY						16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																																					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE						17a. _____ 17b. NPI _____						18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																																					
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)														20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO																																			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate to service line below (24E) ICD Ind. _____														22. RESUBMISSION CODE ORIGINAL REF. NO. _____																																			
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY														B. PLACE OF SERVICE				C. EMG				D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER				E. DIAGNOSIS POINTER				F. \$ CHARGES				G. DAYS OR UNITS				H. ICD-9-CM PROC. CODE				I. ID. QUAL.				J. RENDERING PROVIDER ID. #			
1																																																	
2																																																	
3																																																	
4																																																	
5																																																	
6																																																	
25. FEDERAL TAX ID. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>						26. PATIENT'S ACCOUNT NO.						27. ACCEPT ASSIGNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO						28. TOTAL CHARGE \$						29. AMOUNT PAID \$						30. Rsvd for NUCC Use																			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this b. and are made a part thereof.)														32. SERVICE FACILITY LOCATION INFORMATION				33. BILLING PROVIDER INFO & PH # ()																															
SIGNED _____														DATE _____				a. NPI _____				b. _____				a. NPI _____				b. _____																			

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)



HCBS Waiver Programs

Community Mental
Health Support
(CMHS)

Elderly, Blind and
Disabled (EBD)

Spinal Cord Injury
(SCI)

Brain Injury (BI)



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Waiver Programs

Program	Modifier	Program Code
BI	U6	89
EBD	U1	82
CMHS	UA	94
CCT	UC	95
SCI	U1,SC	M5

HCBS-BI Requirement

- Primary Purpose of Program
 - To provide a home or community based alternative to nursing facility care for persons with a diagnosis of a brain injury
- Clients Served
 - Age 16 +
 - Brain injury must have occurred prior to age 65
 - Persons with a brain injury as defined in the Colorado Code of Regulations with specific DSM-IV diagnostic codes
- Level of Care Requirements
 - Nursing Facility and Hospital Level of Care



HCBS-EBD Requirement

- Primary Purpose of Program
 - The EBD program provides home or community based alternative to nursing facility care for elderly, blind, and disabled persons
- Clients Served
 - Age 18 +
 - Elderly persons with a functional impairment (aged 65+)
 - Blind or physically disabled persons (aged 18-64)
- Level of Care Requirements
 - Nursing Facility Level of Care



HCBS-CMHS Requirement

- Primary Purpose of Program
 - To provide a home or community based alternative to nursing facility care for persons with a major mental illness
- Clients Served
 - Age 18 +
 - Persons with a diagnosis of major mental illness as defined in the Colorado Code of Regulations with specific DSM-IV diagnostic codes
- Level of Care Requirements
 - Nursing Facility Level of Care



HCBS-SCI Requirement

- Primary Purpose of Program
 - To provide a home or community based alternative to nursing facility level of care for persons with a spinal cord injury
- Clients Served
 - Age 18+
 - Persons with a spinal cord injury as defined in the Colorado Code of Regulations with specific diagnostic codes
 - Residing in the Denver/Metro area
 - Adams, Arapahoe, Douglas, Denver, Jefferson
- Level of Care Requirements
 - Nursing Facility Level or Hospital Level Care



Consumer Directed Attendant Support Services (CDASS)

- Allows BI, EBD, CMHS, SCI Adult HCBS clients to direct their own care
- Delivery option provides the following for Adults:
 - Personal Care
 - Homemaker Services
 - Health Maintenance Activities



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In Home Support Services (IHSS)

- Assists CHCBS, EBD & SCI Adult HCBS clients in directing their own care through an agency
- Managed by an In-Home Support Services Agency
- IHSS Delivery Option provides the following for Adults:
 - Personal Care
 - Homemaker Services
 - Health Maintenance Activities
- IHSS Delivery Option provides the following for children:
 - Health Maintenance Activities



Colorado Choice Transitions (CCT)

- Helps transition Medicaid clients from nursing and other long-term care (LTC) facilities back to the community
 - Participants of the program will have access to:
 - Qualified waiver services
 - Demonstration services



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Colorado Choice Transitions (CCT)

- The CCT program compliments the:
 - Elderly, Blind and Disabled Waiver
 - Persons with Brain Injury Waiver
 - Community Mental Health Supports Waiver
 - Persons with Developmental Disabilities Wavier
 - Supported Living Services Waiver
- For more information, please visit
www.Colorado.gov/hcpf/ColoradoChoiceTransitions



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Division of Intellectual & Developmental Disabilities (DIDD) Waiver Programs

Supported
Living Services
(SLS)

Persons with
Developmental
Disabilities (DD)

Children's
Extensive
Support Services
(CES)



Waiver Programs

Program	Modifier	Program Code
DD	U3	85
SLS	U8	92
CES	U7	90
TCM	U4	87

HCBS-DD Requirement

- Primary Purpose of Program
 - Provides persons with developmental disabilities services and support outside family home, allowing them to continue to live in the community
- Clients Served
 - Age 18+
 - Persons who are in need of services and supports 24 hours a day that will allow them to live safely and participate in the community
- Level of Care Requirements
 - Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)



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HCBS-SLS Requirement

- Primary Purpose of Program
 - Provides persons with developmental disabilities services and support outside family home, allowing them to continue to live in the community
- Clients Served
 - Age 18+
 - Persons who can either live independently with limited supports or who, if they need extensive supports, are already receiving that high level of support from other sources
- Level of Care Requirements
 - Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)



HCBS-CES Requirement

- Primary Purpose of Program
 - Provides care for children who are at risk of institutionalization have a diagnosis of a Developmental Disability with intense behavioral and/or medical needs
- Clients Served
 - Birth through age 17
- Level of Care Requirements
 - Who meet institutional level of care for an Intermediate Care Facility for Individuals with an Intellectual Disability (ICF/IID)
 - Additional program criteria needed



Targeted Case Management (TCM)

- TCM is an optional benefit for clients enrolled in the following programs
 - HCBS-DD/Comprehensive Waiver
 - HCBS-SLS (Supported Living Services Waiver)
 - HCBS-CES (Children's Extensive Support Waiver)
 - Early Intervention Services (EI)



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HCBS Child Waiver Programs

Children's Home
and Community
Based Services
(CHCBS)

Children with
Life Limiting
Illness (CLLI)

Children With
Autism (CWA)

Children's
Habitation
Residential
Program (CHRP)



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Waiver Programs

Program	Modifier	Program Code
CHCBS	U5	88
CLLI	UD	97
CWA	UL	96
CHRP	U9	93

HCBS-CHCBS Requirement

- Primary Purpose of Program
 - Provides case management & In-Home support services for children who:
 - Are at risk of institutionalization in a hospital or skilled nursing facility
 - And would not otherwise qualify for Colorado Medical Assistance due to parental income and/or resources
- Clients Served
 - Birth through age 17
- Level of Care Requirements
 - Who meet the established minimum criteria for hospital or skilled nursing facility levels of care & who are medically fragile



HCBS-CHCBS Case Management Responsibilities

- Inform client and/or guardian(s) of the eligibility process
- Arranges for face-to-face contact w/ client within 30 calendar days of receipt of referral
- Completes ULTC-100.2
- Assesses client's health and social needs
- Develops Prior Approval and Cost Containment Record Form of services and projected costs for State approval
- Submits a copy of approved Enrollment Form to the County for Colorado Medical Assistance Program State identification number
- Monitors and evaluates services
- Reassesses each child
- Demonstrates continued cost effectiveness, whenever services increase or decrease



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HCBS-CLLI Requirement

- Primary Purpose of Program
 - Provides care for children who are at risk of institutionalization in a hospital & have a diagnosis of a life-limiting illness
- Clients Served
 - Birth through age 18
- Level of Care Requirements
 - Who meet institutional level of care for inpatient hospitalization



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HCBS-CWA Requirement

- Primary Purpose of Program
 - Provides care for children who are at risk of institutionalization and have a medical diagnosis of Autism
- Clients Served
 - Birth through age 5
- Level of Care Requirements
 - Who meet institutional level of care for an Intermediate Care Facility for Individuals with an Intellectual Disability (ICF/IID)



HCBS-CHRP Requirement

- Primary Purpose of Program
 - Provides care for foster children who are at risk of institutionalization and have a diagnosis of a Developmental Disability with extraordinary needs
- Clients Served
 - Birth through age 20
- Level of Care Requirements
 - Who meet institutional level of care for an Intermediate Care Facility for Individuals with an Intellectual Disability (ICF/IID)



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Occurrence Reporting

- Types of Critical Incidents to Report
 - Suspected Abuse, Mistreatment
 - Suspected Neglect
 - Suspected Exploitation
 - All Deaths
 - Serious Illness or Injury
 - Medication Errors
 - Damage or Theft of Client's Property
 - All High Risk Issues
 - All unplanned Hospitalizations



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Occurrence Reporting

- HCBS providers who experience a critical incident involving a client enrolled in waiver programs:
 - Are required to report all critical incidents to client's case manager within 24 hours of discovery
 - Should also report applicable incidents to appropriate authorities
 - Department of Public Health and Environment
 - Adult or Child Protective Services
 - Local law enforcement



Common Denial Reasons

Timely Filing

Claim was submitted more than 120 days without a LBOD

Duplicate Claim

A subsequent claim was submitted after a claim for the same service has already been paid

Bill Medicare or Other Insurance

Medicaid is always the “Payer of Last Resort” - Provider should bill all other appropriate carriers first

Common Denial Reasons

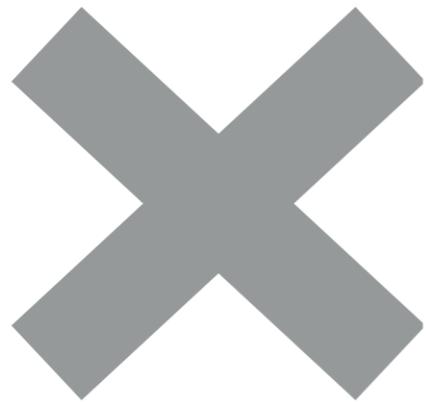
PAR not on file

No approved authorization on file for services that are being submitted

Total Charges invalid

Line item charges do not match the claim total

Claims Process - Common Terms



Reject

Claim has primary data edits - not accepted by claims processing system



Denied

Claim processed & denied by claims processing system



Accept

Claim accepted by claims processing system



Paid

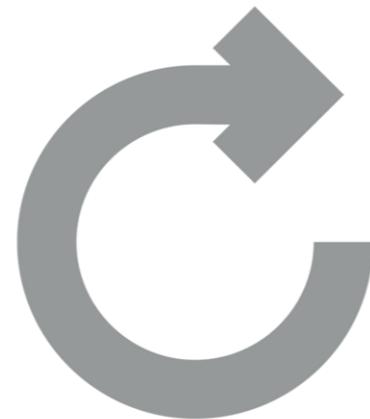
Claim processed & paid by claims processing system

Claims Process - Common Terms



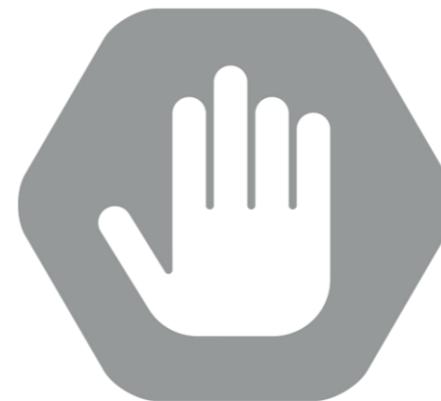
Adjustment

Correcting under/overpayments, claims paid at zero & claims history info



Rebill

Re-bill previously denied claim



Suspend

Claim must be manually reviewed before adjudication



Void

“Cancelling” a “paid” claim (wait 48 hours to rebill)

Adjusting Claims

- What is an adjustment?
 - Adjustments create a replacement claim
 - Two step process: Credit & Repayment

Adjust a claim when

- Provider billed incorrect services or charges
- Claim paid incorrectly

Do not adjust when

- Claim was denied
- Claim is in process
- Claim is suspended

Adjustment Methods



Web Portal

- Preferred method
- Easier to submit & track



Paper

- Complete field 22 on the CMS 1500 claim form

Provider Claim Reports (PCRs)

- Contains the following claims information:
 - Paid
 - Denied
 - Adjusted
 - Voided
 - In process
- Providers required to retrieve PCR through File & Report Service (FRS)
 - Via Web Portal



Provider Claim Reports (PCRs)

- Available through FRS for 60 days
- Two options to obtain duplicate PCRs:
 - Fiscal agent will send encrypted email with copy of PCR attached
 - \$2.00/ page
 - Fiscal agent will mail copy of PCR via FedEx
 - Flat rate- \$2.61/ page for business address
 - \$2.86/ page for residential address
- Charge is assessed regardless of whether request made within 1 month of PCR issue date or not



COLORADO

Department of Health Care
Policy & Financing

Provider Claim Reports (PCRs)

Paid

* CLAIMS PAID *

INVOICE NUM	CLIENT NAME	STATE ID	TRANSACTION CONTROL NUMBER	DATES OF SVC FROM TO	TOTAL CHARGES	ALLOWED CHARGES	COPAY PAID	AMT OTH SOURCES	CLM PMT AMOUNT
7015	CLIENT, IMA	Z000000	04080000000000000001	040508 040508	132.00	69.46	2.00	0.00	69.46
PROC CODE - MODIFIER 99214 -					040508 040508	132.00	69.46	2.00	
TOTALS - THIS PROVIDER / THIS CATEGORY OF SERVICE					TOTAL CLAIMS PAID	1	TOTAL PAYMENTS		69.46

Denied

* CLAIMS DENIED *

INVOICE NUM	CLIENT NAME	STATE ID	TRANSACTION CONTROL NUMBER	DATES OF SERVICE FROM TO	TOTAL DENIED	DENIAL REASONS ERROR CODES
STEDOTCCIOT	CLIENT, IMA	A000000	30800000000000000003	03/05/08 03/06/08	245.04	1348
TOTAL CLAIMS DENIED - THIS PROVIDER / THIS CATEGORY OF SERVICE					1	

THE FOLLOWING IS A DESCRIPTION OF THE DENIAL REASON (EXC) CODES THAT APPEAR ABOVE:

1348 The billing provider specified is not a fully active provider because they are enrolled in an active/non-billable status of '62, '63', '64', or '65 for the FDOS on the claim. These active/non-billable providers can't receive payment directly. The provider must be in a fully active enrollment status of '60' or '61'.



Provider Claim Reports (PCRs)

Adjustments

Recovery

* ADJUSTMENTS PAID *

INVOICE NUM	CLIENT NAME	STATE ID	TRANSACTION CONTROL NUMBER	DATES OF SVC FROM	ADJ TO RSN	TOTAL CHARGES	ALLOWED CHARGES	COPAY PAID	AMT OTH SOURCES	CLM PMT AMOUNT
Z71	CLIENT, IMA	A000000	40800000000100002	041008	041808 406	92.82-	92.82-	0.00	0.00	92.82-
PROC CODE - MOD T1019 - U1						92.82-				
Z71	CLIENT, IMA	A000000	40800000000200002	041008	041808 406	114.24	114.24	0.00	0.00	114.24
PROC CODE - MOD T1019 - U1						114.24				
NET IMPACT						21.42				

Repayment

Net Impact

Voids

* ADJUSTMENTS PAID *

INVOICE NUM	CLIENT NAME	STATE ID	TRANSACTION CONTROL NUMBER	DATES OF SVC FROM	ADJ TO RSN	TOTAL CHARGES	ALLOWED CHARGES	COPAY PAID	AMT OTH SOURCES	CLM PMT AMOUNT
A83	CLIENT, IMA	Y000002	40800000000100009	040608	042008 212	642.60-	642.60-	0.00	0.00	642.60-
PROC CODE - MOD T1019 - U1						642.60-	642.60-			
NET IMPACT						642.60-				



Provider Services

Xerox
1-800-237-0757

Claims/Billing/Payment

Forms/Website

EDI

Enrolling New Providers

Updating existing provider profile

CGI
1-888-538-4275

Email helpdesk.HCG.central.us@cgi.com

CMAP Web Portal technical support

CMAP Web Portal Password resets

CMAP Web Portal End User training



Thank you!



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