



HB 10-1332 Colorado Medical Clean Claims Transparency and Uniformity Act Task Force

Meeting Agenda

Meeting Date:	September 25, 2013, noon – 2 PM MDT
Call-In Number:	1-866-740-1260; ID 8586314#
Web Link:	https://cc.readytalk.com/r/wb2d6faruwx8&eom

12:00 PM WELCOMING REMARKS & ROLL CALL

- **Housekeeping Items:**
 - Approve August 2013 Meeting Minutes (Attachment A)
 - Next In-Person Meeting: October 22 and 23.

12:10 PM COMMITTEE REPORTS:

- **Edit Committee– Beth Wright/Mark Painter**
Draft Query Templates:
 - Anesthesia (Attachment B)
 - New Patient (Attachment C)
 - Add-on (Attachment D)
 - Place of Service (Attachment E)
 - Maximum Frequency Per Day (Attachment F)
 - Global Maternity (Attachment G)
 - Multiple Procedure Reduction (Attachment H)
- **Rules Committee – Lisa Lipinski/Helen Campbell**
 - Progress Update
- **Data Sustaining Repository – Mark Painter/Barry Keene**
 - RFP Update (Attachment I)
 - HCPF Update
 - Draft Governance Document (Attachment J - to be sent separately)
- **Specialty Society – Tammy Banks/Helen Campbell**
- **Project Management – Barry Keene/Vatsala Pathy**
 - Work Plan Update (Attachment K – to be sent separately)
 - Updated Rules Development Tracking Document (Attachment L)
 - Updated Action Items Document (Attachment M)
 - Updated Roster (Attachment N)
- **Finance – Barry Keene**
 - Catering Sponsor for October Meeting.

1:55 PM PUBLIC COMMENT

2:00 PM ADJOURNMENT

FULL TASK FORCE MEETING SCHEDULE 2013

DATE(S)	TIME (MDT)	MEETING TYPE
October 22-23	Tue: 12:00 am–6:00 pm; Wed: 7:30 am—2:00 pm	Quarterly Meeting (face-to-face)
November 26	Tue: 12:00 pm – 2:00 p.m.	Monthly Conference Call
December 18	Wed: 12:00 pm – 2:00 p.m.	Monthly Conference Call

DRAFT**HB10_1332 MEDICAL CLEAN CLAIMS TRANSPARENCY AND UNIFORMITY ACT TASK FORCE**

Meeting Minutes

Day One: August 27, 2013, 12:00–6:00 PM, MDT

Call-in Number: 1-866-740-1260

Conference ID: ID 8586318#

Attendees:

- Amy Hodges
- Barry Keene, CC
- Beth Wright
- Dee Cole
- Doug Moeller, MD
- Helen Campbell
- Jill Roberson
- Kathy McCreary
- Kim Davis
- Lori Marden
- Marilyn Rissmiller, CC
- Mark Painter
- Nancy Steinke
- Tammy Banks
- Tom Darr, MD

Staff :

- Connor Holzkamp
- Vatsala Pathy

Public:

- Anne Diamond (ACOG)
- Beth Kujawski (UCH)
- Diane Hayek (ACR)
- Jenny Jackson (ACS)
- Julie Painter (STS)
- Leslie Narramore (AGA)
- Pam Kassing (ACR)
- Susan Crews (AUA)

Meeting Objective (s):

See Agenda

Key:

- TF = Task Force
- TFM = Task Force Member
- CC = Co-Chair

**August 27, 2013 (Day 1)****WELCOMING REMARKS & ROLL CALL:****Housekeeping Items:**

- The minutes from July were accepted with no changes.
- The meeting schedule for 2014 was displayed as an informational item. Connor will update calendar on website and send out invitations accordingly.
- It was noted that Dr. Fred Tolin is leaving Humana and will not be able to continue his work with the TF. The TF will look to Marianne Finke as its first choice to replace Dr. Tolin, pending approval from Sue Birch, the executive director of Health Care Policy and Finance (HCPF). The TF wishes the best of luck to Dr. Tolin in his future endeavors.

- The TF thanked Doug Moeller (McKesson) for sponsoring the catering service for the two-day August meeting, and a sign-up sheet was circulated in an effort to secure the necessary appropriations for future meetings.

EDIT COMMITTEE—Beth Wright and Mark Painter

- The Edit Committee reported that it had reviewed the work of the Rules Committee regarding the mutually exclusive and unbundled-bundled rules. The committee recommended that because CMS combines these codes in the NCCI table, the MCCTF rules for Unbundle/Bundle/Mutually Exclusive should also be combined.
- The committee also made the conceptual recommendation to include a “glossary of terms” with the final product. This would include terms that are universally recognized in the industry, but may differ in meaning depending on interpretation. Beth also recommended that a “FAQ” section be added to the website to provide information on the public review process.

The TF accepted the Edit Committee’s recommendations to: 1. Combine the mutually exclusive and unbundled-bundled rules into one; 2. Construct a “glossary of terms” to be included with the final work product; and 3. Add an “FAQ” section to the website regarding the public review process.

PAYMENT RULES COMMITTEE—Tammy Banks (Standing in for Lisa Lipinski) and Helen Campbell

- The committee brought back several draft rules that had already been adopted by consensus in July in order to confirm the revisions that had been made at the July meeting. Several of these draft rules were revised again before being approved; these rules are listed below with additional revisions in parenthesis:
 - **Age** (*Edit “Modifier Involved” to “none”; Edit MCCTF Comment to “none.”*)
 - **Gender** (*Relocate the sentence under the “Modifier Definition” heading to “MCCTF Definition”; Modifier KX removed because it is not gender-specific*)
 - **Mutually Exclusive** (*No additional revisions made*)
 - **Anesthesia** (*No additional revisions made*)
- The bulk of the discussion from the Rules Committee revolved around six draft rules that were submitted for consensus: Global maternity care, place of service, new patient, multiple procedure reduction, professional and technical component, and the “procedure to procedure” rule (which includes MUE and unbundled-bundled).
- The TF achieved consensus on the following draft rules, which will be released for public review on 9/4/13: (*revisions are included in parenthesis*):
 - **Global Maternity Care** (*Amend “Duration of the Global Maternity Care period” section’s last sentence to: “The duration of the global maternity period is 45 days.”*)
 - **Place of Service** (*Amend first sentence of second paragraph under “Place of Service Rule” to: “See National Place of Service Definitions...” And omit “Appendix A”; Move the header “Coding and Adjudication Guidelines” to the beginning of second paragraph on page 1 under the section currently titled “Place of Service Rule”; POS rule to be released without the procedure code tables*)
 - **New Patient** (*Under the heading titled “New Patient Rule” add the following: “health care professional of the same group and same specialty and subspecialty, within the past three years.”; Under coding and adjudication guidelines, after the header, add: “When a new patient code is billed inappropriately, the service may be denied.”*)
 - **Multiple Procedure Reduction** (*Add the missing Footnotes 2 and 3; Strike sentence under rationale that reads, “Refer to out of scope rationale for radiology and physical therapy...”*)
 - **Professional and Technical Component Rule** (*In the section titled: “Professional and Technical Component Rule,” POS codes 24, 31, 41, 42, 53 should be added to the last paragraph; The last note should end with “Global Service” not “Global Surgical Package”; Omit all language under header Place of*

Service (POS) instructions for the interpretation of Professional Component (PC) and the Technical Component (TC) of diagnostic tests.”)

- **Procedure to Procedure Rule** (Title amended to read: “Procedure to Procedure Rule: (A) Procedure to Procedure and (B) Unbundled/Bundled”; Omit Example on the middle of p. 2; Add modifier 25 in first sentence under “Coding and Adjudication Guidelines” so it reads: “Modifier 25 and 59 are used to identify procedures or services that are typically bundled, but are appropriate to report separately under the circumstance...”; Strike the fourth bullet under Rationale; Amend the 3rd bullet under rationale to “The NCCI code pairs were reviewed and selected as a starting point”; Tammy has amended language for section under MCCTF Comment; Under header “Unbundled/Mutually Exclusive Indicator Definitions strike all language and replace with: Appropriate modifiers may override an edit.)

The TF achieved consensus on the following draft rules, which will be included in the second “bundle” of rules to be released 9/4/13 for public review: *Global maternity care, place of service, new patient, multiple procedure reduction, professional and technical component and procedure to procedure.*

- The second “bundle” of (11) rules to be released 9/4/13 are as follows:
 - Procedure to Procedure
 - Multiple Procedure Reduction
 - Age
 - Gender
 - Maximum Frequency Per Day
 - Place of Service
 - Professional and Technical Component
 - Anesthesia
 - Add-On
 - New Patient
 - Global Maternity Care
- The TF discussed whether the procedure code tables need to be formally approved by TF consensus before going out for comment. No TFM was opposed to allowing the tables to be vetted at the committee level.

The TF determined that the procedure code tables would be vetted at the committee level and would not require full TF consensus.

- The TF discussed the need for implementing a system of “version control” to label/identify the draft rules.

TF staff will work with the Executive Committee to create a method for tracking versions of draft rules. This will be implemented on future rules (excluding those in the first and second “bundles”).

SPECIALTY SOCIETY OUTREACH COMMITTEE—Tammy Banks and Helen Campbell:

- The Specialty Society had nothing new to report at this time. The committee will continue its charge to act as the “liaison between the task force and the AMA’s Federation of Medicine, which includes 122 national specialty societies and 50 state medical societies in order to assess if public code edit and payment policy libraries meet the needs of national medical societies and state medical associations by reaching out and obtaining feedback from these groups.”

PUBLIC COMMENT:

<none>

The meeting was adjourned at approximately 6:00 PM (Mountain Time)

HB10_1332 MEDICAL CLEAN CLAIMS TRANSPARENCY AND UNIFORMITY ACT TASK FORCE

Meeting Minutes

Day Two: August 28, 2013, 7:30 AM–2:00 PM, MDT

Call-in Number: 1-866-740-1260

Conference ID: ID 8586318#

Attendees:

- Amy Hodges
- Barry Keene, CC
- Beth Wright
- Dee Cole
- Doug Moeller, MD
- Helen Campbell
- James Borgstede, MD
- Kathy McCreary
- Kim Davis
- Marie Mindeman
- Marilyn Rissmiller, CC
- Mark Painter
- Nancy Steinke
- Tammy Banks
- Tom Darr, MD
- Wendi Healy

Staff :

- Connor Holzkamp
- Vatsala Pathy

Public:

- Anne Diamond (ACOG)
- Beth Kujawski (UCH)
- Diane Hayek (ACR)
- Julie Painter (STS)
- Marianne Finke (HUM)
- Pam Kassing (ACR)
- Stephanie Stinchcombe (AUA)
- Susan Crews (AUA)

Meeting Objective (s):

See Agenda

Key:

- TF = Task Force
- TFM = Task Force Member
- CC = Co-Chair



August 28, 2013 (Day 2)

WELCOMING REMARKS & ROLL CALL:

- Global maternity was briefly revisited to discuss the length of the post-partum period.

The duration of the post-partum period (as outlined in the global maternity rule) was set at 45 days.

- The group also brought back the global surgery rule and determined the Rules Committee should review the wording as it was agreed that a separate rule was not necessary for Medical Procedure with E & M on the Same Day, it should be combined with this one.

Rules Committee to review global surgery rule for any necessary revisions to include medical procedures with E & M on the same day (for medical procedures with follow up days assigned to them).

PUBLIC RELEASE OF SECOND BUNDLE/OVERVIEW OF TF RESPONSE TO COMMENTS

- There was a brief discussion around the length of the public review period. The following suggestions were considered: 30 days, 45 days, six-eight weeks and eight weeks. By the end of the conversation it was agreed that the TF stick with the 30 day time-frame, but it was noted that the “TF will make every effort to accommodate late responses within reason.”

The TF agreed on a 30-day window for the public review period. This will be implemented starting on the second “bundle” of rules.

- Marilyn Rissmiller, CC of the TF, walked through the TF’s response to the first wave of public comments, which was updated to include late submittals. One of the comments that was received disagreed with the hierarchy that is outlined in the assistant surgeon rule. The logic (as it was originally written) was intended to use ACS as a primary source and default to CMS when necessary, but the comment that was received thought that CMS should be used as a primary source. There was some discussion around this, but ultimately the TF stood by its original recommendation to go with ACS first and CMS second.
- One TFM suggested that language be added to the PC response to outline the hierarchy that was vetted by the TF.
- Comments were also received regarding the Bilateral Procedure rule, however the Rules Committee did not have time prior to this meeting to review and make a recommendation. The Rules Committee will report back to the TF.

Language will be added to illustrate the basic hierarchy that has been vetted by the TF, which is to use ACS as a primary source, and default to CMS when ACS does not have a recommendation.

The Rules Committee will report back to the TF regarding the Bilateral Procedure comments.

DATA SUSTAINING REPOSITORY COMMITTEE—Mark Painter/Barry Keene

Draft Governance Document

- The DSR Committee has been working on a “draft governance template” which attempts to lay out the governance and public comment process, which plays into the longer term sustainability function, as well as the questions from McKesson regarding the release of edits to be used exclusively by the TF.
- One piece of the governance document discusses the use of an “arbitration panel” for dispute resolution. Several questions were raised, including, “Who would make up this panel?” The DSR Committee will work to solidify the draft governance document and develop the sustainability function for the entity that succeeds the TF.
- Barry Keene, CC of the TF, recommended that the DSR continue its work on the governance template as much will depend on the decisions made by the Attorney General’s office.

The DSR Committee will continue to develop and finalize the draft governance template. The group eagerly awaits an update from the Attorney General’s office.

McKesson’ Inquiry

- Doug Moeller categorized McKesson’s questions into three parts: 1. Data management questions, which are discussed within the RFP; 2. The entity itself, specifically in terms of a business model; and 3. Governance and dispute resolution issues.

- Doug stated that the document goes a long way in resolving McKesson’s inquiry, but that they would like to see the parameters of the “business model” defined in more depth. He noted that he is certain that some edits will be available but they are still trying to work out the scope of which edits will be included.

RFP

- The TF reviewed the most recent version of the RFP and the DSR committee was given permission to send it out without TF consensus.
- It was noted that the features, functions and total number of users need to be answered in more depth before the document is sent out.

The DSR Committee to finalize the RFP and send out without waiting for full TF consensus.

Meeting With The Attorney General’s (AG) Office:

- Barry reported that he is still waiting for a response from the AG’s office, specifically regarding the proposal of allowing a vendor to monetize the service during the 2015 time frame. The AG is working to resolve several of the issues the TF faces regarding the implementation and sustainability functions of the project.

PROJECT MANAGEMENT AND FINANCE COMMITTEE—Barry Keene and Vatsala Pathy

- Barry updated the TF with the status of discussions with the Colorado Health Foundation regarding their intellectual property clause in the grant contract. Barry is clarifying the impact of this clause on the DSR and is hopeful that he will receive good news from the Health Foundation by next meeting.
- Vatsala displayed the workplan for the project and reiterated that the TF is very tight on time and deadlines will need to be held steady in order to complete the project. Also included in the workplan is a document that outlines the statutory deadlines facing the TF.
- Several internal documents were reviewed as informational items: 1. Rules Tracking Sheet; 2. Running Action Items Table—The rules tracking document tracks the detailed status of all rules to be released by the TF, while the action items document tracks action items from all TF meetings. This includes key decisions, consensus items, vetted language/definitions etc. It was noted that much of the document was taken from past meeting minutes and that the document would be updated with more regularity moving forward.

OTHER BUSINESS:

- Tammy Banks will no longer be able to continue her role with the TF as she is leaving the AMA this month. The TF wishes Tammy the best of luck in her career change.
- It was noted that the next TF meeting is a conference call on Wednesday, September 25, 2013 at 12:00—2:00 PM (Mountain Time).
- The next in-person meeting is October 22-23, 2013.

PUBLIC COMMENT:

<None>

The meeting was adjourned at approximately 2:00 PM MDT



HB 10-332 Colorado Medical Clean Claims Transparency & Uniformity Task Force

Edit/Payment Rule Query

Topic	Anesthesia
Definition	This type of edit identifies when certain services and supplies are considered part of the overall care and should not be billed separately.
Associated CPT®¹ and HCPCS² modifiers (or codes)	<p>Medical Direction and Supervision HCPCS Modifiers:</p> <ul style="list-style-type: none"> -AA: Anesthesia services performed personally by anesthesiologist -AD: Medical supervision by a physician – more than 4 concurrent anesthesia procedures -QK: Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals -QX: Qualified non-physician anesthesiologist service – with medical direction by a physician -QY: Medical direction of one qualified non-physician by an anesthesiologist -QZ: CRNA service – without medical direction by a physician -GC: This service has been performed in part by a resident under the direction of a teaching physician <p>Physical Status Modifiers:</p> <ul style="list-style-type: none"> -P1: A normal healthy patient -P2: A patient with mild systemic disease -P3: A patient with severe systemic disease -P4: A patient with severe systemic disease that is a constant threat to life -P5: A moribund patient who is not expected to survive without the operation -P6: A declared brain-dead patient whose organs are being removed for donor purposes <p>CPT®¹ Modifiers:</p> <ul style="list-style-type: none"> -22 Increased Procedural Services: When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (i.e., increased intensity, time, technical difficulty of procedure, severity of patient’s condition, physical and mental effort required). Note: This modifier should not be appended to an E/M service. -23 Unusual Anesthesia: Occasionally, a procedure, which usually requires either no anesthesia or local anesthesia, because of unusual circumstances must be done under general anesthesia. This circumstance may be reported by adding modifier 23 to the procedure code of the basic service. -47 Anesthesia by Surgeon: Regional or general anesthesia provided by the surgeon may be reported by adding modifier 47 to the basic service. (This does not include local anesthesia.) Note: Modifier 47 would not be used as a modifier for the anesthesia procedures

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² This is the Healthcare Common Procedure Coding System (HCPCS) definition and the reference to customary and prevailing profiles is specific to Medicare.

	<p>-59 Distinct Procedural Service: Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used. Note: Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25.</p>
Query logic	<ol style="list-style-type: none"> 1) Identify all anesthesia procedures by column labeled STATUS CODE of the Medicare Physician Fee Schedule (MPFS) 4 with an indicator of J. 2) Compare to vendor submission.
Rationale	<p>Applying based on Task Force consensus on anesthesia recommendation. There are no code exceptions at this time.</p>
DATE	<p>September 18, 2013</p>

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HB 10-332 Colorado Medical Clean Claims Transparency & Uniformity Task Force

Edit/Payment Rule Query

Topic	New Patient
Definition	This type of edit is used to identify a new versus established patient. Professional services are those face-to-face services rendered by a physician and reported by a specific CPT® ¹ code(s). A new patient is one who has not received any professional services from the physician or another physician of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.
Associated CPT®¹ and HCPCS² modifiers (or codes)	There are no Current Procedural Terminology (CPT®) ¹ or Health Care Common Procedure Coding System (HCPCS) ² modifiers that apply.
Query logic	The rule is billing guidelines. No list to be generated. Await Vendor submission. Vendor submit - - code, whether new patient indicator applies, effective date, end date, source
Rationale	Applying based on Task Force consensus on new patient recommendation. There are no code exceptions at this time.
DATE	September 18, 2013

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² This is the Healthcare Common Procedure Coding System (HCPCS) definition and the reference to customary and prevailing profiles is specific to Medicare.



HB 10-332 Colorado Medical Clean Claims Transparency & Uniformity Task Force

Edit/Payment Rule Query

Topic	Add-on
Definition	<p>This type of edit will identify incorrect billing of a Current Procedural Terminology (CPT®)¹/Health Care Common Procedure Coding System (HCPCS) add-on code. An add-on code describes a circumstance under which a procedure is rendered by the same physician <i>in addition</i> to a primary procedure or service. The add-on code, by definition, <i>never</i> would be reported as a stand-alone code. While not all add-on codes have a designated “parent” code, the use of a specific primary code with an add-on code is required when indicated by CPT® parentheticals. Add-on codes are identified in the CPT® code set with the plus symbol (+), and instructions in the code description for reporting the service in addition to the primary procedure, supplies are considered part of the overall care and should not be billed separately.</p>
Associated CPT®¹ and HCPCS modifiers (or codes)	<p>There are no Current Procedural Terminology (CPT®) or HCPCS modifiers associated with this rule.</p>
Query logic	<ol style="list-style-type: none"> 1) Use the CMS MPFS file to identify codes with a ZZZ value in the Global Days column. 2) No public published electronic format available to obtain the parent code in the add-on relationship. Would expect vendors to submit for consideration. ??? May have a CMS file –not sure if you can convert. 3) Vendor submission needs to include one line each for every parent/add-on code relationship. Include separate columns for Add-on code, parent code, effective date, end date and source.
Rationale	<p>Applying based on Task Force consensus on add-on procedures recommendation. There are no code exceptions at this time.</p>
DATE	September 11, 2013

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HB 10-332 Colorado Medical Clean Claims Transparency & Uniformity Task Force

Edit/Payment Rule Query

Topic	Place of Service
Definition	This type of edit will identify incorrect billing of a professional service when the Current Procedural Terminology (CPT®) ¹ /Health Care Common Procedure Coding System (HCPCS) descriptor of service/procedure code does not match the place of service reported on the claim.
Associated CPT®¹ and HCPCS modifiers (or codes)	There are no Current Procedural Terminology (CPT®) or HCPCS modifiers associated with this rule.
Query logic	<ol style="list-style-type: none"> 1) Assess the MPFS facility vs. non-facility indicators following the practice expense columns 2) Vendor submission needs to include one line every relationship. Include separate columns for CPT or HCPC code, modifier, code description, use CMS place of service value for denied POS, effective date, end date and source.
Rationale	Applying based on Task Force consensus on place of service procedures recommendation. There are no code exceptions at this time.
DATE	September 11, 2013

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HB 10-332 Colorado Medical Clean Claims Transparency & Uniformity Task Force

Edit/Payment Rule Query

Topic	Maximum Frequency Per Day
Definition	<p>This type of edit will identify incorrect billing of a professional service when the Current Procedural Terminology (CPT®)¹/HCPCS descriptor of the service/procedure code, or the related coding guidelines imply restrictions on the number of times the service/procedure can be provided on a single calendar date.</p>
Associated CPT®¹ and HCPCS modifiers (or codes)	<p>-59 Distinct Procedural Service: Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures or services, other than E/M services, that are not normally reported together but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different size or organ system, separate incision or excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available and the use of modifier 59 best explains the circumstances should modifier 59 be used.</p> <p>-76 Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional: It may be necessary to indicate that a procedure or service was repeated by the same physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 76 to the repeated procedure or service. Note: This modifier should not be appended to an E/M service.</p> <p>-91 Repeat Clinical Diagnostic Laboratory Test: In the course of treatment of the patient, it may be necessary to repeat the same laboratory test on the same day to obtain subsequent (multiple) test results. Under these circumstances, the laboratory test performed can be identified by its usual procedure number and the addition of modifier 91. Note: This modifier may not be used when tests are rerun to confirm initial results; due to testing problems with specimens or equipment; or for any other reason when a normal, one-time, reportable result is all that is required. This modifier may not be used when other code(s) describe a series of test results (e.g., glucose tolerance tests, evocative/suppression testing). This modifier may only be used for laboratory test(s) performed more than once on the same day on the same patient.</p>
Query logic	<ol style="list-style-type: none"> 1) Use the file from the AMA for the 24 hour/per diem list. 2) For rest of code list – await vendor list. 3) Vendor submission needs to include one line each code limit. Include separate columns CPT/HCPC code, Frequency limit, effective date, end date and source.

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Rationale	Applying based on Task Force consensus on add-on procedures recommendation. There are no code exceptions at this time.
DATE	September 11, 2013



HB 10-332 Colorado Medical Clean Claims Transparency & Uniformity Task Force

Edit/Payment Rule Query

Topic	Global Maternity
Definition	This type of edit will identify incorrect billing when services that are routinely considered part of the global surgery package are reported separately within the pre-operative, same day and post-operative days assigned to that surgical procedure code.
Associated CPT®¹ and HCPCS² modifiers (or codes)	<p>-22 Increased Procedural Services: When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (i.e., increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). Note: This modifier should not be appended to an E/M service.</p> <p>-24 Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period: The physician or other qualified health care professional may need to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) unrelated to the original procedure. This circumstance may be reported by adding modifier 24 to the appropriate level of E/M service.</p> <p>-25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service: It may be necessary to indicate that on the day a procedure or service identified by a CPT® code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (see Evaluation and Management Services Guidelines in the CPT® codebook for instructions on determining level of E/M service). The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. Note: This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier 57. For significant, separately identifiable non-E/M services, see modifier 59.</p> <p>-51 Multiple Procedures: When multiple procedures, other than E/M services, Physical Medicine and Rehabilitation services or provision of supplies (e.g., vaccines), are performed at the same session by the same individual, the primary procedure or service may be reported as listed. The additional</p>

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procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s).

Note: This modifier should not be appended to designated “add-on” codes (see Appendix D in the CPT® codebook).

- 57: Decision for Surgery: An evaluation and management service that resulted in the initial decision to perform the surgery may be identified by adding modifier 57 to the appropriate level of E/M service.
- 58 Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period: It may be necessary to indicate that the performance of a procedure or service during the postoperative period was: (a) planned or anticipated (staged); (b) more extensive than the original procedure; or (c) for therapy following a surgical procedure. This circumstance may be reported by adding modifier 58 to the staged or related procedure. **Note:** For treatment of a problem that requires a return to the operating/procedure room (eg, unanticipated clinical condition), see modifier 78.
- 59 Distinct Procedural Services: Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non- E/M services performed on the same day. Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used. **Note:** Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25.
- 76 Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional: It may be necessary to indicate that a procedure or service was repeated by the same physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 76 to the repeated procedure or service. **Note:** This modifier should not be appended to an E/M service.
- 77: Repeat Procedure by Another Physician or Other Qualified Health Care Professional: It may be necessary to indicate that a basic procedure or service was repeated by another physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 77 to the repeated procedure or service. **Note:** This modifier should not be appended to an E/M service.
- 78: Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period: It may be necessary to indicate that another procedure was performed during the postoperative period of the initial procedure (unplanned procedure following initial procedure). When this procedure is related to the first, and requires the use of an operating/procedure room, it may be reported by adding modifier 78 to the related procedure. (For repeat procedures, see modifier 76.)
- 79: Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period: The individual may need to indicate that the performance of a procedure or service during the

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² This is the Healthcare Common Procedure Coding System (HCPCS) definition and the reference to customary and prevailing profiles is specific to Medicare.

	postoperative period was unrelated to the original procedure. This circumstance may be reported by using modifier 79. (For repeat procedures on the same day, see modifier 76.)
Query logic	<ol style="list-style-type: none"> 1) Identify by column labeled GLOBAL DAYS of the MPFS with a payment indicator of MMM 2) The actual day count will come from the vendor. Vendor submission – code, # of days, effective and end date, source
Rationale	Applying based on Task Force consensus on global maternity recommendation. There are no code exceptions at this time.
DATE	September 18, 2013

DRAFT

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² This is the Healthcare Common Procedure Coding System (HCPCS) definition and the reference to customary and prevailing profiles is specific to Medicare.



HB 10-332 Colorado Medical Clean Claims Transparency & Uniformity Task Force

Edit/Payment Rule Query

Topic	Multiple Procedure Reduction
Definition	This type of edit identifies when two or more procedures/services are performed during the same session by the same provider, subsequent procedures/services may be subject to a reduction.
Associated CPT®¹ and HCPCS² modifiers (or codes)	<p>-51 Multiple Procedures: When multiple procedures, other than E/M services, Physical Medicine and Rehabilitation services or provision of supplies (e.g., vaccines), are performed at the same session by the same individual, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). Note: This modifier should not be appended to designated “add-on” codes (see Appendix D in the CPT® code book).</p> <p>-62 Co surgery (cross reference K - Cosurgery Rule): Two Surgeons: When 2 surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If additional procedure(s) (including add-on procedure(s) are performed during the same surgical session, separate code(s) may also be reported with modifier 62 added. Note: If a co-surgeon acts as an assistant in the performance of additional procedure(s) during the same surgical session, those services may be reported using separate procedure code(s) with modifier 80 or modifier 82 added, as appropriate.</p> <p>-66 Surgical Team (cross reference L - Team Surgery Rule): Under some circumstances, highly complex procedures (requiring the concomitant services of several physicians or other qualified health care professionals, often of different specialties, plus other highly skilled, specially trained personnel, various types of complex equipment) are carried out under the “surgical team” concept. Such circumstances may be identified by each participating individual with the addition of modifier 66 to the basic procedure number used for reporting services.</p> <p>-80 Assistant Surgeon (cross reference J - Assistant Surgery Rule): Assistant Surgeon: Surgical assistant This rule is applicable for the specific situations identified for these modifiers.</p>
Query logic	<ol style="list-style-type: none"> 1) Identify through column labeled MULT PROC of the Medicare Physician Fee Schedule (MPFS) with a value of 1, 2, or 3. Exclude: Nuclear Medicine codes 78306, 78320, 78802, 78803, 78806, and 78807 marked with an indicator of “2” 2) Vendor submission – code, modifier, indicator, description, effective and end date and source.

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² This is the Healthcare Common Procedure Coding System (HCPCS) definition and the reference to customary and prevailing profiles is specific to Medicare.

Rationale	Applying based on Task Force consensus on multiple procedure reduction recommendation.
DATE	September 18, 2013

DRAFT

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² This is the Healthcare Common Procedure Coding System (HCPCS) definition and the reference to customary and prevailing profiles is specific to Medicare.

*Colorado Department of
Health Care Policy and Financing*

On behalf of:

*The Colorado Medical Society Foundation,
Fiscal Sponsor for the Colorado Clean
Claims task Force*

Solicitation #:

#CHIRFPXX12ZZZZZZ

Colorado Clean Claims “Common Edit Set” Development
Data Repository

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SECTION 1.0 INTRODUCTION

1.1. GENERAL INFORMATION

- 1.1.1. The Colorado Department of Health Care Policy and Financing (Department) is soliciting competitive, responsive proposals from experienced and financially sound organizations on behalf of the Colorado Medical Society Foundation (Fiscal Sponsor), designated by the Department in accordance with C.R.S. 25-37-106(6)(a), to create a “Common Edit Set” Development Data Repository for use by the Colorado Clean Claims Task Force (CCCTF).
- 1.1.2. NOTE: This solicitation is only performed by the Department on behalf of the Fiscal Sponsor, who will enter into a contract with the selected vendor. The Department WILL NOT enter into a contract as a result of this solicitation.
- 1.1.3. General solicitation information, timelines and proposal submission requirements are available in Appendix A, Administrative Information Document. To be considered responsive, an Offeror shall comply with all of the requirements and timelines contained in Appendix A.

SECTION 2.0 TERMINOLOGY

2.1. ACRONYMS, ABBREVIATIONS AND OTHER TERMINOLOGY

- 2.1.1. Acronyms, abbreviations and other terminology are defined at their first occurrence in this Request for Proposals (RFP). The following list is provided to assist the reader in understanding acronyms, abbreviations and terminology used throughout this document.
 - 2.1.1.1. Act - The Medical Clean Claims Transparency and Uniformity Act, C.R.S. 25-37-106.
 - 2.1.1.2. AMA - the American Medical Association.
 - 2.1.1.3. Business Day - Any day except weekend days or any day on which one of the State of Colorado’s holidays are observed. The State of Colorado observes all holidays listed in C.R.S. 24-11-101(1).
 - 2.1.1.4. Closeout Period - The period from the earlier of ninety (90) days prior to the end of the last renewal year of the Contract or notice of by the Fiscal Sponsor of non-renewal until the day that the Fiscal Sponsor has accepted the final deliverable for the Closeout Period and has determined that the final transition is complete.
 - 2.1.1.5. Colorado Clean Claims Task Force or CCCTF - The task force created by the Department in accordance with C.R.S. 25-37-106(2)(a)(I).
 - 2.1.1.6. Colorado Medical Society Foundation – The Fiscal sponsor of the CCCTF as required by law in Colorado. The Colorado Medical Society Foundation is a non profit Foundation for the betterment of Medicine in the state of Colorado.
 - 2.1.1.7. Common Edit Set - The standardized set of Edits developed by the CCCTF.
 - 2.1.1.8. Contract - The agreement that is entered into as a result of this solicitation. The Contract will be entered into between the Contractor and the Fiscal Sponsor. The

Department will not enter into any contract with the Contractor as a result of this solicitation.

- 2.1.1.9. Contractor - The individual or entity selected as a result of this solicitation to complete the Work contained in the Contract.
- 2.1.1.10. Department - The Colorado Department of Health Care Policy and Financing, a department of the government of the State of Colorado.
- 2.1.1.11. Edit - An Edit as defined in C.R.S. 25-37-102.
- 2.1.1.12. Effective Date - The effective date defined in the Contract.
- 2.1.1.13. Fiscal Sponsor - The nonprofit or private organization designated to be the custodian of funds for the CCCTF, as described in C.R.S. 25-37-106(6)(a). The Fiscal Sponsor may use a designee to complete any of its responsibilities under the Contract. If the fiscal sponsor selects a designee for any activity or responsibility under the Contract, any reference to the Fiscal Sponsor shall also include reference to the designee for that activity or responsibility.
- 2.1.1.14. Key Personnel - The position or positions that are specifically designated as such in the Contract.
- 2.1.1.15. Offeror - Any individual or entity that submits a proposal, or intends to submit a proposal, in response to this solicitation.
- 2.1.1.16. Operational Start Date - when the Fiscal Sponsor authorizes the Contractor to begin fulfilling its obligations under the Contract.
- 2.1.1.17. Other Personnel - Individuals and Subcontractors, in addition to Key Personnel, assigned to positions to complete tasks associated with the Work outlined in this solicitation.
- 2.1.1.18. PHI - Protected Health Information.
- 2.1.1.19. Rule - A group of Edits and the associated description of implementation as determined by the CCCTF.
- 2.1.1.20. SFY - State Fiscal Year.
- 2.1.1.21. Source - Any national industry sources described in C.R.S. 25-37-106(2)(b).
- 2.1.1.22. Start-Up Period - The period from the execution of the Contract, until the Operational Start Date.
- 2.1.1.23. Subcontractor - Third-parties, if any, engaged by Contractor to aid in performance of its obligations under the Contract.
- 2.1.1.24. Supplier - An entity from which the Contractor receives Edits for inclusion in the data repository created under the Contract.
- 2.1.1.25. User - Any individual selected by the Fiscal Sponsor who will have access to the data repository created under the Contract.

- 2.1.1.26. Work - The tasks and activities Contractor is required to perform to fulfill its obligations under the Contract, including the performance of any services and delivery of any goods.

SECTION 3.0 BACKGROUND INFORMATION

3.1. THE COLORADO CLEAN CLAIMS TASK FORCE

- 3.1.1. The Executive Director of the Department has convened the CCCTF, which is comprised of industry and government representatives, to develop a standardized set of medical claim Edits and payment rules (“Common Edit Set”) that payers and healthcare providers will use in Colorado. The goal of the Common Edit Set is to reduce the complexity and expense of the medical claims process in Colorado, and to promote consistent adjudication. Plans will be required to apply the same Common Edit Set to all medical claims, although the Act allows the use of additional auditing practices, such as for medical necessity determinations or detection and remedy of fraud, waste and abuse.

3.2. FISCAL SPONSOR

- 3.2.1. The Colorado Medical Society Foundation is the current Fiscal Sponsor for the CCCTF. The Department designated the Colorado Medical Society Foundation to be the Fiscal Sponsor on January 1, 2013.

SECTION 4.0 OFFEROR’S REQUIREMENTS

4.1. STAFFING QUALIFICATIONS

- 4.1.1. Mandatory Key Personnel Experience and/or Qualification Requirements
- 4.1.2. Offeror shall designate people to hold the Key Personnel positions as specified in this solicitation. The Contractor shall not allow for any individual to fill more than one of the roles defined as Key Personnel.
- 4.1.2.1. Offeror’s Key Personnel shall meet all mandatory experience and/or qualification requirements for Offeror to be considered for award of the Contract.
- 4.1.2.2. Any Offeror that does not designate Key Personnel or is unable to demonstrate that their Key Personnel meet all stated requirements will be disqualified.
- 4.1.2.3. The Key Personnel identified for this Contract are:
- 4.1.2.3.1. Project Lead.
- 4.1.2.4. Offeror’s Project Lead shall have all of the following:
- 4.1.2.4.1. At least three (3) years experience managing projects of similar scope to the Work.
- 4.1.3. Mandatory Other Personnel Requirements
- 4.1.3.1. Offeror shall provide Other Personnel, individuals in addition to Key Personnel, to ensure Offeror’s ability to complete the Work. Other Personnel may consist of

Offeror's employees and/or a Subcontractor(s) of the Offeror. The Offeror shall clearly explain its plans to utilize a Subcontractor(s) in its proposal.

- 4.1.3.2. Offeror shall use its discretion to determine all Other Personnel it will require to complete the Work.
- 4.1.3.3. Offeror shall ensure that the Other Personnel have previous experience, education and/or training that demonstrate that they are qualified for the positions on this project to which they will be assigned.
- 4.1.3.4. Any Offeror unable to demonstrate that it has sufficient Other Personnel to complete the Work will be disqualified.

OFFEROR'S RESPONSE 1. Provide the name and resume for each person to be assigned to a Key Personnel position. In addition to the name and resume, include a summary for each person that demonstrates how that person meets the experience and/or qualification requirements stated for the Key Personnel position for which the person is to be assigned.

OFFEROR'S RESPONSE 2. Provide a summary that explains Offeror's plans for providing sufficient experienced Other Personnel to ensure Offeror's ability to complete the Work outlined in this solicitation.

NOTE: If any positions are to be held by an employee of a Subcontractor or if any work/duties/responsibilities are to be completed by a Subcontractor, information about the Subcontractor's organization must be provided. For each Subcontractor, provide the following:

Legal and Trade name of Subcontractor.

General work/duties/responsibilities to be assigned to Subcontractor.

Brief description of each Subcontractor's skills and experience that make that Subcontractor qualified to perform the Work.

4.2. SPECIFIC EXPERIENCE

- 4.2.1. In addition to meeting the Mandatory Experience and Requirements, the Fiscal Sponsor has determined that it desires specific experience and/or skills for an Offeror to possess in order for the Offeror to be able to complete the Work efficiently while meeting the demands and deadlines of the Fiscal Sponsor.
- 4.2.2. The Fiscal Sponsor will evaluate the Offeror's experience within the past ten (10) years with the following:

- 4.2.2.1. Industry expertise with fluency in the claims edit business rules, development of an Edit set and use practices of the user community.
- 4.2.2.2. Demonstrated capability of developing healthcare IT solutions
- 4.2.2.3. Demonstrated web based interface solutions with simple robust user interface
- 4.2.3. The Fiscal Sponsor will evaluate Offeror's data center capabilities including security practices and fail safe operations

OFFEROR'S RESPONSE 3. Provide a detailed description of Offeror's experience with claims edit business rules, development of a Edit set and use practices of the user community. Also include a description of Offeror's experience developing healthcare IT solutions, including web based user interfaces.

OFFEROR'S RESPONSE 4. Provide a detailed description of the Offeror's data center capabilities, with specific focus on their security practices and fail safe options.

4.3. CONFLICT OF INTEREST

- 4.3.1. If an employee of an Offeror or an Offeror as an entity has a relationship with the CCCTF, this may create a conflict of interest for that Offeror. Offerors shall describe all actual and apparent conflicts of interest it may have.
- 4.3.2. An actual or apparent conflict of interest will not necessarily disqualify any Offeror from this solicitation or a receipt of award resulting from this solicitation.

OFFEROR'S RESPONSE 5. Provide a detailed description of any relationships between the Offeror or any employee of the Offeror and the CCCTF that may create an actual or apparent conflict of interest.

SECTION 5.0 STATEMENT OF WORK

5.1. CONTRACTOR'S GENERAL REQUIREMENTS

- 5.1.1. The Fiscal Sponsor will contract with only one (1) organization, the Contractor, and will work solely with that organization with respect to all tasks and deliverables to be completed, services to be rendered and performance standards to be met.
- 5.1.2. The Contractor may be privy to internal policy discussions; contractual issues; price negotiations; confidential medical information; Fiscal Sponsor financial information; and advance knowledge of legislation. This information shall be considered confidential.
- 5.1.3. The Contractor shall work cooperatively with key Fiscal Sponsor staff and, if applicable, the staff of other contractors, the Department and the CCCTF in the course of the Contract period to ensure the success of the Work. The Fiscal Sponsor

may, in its sole discretion, use other contractors to perform activities related to the Work that are not contained in the Contract.

5.1.4. The Contractor shall maintain complete and detailed records of all meetings, system development life cycle documents, presentations, project artifacts and any other interactions or deliverables related to the project described in the Contract. The Contractor shall make such records available to the Fiscal Sponsor upon request, throughout the term of the Contract.

5.1.5. Project Personnel

5.1.5.1. Personnel General Requirements

5.1.5.1.1. The Contractor shall provide qualified Key Personnel and Other Personnel to perform the Work. The Contractor shall provide a final list of individuals assigned to the Contract.

5.1.5.1.1.1. DELIVERABLE: Final list of names of the individuals assigned to the Contract.

5.1.5.1.1.2. DUE: Within five (5) business days of the Effective Date.

5.1.5.1.2. The Contractor shall inform the Fiscal Sponsor of any changes to its Key Personnel prior to the effective date of the change. The Contractor shall ensure that all personnel changes, to either Key Personnel or Other Personnel, do not interrupt communication between the Fiscal Sponsor and the Contractor and that the Fiscal Sponsor has an available contact person at all times during the term of the Contract.

5.1.5.1.3. The Contractor shall maintain appropriate staffing levels throughout the term of the Contract.

5.1.5.2. Personnel Availability

5.1.5.2.1. The Contractor shall ensure Key Personnel and other personnel assigned to the Contract are available for meetings with the Fiscal Sponsor during the Fiscal Sponsor's normal business hours. The Contractor shall also make these personnel available outside of the Fiscal Sponsor's normal business hours and on weekends with prior notice from the Fiscal Sponsor.

5.1.5.2.2. The Contractor's Key Personnel and other operational staff shall be available for all regularly scheduled meetings between the Contractor and the Fiscal Sponsor, unless the Fiscal Sponsor has granted prior approval otherwise.

5.1.5.2.3. The Contractor shall ensure that the staff attending all meetings between the Fiscal Sponsor and the Contractor have the authority to represent and commit the Contractor regarding work planning, problem resolution and program development.

5.1.5.2.4. At the Fiscal Sponsor's direction, the Contractor shall make its Key Personnel and other personnel assigned to the Contract available to attend meetings as subject matter experts with stakeholders both within the State government and external or private stakeholders. In the event the Fiscal Sponsor requires the

Contractor to make its Key Personnel available, the CCCTF will determine the funding available for the Contractor's travel.

5.1.5.2.5. All of the Contractor's personnel that attend any meeting with the Fiscal Sponsor or other Fiscal Sponsor stakeholders shall be physically present at the location of the meeting, unless the Fiscal Sponsor gives prior permission to attend by telephone or video conference. In the event that the Contractor has any personnel attend by telephone or video conference, the Contractor shall be responsible for providing the conference line or virtual meeting place.

5.1.5.2.6. The Contractor shall respond to all telephone calls, voicemails and emails from the Fiscal Sponsor within one (1) Business Day of receipt by the Contractor.

5.1.5.3. Key Personnel Responsibilities

5.1.5.3.1. Project Lead

5.1.5.3.1.1. The Project Lead shall:

5.1.5.3.1.1.1. Monitor all phases of the project in accordance with work plans or timelines or as determined between the Contractor and the Fiscal Sponsor.

5.1.5.3.1.1.2. Serve as Contractor's primary point of contact to the Fiscal Sponsor.

5.1.5.3.1.1.3. Be responsible for completion and/or submission of all tasks and deliverables in the Contract.

5.1.5.4. Other Personnel Responsibilities

5.1.5.4.1. The Contractor shall ensure that all Other Personnel have sufficient training and experience to complete all portions of the Work assigned to them.

5.1.5.4.2. The Contractor may subcontract to complete a portion of the Work required by the Contract. The conditions for using a Subcontractor(s) are as follows:

5.1.5.4.2.1. The Contractor shall provide the organizational name of each Subcontractor and all items to be worked on by each Subcontractor to the Fiscal Sponsor.

5.1.5.4.2.2. The Contractor shall obtain prior consent and written approval for any change in the use of Subcontractor(s). The Fiscal Sponsor reserves the right to approve or disapprove any subcontractor's staff assigned to the Contract or to require the reassignment of any subcontractor employee found unacceptable to the Fiscal Sponsor. The Fiscal Sponsor has the right to request that any personnel be removed or replaced at any time, for any reason, if it is determined to be in the best interest of the Fiscal Sponsor.

5.1.6. Deliverables

- 5.1.6.1. All deliverables shall meet Fiscal Sponsor-approved format and content requirements. The Fiscal Sponsor shall specify the number of copies and media for each deliverable.
- 5.1.6.2. Each deliverable shall be reviewed by the Fiscal Sponsor and shall require formal approval from the Fiscal Sponsor before acceptance of the deliverable. The Contractor shall allow for a minimum ten (10) Business Days following receipt, per deliverable, for the Fiscal Sponsor to review each deliverable its findings, except as specified herein. Based on the review findings, the Fiscal Sponsor may accept the deliverable, reject portions of the deliverable, reject the complete document or require that revisions be made. Unless otherwise agreed to by the Fiscal Sponsor in writing, the Contractor shall be required to submit replacement portions or a complete revised version of the deliverable within ten (10) Business Days following receipt of Fiscal Sponsor comments. The Fiscal Sponsor shall have an additional five (5) Business Day review period whenever replacement portions or a complete revised version of a deliverable is resubmitted.
- 5.1.6.3. The Contractor shall employ an internal quality control process to ensure that all deliverables, documents and calculations are complete, accurate, easy to understand and of high quality. The Contractor shall provide deliverables that, at a minimum, are responsive to the specific requirements, organized into a logical order, formatted uniformly and contain accurate information and correct calculations. The Contractor shall retain all draft and marked-up documents and checklists utilized in reviewing documents for reference through the duration of the project and project acceptance.
- 5.1.6.4. Deliverables of low quality or those that are otherwise unacceptable to the Fiscal Sponsor shall be rejected by the Fiscal Sponsor and shall be reproduced and resubmitted by the Contractor.
- 5.1.6.5. The Contractor shall document, in writing, and deliver to the Fiscal Sponsor its responses to the Fiscal Sponsor's comments and requests for revisions or clarification of deliverable contents.
- 5.1.6.6. At the Fiscal Sponsor's request, the Contractor shall be required to conduct a walk-through of Fiscal Sponsor-selected deliverables to facilitate the Fiscal Sponsor's review and approval process. The walk-through shall consist of an overview of the deliverable, explanation of the organization of the deliverable, presentation of critical issues related to the deliverable and other information as requested by the Fiscal Sponsor. It is anticipated that the content of the walk-through will vary with the deliverable presented.
- 5.1.6.7. In the event that any due date for a deliverable falls on a day that is not a Business Day, then the due date shall be automatically extended to the next Business Day, unless otherwise directed by the Fiscal Sponsor.
- 5.1.6.8. All due dates or timelines that reference a period of days shall be measured in calendar days, months and quarters unless specifically stated as Business Days or otherwise. All times stated in the Contract shall be considered to be in Mountain Time, unless specifically stated otherwise.

5.1.6.9. Each deliverable, report, data, procedure or system created by the Contractor for the Fiscal Sponsor that is necessary to fulfilling the Contractor's responsibilities under the Contract, as determined by the Fiscal Sponsor, shall be made available to the Fiscal Sponsor without additional charge. It is anticipated that the Data Developed by the Sponsor will be made available to the public as described herein.

5.1.7. Stated Deliverables and Performance Standards

5.1.7.1. Any section within this Statement of Work headed with or including the term "DELIVERABLE" or "PERFORMANCE STANDARD" is intended to highlight a deliverable or performance standard contained in this Statement of Work and provide a clear due date for deliverables. The sections with these headings are not intended to expand or limit the requirements or responsibilities related to any deliverable or performance standard.

5.2. COMMON EDIT SET DEVELOPMENT DATA REPOSITORY

5.2.1. The Contractor shall create a Specified User interface for all Users.

5.2.1.1. The User interface shall:

5.2.1.1.1. Be accessible to Users through an online application twenty-four (24) hours per day, seven (7) days per week, through appropriate security protocol.

5.2.1.1.1.1. The application shall support all major web browsers including, but not limited to:

5.2.1.1.1.1.1. Google Chrome. [current version]

5.2.1.1.1.1.2. Internet Explorer [8.0 or higher].

5.2.1.1.1.1.3. Mozilla Firefox[12.0 or higher].

5.2.1.1.1.1.4. Safari [5.0 or higher].

5.2.1.1.2. The application shall be accessible to any User equipment that supports the above stated browser versions. The User equipment should support at least 'read only' for ASCII text and .CSV files.

5.2.1.1.2. Allow for Specified Users to access the data repository and run queries for information as determined by the Fiscal Sponsor.

5.2.1.1.2.1. Users shall have access to active data as determined by the Fiscal Sponsor, allowing Fiscal Sponsor to create at least 4 classes of user with access to active data as determined by the Fiscal Sponsor. Access shall include data that can be retrieved by query congruent with User class.

5.2.1.1.2.1.1. Public Class: View and Download specified tables

5.2.1.1.2.1.2. Task Force Query Class: Allow users to Query the data, run reports as specified and developed.

5.2.1.1.2.1.3. Change Data Class: Allow this user to type to change data types controls will need to be in place to block simultaneous change to the same data table.

- 5.2.1.1.2.1.4. Administrative Class.: Allows for access and user class change as well as all other rolls listed above.
- 5.2.1.1.3. Allow for at least twenty-five (25) Specified Users to access the data repository, with up to fifteen (15) simultaneous Users accessing the repository at any one time.
- 5.2.1.1.4. Allow specified Users to create summary data Source reports that contain, at a minimum, all of the following information for each data Source:
 - 5.2.1.1.4.1. Rule Type.
 - 5.2.1.1.4.2. Supplier/ ID.
 - 5.2.1.1.4.3. Source
 - 5.2.1.1.4.4. Total Row Count.
 - 5.2.1.1.4.5. Total Active Rows.
- 5.2.1.1.5. Allow Specified Users to create detail data Source reports that contain all data for each row in the rule table.
- 5.2.1.1.6. Allow Specified Users to filter data in the data repository by one or more of the following categories:
 - 5.2.1.1.6.1. Rule type.
 - 5.2.1.1.6.2. Supplier ID/
 - 5.2.1.1.6.3. Source
 - 5.2.1.1.6.4. Effective date of the edit.
 - 5.2.1.1.6.5. End date of the edit.
 - 5.2.1.1.6.6. Procedure code or codes.
 - 5.2.1.1.6.7. Version ID.
 - 5.2.1.1.6.8. Production ID.
 - 5.2.1.1.6.9. Value
- 5.2.1.1.7. Allow Specified Users to group data Source reports by all of the following categories:
 - 5.2.1.1.7.1. Rule type.
 - 5.2.1.1.7.2. Supplier ID/
 - 5.2.1.1.7.3. Source
 - 5.2.1.1.7.4. Procedure code or codes.
 - 5.2.1.1.7.5. End Date of the Edit
 - 5.2.1.1.7.6. Effective Date of the Edit
 - 5.2.1.1.7.7. Version ID

- 5.2.1.1.7.8. Production ID
- 5.2.1.1.7.9. Value
- 5.2.1.1.8. Allow Specified Users to drill down into any data from the summary level to the table row level of information.
- 5.2.1.1.9. Create reports for Specified Users that allow those Users to see similarities and differences between different Supplier/or Source data for the same Rule Type for a specific version of the Rule and Edit table.
- 5.2.1.1.10. Create reports for Specified Users that allow those Users to see similarities and differences between versions of a Rule Type based on version for each Supplier/or Source.
- 5.2.1.1.11. Create reports for Specified Users that compare versions of a Rule Type, showing all of the following information:
 - 5.2.1.1.11.1. Change in row count between versions.
 - 5.2.1.1.11.2. Data points that are the same between versions.
 - 5.2.1.1.11.3. Data points that are different from one version to another.
 - 5.2.1.1.11.4. Which categories are different from one version to another.
- 5.2.1.1.12. Allow Specified Users to apply Rule Type specific business rules, as defined by the CCCTF, to multiple Sources for the same Rule Type to derive a new table made up of one or more Sources. This functionality shall allow Users to toggle between the effects of different Sources of the same Edit.
- 5.2.1.1.13. Allow Specified Users to manually select specific rows/CPT codes in the data repository, regardless of Rule Type or Source, and create a derivative table containing only the selected data or modify an existing derivative table to include the selected data. Downloads should be made available in common formats for use in other electronic systems.
- 5.2.1.1.14. Create an identification schema for each derivative table that includes all of the following:
 - 5.2.1.1.14.1. Rule type.
 - 5.2.1.1.14.2. Version ID.
 - 5.2.1.1.14.3. Version date.
- 5.2.1.2. The Contractor shall create a mock-up of the User interface and deliver the mock-up to the Fiscal Sponsor for review and approval. The Fiscal Sponsor will review the mock-up and may require changes to the structure or functionality based on this review. The Contractor shall make any changes as directed by the Fiscal Sponsor.
 - 5.2.1.2.1. DELIVERABLE: User Interface Mock-Up
 - 5.2.1.2.2. DUE: Within ninety (90) days following the Effective Date

OFFEROR'S RESPONSE 6. In their proposal, Offerors shall propose a viewable file size for data within the repository.

- 5.2.2. The Contractor shall enter into a written royalty-free license agreement with the American Medical Association (AMA) as a Supplier for the sole purpose of use of Current Procedural Terminology (CPT®) codes as copyrighted by the AMA in the creation of, and in the development data repository of codes.
 - 5.2.2.1. Such agreement will include requirements that:
 - 5.2.2.1.1. All Users enter into a royalty-free point and click license displayed by the Contactor as specified by the AMA that limits use of the CPT codes for testing and evaluating the CPT code in connection with the CCCTF.
 - 5.2.2.1.2. Contractor and all other Users agree to the AMA's standard license terms.
 - 5.2.2.2. New license agreements will need to be negotiated with the AMA for use of CPT code in the production data repository. The Contractor shall ensure that it has all necessary agreements with the AMA to use any copyrighted by the AMA.
- 5.2.3. The Contractor may obtain Edits from other entities to populate the development data repository.
 - 5.2.3.1. The Contractor shall determine the entities it will use as Suppliers. Suppliers may include, but are not limited to, all of the following:
 - 5.2.3.1.1. Governmental agencies that provide Edits, such as the Medicare NCCI Edit Set.
 - 5.2.3.1.2. Commercial health insurance carriers, including fully integrated Health Maintenance Organizations.
 - 5.2.3.1.3. Private medical coding companies.
 - 5.2.3.1.4. Health care claims software manufacturers.
 - 5.2.3.1.5. Any other entity or organization that creates Edits.
 - 5.2.3.2. Once the Contractor has determined who it intends to use as Suppliers, the Contractor shall provide a list of those Suppliers to the Fiscal Sponsor for review and approval. It is anticipated that the list of Suppliers may be amended from time to time, Contractor shall supply updates to the fiscal sponsor on a quarterly basis for final approval.
 - 5.2.3.2.1. DELIVERABLE: Preliminary list of Suppliers
 - 5.2.3.2.2. DUE: 4 months from execution of contract.
 - 5.2.3.3. The Fiscal Sponsor will review the preliminary list of Suppliers, and may require the addition or removal of selected Suppliers based on its review. If the Fiscal Sponsor approves the preliminary list of Suppliers without requesting a change, then the preliminary list of Suppliers shall become the initial list of Suppliers. If the Fiscal Sponsor requires the addition or removal of a Supplier, the Contractor shall change the list of Suppliers to comply with the required addition or removal

and deliver the list to the Fiscal Sponsor for review and approval. Updates to the list will be provided on a quarterly basis.

- 5.2.3.3.1. DELIVERABLE: List of Suppliers
- 5.2.3.3.2. DUE: Within three (3) Business Days of the Fiscal Sponsor's request for changes to the preliminary list of Suppliers.
- 5.2.3.4. The Contractor shall develop a formal Edit solicitation letter and send that letter to Suppliers requesting Edit information from those Suppliers.
 - 5.2.3.4.1. The Edit solicitation letter shall contain all of the following:
 - 5.2.3.4.1.1. A request for Edit information from the Supplier.
 - 5.2.3.4.1.2. A notice that any Edits sent to the Contractor will become public information upon receipt by the Contractor and no Edits received will be considered proprietary.
 - 5.2.3.4.1.3. A due date for the Supplier to provide the Contractor with its Edits.
 - 5.2.3.4.2. The Contractor shall deliver a draft of the Edit solicitation letter to the Fiscal sponsor for review and approval prior to sending the letter to any Supplier.
 - 5.2.3.4.2.1. DELIVERABLE: Draft Edit solicitation letter
 - 5.2.3.4.2.2. DUE: Within ninety (90) days after the Effective Date
 - 5.2.3.4.3. The Fiscal Sponsor will review the draft Edit solicitation letter and may require changes to the letter. If the Fiscal Sponsor approves the draft Edit solicitation letter without requesting a change, then the draft Edit solicitation letter shall become the final Edit solicitation letter. If the Fiscal Sponsor requires a change to the draft Edit solicitation letter, the Contractor shall make the change as required and deliver the final Edit solicitation letter to the Fiscal Sponsor for review and approval.
 - 5.2.3.4.3.1. DELIVERABLE: Final Edit solicitation letter
 - 5.2.3.4.3.2. DUE: Within three (3) Business Days of the Fiscal Sponsor's request for changes to the draft Edit solicitation letter.
 - 5.2.3.4.4. The Fiscal Sponsor will authorize the Contractor to send the final Edit solicitation letter to Suppliers once it has approved the content of that letter. Upon receipt of the Fiscal Sponsor's authorization to send the letter, the Contractor shall mail the final Edit solicitation letter/email to all Suppliers contained on the finalized list of Suppliers. Contractor will maintain a copy of the letter for distribution to suppliers added to the list in each quarter.
 - 5.2.3.4.5. During the Term of the Contract, the Contractor shall be responsive to additional Suppliers as they become available and obtain Edits from those Suppliers as they are identified. The Contractor shall also continue to work with existing Suppliers to obtain additional Edits or changes to the Edits from those Suppliers.

- 5.2.3.5. The Contractor shall work with the Suppliers to determine the format for all data it receives from Suppliers and ensure that the format includes all data elements determined by the Fiscal Sponsor.
- 5.2.3.5.1. If any Edit from a Supplier does not meet the format requirements, the Contractor shall document the reason it does not meet the requirement and return that Edit to the Supplier. The failure of any Edit from a Supplier to meet the format requirements shall not cause the exclusion of any other Edit from that Supplier if such other Edit meets the format requirements.
- 5.2.3.6. Once the Contractor receives an Edit from a Supplier, the Contractor shall be responsible for that Edit and any liabilities that arise out the use or transfer of that Edit. As Colorado sunshine laws require transparency throughout it is anticipated that the Contractor will notify the Supplier that all edits will be subject to the provisions of the law. These liabilities may include, but are not limited to, any of the following:
 - 5.2.3.6.1. Liabilities arising out of the use or disclosure of the Edit.
 - 5.2.3.6.2. Liabilities arising out of the delivery of the Edit from the Supplier to the Contractor.
 - 5.2.3.6.3. Liabilities resulting from damage to the Supplier's systems caused by the transfer of an Edit from the Supplier to the Contractor.
- 5.2.4. The Contractor shall create an internet-accessible development data repository for the Common Edit Set.
 - 5.2.4.1. The data repository shall be a secure database of all Edits received by the Contractor.
 - 5.2.4.2. The Contractor shall design the data repository in such a manner that the Fiscal Sponsor, the CCCTF or the Department can extract all data in the system and transfer it into any other system without requiring any modifications to the data repository.
 - 5.2.4.3. The data repository shall allow for all of the following:
 - 5.2.4.3.1. Loading data from multiple data Sources and formats as required to upload all Edits from Suppliers. The Contractor shall develop a limited set of format options, subject to Fiscal Sponsor approval, that, at a minimum, includes the formats of all sources identified in statute.
 - 5.2.4.3.2. Combination of multiple Sources by Rule Type as specified by Users or the CCCTF.
 - 5.2.4.3.3. Searching for Sources by Rule Type.
 - 5.2.4.3.4. Validation of rule tables against claim data provided by the Fiscal Sponsor or a User.
 - 5.2.4.3.5. Modification and updating of rule tables as specified at the time of the contract without additional cost to the Fiscal Sponsor. The Contractor shall

make these modifications upon request by the Fiscal Sponsor. Addition of new rules may be considered as an additional work request and bid separately.

- 5.2.4.3.6. Updating of any information contained within the data repository by either replacing or amending the prior information.
 - 5.2.4.3.6.1. The Contractor shall ensure that no data is deleted from the repository.
- 5.2.4.3.7. Retention of all valid data indefinitely without deletion of any valid data.
- 5.2.4.4. The Contractor shall create a secure file transfer interface, such as SFTP or Secure Web, to accept all data from various Suppliers.
 - 5.2.4.4.1. The Contractor shall provide a minimum of 1.5 Mbps of bandwidth for data transfers.
 - 5.2.4.4.2. The interface shall allow for simultaneous transfer of up to 50 Mb worth of files.
 - 5.2.4.4.3. The Contractor shall allow each Supplier to submit data three (3) times per call for edits submissions by the CCCTF.
- 5.2.4.5. The Contractor shall provide a real-time file control message feature in the data repository that provides messages to Suppliers as it relates to provision of data from various suppliers regarding all of the following:
 - 5.2.4.5.1. Acknowledgement of receipt of data.
 - 5.2.4.5.2. Error checking.
 - 5.2.4.5.3. Logging of data transfer.
 - 5.2.4.5.4. File-transfer history.
 - 5.2.4.5.5. Pass/fail status.
- 5.2.4.6. The Contractor shall provide technical support to Suppliers regarding data format, file transfer errors and data integrity.
- 5.2.4.7. The Contractor shall create identification schema that includes the following:
 - 5.2.4.7.1. For Edits, which Supplier sent the Edit.
 - 5.2.4.7.2. For Suppliers, which Edits were sent by that Supplier.
- 5.2.4.8. The CCCTF may limit specific Suppliers and Rule Types,. The Contractor shall enforce all limitations of Suppliers and Rule Types determined by the CCCTF in the data repository.
- 5.2.4.9. The Contractor shall assign all data received by the data repository to the appropriate Rule Type, as those Rule Types are defined by the CCCTF included in Appendix A.
 - 5.2.4.9.1. The Contractor shall perform data integrity analyses for the data assigned to each Rule Type each time the data in the data repository is updated. Data integrity analysis will include a check of data added to the repository in comparison to the raw data submission of the supplier.

- 5.2.4.10. The Contractor shall create all data tables in the data repository. When all data tables are ready to receive data, the Contractor shall provide a list of all completed data tables to the Fiscal Sponsor for approval.
 - 5.2.4.10.1. DELIVERABLE: List of all completed data tables
 - 5.2.4.10.2. DUE: Within one-hundred and eighty (180) days following the Effective date
- 5.2.4.11. The Contractor shall load all of the initial edits received from the first mailing of the finalized Edit solicitation letter into the data repository.
 - 5.2.4.11.1. DELIVERABLE: Initial edits loaded into the data repository
 - 5.2.4.11.2. DUE: Within thirty (30) days from the submission of the list of all completed data tables
- 5.2.4.12. The Contractor shall create a beta test data repository for the Fiscal Sponsor to use to gain familiarity with the data repository and evaluate the functionality of the data repository. Beta Test repository shall include specified data table formats for each edit based on the information supplied by Fiscal Sponsor. Contractor will be able to communicate acceptable data table formats and file type to Suppliers.
 - 5.2.4.12.1. DELIVERABLE: Beta test data repository
 - 5.2.4.12.2. DUE: Within thirty (30) days from the submission of the list of all completed data tables
- 5.2.4.13. Based on the results of the beta test and the Fiscal Sponsor's experience with the beta test data repository, the Fiscal Sponsor may require changes in the beta test system. The Contractor shall make all required changes to the data repository and provide the data repository for approval by the Fiscal Sponsor. Upon approval of the beta test data repository by the Fiscal Sponsor, the Contractor shall create a fully operational, production version of the data repository. The Contractor shall ensure all required changes from the beta test data repository are completed prior to the release of that production version.
 - 5.2.4.13.1. DELIVERABLE: Production data repository
 - 5.2.4.13.2. DUE: Within sixty (60) days following the delivery of the beta test repository, unless this date is extended by the Fiscal Sponsor
- 5.2.4.14. As the Contractor receives additional or modified Edits from existing or new Suppliers during the term of the Contract, the Contractor shall load those edits into the production data repository within ten (10) Business Days of receipt of the edits.
- 5.2.5. The Contractor shall maintain the data repository and make modifications to the data repository as necessary to meet the requirements of the CCCTF. Maintenance of the data repository shall include any modifications or changes that do not create any new functional requirements beyond what is contained in the Contract.
 - 5.2.5.1. The Contractor shall maintain version control for the data repository.

- 5.2.5.2. In the event that the Fiscal Sponsor requires modifications that are not considered maintenance, the Fiscal Sponsor will pay for such modifications on a time and materials basis at the hourly rates proposed in section 6.1.1.2.
- 5.2.6. The Contractor shall provide system backups for the data repository and failover functionality that automatically redirects to the system backup in the event of a failure of the primary data repository, without causing a loss of service to Users.
- 5.2.7. The Fiscal Sponsor will select which individuals are Users of the data repository in its sole discretion. The Contractor shall manage and maintain all user accounts in the system.
 - 5.2.7.1. The Contractor shall provide technical assistance to all Users, including all of the following:
 - 5.2.7.1.1. Helping Users with running queries.
 - 5.2.7.1.2. Helping Users refine data as necessary for the Users to download the information in a form desired by the User.
 - 5.2.7.1.3. Providing real-time password resets for Users.
 - 5.2.7.2. The Contractor shall disable access for any User, as directed by the Fiscal Sponsor or the CCCTF.
- 5.2.8. The data repository and the User interface shall be available 99.99% of the time, except for scheduled maintenance periods approved by the Fiscal Sponsor.
 - 5.2.8.1. PERFORMANCE STANDARD: 99.99% uptime for the data repository and the user interface

OFFEROR'S RESPONSE 7. Offeror shall provide a description of its approach to implementing the data repository and the user interface and how the Offeror will ensure that the data repository is implemented properly without need for redeployment. Specific reference shall be made to the implementation timeline. The Fiscal Sponsor will give higher evaluations to Offerors that can complete the production data repository in shorter timeframes while meeting all requirements of the Contract.

OFFEROR'S RESPONSE 8. Offeror shall provide a description of how it will provide technical assistance to Users, including, at a minimum, communication methods and hours of availability.

OFFEROR'S RESPONSE 9. Offeror shall provide a list of modifications, as described in section 5.2.4.3.5, that it will make, upon request by the Fiscal Sponsor, at no additional cost to the Fiscal Sponsor.

5.3. REPORTING REQUIREMENTS

- 5.3.1. The Contractor shall provide the Fiscal Sponsor with the reports listed in this section in the format directed by the Fiscal Sponsor and containing the information requested by the Fiscal Sponsor. The reports described in this section are in addition to any reports the Contractor or the data repository create for Users.
- 5.3.2. Royalty and Licensing Report
 - 5.3.2.1. At the request of the Fiscal Sponsor, the Contractor shall create a Royalty and Licensing Report showing the number of Users with access to the data repository.
 - 5.3.2.1.1. DELIVERABLE: Royalty and Licensing Report
 - 5.3.2.1.2. DUE: Within three (3) Business Days from the request by the Fiscal Sponsor
 - 5.3.2.2. The Royalty and Licensing Reports shall be broken down by category of User as necessary to provide the proper information to any groups that require a royalty or licensing payment.
- 5.3.3. Summary Report
 - 5.3.3.1. The Contractor shall provide a Quarterly Summary Report that contains all of the following:
 - 5.3.3.1.1. Rule type. Will associate all changes to each rule including number of codes effected by change,
 - 5.3.3.1.2. Frequency.
 - 5.3.3.1.3. Value.
 - 5.3.3.1.3.1. Change in row count between Quarters.
 - 5.3.3.1.3.2. Data points that are the same between Quarters.
 - 5.3.3.1.3.3. Data points that are different from one Quarter to another.
 - 5.3.3.1.3.4. Which categories are different from one Quarter to another.
 - 5.3.3.2. The Quarterly Summary Report shall be delivered to the Fiscal Sponsor in either electronic or hard-copy format. Or shall be obtainable through direct reporting created by contractor.
 - 5.3.3.3. The Quarterly Summary Report shall be delivered within fifteen (15) days following the end of the calendar quarter for which the report covers.

SECTION 6.0 COMPENSATION AND INVOICING

6.1. COMPENSATION

- 6.1.1. The compensation under the Contract shall consist of deliverable payments due upon the acceptance and receipt of an invoice for each of the following deliverables and an enhancement payment for any enhancement projects completed by the Contractor, in accordance with section 5.2.5.2:

6.1.1.1. The Fiscal Sponsor shall pay the Contractor for each deliverable completed by the Contractor and accepted by the Fiscal Sponsor in accordance with the Deliverable Payment Table. In the event there is any deliverable due under the contract that is not shown in the Deliverable Payment Table, then the Contractor shall not receive any separate payment for that deliverable.

6.1.1.1.1. Deliverable Payment Table:

Deliverable Name	Deliverable Due Date
User Interface Mock-Up (§5.2.1.2)	
Final Edit Solicitation Letter (§5.2.3.4.3)	
List of Tables (§5.2.4.10)	
Initial Edits Installed (§5.2.4.11)	
Operational Beta Test (§5.2.4.12)	
Production Data Repository (§5.2.4.13)	

6.1.1.2. The Fiscal Sponsor shall also pay the Contractor the enhancement hourly rate for the completion of enhancement projects completed in accordance with section 5.2.5.2. The Fiscal Sponsor shall only pay the enhancement hourly rate for the actual hours worked to complete enhancement projects and the actual costs of any materials required for the completion of the project.

OFFEROR'S RESPONSE 10. In its separate Price Proposal, Offeror shall provide a firm, fixed price for all Work, including all deliverables contained in this RFP.

OFFEROR'S RESPONSE 11. In its separate Price Proposal, Offeror shall propose a fixed enhancement hourly rate for the term of the contract.

6.2. INVOICING

6.2.1. The Contractor shall invoice the Fiscal Sponsor on a monthly basis, by the fifteenth (15th) Business Day of the month following the month for which the invoice covers. The Contractor shall not submit any invoice for a month prior to the last day of that month.

6.2.2. The invoice shall contain all of the following for the month for which the invoice covers:

6.2.2.1. The price for the deliverable payment for each deliverable that was accepted by the Fiscal Sponsor during the month for which the invoice covers and was received by their required due date for that deliverable.

6.3. PAYMENT

- 6.3.1. The Fiscal Sponsor shall remit payment to the Contractor, for all amounts shown on an invoice, within forty-five (45) days of the Fiscal Sponsor's acceptance of that invoice. Acceptance of an invoice shall not imply the acceptance or sufficiency of any work performed or deliverables submitted to the Fiscal Sponsor during the month for which the invoice covers or any other month. The Fiscal Sponsor shall not make any payment on an invoice prior to its acceptance of that invoice.
- 6.3.2. The Fiscal Sponsor shall review that invoice, and compare the information contained in the invoice to the Fiscal Sponsor's information. The Fiscal Sponsor will not accept an invoice until it has reviewed the information contained on the invoice and determined that all amounts are correct.
- 6.3.3. In the event that the Fiscal Sponsor determines that all information on an invoice is correct, the Fiscal Sponsor shall notify the Contractor of its acceptance of the invoice, upon the completion of the Fiscal Sponsor's review of that invoice.
- 6.3.4. In the event that the Fiscal Sponsor determines that any information on an invoice is incorrect, the Fiscal Sponsor shall notify the Contractor of this determination and what is incorrect on the invoice, upon completion of the Fiscal Sponsor's review of that invoice. The Contractor shall correct any information the Fiscal Sponsor determined to be incorrect and resubmit that invoice to the Fiscal Sponsor for review.
 - 6.3.4.1. The Fiscal Sponsor will review the invoice to ensure that all corrections have been made.
 - 6.3.4.2. If all information on the invoice is correct, the Fiscal Sponsor will accept the invoice.
 - 6.3.4.3. If any information on the invoice is still incorrect, then the Fiscal Sponsor will return the invoice to the Contractor for correction and resubmission.
- 6.3.5. In the event that the Contractor believes that the calculation or determination of any payment is incorrect, the Contractor shall notify the Fiscal Sponsor of the error within thirty (30) days of receipt of the payment or notification of the determination of the incentive payment, as appropriate. The Fiscal Sponsor will review the information presented by the Contractor and may make changes based on this review. The determination or calculation that results from the Fiscal Sponsor's review shall be final. No disputed payment shall be due until after the Fiscal Sponsor has concluded its review.
- 6.3.6. Notwithstanding section 6.3.1, all payments for the final month of the Contract shall be paid to the Contractor no sooner than ten (10) days after the Fiscal Sponsor has determined that the Contractor has completed all of the requirements of the Closeout Period.

6.4. BUDGET

- 6.4.1. The Fiscal Sponsor has a maximum available amount for this project. The project time line and duration are tied to the law indicating that the CCCTF must have completed its work and deliver a final rule set on December 31, 2014. Any proposal

that has a total price that exceeds the Fiscal Sponsor's maximum available amount may be rejected without further consideration. The Fiscal Sponsor's maximum available amount for this project is fifty-thousand dollars (\$50,000.00)

SECTION 7.0 POST-AWARD ACTIVITIES

7.1. CONTRACT NEGOTIATIONS

- 7.1.1. The Contractor shall negotiate with the Fiscal Sponsor in good faith to determine the final scope of the Contract based on the Contractor's proposal.
- 7.1.2. Within fifteen (15) days after the award of the Contract, the Contractor and the Offeror shall determine the final scope of the Contract and determine the specific payment amounts for each of the deliverables listed in section 6.1.1.1.1. In no event shall the total of all deliverables listed in that section exceed the Contractor's firm fixed price shown in the Price Proposal.

SECTION 8.0 EVALUATION METHODOLOGY

8.1. EVALUATION PROCESS

- 8.1.1. The evaluation of proposals will result in a recommendation for award of the Contract. The award will be made to the Offeror whose proposal, conforming to the solicitation, will be most advantageous to the State of Colorado, price and other factors considered.
- 8.1.2. The Fiscal Sponsor, with support from the CCCTF and the Department, will conduct a comprehensive, thorough, complete and impartial evaluation of each proposal received.

8.2. EVALUATION COMMITTEE

- 8.2.1. An Evaluation Committee will be established utilizing measures to ensure the integrity of the evaluation process. These measures include the following:
 - 8.2.1.1. Selecting committee members who do not have a conflict of interest regarding this solicitation.
 - 8.2.1.2. Facilitating the independent review of proposals.
 - 8.2.1.3. Requiring the evaluation of the proposals to be based strictly on the content of the proposal.
 - 8.2.1.4. Ensuring the fair and impartial treatment of all Offerors.
- 8.2.2. The objective of the Evaluation Committee is to conduct reviews of the proposals that have been submitted, to hold frank and detailed discussions among themselves, and to recommend an Offeror for award.
- 8.2.3. The Evaluation Committee will evaluate proposals to determine if each Offeror met all mandatory experience and/or qualification requirements. The mandatory experience and/or qualification requirements are scored on a Met/Not Met basis and only those proposals found by the Evaluation Committee to meet all mandatory requirements can be considered for a Contract resulting from this solicitation.

8.2.4. Proposals will then be evaluated by the Evaluation Committee using the evaluation criteria in Section 8.4. Evaluation criteria may be weighted in order to reflect the relative importance of the criterion. The number of points given for each criterion will be based on the evaluator’s assessment of the response including whether all critical elements described in the solicitation have been addressed, the capabilities of the Offeror, the quality of the approach and/or solution proposed, and any other aspect determined relevant by the Department. Scores for all evaluators will be multiplied by the weighting, if specified, to determine the number of points.

8.2.5. The Evaluation Committee may, if it deems necessary, request clarifications, conduct discussions or oral presentations, or request best and final offers. The Evaluation Committee may adjust its scoring based on the results of such activities. However, proposals may be reviewed and determinations made without such activities. Offerors should be aware that the opportunity for further explanation might not exist; therefore, it is important that proposal submissions are complete.

8.3. COMPLIANCE

8.3.1. It is the Offeror’s responsibility to assure that Offeror’s proposal is complete in accordance with the direction provided within all solicitation documents. Failure of an Offeror to provide any required information and/or failure to follow the response format set forth in Appendix A, Administrative Information, may result in the disqualification of the proposal.

8.4. EVALUATION CRITERIA

8.4.1. The evaluation criteria to be used in evaluating proposals and recommending an award from this solicitation are as follows:

TECHNICAL PROPOSAL	WEIGHTING
Offeror’s Corporate Experience	
Offeror’s Personnel Experience	
Approach and Timeline for Data Repository Development	
PRICING PROPOSAL	WEIGHTING

Firm Fixed Price for the Work	
Fixed Enhancement Hourly Rate	

Recipe Development Tracking Sheet

PC = Public Comment

PRC = Payment Rules Committee

TF = Task Force

KEY

X = Completed

I = Incomplete

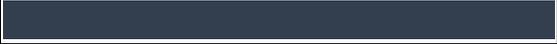
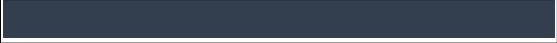
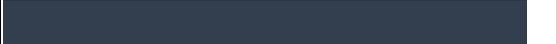
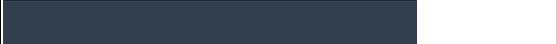
O = In Progress

Rule	Bundle	Definition From EC	Rationale	HCPS/CPT Modifiers From EC	Query Tables Drafted	Rule Logic Drafted by PRC	Administrative Guidance Drafted By PRC	Specialty Outreach	TF Approval of Rule for PC	TF Response to PC	TF Consensus on Finalized Rule
J-Asst. Surgery	1	X	X	X	X	X	X	X	X	X	X
K-Co-surgery	1	X	X	X	X	X	X	X	X	X	X
L-Team Surgery	1	X	X	X	X	X	X	X	X	X	X
N-Bilateral Procedures	1	X	X	X	X	X	X	X	X	X	O
A-Unbundle (PTP)	2	X	X	X	O	X	X	X	X	X	I
B-Mutually Exclusive (PTP)	2	X	X	X	O	X	X	X	X	X	I
C-Multiple Procedure Reduction	2	X	X	X	X	X	X	X	X	I	I
D-Age	2	X	X	X	X	X	X	X	X	I	I
E-Gender	2	X	X	X	X	X	X	X	X	I	I
F-Maximum Frequency Per Day	2	X	X	X	X	X	X	X	X	I	I
G-Global Surgery Days	2	X	X	X	O	X	X	X	X	I	I
H-Place of Service	2	X	X	X	X	X	X	X	X	I	I
M- Total/Prof./ Tech. Split	2	X	X	X	O	X	X	X	X	I	I

Rule	Bundle	Definition From EC	Rationale	HCPS/CPT Modifiers From EC	Query Tables Drafted	Rule Logic Drafted by PRC	Administrative Guidance Drafted By PRC	Specialty Outreach	TF Approval of Rule for PC	TF Response to PC	TF Consensus on Finalized Rule
O-Anesthesia Services	2	X	X	X	X	X	X	X	X		
Add-ons	2	X	X	X	X	X	X	X	X		
Global Maternity	2	X	X	X	X	X	X	X	X		
P- Modifiers effect on edits:	3	X	X	X		O					
Max. Frequency- Span of Days	3	X	X	X							
New Patient	3	X	X	X	X	X	X	X	X		
Bundled Service (Status B)	3	X	X	X					X		
Multiple Endoscopy	3	X	X	X		O	O	O			
Multiple E&M's Same Day	3	X	X	X		O	O				
Rebundling	3	X	X	X							
Same day med visit & med procedure	3	X	X	X		O					
Multiple radiology	N/A	X	x	x	N/A	N/A	N/A	N/A	N/A	OUT OF SCOPE	
Multiple phys. Therapy	N/A	X	x	x	N/A	N/A	N/A	N/A	N/A	OUT OF SCOPE	

NOTE: The **Progress Bar** (below) is a visual representation of the data to the left (*Recipe Development Tracking Sheet*). While this tool can be useful to quickly view the overall progress of a rule, it is important to note that the percentages displayed are not precise measurements of how close a rule is to completion. The progress bar, which is a direct representation of the data in the "% Done" column, is calculated using the following formula:

$$\frac{[\text{\# of "X's" in Row}] + [(\text{\# of "O's" in row})(0.5)]}{[\text{Total \# of Columns}]}$$

Progress						
Rule	PROGRESS BAR	% Done	Number of "X's"	Number of "O's"	Number of O's Multiplied by (.5)	[\# of "X's" in Row] + [(\# of "O's" in row)(0.5)]
J-Asst. Surgery		100%	10	0	0	10
K-Co-surgery		100%	10	0	0	10
L-Team Surgery		100%	10	0	0	10
N-Bilateral Procedures		95%	9	1	0.5	9.5
A-Unbundle (PTP)		85%	8	1	0.5	8.5
B-Mutually Exclusive		85%	8	1	0.5	8.5
C-Multiple Procedure Reduction		80%	8	0	0	8
D-Age		80%	8	0	0	8
E-Gender		80%	8	0	0	8
F-Maximum Frequency Per Day		80%	8	0	0	8
G-Global Surgery Days		75%	7	1	0.5	7.5
H-Place of Service		80%	8	0	0	8
M- Total/Prof./ Tech. Split		75%	7	1	0.5	7.5

Rule	PROGRESS BAR	% Done	Number of "X's"	Number of "O's"	Number of O's Multiplied by (.5)	[# of "X's" in Row] + [(# of "O's" in row)(0.5)]
	100%	0%				
O-Anesthesia Services		80%	8	0	0	8
Add-ons		80%	8	0	0	8
Global Maternity		80%	8	0	0	8
P- Modifiers effect on edits:		35%	3	1	0.5	3.5
Max. Frequency- Span of Days		30%	3	0	0	3
New Patient		80%	8	0	0	8
Bundled Service (Status B)		40%	4	0	0	4
Multiple Endoscopy		45%	3	3	1.5	4.5
Multiple E&M's Same Day		40%	3	2	1	4
Rebundling		30%	3	0	0	3
Same day med visit & med procedure		35%	3	1	0.5	3.5
Multiple radiology		100%	7	0	0	7
Multiple phys. Therapy		100%	7	0	0	7

Total Phases of Rule Development	10
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[DRAFT] Categorical Summary of Task Force Action Items

Updated August 19, 2013

Category	Start Date	Action Item Description	Comments	Committee	Status	End Date
Data Analytics	N/A	Analytics RFP	The Possibility of perhaps "allowing a vendor that does our data analytics to monetize that in 2015" was put on the table. The DSR Committee will explore this further to determine if this can be done. <i>Update: The TF met with the Attorney General's office in July of 2013; the idea was neither accepted or rejected to allow some sort of monetization for 2015. The TF is hopeful that it will be able to issue the RFP soliciting the service priced from two different perspectives: 1) Stand-alone price, and, 2) Priced as though there were an opportunity to monetize it in 2015; Update: The DSR Committee has completed the draft RFP and will send out as soon as it is cleared with HCPF procurement office.</i>	DSR Committee	Completed	September, 2013
Data Analytics	February, 2013	Task force does a trial data analytics exercise for an edit category (assistant at surgery) to see how the Process for Developing a Standardized Set of Claims Edits and Payment Rules works and modify the process as necessary.	*Note: After the February, 2013 meeting, the Edit Committee revised the rule logic (which was used to pull the data in the exercise). The Task Force then took the revised document and re-ran the data analytics prototype in March, 2013.	Full Task Force	Completed	2/26/2013
Data Analytics	May 2013	McKesson Inquiry	McKesson informed the Task Force that it would make available a large database of edits, providing that the TF answer a number of questions in a satisfactory manner. <i>Update: The DSR Committee has been working to answer these questions. The committee revised a draft document that attempts to answer a number of these (8/1/13).</i>	DSR Committee	Ongoing	N/A
Edit	June, 2013	Definitions for five edits were approved by consensus and have been referred to the Payment Rules Committee.	<i>Same Day Medical Visit and Medical Procedure; Multiple E&Ms on the Same Day; Rebundling; Procedure Code to Modifier Validation; Multiple Endoscopy Reimbursement.</i>	Edit Committee	Completed	6/26/2013
Edit	May, 2013	The Task Force adopts standard way to report age.	Age will be accepted in days, months, or years; payer will be responsible for reporting "D", "M" or "Y" along with a source.	Edit Committee	Completed	5/21/2013
Edit	February, 2013	The Task Force achieved consensus on modifier grid for both CPT and HCPCS. (Attachment B-1 and B-2 in the February agenda)	The committee drafted the document by going through each modifier, and assessing whether or not they were important to the adjudication of the claim.	Edit Committee	Completed	2/26/2013

Edit	January, 2013	The Task Force concluded that the NCCI does include edits to support commercial claims (e.g., it includes pediatric and ob/gyn edits and rules despite being designed primarily for a Medicare population).		N/A	Completed	January, 2013
Edit	January, 2011	The Task Force reached consensus on the definition for three edits: age, gender, and maximum frequency per day		Edit Committee	Completed	1/24/2011
Finance	May, 2013	Barry Keene reported that about 75% of budget is accounted for as of 5/22/13.	The Task Force will look to stakeholders and alternative options to raise additional \$69,000.	Finance Committee	Ongoing	N/A
Finance	January, 2013	Barry Keene presents Task Force report to legislature and testifies on SB 13-166.	SB 13-166 passed with good bipartisan support. The Task Force was granted a one year extension on its deadlines as well as a \$100,000 appropriation.	Executive Committee	Completed	5/1/2013
Language	April, 2013	Proposed language change accepted regarding the term "reimbursement" when creating the edit rules.	The Task Force will use "eligible/not eligible", and "subject to/not subject to AAS restrictions." Proposed language was suggested by Tammy Banks, CC of the PSO Committee.	N/A	Completed	4/24/2013
Language	December, 2011	The Task Force adopted the following definition: "Sources" means the list of national industry sources found in §(2)(b)(I--VII), C.R.S., of HB10--1332 only: (I) the NCCI; (II) CMS directives, manuals and transmittals; (III) the CMS national clinical laboratory fee schedule; (V) the HCPCS coding system and directives; (VI) the CPT coding guidelines and conventions; and (VII) national medical specialty society coding guidelines.		N/A	Completed	12/28/2011
Language	December, 2011	The Task Force adopted the following definition of "national medical specialty society:" national medical organizations that are assigned as advisors to, or are represented on, AMA, CPT, and AMA Health Care Professionals Advisory Committee (HCPAC) that includes organizations representing limited license practitioners and other allied health professionals.		N/A	Completed	12/28/2011
Process	August, 2013	F.A.Q section to be added to Task Force website.	This FAQ section will be drafted before Oct meeting.	N/A	Ongoing	August, 2013
Process	May, 2013	Deadline for comments regarding first bundle of rules extended.	The Task Force accepted Co-chair Barry Keene's recommendation to push back deadline from June 30, 2013 to July 15, 2013; allowing for 15 additional days of public review. Future bundles to be kept at 30 day time frame	N/A	Completed	5/22/2013

Process	March, 2013	The Task Force established process for public review period.	The process includes: 1) The notification of proposed rules; 2) The information required to provide comment; 3) How comments are evaluated by the Task Force; and 4) Notification of proposed rule findings and final rule. For more information, please see Notice of Proposed Rules Process (Attachment B to April Agenda).	Executive Committee	Completed	4/24/2013
Process	February, 2013	The Task Force achieved consensus on revised document concerning the edit/rule development and adoption process.	The Executive and Data Sustaining Repository Committee(s) revised existing process. For more detail, please see document entitled: <i>Task Force Process for Developing a Standardized Set of Claims Edits and Payment Rules</i> (Attachment D to February Agenda).	DSR Committee	Completed	2/26/2013
Process	July, 2012	Payment Rules Committee Created	Payment Rules Committee is responsible for creating payment (not pricing) recommendations.	Payment Rules Committee	Completed	7/1/2012
Process	May, 2011	Data Sustaining Repository Committee created.	The Data Sustaining Repository Committee is responsible for examining how the standardized set will be maintained and sustained.	DSR Committee	Completed	5/19/2011
Process	January, 2011	Edit Committee, The External Engagement and Professional Medical Society Outreach Committee, Finance Committee, Project Management Committee created.	The Edit Committee is responsible for identifying definitions and edits for the base set; The External Engagement and Professional Medical Society Outreach Committee serves as a liaison between the Task Force and health professional societies and associations; The Finance Committee handles the budget, and the Project Management Committee is to keep the Task Force on track and moving towards its goals.	N/A	Completed	1/1/2011
Rules	August, 2013	The Edit Committee determined that the Unbundled and Mutually Exclusive rules need to be combined into one.	<i>Mutually Exclusive and Unbundled</i> combined into one rule titled " <i>Procedure to Procedure</i> " due to the CMS table which has combined them.	Edit Committee	Completed	August, 2013
Rules	July, 2013	11 draft edit rules included in second bundle released for public comment.	<i>Add on; Age; Gender; Anesthesia; Mutually Exclusive; Global Surgery; Place of Service; Maximum Frequency Per Day; TCPC</i> - Update: The above mentioned rules were agreed to by consensus in Aug of 2013. Mutually Exclusive was combined with Unbundled to create Procedure to Procedure rule. The following rules were also adopted by consensus: <i>Global Maternity, New Patient, Multiple Procedure Reduction, Procedure to Procedure</i> . Second bundle of rules released for public comment. (9/5/13).	Payment Rules Committee	Completed	9/5/2013
Rules	June, 2013	First bundle of draft edit rule recipes circulated for review and comment.	Notification letter sent to interested parties explaining process for public review period; Documents uploaded to hb101332taskforce.org for download. Update: Task Force responded to comments on first bundle of rules and amended rules as needed for clarity. (9/1/13).	Executive Committee	Completed	August, 2013
Rules	May, 2013	The Task Force reviews and approves first bundle of draft edit rule recipes.	<i>Co-Surgery; Team Surgery; Bilateral Surgery; Assistant at Surgery;</i>	Payment Rules Committee	Completed	5/21/2013

Rules	March, 2013	Task force splits rules into three "bundles" to be released sequentially.		Full Task Force	Completed	3/27/2013
Rules	February, 2013	Task force approves a template for the claims edit and rules recipe ("edit rules recipe").	Recipe's include: The edit/payment rule name and definition; modifiers involved; the rule logic itself (including a payment rule hierarchy where there are multiple sources and how to handle termed edits) and specs that enable the data analytics; rationale for the rule; specialty outreach; rule logic (specs) that enables the data analytics operator to use apply the rule logic; administrative guidelines for special billing situations	Multiple	Completed	2/26/2013
Rules	July 2013	Task force approves the following language for rule/rule templates: "If the coding reported does not adhere to this rule, the payer may make a decision to deny the claim line, this will be communicated on an electronic remittance advice (ERA) with a HIPAA Claim Adjustment Reason Code (CARC) and as appropriate a Remittance Advice Remark Code (RARC) to explain the reason for the chosen action. If an ERA is not utilized, the payer may use a clearly defined payer adjustment code on a paper remittance advice."	This statement gives the payer the option to pay or deny as long as they communicate the rationale for the action.	Payment Rules Committee	Completed	7/1/2013
Rules	August 2012	Payment Rules Committee compiled a table of 32 CPT®/HCPCS modifiers and modifier definitions showing Edit Committee recommendations, Medicare (CMS) guidelines, and Payment Rules Committee comments for each one (see Appendix H in report)		Payment Rules Committee		8/29/2012
Rules	May 2013	The following statement was added to the "Context" section of each rule: "Payers and providers are encouraged to reach an agreement regarding any specific documentation that must be submitted with a claim when the rule states documentation may be required by the payer."	This statement addresses the issue of when a CMS indicator specifies that additional documentation is required to establish medical necessity.	Payment Rules Committee	Completed	5/10/2013
Task Force Members/Staff	September, 2013	Beth Kujawski (UCH) officially seated on the Task Force as the alternate for Dr. Jim Borgstede.	Beth is formally granted a seat on the Task Force as an alternate by HCPF executive director, Sue Birch.	Executive Committee	Completed	9/17/2013
Task Force Members/Staff	September, 2013	Marianne Finke (Humana) officially seated on the Task Force replacing Dr. Fred Tolin.	Marianne is formally granted a seat on the Task Force by HCPF Executive Director, Sue Birch.	Executive Committee	Completed	9/1/2013
Task Force Members/Staff	August, 2013	Tammy Banks (formally w/AMA) leaves Task Force	Tammy left the AMA to take on a new position and was no longer able to continue her work with the Task Force.	Executive Committee	Completed	8/28/2013

Task Force Members/Staff	August, 2013	Dr. Fred Tolin (formally w/Humana) leaves Task Force	Dr. Tolin left to take a new position outside of Humana and was unable to continue his duties with the Task Force.	Executive Committee	Completed	August, 2013
Task Force Members/Staff	July, 2013	Mark Painter replaces Mark Rieger as new Chair of the DSR Committee.	Mark Rieger no longer with the Task Force.	DSR Committee	Completed	7/18/2013
Task Force Members/Staff	July, 2013	Task force hires project manager, Vatsala Pathy.	Vatsala Pathy (owner of RootStock Solutions LLC) was hired as the project manager for the Task Force.	Project Management Committee	Completed	7/1/2013
Task Force Members/Staff	January, 2013	Catherine Hanson leaves Task Force.	Catherine Hanson left to take a new position and was unable to continue her duties with the Task Force.	Executive Committee	Completed	1/23/2013
Task Force Members/Staff	January, 2013	Lisa Lipinski (AMA) becomes formally seated Task Force member.	Lisa was formally seated by Director Birch of Health Care Policy and Finance.	Executive Committee	Completed	1/23/2013
Task Force Scope, Purpose and Bylaws	June, 2013	Multiple Radiology Reduction and Multiple Physical Therapy deemed to be out of scope for the Task Force.	Marilyn to draft specific language that reflects the Task Force's rationale.	Edit Committee	Completed	7/17/2013
Task Force Scope, Purpose and Bylaws	January, 2011	The Task Force created a document outlining guiding principles.	These include: administrative simplification, consistency, transparency, standardization and improved system efficiency. The Task Force also committed to a fair and open process that, among other things, tries to accommodate the top concerns of stakeholders at the table	Full Task Force	Completed	3/23/2011
Task Force Scope, Purpose and Bylaws	January, 2011	The Task Force set basic guidelines for scope of work as it pertains to pricing rules.	The Task Force agreed that its legislative mandate is to elucidate and standardize coding rules, and that pricing rules are not in the purview of its mandate; specific amounts for pricing adjustments to coding are out of scope. The Task Force may, however, describe those coding scenarios that are unique and eligible for differentiated pricing.	N/A	Completed	1/26/2011
Task Force Scope, Purpose and Bylaws	January, 2011	Identified major stakeholder concerns	Documented major concerns for payers, providers, vendors, and consumers.	N/A	Completed	1/1/2011
Task Force Scope, Purpose and Bylaws	December 2010	Medical Necessity and Procedure Diagnosis were deemed to be beyond the scope of the Task Force. It is applied on top of edits.		N/A	Completed	12/2/2010
Task Force Scope, Purpose and Bylaws	December, 2010	The Task Force agreed to a consensus decision making process.	The Task Force agreed that a consensus decision making process allows for more effective negotiations and the true consideration of minority opinions.	N/A	Completed	12/2/2010

HB10_1332 Clean Claims Transparency Task Force Members

NAME, first	NAME, last	STAKEHOLDER GROUP	TITLE	PHONE	E-MAIL	Primary Stake	Comment	Note	Contact	State
Amy	Hodges	IV, Billing Revenue Cycle Mngt, BloodHound Technologies, a subsidiary of Verisk Health	Director of Content	919-313-1670, 919-637-0496 (m)	ahodges@veriskhealth.com	3 - C	Contracting w/States	to implement NCCI for Medicaid	BMK	NC
Barry, Finance Committee Chair, Project Mgmt Committee Chair	Keene	Other, KEENE Research & Development	Non-medical Analyst	303-665-0180	krd@qadas.com	NA	co-author HB10_1332, non-stakeholder	Co-Chair HB10_1332 Task Force		CO
Beth, Edit Committee Co-Chair	Wright	2, Anthen Blue Cross and Blue Shield	Manager – Reimbursement Policies and Procedures	203-677-8100, 203-671-2204 (m)	Beth.Wright@anthem.com	2 - B	FP payer		BMK	CN
Carol	Reinboldt	V.a., State of Colorado	Claims Operations Section Manager	303-866-6197, 303-929-3729 (m)	carol.reinboldt@state.co.us	2 - E	Colorado Dept Health Care Policy & Finance	Other, Assistant to TFM	MR	CO
Lisa	Lipinski	American Medical Association	Senior Policy Analyst	312-464-5349	lisa.lipinski@ama-assn.org	1 - A	Rules Committee Co-Chair			
Douglas	Moeller, MD	Other, Software, McKesson Health Solutions	Medical Director, Claims Performance Group	610-993-4333, 1080, 484-524-5580 (m)	Doug.Moeller@McKesson.com	3 - C	Primary software vendor	internal med MD	BMK	PA
Helen, PSO Committee Co-Chair	Campbell	II, United Health Group	Vice-President Interoperability and Standards Development	254-780-1076, 480-862-9979 (m)	helen t campbell@uhc.com	2 - B	FP payer	ASQ work group member	BMK	TX
James	Borgstede	I, University Physicians Inc	Diagnostic Radiologist	719-337-9103 (m)	borgrad@msn.com	1 - A	American Board of Radiology President	Specialty Society		CO
Jill	Roberson	I.d., Denver Health & Hospital Authority	Director of eHS-Health Information Management	303-602-8026, 281-825-9616 (m)	jill.roberson@dhha.org	1 - A	Federally Qualified Health Center	largest FQHC in Colorado	MR	CO
Kathy	McCreary	1.d., University of Colorado Hospital	Managed Care and Contractor Administration	720-848-8779, 303-901-8290 (m)	Kathleen.mccreary@uch.edu	1 - A	key contributor to legislation, contracts officer	CHA member	MR	CO
Kim	Davis	IV, Physician Billing, University Physicians, Inc.	Director of Patient Accounts	303-493-7781, 720-837-5820 (m)	kim.davis@upicolo.org	3 - D	1,100 physicians billing	University Hospital, affiliate	BMK	CO
Lisa	Lipinski	American Medical Association	Senior Policy Analyst	312-464-5349	lisa.lipinski@ama-assn.org	1 - A	Rules Committee Co-Chair			
Lori	Marden	II, Other, Rocky Mountain Health Plans, HMO	Claims Director	970-248-8750, 970-985-5489 (m)	lori.marden@rmhp.org	2 - B	NFP payer / HMO		BMK	CO
Marianne	Finke	II, Humana	Strategic Consultant	572-476-7792, 502-442-6883 (m)	mfinke@humana.com	2 - B				
Marie	Mindeman	American Medical Association	Director of CPT Coding and Regulatory Affairs	312-464-4421, 708-299-5553 (m)	marie.mindeman@ama-assn.org	1 - A	American Medical Association			
Marilyn	Rissmiller	Other, Physician Practices, Colorado Medical Society	Senior Director, Health Care Finance	720-858-6328	marilyn_rissmiller@cms.org	1 - A	co-author HB10_1332	Co-Chair HB10_1332 Task Force		CO
Mark	Laitos, MD	CIGNA	Senior Medical Director	303-566-4705, 720-442-4817 (m)	mark.laitos@cigna.com	2 - B	FP Payor	State / Regional Medical Director	BMK	CO
Mark, Edit Committee Co-Chair	Painter	IV, V.c., CEO, Relative Value Studies, Inc.	Chief Executive Officer	303-534-0574, x110, 303-618-0173 (m)	markp@prsnetwork.com	3 - C	Will provide feedback to DOWC		MR	CO
OPEN		I.c					NO URGENT CARE CENTER APPLICANTS			
OPEN							NO AMBULATORY SURGICAL CENTERS APPLICANTS			
OPEN		V.b.					NO FEDERAL GOV'T APPLICANTS			

