



# MCO/BHO Provider Enrollment/Revalidation FAQ

## Important Notes:

Revalidation is required for all **currently enrolled Medicaid providers** (those with a Medicaid ID). MCO/BHO providers that are enrolled in Medicaid as well as credentialed into a plan network must complete the revalidation process.

MCO/BHO and CHP+ network providers who are **currently not enrolled in Medicaid** must complete enrollment no later than October 31, 2016.

Although the Centers for Medicare and Medicaid (CMS) has extended its deadline for provider revalidation to September 24, 2016, it is critical that Colorado providers **complete revalidation and/or enrollment as soon as possible**. The Department is launching its new enrollment and claims management system, the Colorado interChange, on **November 1, 2016**. Starting on that date, claims and encounters submitted by providers who have not enrolled and/or revalidated will be denied. Questions regarding provider revalidation and enrollment should be addressed to [Provider.Questions@state.co.us](mailto:Provider.Questions@state.co.us). Please be patient, as response time may run 10-14 days.

## Frequently Asked Questions

### 1. What is the purpose of this initiative?

New federal regulations established by the Centers for Medicare and Medicaid Services (CMS) require enhanced screening and revalidation of all Medicare, Medicaid, and CHP+ providers. Beginning Sept. 15, 2015, all Colorado providers who want to continue, or begin, providing services to Medicaid and CHP+ members after March 31, 2016, will be required to enroll and revalidate their licensure and business information under new federal enrollment screening criteria. The Department of Health Care Policy and Financing (HCPF) has posted more information on the provider screening rule on their website; click on the Federal Provider Screening Regulations link.

### 2. With revalidation, we understand the providers will keep their existing Medicaid IDs, but may be assigned additional IDs depending on how they're currently set up. How will the providers and Plans be notified if the existing Medicaid ID changes?

Current providers will continue to use their Medicaid ID numbers through October 31, 2016. Starting on November 1, all Medicaid and CHP+ providers will be identified in the interChange system either by their NPI or by a system-assigned ID number (for providers not eligible for an NPI). Providers identified by a system-assigned number will be notified shortly before full implementation, hopefully by mid-October. Current/existing Medicaid ID numbers will remain in the system as legacy identifiers but will not be used to pay claims with a DOS of 11/1/16 or later.



**3. Plans have to put a process in place to identify providers that have either not revalidated or are up for revalidation (every 3-5 years). In this process there needs to be a way the MCOs/BHOs can verify the revalidation. How will the MCO/BHO know which providers have been revalidated?**

The Department is still working on an outreach plan for providers who have not revalidated within established timeframes. A spreadsheet was distributed to MCOs/BHOs in mid-January 2016 that listed providers, by county, who had not started revalidation by 12/31/15. MCOs/BHOs should compare this list to their list of network providers that are **currently enrolled in Medicaid**. An updated list will be provided by the end of February 2016. These providers should be outreach targets. Providers will be notified by the interChange system several months prior to their next revalidation period, which will be either 3 years or 5 years, depending on provider type.

**4. Will there be a lookup on the State's portal (or other mechanism) similar to verifying eligibility for members, where plans can verify revalidation for providers?**

Not at this time. Providers will be notified of their next required validation.

**5. Will there be a list of validated providers available to the plans?**

The Department is able to pull a list of providers who have revalidated by NPI number, but cannot pull a list of providers by health plan.

**6. We understand providers will get a confirmation letter when they're revalidated. Can the plans get a copy of this letter template?**

The current letter is being revised and a new letter with additional information will be published in the near future. We will provide a copy of both letters. The date for distribution of the new letter is still pending.

**7. Can the Plans be a cc on the letter to the providers?**

No. Letters are sent directly to the email address submitted by the provider in its revalidation application. A costly systems change would be required to include a cc for health plans in these letters.

**8. There's a big concern that providers will start to bill Medicaid and especially CHP+ members for services that are denied because the plan was either unaware of the revalidation, the provider hasn't revalidated, or the provider is in another State and has revalidated their State but not in Colorado.**

State statute prohibits providers (Medicaid or non-Medicaid) from billing Medicaid and CHP+ members for covered services. Providers who do this may be reported to the Department's Program Integrity Unit. The Department will reiterate this prohibition in upcoming Provider Bulletins. The Department's provider outreach has been extensive and ongoing for 8+ months. Providers who fail to revalidate are potentially putting their Medicaid reimbursement at risk as of November 1, 2016.

**9. What member protections need to be considered with this project?**

Provider revalidation and screening is federally mandated, in part to protect Medicaid recipients from fraudulent providers. CMS has approved the Department's implementation



and communication plans. Member advocacy groups have been included in the Department's communications and outreach efforts. The Department would need more information about specific member concerns to address this further.

**10. How does this impact grievances? For example, what if a CHP+ member goes to participating hospital in April 2016 and a non-participating physician treats them in the ER or doing rounds in the hospital and bills HCPF or MCO?**

Much like the process today, a non-participating practitioner would need to enroll with Colorado Medicaid and submit a backdate form in order to bill for those services. Claims submitted by enrolled providers will not be impacted by the provider's revalidation status until November 1, 2016.

**11. What if the claim is denied and the member is balance billed?**

Medicaid members who are balance billed should contact the Department's Customer Contact Center (1-800-221-3943) or their MCO/BHO to report the billing as soon as it occurs. The Department's Program Integrity Unit will reach out to the provider and ask that they stop billing the member. Providers who continue to balance bill and/or send Medicaid members to collections for balances due may be prosecuted and may be liable to members for damages in court.

**12. There's an FAQ for providers, but will there be an FAQ for the health plans and how to handle the different claim situations?**

Claims are not part of provider revalidation. For existing Medicaid providers who have completed revalidation, no changes to business practices are required until November 2016. The Department will produce and distribute extensive support materials related to the new MMIS and how providers, members, and health plans interact with it, including FAQs.

**13. What is the impact to Medicaid providers who see a member without having revalidated?**

Although CMS has extended its deadline for provider revalidation to September 24, 2016, it is critical that Colorado providers complete revalidation and/or enrollment as soon as possible. The Department is launching its new enrollment and claims management system, the Colorado interChange, on November 1, 2016. Starting on that date, claims and encounters submitted by providers who have not enrolled and/or revalidated will be denied.

**14. What is the impact to CHP+ providers who see a member without having revalidated?**

Provider revalidation applies to current Medicaid providers and to any CHP+ network providers who are also enrolled with Medicaid. CHP+ providers who are not currently enrolled in Medicaid have until October 31, 2016 to enroll in interChange. On November 1, 2016, claims and encounters for CHP+ providers who are not enrolled in interChange will be denied.



- 15. In previous questions we submitted, it stated all providers that bill for Medicare and Medicaid must Revalidate/Enroll and if a provider doesn't revalidate and they are sub-capitated with an HMO; the encounter will be denied. Does this also apply to the CHP program?**

This will apply to the CHP+ program effective November 1, 2016.

- 16. What is HCPF expecting of the MCO/BHO? Help educating? Provider bulletins? Mirror their initiative with our provider contracts?**

Provider revalidation is a requirement for all enrolled Medicaid providers. MCO/BHO network providers who have not yet enrolled in Medicaid must do so by October 31, 2016, in order for MCO/BHO claims/encounters to be paid after that date. The Department would appreciate MCO/BHO help with provider education and communication around these issues. No contractual changes are required at this time.

- 17. What happens to providers who are not Medicaid participating providers (and don't ever intend to become participating) and Medicaid or CHP clients visit them while traveling or due to ambulance driving them to non-participating hospital for services? How will these claims be handled?**

As is currently the case, providers should ask new patients about any insurance coverage prior to rendering services. Providers who do not accept Medicaid and/or CHP+ should not see patients with only these coverages, as they cannot bill the patient and claims submitted to Medicaid/CHP+ by non-participating providers will be denied. Exceptions include emergency services, of course, and patients being transported in an ambulance generally have an emergent condition. Non-participating providers are welcome to enroll in Medicaid or CHP+ for the purpose of being reimbursed.

- 18. What is the impact on providers/members/Health Plans if a provider completes the revalidation process but fails to choose the applicable network affiliation(s)?**

Upon implementation on November 1, 2016, the provider will need to go back into interChange and add the correct information.

- 19. What are the ramifications if a provider is late in revalidating? For example, if they revalidate in June, will HCPF retro their revalidation back to 4/1/16 so that claims can be paid back to the compliance date?**

The Department does not backdate revalidations. Providers should revalidate as quickly as possible in order to avoid any impact on claims starting on November 1, 2016.

- 20. What are the specific guidelines related to retro-revalidations after the 4/1/16 date?**

There are no guidelines for retro-revalidation. Please see above response.

- 21. HCPF representatives discussed the new MMIS system will not be up and running and applying these edits until November 2016. Will Medicaid continue to pay claims between 4/1/16 – 10/31/16 regardless of revalidation status?**

Yes.



- 22. How will HCPF handle MCO/BHO encounter data between 4/1/16 – 10/31/16?**  
MCO/BHO claims will continue to be paid as usual during this time.
- 23. Will there be edits in place to deny MCO/BHO encounters if the provider has not revalidated during this time period?**  
Not until November 2016.
- 24. Is it feasible for MCO/BHO's to align with HCPF and not institute denials for claims until 11/1/16?**  
MCOs/BHOs are not required to deny claims submitted by providers who have not revalidated until November 1, 2016.
- 25. We need confirmation that the denial is based on a date of service compliance date versus claim receipt or processed date.**  
Effective November 1, 2016, a Medicaid provider must be active in the claims system on the date the claim is submitted in order for the claim to pay.
- 26. We have some capitated organizations with providers that see our members. If the organization is revalidated but one of the providers serving members at that capitated organization is not, how will this affect the encounters we submit?**  
Encounters will not be denied due to providers who have not revalidated until November 1, 2016.
- 27. Will this affect rate setting?**  
Yes, it could potentially impact rate setting after November 2016 but not before then.
- 28. Would it be accurate to say that claims from unenrolled providers with a date of service of November 1, 2016 or later will deny?**  
Beginning in November 2016, the interChange will be confirming that all MCO/BHO network providers are enrolled. If a rendering network provider is not enrolled, the system is set up to deny the encounter. We will have more details on this process as we get closer to implementation.
- 29. How do providers affiliate with a RCCO in the interChange?**  
Providers will not be able to affiliate with a RCCO until November 2016.
- 30. How will the MCO/BHO know which providers have been revalidated? How frequently will updates be provided?**  
The Department does not have the reporting functionality to provide that information. Staff have provided a report of providers who were notified to revalidate between September 15 and December 31, 2015 but who have not begun the revalidation process yet. MCOs/HBOs will need to compare this list to their lists of network providers to determine who needs outreach. A similar list may be provided in late February 2016 to cover providers who were notified of revalidation after January 1.



**31. What education is HCPF doing with providers about this? Will providers who haven't been revalidated be outreached by HCPF?**

Between April and September 2015, the Department presented this information via:

- 32 provider meetings (in person or on the phone)
- 31 articles run in associations and departmental newsletters/websites
- A live webinar every business day in August
- 2 social media campaigns
- Phone calls to the top 10 billing providers in each county
- In addition to this, we:
  - Send letters to every provider 2 weeks before their revalidation wave starts
  - Hold live technical assistance calls every Tuesday and Thursday (since September)
  - Provider Relations working on a plan to outreach providers who haven't completed revalidation
  - Articles in the monthly Provider Bulletin
  - Frequent updates on the Department's Provider Resources web page:
    - <https://www.colorado.gov/hcpfprovider-resources>, including training, FAQs, a Provider Enrollment Reference Guide, and information by Provider Type.

**32. Will HCPF update the provider directory for members such that only participating providers are showing?**

Yes, the Department will update the Provider Directory for members upon full implementation in November 2016. Providers will be responsible for updating their Medicaid panel status (open/closed) via the Provider Portal.

