

Beginning Billing Workshop Waiver

Colorado Medicaid
2014





Centers for Medicare & Medicaid Services

Department of Health Care Policy and Financing



Medicaid

Medicaid/CHP+ Medical Providers



Xerox State Healthcare



Training Objectives

- Billing Pre-Requisites

- ▶ National Provider Identifier (NPI)

- What it is and how to obtain one

- ▶ Eligibility

- How to verify
- Know the different types

- Billing Basics

- ▶ How to ensure your claims are timely

- ▶ When to use the CO 1500 paper claim form

- ▶ How to bill when other payers are involved



What is an NPI?

- National Provider Identifier
- Unique 10-digit identification number issued to U.S. health care providers by CMS
- All HIPAA covered health care providers/organizations must use NPI in all billing transactions
- Are permanent once assigned
 - Regardless of job/location changes



What is an NPI?

- How to Obtain & Learn Additional Information:
 - CMS web page (paper copy)-
 - www.dms.hhs.gov/nationalproidentstand/
 - National Plan and Provider Enumeration System (NPPES)-
 - www.nppes.cms.hhs.gov
 - Enumerator-
 - 1-800-456-3203
 - 1-800-692-2326 TTY
 - **Waiver Provider currently do not require a NPI**



NEW! Department Website

1.

<https://www.colorado.gov/hcpf>

www.colorado.gov/hcpf

COLORADO

Department of Health Care
Policy & Financing

Home

For Our Members

For Our Providers

For Our Stakeholders

2.

For Our Providers

We administer Medicaid, Child Health Plan *Plus*, and other health care programs for Coloradans who qualify.

Explore
Benefits



Apply
Now



Find
Doctors



Get
Help



Feeling Sick?

For medical advice, call the Nurse Line:

800-283-3221



**Get Covered.
Stay Healthy.**

colorado.gov/health



NEW! Provider Home Page

Find what you need here

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

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



Provider Enrollment

Question:

What does Provider Enrollment do?



Answer:

Enrolls providers into the Colorado Medical Assistance Program, not members

Question:

Who needs to enroll?



Answer:

Everyone who provides services for Medical Assistance Program members



Billing Provider Number

Billing Provider

- Entity being reimbursed for service



Verifying Eligibility

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



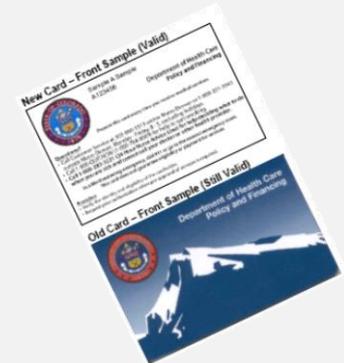
Web Portal



Fax Back
1-800-493-0920



CMERS/AVRS
1-800-237-0757



Medicaid ID Card
with Switch
Vendor



Eligibility Response Information

- Eligibility Dates
- Co-Pay Information
- Third Party Liability (TPL)
- Prepaid Health Plan
- Medicare
- Special Eligibility
- BHO
- Guarantee Number



Eligibility Request Response (271)

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

Eligibility Request

Provider ID: Nation:
From DOS: Throu:
Client Detail
State ID: D:
Last Name: First

CO MEDICAL ASSISTANT

Response Creation Date & Time: 05/

[Contact Information for Questions or](#)
Provider Relations Number: 800-237

[Requesting Provider](#)
Provider ID:
Name:

[Client Details](#)
Name:
State ID:

Client Eligibility Details

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

PREPAID HEALTH PLAN OR ACCOUNTABLE CARE COLLABORATIVE

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

MHPROV Services

Provider Name:
COLORADO HEALTH PARTNERSHIPS LLC

Provider Contact Phone Number:
800-804-5008

Information appears in sections (Requesting Provider, Member Details, Member Eligibility Details, etc.). Use the scroll bar to the right to view more details.

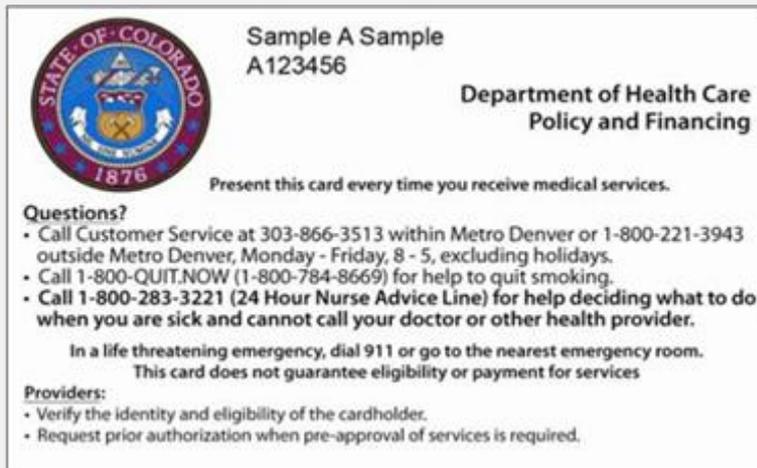
A successful inquiry notes a Guarantee Number. Print a copy of the response for the member's file when necessary.

As a reminder, information received is based on what is available through the Colorado Benefits Management System (CBMS). Updates may take up to 72 hours.



Medicaid Identification Cards

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



Billing Overview

- Record Retention
- Claim submission
- Prior Authorization Requests (PARs)
- Timely filing
- Extensions for timely filing



Record Retention

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



Record Retention

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

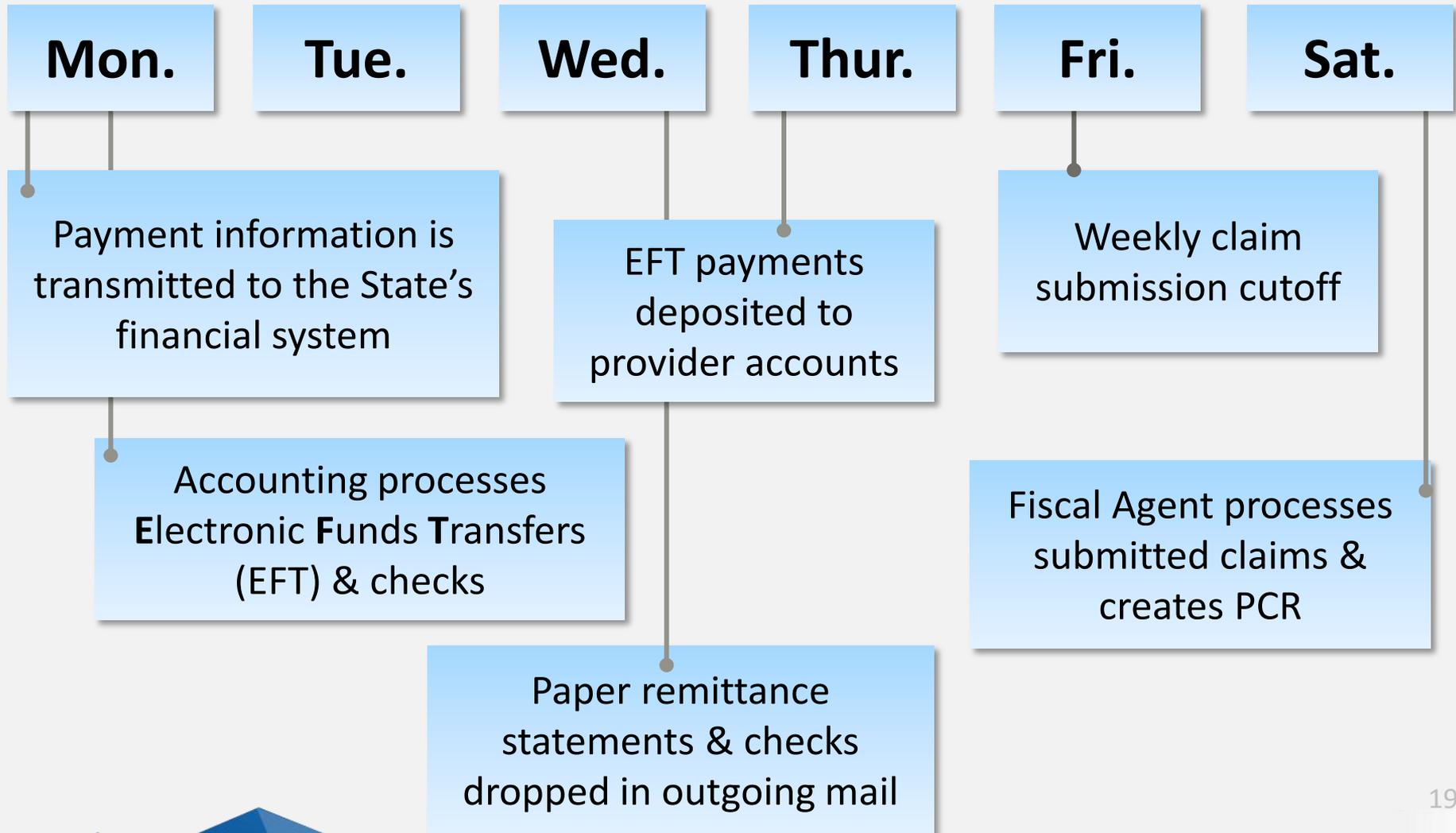


Submitting Claims

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



Payment Processing Schedule



Electronic Funds Transfer (EFT)

- Several Advantages:

- Free!
- No postal service delays
- Automatic deposits every Friday
- Safest, fastest & easiest way to receive payments
- Located in Provider Services Forms section on Department website



Waiver PARs

CCB



Adult w/ DHS Waivers

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

CMA / SEP



Adult with or without HCPF Waivers

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



Prior Authorization Flow

1



Case Managers evaluate all members for functional eligibility for all long term care services

2



Complete Prior Approval and/or Cost Containment Requests (PARs) for all services under HCBS waiver programs

3



Submit copy of reviewed PAR to provider and to the Fiscal Agent

4



Fiscal Agent keys PAR into MMIS and transmits PAR letter back to Case Manager via the FRS

5



Case Manager sends PAR letter to provider

6



Provider bills claim for approved services



Waiver Prior Authorization Form

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

- Find Adult HCBS Prior Approval and Cost Containment workbook for Waiver programs on the Department's website
 - colorado.gov/hcpf/provider-forms



Transaction Control Number

Receipt Method

- 0 = Paper
- 2 = Medicare Crossover
- 3 = Electronic
- 4 = System Generated

Batch Number

Document Number

0 14 129 00 150 0 00037

Year of Receipt

Julian Date of Receipt

Adjustment Indicator

- 1 = Recovery
- 2 = Repayment



Timely Filing

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



Timely Filing

From “through” DOS

- Nursing Facility
- Home Health
- Waiver
- In- & Outpatient
- UB-04 Services

From DOS

- FQHC Separately Billed and additional Services

From delivery date

- Obstetrical Services
- Professional Fees
- Global Procedure Codes:
 - Service Date = Delivery Date



Documentation for Timely Filing

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



Timely Filing Extensions

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



Extensions – Commercial Insurance

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



Extensions – Delayed Notification

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



Extensions – Backdated Eligibility

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



What is the Colorado 1500?

- Colorado specific paper claim form
 - Available in the Provider Services Forms section of the Department's website
 - Print and complete by hand or complete the electronic version online, then print and submit
- Similar to the national CMSa 1500
- The Colorado Medical Assistance Program does not currently accept the CMS 1500
- Any claim submitted on the CMS 1500 will be returned without processing



Colorado 1500

Who completes the Colorado 1500?

HCBS/Waiver
providers



Colorado 1500

Print

**STATE OF COLORADO
DEPARTMENT OF
HEALTH CARE POLICY AND
FINANCING**

INVOICE/PAY ACCT NUMBER
SPECIAL PROGRAM CODE

HEALTH INSURANCE CLAIM

PATIENT AND INSURED (SUBSCRIBER) INFORMATION

1. CLIENT NAME (LAST, FIRST, MIDDLE INITIAL) _____
 2. CLIENT DATE OF BIRTH _____
 3. MEDICAD ID NUMBER (CLIENT ID NUMBER) _____
 4. CLIENT ADDRESS (STREET, CITY, STATE, ZIP CODE) _____
 5. CLIENT SEX
 MALE FEMALE
 6. MEDICARE ID NUMBER (HIC OR SSN) _____
 7. CLIENT RELATIONSHIP TO INSURED
 SELF SPOUSE CHILD OTHER
 8. CLIENT IS COVERED BY EMPLOYER HEALTH PLAN AS EMPLOYEE OR DEPENDENT
 9. OTHER HEALTH INSURANCE COVERAGE — (INSURANCE COMPANY NAME, ADDRESS, PLAN NAME, AND POLICY NUMBER(S)) _____
 10. WAS CONDITION RELATED TO:
 A. CLIENT EMPLOYMENT
 YES
 B. ACCIDENT
 AUTO OTHER
 C. DATE OF ACCIDENT _____
 11. CHAMPUS SPONSORS SERVICE/SSN _____
 12. PREGNANCY HMO NURSING FACILITY

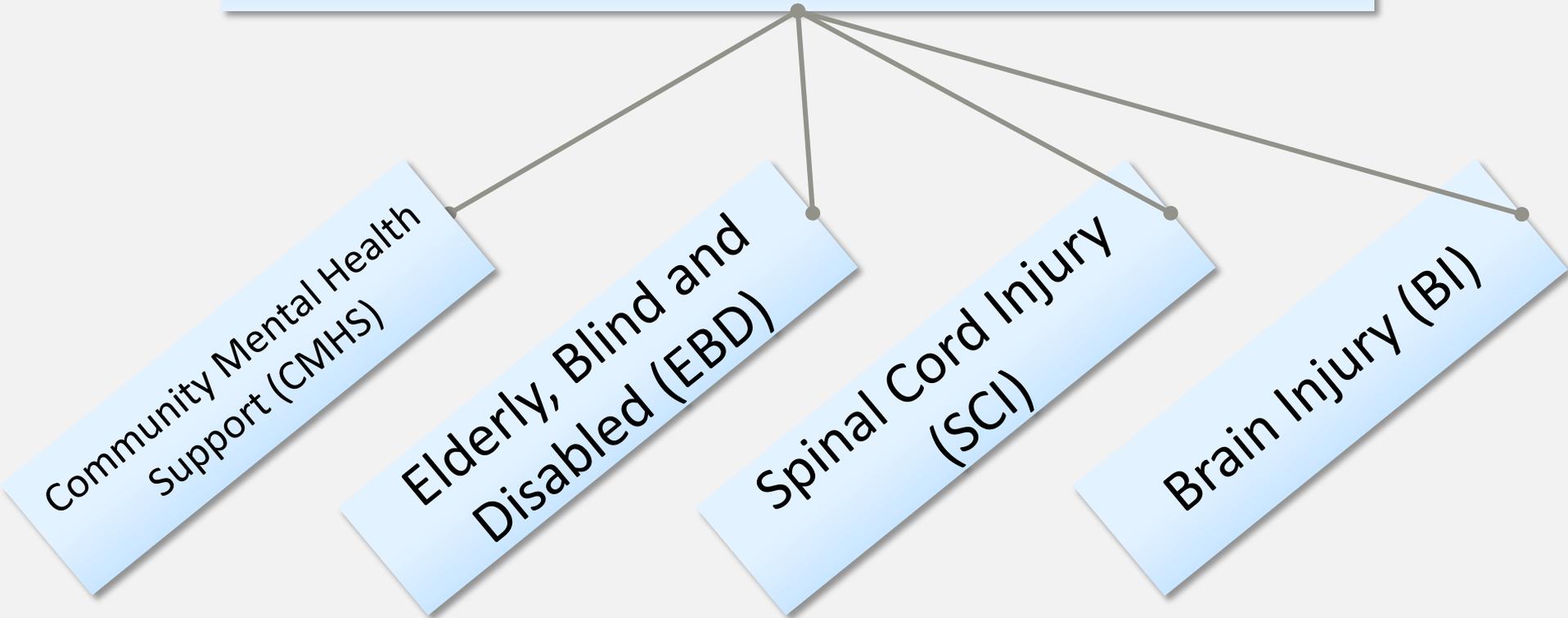
PHYSICIAN OR SUPPLIER INFORMATION

13. DATE OF ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR FIRST PREGNANCY (LMP) _____
 14. MEDICARE DENIAL (ATTACH THE MEDICARE STANDARD PAPER DETERMINATION (SPD) IF OTHER BOX IS CHECKED)
 BENEFITS EXHAUSTED NON-COVERED SERVICES NO YES
 15. NAME OF SUPERVISING PHYSICIAN _____ PROVIDER NUMBER _____
 16. FOR SERVICES RELATED TO HOSPITALIZATION, GIVE HOSPITALIZATION DATES
 ADMITTED: _____ DISCHARGED: _____
 17. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (IF OTHER THAN HOME OR OFFICE) _____ PROVIDER NUMBER _____
 17A. CHECK BOX IF LABORATORY WORK WAS PERFORMED OUTSIDE THE PHYSICIAN'S OFFICE
 YES NO
 18. ICD-9-CM DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. IN COLUMN F, RELATE DIAGNOSIS TO PROCEDURE BY REFERENCE NUMBERS 1, 2, 3, OR 4 _____
 19. TRANSPORTATION CERTIFICATION ATTACHED YES NO
 DURABLE MEDICAL EQUIPMENT
 Line # _____ Make _____ Model _____ Serial Number _____
 PRIOR AUTHORIZATION #: _____

18A	DATE OF SERVICE FROM	DATE OF SERVICE TO	18B	18C	18D	18E	18F	18G	18H	18I	18J	18K	18L	18M	18N	18O	18P	18Q	18R	18S	18T	18U	18V	18W	18X	18Y	18Z	18AA	18AB	18AC	18AD	18AE	18AF	18AG	18AH	18AI	18AJ	18AK	18AL	18AM	18AN	18AO	18AP	18AQ	18AR	18AS	18AT	18AU	18AV	18AW	18AX	18AY	18AZ	18BA	18BB	18BC	18BD	18BE	18BF	18BG	18BH	18BI	18BJ	18BK	18BL	18BM	18BN	18BO	18BP	18BQ	18BR	18BS	18BT	18BU	18BV	18BW	18BX	18BY	18BZ	18CA	18CB	18CC	18CD	18CE	18CF	18CG	18CH	18CI	18CJ	18CK	18CL	18CM	18CN	18CO	18CP	18CQ	18CR	18CS	18CT	18CU	18CV	18CW	18CX	18CY	18CZ	18DA	18DB	18DC	18DD	18DE	18DF	18DG	18DH	18DI	18DJ	18DK	18DL	18DM	18DN	18DO	18DP	18DQ	18DR	18DS	18DT	18DU	18DV	18DW	18DX	18DY	18DZ	18EA	18EB	18EC	18ED	18EE	18EF	18EG	18EH	18EI	18EJ	18EK	18EL	18EM	18EN	18EO	18EP	18EQ	18ER	18ES	18ET	18EU	18EV	18EW	18EX	18EY	18EZ	18FA	18FB	18FC	18FD	18FE	18FF	18FG	18FH	18FI	18FJ	18FK	18FL	18FM	18FN	18FO	18FP	18FQ	18FR	18FS	18FT	18FU	18FV	18FW	18FX	18FY	18FZ	18GA	18GB	18GC	18GD	18GE	18GF	18GG	18GH	18GI	18GJ	18GK	18GL	18GM	18GN	18GO	18GP	18GQ	18GR	18GS	18GT	18GU	18GV	18GW	18GX	18GY	18GZ	18HA	18HB	18HC	18HD	18HE	18HF	18HG	18HH	18HI	18HJ	18HK	18HL	18HM	18HN	18HO	18HP	18HQ	18HR	18HS	18HT	18HU	18HV	18HW	18HX	18HY	18HZ	18IA	18IB	18IC	18ID	18IE	18IF	18IG	18IH	18II	18IJ	18IK	18IL	18IM	18IN	18IO	18IP	18IQ	18IR	18IS	18IT	18IU	18IV	18IW	18IX	18IY	18IZ	18JA	18JB	18JC	18JD	18JE	18JF	18JG	18JH	18JI	18JJ	18JK	18JL	18JM	18JN	18JO	18JP	18JQ	18JR	18JS	18JT	18JU	18JV	18JW	18JX	18JY	18JZ	18KA	18KB	18KC	18KD	18KE	18KF	18KG	18KH	18KI	18KJ	18KK	18KL	18KM	18KN	18KO	18KP	18KQ	18KR	18KS	18KT	18KU	18KV	18KW	18KX	18KY	18KZ	18LA	18LB	18LC	18LD	18LE	18LF	18LG	18LH	18LI	18LJ	18LK	18LL	18LM	18LN	18LO	18LP	18LQ	18LR	18LS	18LT	18LU	18LV	18LW	18LX	18LY	18LZ	18MA	18MB	18MC	18MD	18ME	18MF	18MG	18MH	18MI	18MJ	18MK	18ML	18MN	18MO	18MP	18MQ	18MR	18MS	18MT	18MU	18MV	18MW	18MX	18MY	18MZ	18NA	18NB	18NC	18ND	18NE	18NF	18NG	18NH	18NI	18NJ	18NK	18NL	18NM	18NO	18NP	18NQ	18NR	18NS	18NT	18NU	18NV	18NW	18NX	18NY	18NZ	18OA	18OB	18OC	18OD	18OE	18OF	18OG	18OH	18OI	18OJ	18OK	18OL	18OM	18ON	18OO	18OP	18OQ	18OR	18OS	18OT	18OU	18OV	18OW	18OX	18OY	18OZ	18PA	18PB	18PC	18PD	18PE	18PF	18PG	18PH	18PI	18PJ	18PK	18PL	18PM	18PN	18PO	18PP	18PQ	18PR	18PS	18PT	18PU	18PV	18PW	18PX	18PY	18PZ	18QA	18QB	18QC	18QD	18QE	18QF	18QG	18QH	18QI	18QJ	18QK	18QL	18QM	18QN	18QO	18QP	18QQ	18QR	18QS	18QT	18QU	18QV	18QW	18QX	18QY	18QZ	18RA	18RB	18RC	18RD	18RE	18RF	18RG	18RH	18RI	18RJ	18RK	18RL	18RM	18RN	18RO	18RP	18RQ	18RR	18RS	18RT	18RU	18RV	18RW	18RX	18RY	18RZ	18SA	18SB	18SC	18SD	18SE	18SF	18SG	18SH	18SI	18SJ	18SK	18SL	18SM	18SN	18SO	18SP	18SQ	18SR	18SS	18ST	18SU	18SV	18SW	18SX	18SY	18SZ	18TA	18TB	18TC	18TD	18TE	18TF	18TG	18TH	18TI	18TJ	18TK	18TL	18TM	18TN	18TO	18TP	18TQ	18TR	18TS	18TT	18TU	18TV	18TW	18TX	18TY	18TZ	18UA	18UB	18UC	18UD	18UE	18UF	18UG	18UH	18UI	18UJ	18UK	18UL	18UM	18UN	18UO	18UP	18UQ	18UR	18US	18UT	18UU	18UV	18UW	18UX	18UY	18UZ	18VA	18VB	18VC	18VD	18VE	18VF	18VG	18VH	18VI	18VJ	18VK	18VL	18VM	18VN	18VO	18VP	18VQ	18VR	18VS	18VT	18VU	18VV	18VW	18VX	18VY	18VZ	18WA	18WB	18WC	18WD	18WE	18WF	18WG	18WH	18WI	18WJ	18WK	18WL	18WM	18WN	18WO	18WP	18WQ	18WR	18WS	18WT	18WU	18WV	18WW	18WX	18WY	18WZ	18XA	18XB	18XC	18XD	18XE	18XF	18XG	18XH	18XI	18XJ	18XK	18XL	18XM	18XN	18XO	18XP	18XQ	18XR	18XS	18XT	18XU	18XV	18XW	18XX	18XY	18XZ	18YA	18YB	18YC	18YD	18YE	18YF	18YG	18YH	18YI	18YJ	18YK	18YL	18YM	18YN	18YO	18YP	18YQ	18YR	18YS	18YT	18YU	18YV	18YW	18YX	18YY	18YZ	18ZA	18ZB	18ZC	18ZD	18ZE	18ZF	18ZG	18ZH	18ZI	18ZJ	18ZK	18ZL	18ZM	18ZN	18ZO	18ZP	18ZQ	18ZR	18ZS	18ZT	18ZU	18ZV	18ZW	18ZX	18ZY	18ZZ

Waiver Programs

HCBS Adult Waiver Programs



Waiver Programs

Special Program Codes

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



HCBS-BI Requirement

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



HCBS-EBD Requirement

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



HCBS-CMHS Requirement

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



HCBS-SCI Requirement

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



Consumer Directed Attendant Support Services (CDASS)

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



In Home Support Services (IHSS)

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



Colorado Choice Transitions (CCT)

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



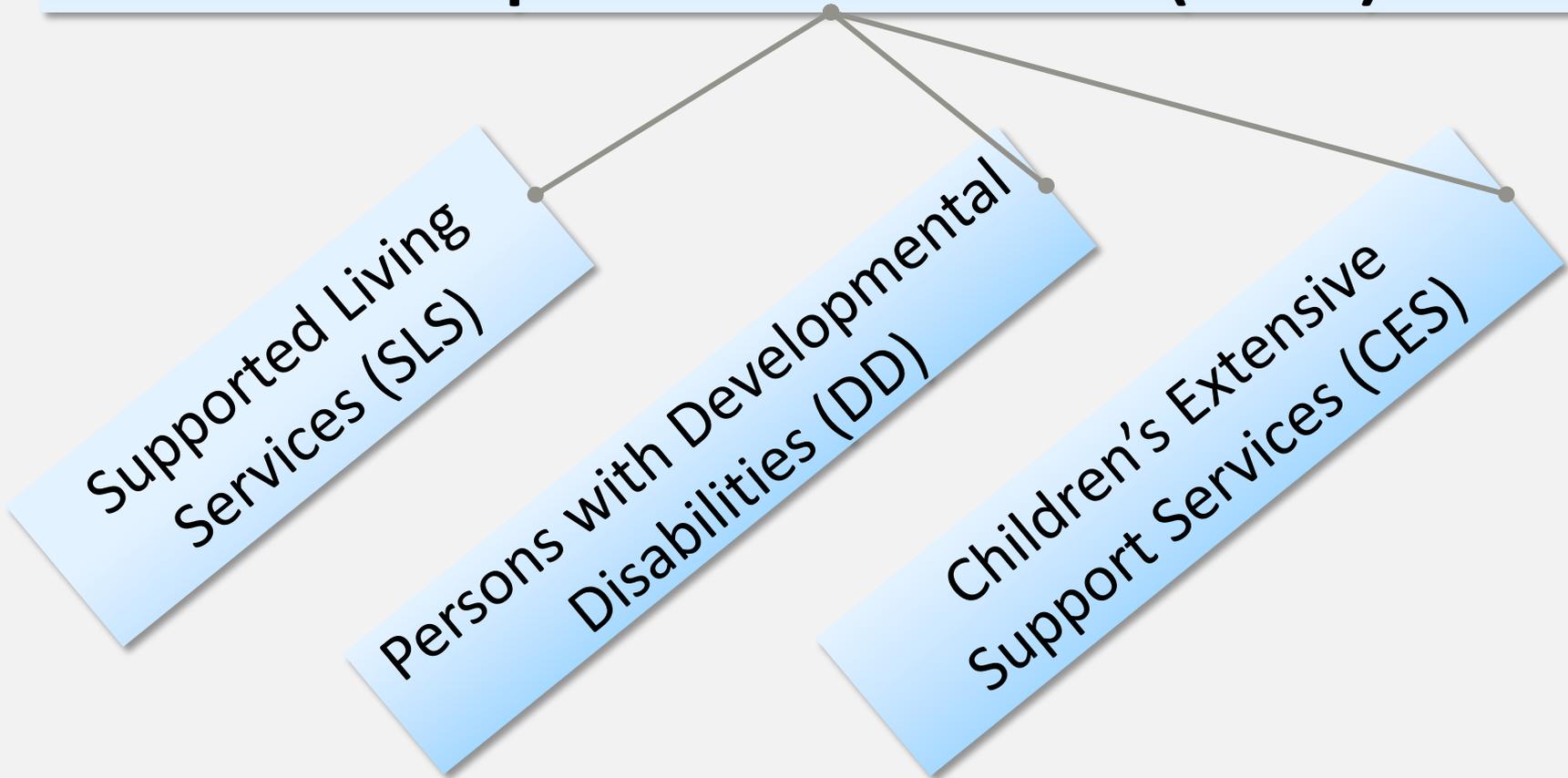
Colorado Choice Transitions (CCT)

- The CCT program compliments the:
 - Elderly, Blind and Disabled Waiver
 - Persons with Brain Injury Waiver
 - Community Mental Health Supports Waiver
 - Persons with Developmental Disabilities Wavier
 - Supported Living Services Waiver
- For more information, please review the HCBS CCT Reference Manual
 - <https://www.colorado.gov/hcpf/billing-manuals>



Waiver Programs

Division of Intellectual & Developmental Disabilities (DIDD)



Waiver Programs

Special Program Codes

Program	Modifier	Program Code
DD	U3	85
SLS	U8	92
TCM	U4	87
CES	U7	90
CHRP	U9	93



HCBS-DD Requirement

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



HCBS-SLS Requirement

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



HCBS-CES Requirement

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



Waiver Programs

Department of Human Services (DHS)

Children's Habitation
Residential Program (CHRP)



Waiver Programs

Special Program Codes

Program	Modifier	Program Code
CHRP	U9	93



HCBS-CHRP Requirement

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



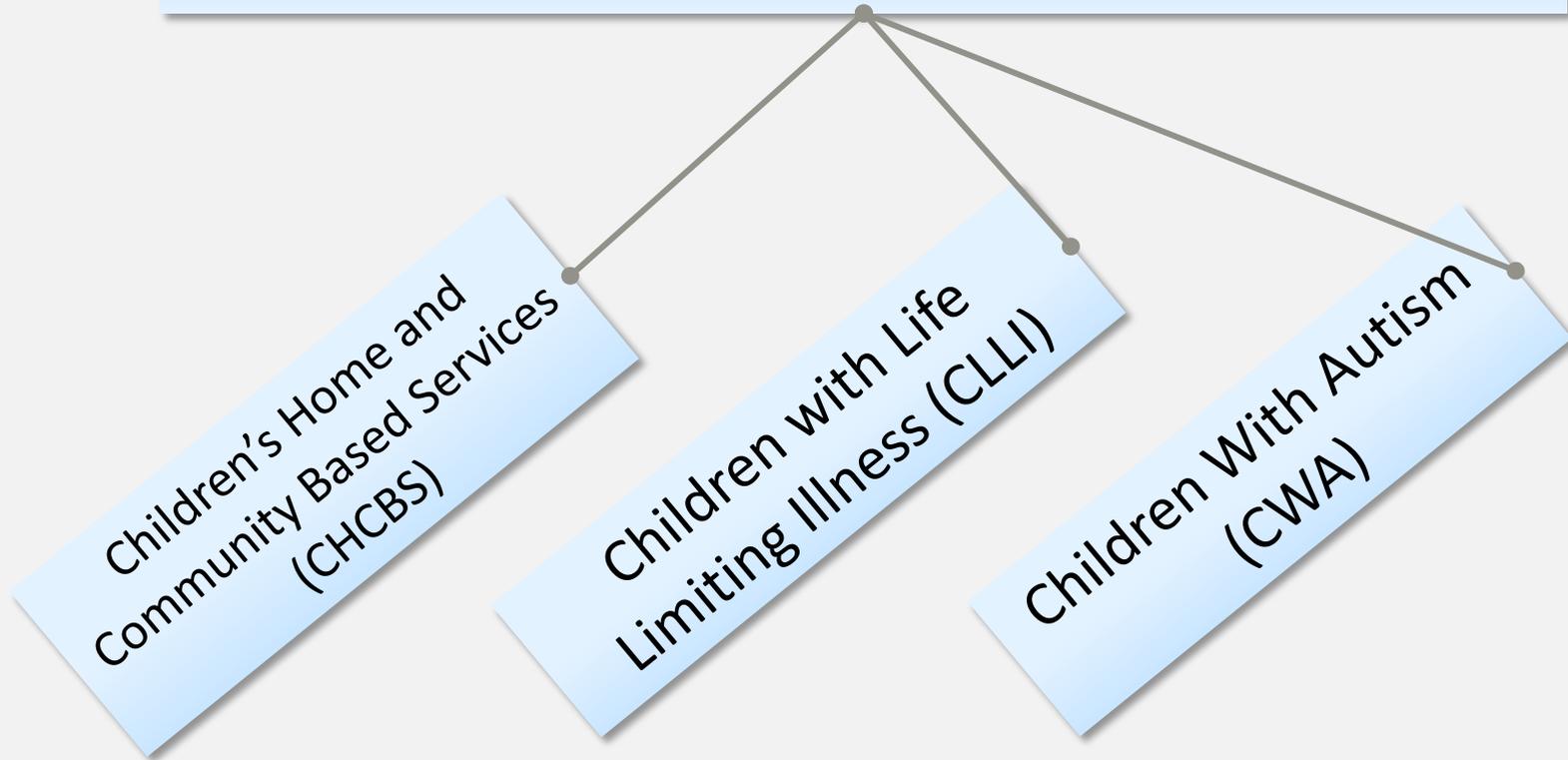
Targeted Case Management (TCM)

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



Waiver Programs

HCBS Child Waiver Programs



Waiver Programs

Special Program Codes

Program	Modifier	Program Code	Administered By:
CHCBS	U5	88	HCPF
CLLI	UD	97	HCPF
CWA	UL	96	HCPF



HCBS-CHCBS Requirement

- Primary Purpose of Program

- ▶ Provides case management & In-Home support services for children who:
 - Are at risk of institutionalization in a hospital or skilled nursing facility
 - And would not otherwise qualify for Colorado Medical Assistance due to parental income and/or resources

- Members Served

- ▶ Birth through age 17

- Level of Care Requirements

- ▶ Who meet the established minimum criteria for hospital or skilled nursing facility levels of care & who are medically fragile



HCBS-CHCBS Case Management Responsibilities

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



HCBS-CLLI Requirement

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



HCBS-CWA Requirement

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



Occurrence Reporting

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



Occurrence Reporting

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



Common Denial Reasons

Timely Filing



Claim was submitted more than 120 days without a LBOD

Duplicate Claim



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

Bill Medicare or Other Insurance



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

PAR not on file



No approved authorization on file for services that are being submitted

Total Charges invalid



Line item charges do not match the claim total



Claims Process - Common Terms



Reject

Claim has primary data edits – **not** accepted by claims processing system



Denied

Claim processed & denied by claims processing system



Accept

Claim accepted by claims processing system



Paid

Claim processed & paid by claims processing system



Claims Process - Common Terms



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

Adjustment



Re-bill previously denied claim

Rebill



Claim must be manually reviewed before adjudication

Suspend



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

Void



Adjusting Claims

- **What is an adjustment?**

- Adjustments create a replacement claim
- Two step process: Credit & Repayment

Adjust a claim when:



- Provider billed incorrect services or charges
- Claim paid incorrectly

Do not adjust when:



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



Adjustment Methods



Web Portal

- Preferred method
- Easier to submit & track

A sample of a paper Adjustment Transmittal form from the Colorado Medical Assistance Program. The form includes fields for Provider Name, Street Address, City, State, Zip Code, Telephone Number, Billing Provider Medicaid ID Number, Billing Provider National Provider Identifier (NPI), Client ID Number, Client Name, Date of Service, and Provider Claim Report (PCR) Date. It also contains instructions for completing the form, including attaching a copy of the replacement claim, a copy of the Provider Claim Report (PCR), and a copy of the Standard Paper Remittance (SPR). The form is titled "Adjustment Transmittal" and includes a section for "FISCAL AGENT USE ONLY".

Paper

- Complete Adjustment Transmittal form
- Be concise & clear



Provider Claim Reports (PCRs)

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



Provider Claim Reports (PCRs)

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



Provider Claim Reports (PCRs)

Paid

 * CLAIMS PAID *

INVOICE NUM	CLIENT NAME	STATE ID	TRANSACTION CONTROL NUMBER	DATES OF SVC FROM TO	TOTAL CHARGES	ALLOWED CHARGES	COPAY PAID	AMT OTH SOURCES	CLM PMT AMOUNT
7015	CLIENT, IMA	Z000000	040800000000000001	040508 040508	132.00	69.46	2.00	0.00	69.46
PROC CODE - MODIFIER 99214 -				040508 040508	132.00	69.46	2.00		
TOTALS - THIS PROVIDER / THIS CATEGORY OF SERVICE					TOTAL CLAIMS PAID	1	TOTAL PAYMENTS		69.46

Denied

 * CLAIMS DENIED *

INVOICE NUM	CLIENT NAME	STATE ID	TRANSACTION CONTROL NUMBER	DATES OF SERVICE FROM TO	TOTAL DENIED	DENIAL REASONS ERROR CODES
STEDOTCCIOT	CLIENT, IMA	A000000	308000000000000003	03/05/08 03/06/08	245.04	1348
TOTAL CLAIMS DENIED - THIS PROVIDER / THIS CATEGORY OF SERVICE						1

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

1348 The billing provider specified is not a fully active provider because they are enrolled in an active/non-billable status of '62', '63', '64', or '65' for the FDOS on the claim. These active/non-billable providers can't receive payment directly. The provider must be in a fully active enrollment status of '60' or '61'. COUNT 0001



Provider Claim Reports (PCRs)

Adjustments

Recovery

* ADJUSTMENTS PAID *

INVOICE --- CLIENT	STATE ID	TRANSACTION CONTROL NUMBER	DATES OF SVC FROM	TO	ADJ RSN	TOTAL CHARGES	ALLOWED CHARGES	COPAY PAID	AMT OTH SOURCES	CLM PMT AMOUNT
Z71 CLIENT, IMA	A000000	40800000000100002	041008	041808	406	92.82-	92.82-	0.00	0.00	92.82-
PROC CODE - MOD T1019 - U1			041008	091808		92.82-	92.82-			
Z71 CLIENT, IMA	A000000	40800000000200002	041008	041808	406	114.24	114.24	0.00	0.00	114.24
PROC CODE - MOD T1019 - U1			041008	041808		114.24	114.24			
NET IMPACT						21.42				

Repayment

Net Impact

Voids

* ADJUSTMENTS PAID *

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



Provider Services

Xerox

1-800-237-0757

Claims/Billing/ Payment

Forms/Website

EDI

Enrolling New Providers

Updating existing provider profile

CGI

1-888-538-4275

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

CMAP Web Portal technical support

CMAP Web Portal Password resets

CMAP Web Portal End User training

Thank You!

