



**COLORADO**  
Department of Health Care  
Policy & Financing

**RE: PETI Submission, Nursing Facility Prior Authorizations Requests (PARs), and Type of Bill (TOB) Changes**

Dear Nursing Facility Provider:

**Transition Information**

On October 31, 2016, Hewlett Packard Enterprises (HPE) will assume fiscal agent operations on behalf of Health First Colorado (Colorado's Medicaid program) and Child Health Plan Plus (CHP+). These operations include the transition to the Colorado interChange (a new claims payment system) and a new provider Web Portal.

**Change in PETI Submission Process**

The process for PETI submission to the Department for prior approval will change as of October 31, 2016, when the new Provider Web Portal and Colorado interChange go-live.

**ACTION TO BE TAKEN BY PROVIDERS**

- As of 09/26/2016, STOP submitting PETI requests
  - Faxed PETI's submitted after this date will not be processed because the new interchange requires a PA request for all PETI requests (will not occur until after 10/30/16).
  - Any PETI requests still pending reimbursement after October 21st must be entered in the web portal to obtain PA request authorization for the remaining balance.
- On or after 10/31/2016, START new PETI Prior Authorization process by entering a PA request in the new Provider Web Portal and attaching all required documents.
  - WATCH for a new PETI Processing guide.
  - If the Department is notified this function will not be available on 10/31/2016, the Department will let the providers know.

**Overview of the changes to the PETI process**

As of 10/31/2016 all PETIs submitted to the Department by fax will require a Prior Authorization (PA) that is created in the new Provider Web Portal.

- The PA form is completed in the portal.
- All required documents are uploaded to the portal.
- A PA number is provided by the system - please make note of this number for tracking the status of the PA.
- The Department will review any submitted PA requests and approve or deny the request.
- A system generated letter will be mailed to the provider reflecting the approval or denial. The letter will also appear on the portal once the Department has completed their review.

- If denied, the provider can submit a new PA request that satisfies the PA requirements. The denial letter should indicate why the request was denied.
- When the provider receives PETI approval, they may bill the PETI on the next claim submission that also includes the patient liability amount.

Currently	On or After 10/31/2016
Nursing Facility faxes NF PETI request and all required documents to the Department for approval.	Nursing Facility will complete the Provider Portal Prior Authorization NF PETI form and upload all required documents to the web portal.
Department reviews the request.	Department reviews the request.
Department faxes back approval/denial	System generated letter (approved/denied) will be mailed to the provider after the Department review is completed. A copy of the letter should also appear on the portal after the letter is mailed.
Provider bills Health First Colorado for PETI.	Provider bills Health First Colorado for PETI.

### **Nursing Facility PAR Submission Deadline**

**October 11, 2016**

Deadline for Nursing Facility PAR Submissions

\* Nursing Facility PARs received after 10/11/16 will be returned (RTP).

**October 21, 2016**

All PARs not resolved, are denied at 2pm

**October 31, 2016**

Colorado interChange and new Provider Web Portal go live!

Nursing Facility PARs no longer required.

### **TOB Change for Skilled Nursing and Intermediate Care Facilities**

**Currently**

In the legacy MMIS, the Department processed claims with TOB 22x as inpatient claims when submitted with an accommodation revenue code (i.e., 0119 and 0129) and as outpatient claims when submitted without any room/board revenue code. However, NUBC designates TOB 22x only as OP.

**Starting October 31, 2016 claims submitted with an invalid TOB will be DENIED.**

The interChange must comply with all Centers for Medicare & Medicaid Services (CMS) and National Uniform Billing Committee (NUBC) rules and regulations. Per NUBC rules, only the following TOBs are allowed for Skilled Nursing and Intermediate Care Facilities:

021x	Skilled Nursing - Inpatient (Including Medicare Part A)	IP
022x	Skilled Nursing - Inpatient (Including Medicare Part B only)	OP
023x	Skilled Nursing - Outpatient	OP
065x	Intermediate Care - Level I	IP
066x	Intermediate Care - Level II	IP

### **Important Dates and Training Opportunities**

Please visit our [Provider Resources web page](#) for a list of important dates, training availability for the new provider Web Portal, and additional information.

Sincerely,

Health First Colorado  
(Colorado's Medicaid Program)  
Provider Enrollment

See what's happening on our social sites

