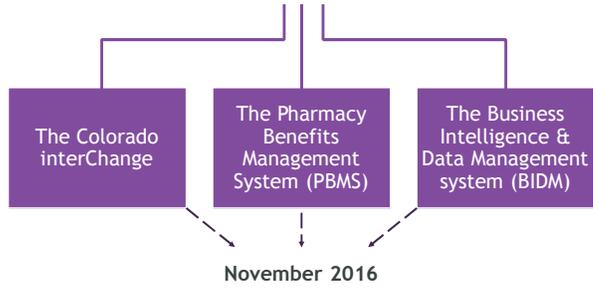


This is what you need to know about
**The COMMIT project,
 Revalidation/Screening &
 Provider Enrollment**

Updated 6/1/15



The COMMIT Project
 The Colorado Medicaid Management Innovation &
 Transformation project



November 2016

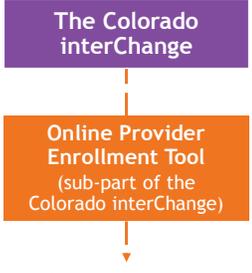


The Colorado interChange
(our new MMIS)

- Electronic provider enrollment - no paper required!
- A new Provider Portal for billing, electronic remittance advices, & clinical data
- Electronic Prior Authorization Requests (PARs)
- A new Care & Case Management system
- Online, self-paced provider trainings
- Up-to-date data feed for our provider search tool



Online Provider Enrollment Tool



- Goes live 14 months before the rest of the interChange
- Like TurboTax for provider enrollment

September 2015



Provider Screening Requirement



- Section 6401 (a) of the Affordable Care Act
- Have until March 31st, 2016 to revalidate *existing* providers
- Revalidation required ongoing every 3-5 years depending on provider type

News for MCOs, BHOs, & OPRs

Providers who provide services to Medicaid members as part of a managed care entity's (MCO's) provider network must individually enroll into the interChange and be screened as Medicaid providers

- This does not require participation in fee-for-service Medicaid

All physicians or other professionals who order, prescribe, or refer services or items for Medicaid clients (OPRs), must enroll into the interChange

- Even OPRs that participate through an MCO, CHP+, or through a waiver

Risk Based Screening Requirements



CMS divided provider types into 3 categories based on risk of fraud, waste, & abuse.

Higher risk = more stringent screening

Limited Risk

- Federal & state requirements
- License verifications
- [Federal exclusion database checks](#)

Moderate Risk

- Limited risk screening +
- On-site inspections

High Risk

- Moderate risk screening +
- Background checks
- Fingerprinting for the owners.*

* Not implemented until late 2016.

Risk Based Screening Examples



Limited Risk Examples*

- Physicians
- Dentists
- Optometrists



Moderate Risk Examples*

- Community Mental Health Centers
- Physical Therapists
- Pharmacies that don't supply DME equipment



High Risk Examples*

- New DME suppliers
- New Home Health agencies
- Some HCBS waiver providers

*Please see the Federal Provider Screening Regulation [draft rule](#) for the complete list

Enrolling vs. Revalidating

- In the provider screening rule, some provider types are assigned to two risk categories
 - one for revalidating (existing) providers
 - one for enrolling (new) providers
- For this first revalidation cycle **all providers** (existing and new) will be screened as if they were an enrolling (new) provider
- Ongoing - revalidating (existing) providers will drop back down to the appropriate risk level for their provider type

Application Fee

- Required by CMS for some provider types
 - \$553 in 2015
 - A lot of our providers are exempt from the fee:
 - Individual practitioners (both physician & non-physician)
 - Those screened in the past 12 months for Medicare, CHIP, or another (equally strict) state's Medicaid
 - Anyone may request hardship waiver
 - A letter explaining why they can't afford to pay the fee
 - Goes through Dept. & CMS for approval

Who Pays the Application Fee?

** Not a complete list **

- Ambulatory Surgical Center
- Community Mental Health Center
- Federally Qualified Health Center
- Home Health Agency
- Hospice
- Hospital
- Independent Clinical Laboratory
- Mammography Center
- Nursing Facility
- Portable X-ray Supplier
- Rural Health Clinic

Fee Required



- Audiologist
- Dentist
- Occupational Therapist
- Optometrist
- Physician
- Physical Therapist
- Podiatrist
- Psychologist
- Registered Nurse
- Speech Therapist
- Therapist

Not Required



Revalidation & Enrollment Waves

- Providers will undergo revalidation by enrolling into the interChange
- We have divided providers into 7 different waves
- Similar to a RCCO map, but with different sectioning
- Providers will be notified which wave they are assigned to and when their revalidation window will be
 - Wave schedule will be released in July
 - Claims may be suspended or denied for providers not revalidated/enrolled into the Colorado interChange by March 31, 2016

Who do Providers Bill?

- The only thing happening in the Colorado interChange before late 2016, is revalidation & enrollment
- All providers (existing & new) will use our current MMIS through Xerox, until late 2016



Resources for Providers

Dedicated webpage

- Colorado.gov/HCPF/Provider-Resources
 - New web page made specifically for revalidation and enrollment instructions & FAQs

Provider Screening Draft Rule

- Colorado.gov/HCPF/Provider-Implementations
 - ➔ Federal Provider Screening Regulations
 - ➔ Revised Draft Rule
 - Expect small changes between the rule currently posted and the final version

Start Preparing Providers

Providers can start to gather the following information:

- [National Provider Identifier \(NPI\)](#)
- [Provider Taxonomy Codes](#)
- Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)
- Provider License Number
- Current Provider ID (if they are currently enrolled)
- Financial Institution Information (ABA #, Bank Name, Account Number)
- Billing Agent Name and information (if applicable)

Questions?