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

Navigating This Presentation

- <u>Underlined words or phrases</u> often will link viewers to more information, such as web pages. If you are viewing this presentation in normal mode (not slideshow mode), you may need to press the Ctrl key while you click on the link in order to open it.

- Use color-coded table of contents slides to navigate to specific areas of interest in the presentation.
  - Use back arrows provided in the bottom right corner of some slides to return to table of contents slides.

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Training Overview

Program Overview

Provider Identification

Provider Types

Enrollment Types

Application Process

Common Errors

Timelines

Other Enrollments

Revalidation

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Resources

Program Overview

CMS.gov — Centers for Medicare & Medicaid Services

gainwell — **Fiscal Agent**

STATE OF COLORADO · NIL SINE NUMINE · 1876

COLORADO Department of Health Care Policy & Financing

Health First Colorado and Child Health Plan *Plus* (CHP+) Providers

Program Overview
Fiscal Agent

The Department of Health Care Policy & Financing contracted with Gainwell Technologies to be the fiscal agent.

Gainwell Technologies:
- Enrolls providers so that providers can bill for services rendered to Health First Colorado members
- Manages the Medicaid Management Information System (MMIS) called the Colorado interChange, which houses provider enrollment information and processes claims

Please note that most, but not all, claims are submitted to Gainwell Technologies.

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Program Overview
Provider Web Portal

The Colorado interChange shares information with the Provider Web Portal, an interactive web-based tool, that allows providers to:
- maintain information such as contact preferences, licenses and payment information
- check member eligibility and co-pays
- view prior authorization requests
- submit claims and have them adjudicated immediately
- view remittance advice

In order to access the Provider Web Portal, providers must have an approved Provider ID. Instructions on how to register and set a username and login for the Provider Web Portal are sent via email once a provider is enrolled with Health First Colorado.

Note: Provider Web Portal is not guaranteed uninterrupted availability per the Provider Participation Agreement (PPA).

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Program Overview
Why Become a Provider?

- It provides an opportunity to improve the health and well-being of more than a million Coloradans.
- It allows continuity of care for patients who are faced with unemployment or loss of employer-based health coverage.

- Key Benefits
  - Claims are paid weekly and deposited directly into providers' business accounts
  - Providers have full control of the number of Health First Colorado members seen
  - Primary care practices that enroll in Colorado's Accountable Care Collaborative (ACC) Program receive support, member-level health data and help coordinating both medical and non-medical care for members. Providers also receive additional payments for enrolled members and for supporting important quality and health outcomes.

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- Persons, public or private institutions, agencies or business concerns enrolled in Health First Colorado to **provide** medical services or goods to members
  - Includes owners, members, shareholders, operators, employees, contractors, subcontractors, agents and third-party service providers (i.e., vendors, billing agents, clearinghouses)
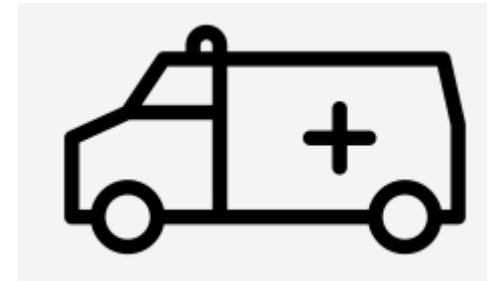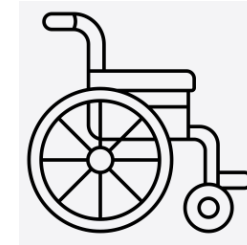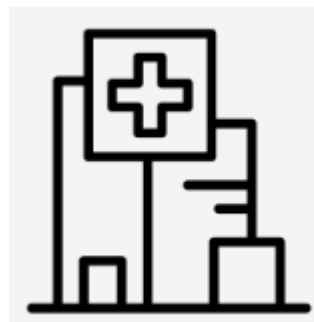
Program Overview
Members

- Members
  - Individuals enrolled in Health First Colorado to **receive** medical services or goods from providers
    - Enroll through Colorado PEAK
    - Enrollment managed by county technicians
  - Members may have additional benefits, such as Medicare and commercial insurance (Third-Party Liability)
    - Providers need to be enrolled with all forms of a member's insurance in order to submit claims to Health First Colorado.
  - Member Services Call Center: 800-221-3943

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Provider Identification
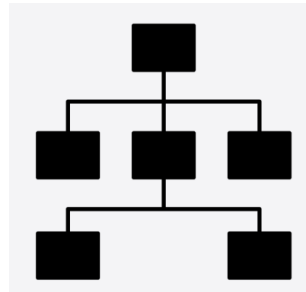
Provider Identification
National Provider Identifier (NPI)

- A National Provider Identifier (NPI) is a unique 10-digit identification number issued to U.S. health care providers by the Centers for Medicare and Medicaid Services (CMS).

  - <u>Providers who bill Medicare</u> need to ensure each NPI for Health First Colorado is also enrolled with Medicare.

- How to obtain and learn additional information:

  - <u>Centers for Medicare and Medicaid Services (CMS)</u> web page

  - <u>National Plan and Provider Enumeration System (NPPES)</u> website

    - 1-800-456-3203

    - 1-800-692-2326 TTY

Provider Identification
Taxonomy

- Providers must specify a 10-digit alphanumeric taxonomy code when applying for a National Provider Identifier (NPI).

  - The Healthcare Provider Taxonomy Code Set is a hierarchical code set that consists of codes, descriptions and definitions designed to categorize the type, classification and specialization of health care providers. Providers should choose a taxonomy that best fits the description of the service they provide.

- The taxonomy code used on the Health First Colorado enrollment application must match one on file with the <u>National Plan and Provider Enumeration System (NPPES)</u>.

Provider Identification
National Provider Identifier (NPI)

- All providers require a National Provider Identifier (NPI) for billing transactions with Health First Colorado.

  - *Exception: Non-medical providers such as some Home and Community-Based Services (HCBS) and Non-Emergent Medical Transportation (NEMT) providers do not need an NPI. These providers will use the assigned Health First Colorado Provider ID in billing transactions.*

  - If unsure whether the provider needs an NPI, check the Information by Provider Type web page. (See screenshot.)

Risk Level:	Limited	Fee Req'd?	No	NPI Req'd?	Yes
Medicare Req'd?	No	OOS Allowed?	No	BT Allowed?	Yes - with proof of a Colorado License

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Provider Identification
National Provider Identifier (NPI)

| Individual Providers (Individuals Within a Group, Billing Individuals or Ordering/Prescribing/Referring)	Organizational Providers (Groups, Facilities)
• Only need one NPI • Tied to Social Security Number (SSN) • Can be affiliated with multiple locations	• Separate NPI needed for each enrolled service location and provider type • Tied to Employer Identification Number (EIN)

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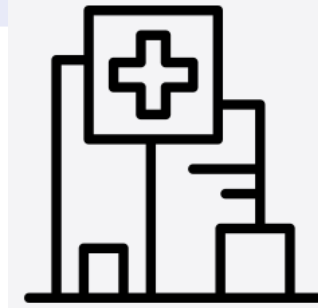
Provider Identification
Health First Colorado Provider ID

- Providers will be assigned an 8- to 10-digit Health First Colorado Provider ID when enrollment is approved.

  - Also referred to as a provider's Medicaid ID

  - Referred to as the "Location ID" on the Provider Web Portal

- The Colorado interChange uses the billing provider's National Provider Identifier (NPI) listed on a claim to locate the Health First Colorado Provider ID
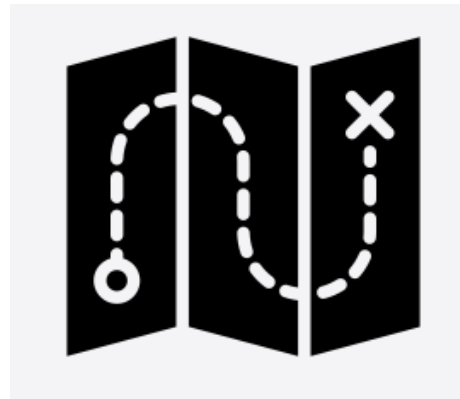
Provider Types

Provider Types

- Enrollees will need to pick the appropriate provider type based on the services rendered before starting an application.
  - A provider type is a two-digit number that indicates what type of provider is billing.
    - Example: 36 is for Home and Community-Based Services providers
  - Providers can be individuals, organizations and vendors.
    - Example: 05 is for a Physician and 16 is for a Clinic
  - Provider types can be found on the Information by Provider Type web page.

Provider Types
Medical & Therapy

- Select Clinic (Provider Type 16) if there is an affiliated Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), Doctor of Podiatric Medicine (DPM) or Doctor of Optometry (OD) in a group.

- Select Non-Physician Practitioner Group (Provider Type 25) if a group is led by a non-physician, such as an Advanced Practice Nurse (APN), an audiologist, a podiatrist or a psychologist (LMFT, LCSW, LPC, PhD, PsyD).

- Select Rehabilitation Agency (Provider Type 48) if there is an affiliated physical, occupational or speech therapist in a group.

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Provider Types
Home and Community-Based Services (HCBS)

- Home and Community-Based Services (HCBS) providers must choose a specialty depending on the types of services they provide to members. A list of waivers and their respective provider specialties is available on the Information by Home and Community-Based Services Provided web page.

Adult HCBS Waivers

Select a waiver to learn more:

- Brain Injury Waiver (BI)
- Community Mental Health Supports Waiver (CMHS)
- Complementary and Integrative Health Waiver (CIH)
- Developmental Disabilities Waiver (DD)
- Elderly, Blind and Disabled Waiver (EBD)
- Supported Living Services Waiver (SLS)

Children's HCBS Waivers

Select a waiver to learn more:

- Children with Life Limiting Illness Waiver (CLLI)
- Children's Extensive Support Waiver (CES)
- Children's Habilitation Residential Program Waiver (CHRP)
- Children's Home and Community Based Services Waiver (CHCBS)

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- Home and Community-Based Services (HCBS) Waiver Service Providers (Provider Type 36) should only enroll for approved specialties.
  - Submitting non-qualified specialties will delay the application.

- Case Managers (Provider Type 11) must have a contract with the Department.
  - Visit the Case Management Agency Directory web page for more information.

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Enrollment Types

Enrollment Types

Atypical

- Renders non-medical services
- Income reported through Employer Identification Number (EIN) or Social Security Number (SSN) depending on provider type requirements

Billing Individual

- Submits claims and receives direct payment for services rendered
- Income reported through individual's Social Security Number (SSN)

Facility

- Entity that submits claims for services rendered
- Income reported through organization's Employer Identification Number (EIN)
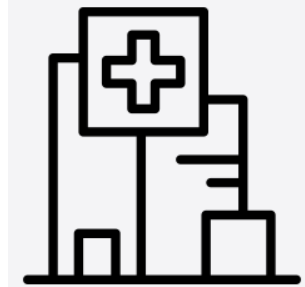
Enrollment Types

Group (Organization)

- Clinic or practice that submits claims on behalf of one or more practitioners enrolled as an Individual Within a Group
- Income reported through organization's Employer Identification Number (EIN)

Individual Within a Group

- Renders services but does not bill directly
- Must associate to at least one Group
- Social Security Number (SSN) used for identification only, not payment

Ordering, Prescribing and Referring (OPR)

- Individuals who only order, prescribe or refer items or services
- Do not submit claims for payment

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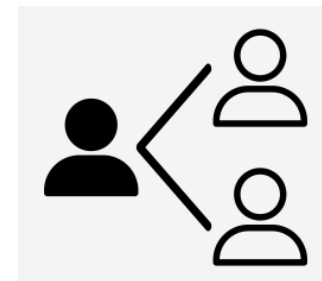
Enrollment Types
Ordering, Prescribing and Referring (OPR) Providers

- Services that require an <u>Ordering, Prescribing and Referring (OPR) provider</u> to be listed on a claim include:
  - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)
  - Home Health and Private Duty Nursing
  - Pediatric Personal Care
  - Radiology and Imaging services
  - Laboratory services
  - Physical, Occupational, and Speech Therapy Services (outpatient)
  - Audiology services
  - School Health Services Program (physical, occupational, and speech therapy services)
  - Outpatient Hospital-based therapies, radiology and imaging services, and laboratory services

Enrollment Types

- A provider's enrollment type is dependent on how income is reported (Federal Employer Identification Number [EIN] or Social Security Number [SSN]).
- Not all enrollment types are available for all provider types.
  - Example: A pharmacy only has the option to enroll as a facility while a physician may enroll as either a Billing Individual, an Individual Within a Group or an Ordering-Prescribing-Referring (OPR) Provider
- Providers are either enrolled as individuals, groups or facilities. It is not possible to be enrolled as an individual and as a group or facility with the same tax ID number. However, a provider can be an individual (enrolled with a Social Security Number), who is affiliated with a group (enrolled with an Employer Identification Number).

Application Process
Department Website

https://hcpf.colorado.gov

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2 For Our Providers

1

For Our Members   For Our Providers   For Our Stakeholders   About Us

We administer Health First Colorado (Colorado's Medicaid program), Child Health Plan *Plus*, and other health care programs.

hcpf.colorado.gov

Apply Now   Explore Programs   Find a Doctor   Get Help

Health First COLORADO™
Colorado's Medicaid Program

We can #KeepCOCovered

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Application Process
For Our Providers Home Page

Access to provider enrollment application and resources, provider-specific billing manuals, contacts and training

Application Process
Provider Enrollment Web Page

- To prepare for enrollment as a new provider, go to the Provider Enrollment web page and click the Enrollment Instructions & Application button.

- There is a list of resources, as well as forms, for enrolling providers.

Application Process
Forms

The <u>Information by Provider Type</u> web page lists what forms are necessary for specific provider types.

Application Process
Starting the Application

There are several steps to get the enrollment application from the Provider Enrollment web page

- Click on "Enrollment Instructions & Application"
- Read "Common Reasons Enrollment Applications Are Returned to Providers" and then click on "Continue to Enrollment Instructions"
- Review enrollment information by provider type and then click on "Continue to Enrollment Type"
- Review enrollment type checklist and then click on "Go to Application"
- Click on "Enrollment Application"
  - From this web page, providers are also able to resume an existing application or check on the status of an already submitted application

Tip: Be sure to click the "Add" buttons throughout the process to attach information to the application

Add

Application Process
Request Information Panel

▶ **Request Information**

Specialties

Addresses

Provider Identification

Network Participation

Languages

EFT Enrollment

Other Information

Addendums

Disclosures

Attachments and Fees

Agreement

Summary

Under Initial Enrollment Information
Providers can request a backdated effective date—up to 10 months—if services were previously rendered.
Note: All claims must be submitted within 365 days from the date of service.

Under Contact Information
Note that the "Contact Email" listed here will be the one used to send the enrollment application decision.

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Application Process
Credentials

After clicking "Continue" on the Request Information panel, providers will be asked to create a password along with answers to challenge questions. At this point, the application will be assigned an Application Tracking Number (ATN).

Keep track of this Application Tracking Number (ATN), tax ID and password to continue the enrollment at a later time or to check the status of the completed application.

The Provider Portal Enrollment Application password cannot be reset. If the password is forgotten, the application can be resumed by choosing "Forgot Password" and then answering the security questions correctly. If both password and security answers are forgotten, a new application needs to be started.

Application Process
Specialties

- At least one (1) specialty is required
  - The specialties available in the drop-down menu are based on the Enrollment Type and Provider Type selections made on the previous Request Information panel
  - An effective date is required (e.g., date of board certification, initial license, authorization to perform services)
  - A taxonomy code is required, except for when "Atypical" is selected as the Enrollment Type
    - Additional taxonomies are not required

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Welcome

Request Information

Specialties

▶ **Addresses**

Provider Identification

Network Participation

Languages

EFT Enrollment

Other Information

Addendums

Disclosures

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Summary

- There are three (3) addresses required
  - Service Location
    - Location where services are rendered (cannot be a post office box)
    - Used to populate "Find a Doctor" directory
    - Associated email address is used to send provider communications
  - Billing
    - Location where paper checks and Remittance Advice statements sent (if not received electronically)
  - Mailing
    - Location where Prior Authorization Request letters are sent (if not received electronically)

- At least one (1) email address and *office* phone number is required for each address type

- Organizational providers with more than one location must complete a separate enrollment application (and fee) for each service location address

- Individuals enrolling with a Social Security Number are limited to one (1) enrollment

- Location Code refers to the address location in relation to the State of Colorado
  - In-State
  - Out-of-State (OOS)
  - Border Town Provider (BT)

Risk Level:	Limited	Fee Req'd?	No	NPI Req'd?	Yes
Medicare Req'd?	No	OOS Allowed?	No	BT Allowed?	Yes - with proof of a Colorado License

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35

Application Process
Out-of-State Providers

- Out-of-State (OOS) providers enroll in Health First Colorado under the same rules and regulations applied to Colorado providers
  - Provides emergency services to Health First Colorado members who are traveling outside of Colorado
  - Provides services to Health First Colorado members who live in other states under special circumstances (i.e., foster care)
  - Provides services to Health First Colorado members outside of Colorado because the member's health would be endangered if required to return to Colorado
  - Provides prior-authorized services that are unavailable in Colorado

- Border Town (BT) providers enroll in Health First Colorado under the same rules and regulations applied to Colorado providers
  - Qualifying border town providers are located in any of the border towns listed on <u>Appendix F</u>, which can be found on the Department's website under For Our Providers > Billing Manuals > Appendices
  - Provides services to Health First Colorado members living along the state border where the use of medical resources in the adjacent state is common

Application Process
Provider Identification

- Organizations
  - Provider Legal Name for group, atypical provider or facility
  - Doing Business As name
  - Organization Type (e.g., Corporation, Estate, Trust)
    - Records search on the Secretary of State website

- Individuals
  - First and Last Name
  - Gender
  - Birth Date
  - Degree
  - School and Graduation Date

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Licensure
Department of Regulatory Agencies (DORA)

- Some providers obtain licensing through the Department of Regulatory Agencies (DORA). Requirements are listed both on the <u>Information by Provider Type</u> web page and in <u>provider-specific billing manuals</u>.

- The Colorado interChange automatically updates license information from DORA. Providers are encouraged to ensure the name and all demographic information matches so the licenses can be automatically updated.

Licensure
Department of Public Health & Environment (CDPHE)

- Some providers must obtain licensing through the <u>Colorado Department of Public Health and Environment (CDPHE)</u>. A complete listing of providers regulated by the CDPHE are on the <u>Index of Regulated Health Facilities</u> web page.

- CDPHE and the Colorado interChange system do **not** share information, so any changes a provider makes with one entity must be made with the other.

- For more information on CDPHE's licensing process, visit the <u>Medicare and Medicaid Certification for Health Care Facilities</u> web page.

Licensure
Other Licenses & Credentials

- Some providers require licensing with additional organizations, such as the Colorado Department of Human Services and the Colorado Department of Education.
- Some providers require credentialing with additional organizations, including (but not limited to):
  - Child Health Plan *Plus* (CHP+)
  - Managed Care Organizations (MCOs)
  - Regional Accountable Entities (RAEs)
  - Transdev (Non-Emergent Medical Transportation [NEMT] providers)
- Resources for locating this information include:
  - Information by Provider Type web page
  - Provider-specific billing manuals

Application Process
Provider Identification

- Payer: Select "Title XIX Payer"

- Other identifiers as required
  - Medicare participation
  - Clinical Laboratory Improvement Amendment (CLIA) certification
  - Drug Enforcement Agency (DEA) number
  - Health Plan Identifier (HPID)
  - Pharmacy enrollments

Application Process
Network Participation and Languages

- Network Participation panel
  - Not required
  - Documentation confirming participation in a Managed Care Organization (MCO) will be required on the Attachments and Fees panel

- Languages panel
  - 60 languages to choose from
  - Published in the "Find a Doctor" directory
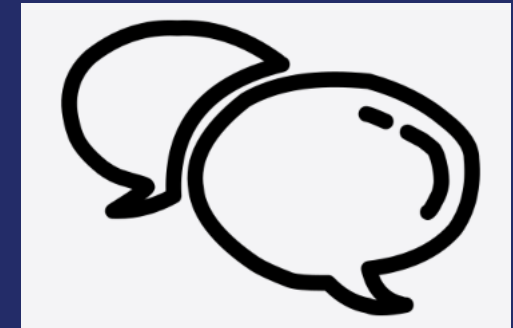
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Welcome

Request Information

Specialties

Addresses

Provider Identification

Network Participation

Languages

EFT Enrollment

▶ Other Information

Addendums

Disclosures

Attachments and Fees

Agreement

Summary

- Electronic Funds Transfer (EFT) panel
  - Scanned copy of a bank letter or voided business check needs to be added on the Attachments and Fees panel

- Other Information panel
  - Malpractice/General Liability Insurance
  - Website
  - Community associations
  - Cultural competencies
  - Supplemental questions

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Application Process
Disclosures Panel

Navigation menu:
- Welcome
- Request Information
- Specialties
- Addresses
- Provider Identification
- Network Participation
- Languages
- EFT Enrollment
- Other Information
- Addendums
- **Disclosures**
- Attachments and Fees
- Agreement
- Summary

- Instructions for disclosures, including definitions, located on Provider Forms web page under the Provider Enrollment and Update Forms drop down menu
  - Disclosure Instructions EIN
  - Disclosure Instructions SSN

Tip: Be sure to click "Add" after every entry and use only numeric values

- A: Ownership or Control Interest
- B: Subcontractors
- C: Relations of persons named in Disclosures A and B
- D: Managing employees
- E: Ownership or controlling interest in any other provider, fiscal agent or managed care entity
- F: Criminal offense convictions related specifically to Medicare, Medicaid, CHIP or Title XX services

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Application Process
Disclosures Panel

- Key Takeaways: Providers must disclose
  - Identity of any person (individual or corporation) with an ownership or control interest of 5% or more, or is an agent or managing employee of the provider
    - All officers and directors must be disclosed, even if voluntary (unpaid)
    - All general and limited partnership interests must be disclosed regardless of percentage
    - Government-owned entities must disclose board members
  - Identity of any person convicted of a criminal offense
  - Any material or substantial change in information contained in the enrollment application (within 35 calendar days)
    - Change in ownership, federal tax identification number, bankruptcy, criminal convictions, licensure, address, telephone number, email address
      - Entity submitting current enrollment application is responsible for maintaining records of and any liabilities incurred by previous ownership

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Application Process
Fingerprinting

- Certain individuals are required to consent to a criminal background check and submit a set of fingerprints as part of the enrollment, per state and federal regulations.
- Individuals with this additional requirement include:
  - Individuals enrolling via their Social Security Number as a provider type designated as "high" categorical risk.
  - Individuals with 5% or more ownership or control interest in a business entity designated as "high" categorical risk.
- Fingerprints must be obtained from one of the approved fingerprinting sites.
  - https://uenroll.identogo.com/
  - https://coloradofingerprinting.com/
- Individuals are responsible for the vendor service fees.

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Application Process
Fingerprinting

- Provider types requiring fingerprinting:
    - Pharmacy with Durable Medical Equipment (9, Specialty 462)
    - Home Health (10)
    - Durable Medical Equipment/Supply (14 & 74)
    - Personal Care Agency (60)
    - Non-Emergent Medical Transportation (NEMT) (73)
    - Several Home and Community-Based Service providers (36)
        - Assistive Technology, BI (Specialty 603)
        - Assistive Technology, CES/SLS (Specialty 607)
        - Homemaker CES/SLS (Specialty 652)
        - In-Home Support Services, EBD/CIH/CHCBS (Specialty 656)
        - Personal Care SLS (Specialty 664)
        - Personal Care/Homemaker Services BI/EBD/CIH/CMHS (Specialty 666)
        - Specialized Medical Equipment/Supplies CES/DD/SLS (Specialty 677)

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Application Process
Attachments and Fees Panel

- Any required attachments must be submitted electronically on this panel.
  - Visit the <u>Provider Forms</u> web page and click the Provider Enrollment & Update Forms drop-down to access any applicable forms that may need to be printed, completed, signed and uploaded.
- Upload documents with the submission of the application. The system will not hold documents when "Finish Later" is selected.
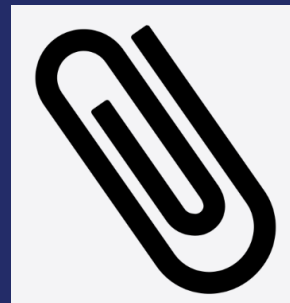
Application Process
Attachments and Fees Panel

- If a service location has enrolled or revalidated with Medicare or another state's Medicaid program in the last five (5) years and paid an application fee, no fee is required.
  - Proof of payment to another state's Medicaid program may be uploaded with a selection type of Other.
- Providers can request financial hardship waivers by submitting a letter and supporting documentation describing the hardship.
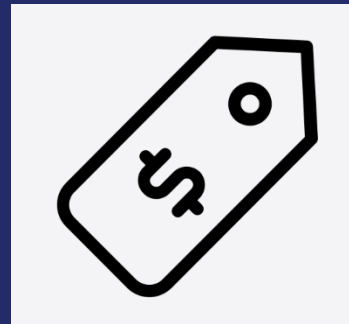
Application Process
Provider Participation Agreement (PPA)

- Providers must read and sign a Provider Participation Agreement (PPA) when enrolling with Health First Colorado
  - Key Takeaways - Providers must:
    - Comply with the Social Security Act and all other applicable federal and state statutes, regulations and published official guidance as amended from time to time
      - Billing manuals
      - Provider bulletins, newsletters and other communications
      - Fee schedules
    - Comply with any criminal background checks, fingerprinting and on-site visits
    - Allow for monitoring and recording of any telephone conversations and other electronic communications with Department
    - Comply with all requests for information, reviews, investigations and audits
    - Review and change policies and procedures to address audit or review findings
    - Establish written policies that detail information about preventing and detecting fraud, waste and abuse

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Provider Participation Agreement
Compliance

- Providers must:
  - Maintain licenses and certification
  - Maintain records that fully and accurately disclose the nature and extent of benefits provided to each member for at least seven (7) years
  - Comply with nondiscrimination practices outlined in the Americans with Disabilities Act (ADA) of 1990 and its implementing regulations (28 C.F.R., Part 35) and the Colorado Anti Discrimination Act (Parts 300 through 800 of article 34 of title 24 of the Colorado Revised Statutes)
  - Comply with confidentiality laws, including 45 C.F.R. Parts 160 and 164, Health Insurance Portability and Accountability Act (HIPAA), Health Information Technology for Economics and Clinic Health Act (HITECH) and subsequent amendments and 42 C.F.R. Part 2 (42 C.F.R. § 2.1, et seq.) Confidentiality of substance use disorder patient records
  - Update Provider Web Portal user access controls immediately after any changes in staffing or access

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Provider Participation Agreement
Rendering Service

- Providers must:
  - Verify member eligibility prior to rendering services
  - Render services personally or directly supervise qualified and licensed personnel
  - Comply with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines
  - Comply with advanced directives as required
  - Adhere to member billing guidelines
    - Members are not liable for the cost or cost remaining after payment by Health First Colorado
    - Members are not liable for supplemental charges
    - Members are only liable for services or items not covered by Health First Colorado only after the provider and member have entered into a written agreement
    - If a member is billed and found later not to be liable, provider must stop billing, return any payment made, cancel any collections action, reverse any adverse credit mark and vacate any judgment

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Provider Participation Agreement
Submitting Claims

- Providers must:
  - Obtain all required signatures prior to submitting claims
  - Submit claims for medically necessary services and goods **after** rendering service
  - Be legally responsible for all submitted claims, including those submitted by a third-party service provider on behalf of the provider
    - Ensure that any third party complies with the Provider Participation Agreement (PPA) (It is highly encouraged that providers obtain written certification or acknowledgement for the Provider Participation Agreement from all subcontractors)
  - Ensure that Health First Colorado remains the payer of last resort
  - Accept payment through Electronic Funds Transfer (EFT) and subsequent Remittance Advices (RAs) as confirmation that funds were accepted for covered services rendered and billed
  - Remain solely responsible for all accuracy and misdirected or improper payments requested

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Provider Participation Agreement
Data Security

- Providers must:
  - Limit the use and disclosure of information and data concerning members by developing written policies to ensure that Personally Identifiable Information (PII) and Personal Health Information (PHI) are properly maintained and destroyed or disposed of when no longer needed
  - Submit and receive data using approved transaction types set forth in the standard Health Insurance Portability and Accountability Act (HIPAA) Implementation Guide and Companion Guides
  - Ensure appropriate levels of security for authorized transmission of data
  - Perform virus checks before transmission of any data to the Department
  - Agree that the Department is not responsible for errors or technical or operational difficulties that originate with the provider's submission or receipt of data
  - Remain solely responsible for all privacy or data breaches

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Policy & Financing

Provider Participation Agreement
Liability

- Providers must:
  - Indemnify, save and hold harmless the Department against all claims, damages, liability and court awards, including costs, expenses and attorney fees incurred as a result of any act or omission by the provider pursuant to the terms of this agreement
  - Agree that no term or condition shall be interpreted as a waiver of any of the immunities, rights, benefits, protections or provisions of the Colorado Governmental Immunity Act or Risk Management Act
  - Cease operations for Health First Colorado and let the Department know within 5 days if provider becomes identified in the Department of Health and Human Services (HHS) Office of the Inspector General Exclusions Database

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Provider Participation Agreement
Sanctions

- Department can impose sanctions authorized by law, including
  - Suspension of payments
  - Suspension or termination of use of the Provider Web Portal
  - Placing provider on review
  - Disenrollment of provider
  - Legal proceedings, including criminal investigation

Provider Participation Agreement
Timeline

- Once signed, Provider Participation Agreement (PPA) is in effect until:
  - Provider's acceptance of a new PPA with the Department, or
  - Provider's voluntary cessation of participation, or
  - Department's suspension of the provider's right to access the Provider Web Portal, or
  - Department disenrolls provider
    - Department can disenroll a provider with 30 days' written notice
    - Providers may appeal the Department's disenrollment decision

Note: This agreement stays in effect for the time period the provider was enrolled beyond any disenrollment.

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Common Errors

Common Errors

- Providers are encouraged to pay special attention to the list of "<u>Common Reasons Enrollment Applications are Returned to Providers</u>" after clicking on the Enrollment Instructions and Application button on the Provider Enrollment web page

  - License or certification is missing or not matching supporting documentation provided as proof of legal entity status

  - Service location address or taxonomy is not matching with National Plan and Provider Enumeration System (NPPES)

  - Mail-to, pay to or service location address is not matching with W9

  - Social Security Number (SSN) is needed for a provider type instead of an Employer Identification Number (EIN)

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Common Errors

- Medicare number not verified

- Name or number is not matching with the United States Drug Enforcement Administration (DEA)

- Disclosures

  - If the enrolling entity is an individual practitioner, ownership and control information of the billing provider is not required, so the response to Section A is generally "No."

  - The secondary question, "Is this entity an individual?" must be answered "Yes" when disclosing information for individual owners of a business.

  - The additional request for "Date of Birth" must be answered when disclosing information for individual owners of a business.

  - If there is no ownership of 5%, the board of directors' information should be entered, including addresses, dates of birth, and social security numbers.

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- One of the most common reasons for applications to be returned to providers is on the Supplemental Questions section of the Other Information panel
  - Providers should check **yes** on question seven (7) if the provider holds an appropriate license and certification.

Supplemental Questions

PROVIDER ENROLLMENT MEDICAID PARTICIPATION QUESTIONNAIRE
Medicaid Participation

Medicaid Participation

1. *Are you currently enrolled in the Title XVIII (Medicare) program or the Title XIX (Medicaid) program or CHIP of any other state(s)?
   ○ Yes ○ No

2. *Are you currently applying for enrollment in the Title XVIII (Medicare) program or the Title XIX (Medicaid) program or CHIP of any other state(s)?
   ○ Yes ○ No

3. *Have you ever been denied enrollment for cause in the Title XVIII (Medicare) program or the Title XIX (Medicaid) program or CHIP in Colorado or of any other state(s)?
   ○ Yes ○ No

4. *Has your enrollment in the Title XVIII (Medicare) program or the Title XIX (Medicaid) program or CHIP of any other state(s) ever been terminated or revoked for cause?
   ○ Yes ○ No

5. *Have you ever been excluded from participation in Medicare, Medicaid and all other Federal health care programs by the Office of the Inspector General, U.S. Department of Health and Human Services?
   ○ Yes ○ No

6. *Have you ever been excluded from participation in federal procurement?
   ○ Yes ○ No

7. *Do you hold all licenses and certifications as required based on your provider type?
   ○ Yes ○ No

8. *Is this license expired, or subject to conditions or restrictions?
   ○ Yes ○ No

9. *Have you ever been subject to a payment suspension based on a credible allegation of fraud?
   ○ Yes ○ No

10. *Do you currently have an outstanding overpayment of $1,500 or more that is over 30 days past due, you have not entered into a payment plan for, and is not currently the subject of an appeal?
    ○ Yes ○ No

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Common Errors
When Application is Returned to Provider

- If an application is returned to a provider for additional information or corrections:

  - Providers will receive an email at the contact email listed on the application

  - Application is placed back into pending status

  - Application can be accessed using the original Application Tracking Number (ATN), tax ID and password

Timelines

Timelines

- After submitting an enrollment application, it is reviewed by the Department's fiscal agent Gainwell Technologies. The average processing time is 5 business days.
  - Some applications require a site visit (announced or unannounced) or Department approval. Site surveys and state approval require additional processing time.

- The application may be returned to the provider for changes or missing documents. Notification will be sent via email to the contact email listed on the application.
  - Note: The "clock" restarts every time an application is returned to the provider.

- Once an application has been approved, notification will be sent to the contact email listed on the application.

Timelines
Site Surveys

Provider types that require site surveys include:

- Pharmacy with Durable Medical Equipment (9, Specialty 462)
- Home Health (10)
- Independent Laboratory (12)
- Emergency Medical Transportation (13)
- Durable Medical Equipment (DME)/Supply (14 & 74)
- Physical Therapist (17)
- Community Mental Health Centers (35)
- Several Home and Community-Based Services (36)
- Comprehensive Outpatient Rehabilitation Facility (48, Specialty 470)
- X-Ray Facility (49)
- Hospice (50)
- Personal Care Agency (60)
- Non-Emergent Medical Transportation (NEMT) (73)
- Comprehensive Safety Net Provider (78)
- Doula (79)

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Timelines
State Approval

Provider types that require state approval include:
- Hospital, General (01)
- Hospital, Mental (02)
- Pharmacy (09)
- Case Manager (11)
- Durable Medical Equipment (DME)/Supply (14)
- Nursing Facilities (20 & 21)
- Health Maintenance Organization (HMO) (23)
- Psychiatric Residential Treatment Facility (30)
- Federally Qualified Health Center (32)
- Home and Community-Based Services (HCBS) (36)

- Rural Health Clinic (45)
- Developmental Evaluation Clinic (46)
- School Health Services (51)
- Indian Health Services (61 & 62)
- Qualified Residential Treatment Program (68)
- Non-Emergent Medical Transportation (NEMT) (73)
- Administrative Services Organization (ASO) (81)
- Regional Accountable Entity (RAE) 85
- Community Clinics (86)
- Behavioral Health Crisis Line (88)
- Behavioral Health ASO (91)
- Behavioral Health MSO (92)
- Several out-of-state providers

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Timelines
Submitting Claims

- Providers must complete the enrollment process and submit claims within 365 days from the date of service.

- Claims do not need to be submitted while waiting for provider enrollment to be approved.

- Backdated Approval

  - The Requested Enrollment Effective Date on the enrollment application can be entered as a previous date if services were previously rendered. Providers can be backdated up to 10 months from the enrollment approval date.
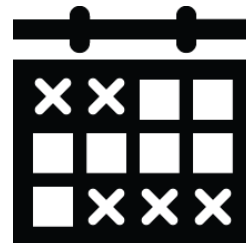
- After approval, providers are encouraged to
  - Sign up for a <u>Beginning Billing</u> training
  - Read the <u>General Provider Information Manual</u>
  - Read the provider type specific <u>billing manual</u>
  - Refer to the <u>Rates and Fee Schedules</u>, including prior authorization requirements
  - Register for and access the <u>Provider Web Portal</u> to verify member eligibility, make enrollment updates, submit claims, download remittance advice and more
  - Sign up for <u>Electronic Remittance Advice (ERA) enrollment</u> if using a clearinghouse

Other Enrollments

Other Enrollments
Required Credentialing by Provider Types

- Some providers are required to credential with other entities in order to submit claims to Health First Colorado

  - **Behavioral Health providers**
    - Members are assigned to the <u>Regional Accountable Entity (RAE)</u> for their geographic area for behavioral health. Contact the <u>RAE</u> in area to enroll as a Behavioral Health provider.

  - **Dental providers**
    - <u>Dentaquest</u> enrolls billing providers for Electronic Fund Transfers (EFTs), but does not enroll rendering providers

  - **Non-Emergent Medical Transportation (NEMT) providers**
    - <u>Transdev Health Solutions</u> is a transportation broker contracted with the Department to provide credentialing for the NEMT program. They also manage the program for the nine Denver metro counties.

Other Enrollments
Vendor Registration

- Some providers are required to register with state-contracted vendors in order to submit claims to Health First Colorado

- **Electronic Visit Verification (EVV)** through the vendor **Sandata** electronically verifies that home and community-based service visits occur. Provider that require EVV include:

- Home and Community-Based Services (HCBS)
  - Consumer Directed Attendant Support Services (CDASS)
  - Homemaker
  - Independent Living Skills Training (ILST) and Life Skills Training (LST)
  - In-Home Support Services (IHSS)
  - Personal Care
  - Respite and Youth Day

- Home Health
- Pediatric Behavioral Therapies
- Pediatric Personal Care
- Physical, Occupational and Speech Therapies
- Private Duty Nursing

Sandata

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Policy & Financing

Other Enrollments
Vendor Registration

- **<u>Prior Authorization Requests (PARs)</u>** are completed for the following medical services and supplies through **ColoradoPAR**, a vendor utilization management portal managed by Acentra Health. Providers must register with ColoradoPAR in order to submit PARs.

  - Audiology
  - Diagnostic imaging
  - Durable medical equipment
  - Some inpatient admissions (including out of state)
  - Medical services (including transplant, back and bariatric surgery)

  - Physical, occupational and speech therapy
  - <u>Physician Administered Drugs (PADs)</u>
  - Pediatric behavioral therapy
  - Pediatric home health care
  - Pediatric personal care
  - Synagis (seasonal)

Other Enrollments
Vendor Registration

- ColoradoPAR does **not** process Prior Authorization Requests (PARs) for adult home health, dental, pharmacy, transportation or behavioral health services covered by the Regional Accountable Entities (RAEs).
- For Home and Community-Based Services (HCBS) Waiver programs, these providers need to contact the case manager to obtain the member's service plan and prior authorization information before delivering services on behalf of the member.

Other Enrollments
Managed Care Organizations (MCOs)

- Members can enroll in a Managed Care Organization (MCO) or stay unassigned and obtain care and services from any provider that accepts Health First Colorado. Providers must enroll with an MCO if seeing a member on one of these plans. *Note: MCOs process all of their own claims.*

  - <u>Denver Health Medical Plan</u>: Medical services for all ages

  - <u>Rocky Mountain Health Plans PRIME</u>: Medical services for all ages

  - <u>Program of All-Inclusive Care for the Elderly (PACE)</u>: Medical and social services for certain individuals 55 years of age and older

Other Enrollments
Managed Care Organizations (MCOs)

- Child Health Plan *Plus* (CHP+) members determined to be eligible are later assigned to one of the four CHP+ MCOs:

  - Colorado Access

  - Denver Health Medical Plan (closed network)

  - Kaiser Permanente (closed network)

  - Rocky Mountain Health Plans

Other Enrollments
Third-Party Liability (TPL)

- **Medicare**
  - Health First Colorado members may be eligible for both Medicare and Health First Colorado.
  - For members with Medicare, a provider must first bill Medicare as the primary payer. This may require that they enroll as a Medicare provider.
  - For more information, visit the <u>Become a Medicare Provider or Supplier</u> web page

- **Commercial Insurance**
  - By law, Health First Colorado needs to be the payer of last resort.
  - Providers are not able to bill Health First Colorado if not enrolled with the primary payer.
  - When a provider agrees to render service to a member, they agree to work with all the member's forms of insurance.

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Department of Health Care
Policy & Financing

Other Enrollments
Trading Partners

- To submit or receive batch files (such as claims or eligibility), submitters must enroll as a trading partner and pass test transactions for Health Insurance Portability and Accountability Act (HIPAA) compliance.

- Only one trading partner application needs to be completed per trading partner, even if the trading partner submits for multiple providers.

- For more information, visit the Electronic Data Interchange (EDI) Support web page.
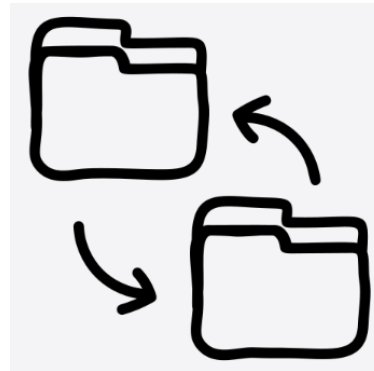
Revalidation

Revalidation

- All Health First Colorado and Child Health Plan *Plus* (CHP+) providers must revalidate in the program at least every five (5) years to continue as a provider.
- Providers who do not complete the revalidation process by their revalidation due date will be subject to claim denials and disenrollment.

Provider Enrollment

ATTENTION: Effective **August 10, 2023**, the Certification Panel is now located on the Provider Identification Panel in the Provider Web Portal. The drop-down menu now contains 19 certification types. Providers who need certifications for their specialties are required to update the certification type with one of the values listed in the drop-down menu when processing a new enrollment request, maintenance request or revalidation request.

ATTENTION: Application fees, fingerprinting, and site visits are required for enrollment. If any of these requirements were waived for the public health emergency, they will be required to continue enrollment.

Revalidation Information   NPI Law Web Page

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Policy & Financing

Revalidation

- A spreadsheet with providers' revalidation dates can be found on the Department's <u>Revalidation</u> web page.
- Each provider will be notified via email six (6) months in advance of their revalidation deadline. The deadline is based on the date the enrollment application was approved.

Revalidation Resources

- Provider Revalidation Manual
- Revalidation/NPI Law Fact Sheet
- Revalidation Quick Guide
- Provider Revalidation Dates Spreadsheet (updated 10/02/2023)
- Revalidation Information by Provider Type
- Revalidation Information for HCBS Providers

Revalidation Newsletters

- Provider News & Resources - Revalidation Special Newsletter - 09-29-2023
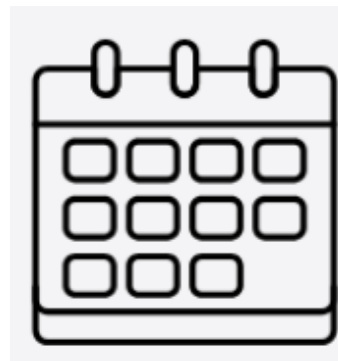
Revalidation for Individuals

- Each individual within a group has **a separate account for the Provider Web Portal** that is different from the group or facility account and login credentials. Individuals, or their delegate(s), must revalidate using the account for the individual provider. Refer to the <u>Delegates - Provider Web Portal Quick Guide</u> for more information on managing delegates.
  - Note that even if the billing provider has revalidated, claims may suspend if an individual has not revalidated
- Groups are also encouraged to coordinate with all Ordering, Prescribing or Referring (OPR) providers to ensure that those provider IDs have also been revalidated. **All OPR providers indicated on a claim must be actively enrolled with Health First Colorado** (42 CFR § 455.410(b)).
  - Refer to the <u>Ordering, Prescribing, and Referring Claim Identifier Project</u> for more information about OPR issues on claims

Resources

Provider Enrollment <u>web page</u>

Billing Manuals <u>web page</u>

- <u>General Provider Billing Manual</u>
- Provider-Specific Billing Manuals

Provider Web Portal <u>Quick Guides</u>

- Technical help for the Provider Web Portal

Provider Training <u>web page</u>

- Training schedule and sign-up

Provider Contacts <u>web page</u>

- Contact information for Fiscal Agent (Gainwell Technologies) and Health First Colorado vendors
- Contact information for Regional Accountable Entities (RAEs)
- Virtual Agent Fact Sheet

Provider Services Call Center 1-844-235-2387

Reminders

- Sign up for Department of Health Care Policy & Financing communications by visiting the <u>website</u> and clicking "For Our Providers" and then "What's new: Bulletins, updates & emails." All providers are encouraged to sign up for the "00" All Providers list, as well as any applicable provider types.

- Interested in more training? **Beginner Billing Training** offers an overview of prior authorizations, billing rules, payment timelines, claim submission, Provider Web Portal use and more. Sign up by visiting the <u>website</u> and clicking "Provider Resources" and then "Provider Training."

hcpf.colorado.gov/our-providers

Where can I find…?

For Our Providers

- Enrollment forms
- Revalidation dates spreadsheet
- National Provider Identifier (NPI) information
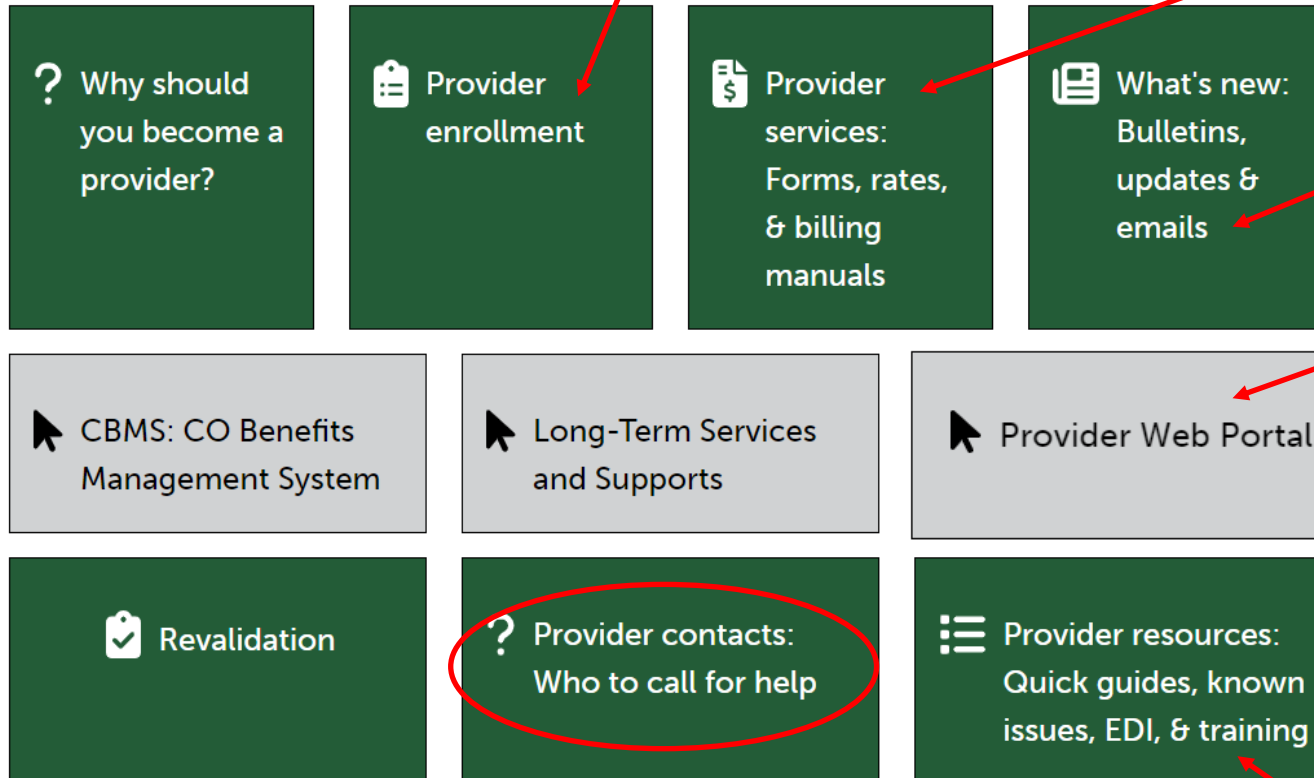- Provider types

- Fee schedules
- General Provider Information manual
- Billing manuals & appendices
- Forms
  - Prior Authorization Requests (PARs)
  - Load letters
  - Request to use paper claim form

? Why should you become a provider?

Provider enrollment

Provider services: Forms, rates, & billing manuals

What's new: Bulletins, updates & emails

- Newsletters
- What's New?

Where can I…?

- Check member eligibility
- Submit claims
- Review Prior Authorization Requests (PARs)
- Receive Remittance Advices (RAs)
- Complete provider maintenance requests

CBMS: CO Benefits Management System

Long-Term Services and Supports

Provider Web Portal

Revalidation

? Provider contacts: Who to call for help

Provider resources: Quick guides, known issues, EDI, & training

- Quick Guides for Web Portal
- Known issues
- EDI Support
- Training registration
- Information about
  - Accountable Care Collaborative & RAEs
  - Co-Pays
  - EVV

COVID-19 Provider Information | Resources for HCBS Providers

SAVE System | ColoradoPAR | DDDWeb | Value Based Payments

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Thank you!