Billing Training

Member Eligibility

Health First Colorado
(Colorado's Medicaid Program)

COLORADO
Department of Health Care Policy & Financing

Navigating This Presentation

- Underlined words or phrases 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.

Agenda

Member Eligibility Overview

Provider Web Portal

Eligibility Types

Member Billing

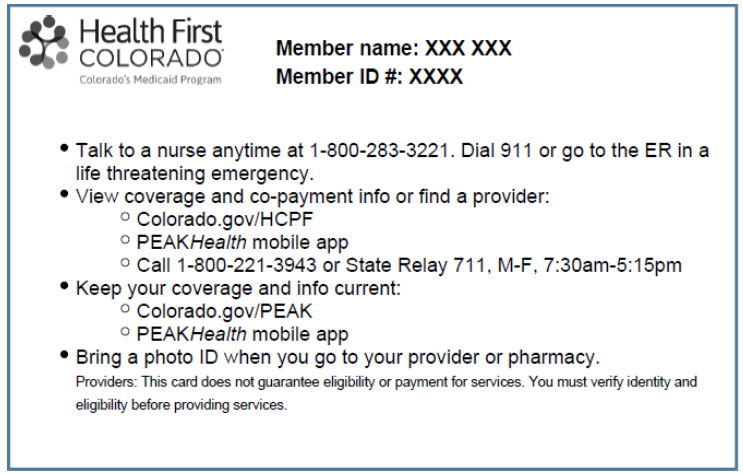
Resources

Overview

Overview

What does “member eligibility” mean?

- An individual who enrolls in Health First Colorado is considered a “member”
- The member’s County Department of Human/Social Services establishes member eligibility for benefits
- Case managers advise potential members of application procedures and benefits
- After member eligibility is established, county issues State ID number and Medical Identification Card (MIC)


Health First COLORADO
Colorado's Medicaid Program

Member name: XXX XXX
Member ID #: XXXX

- Talk to a nurse anytime at 1-800-283-3221. Dial 911 or go to the ER in a life threatening emergency.
- View coverage and co-payment info or find a provider:
  - Colorado.gov/HCPF
  - PEAK*Health* mobile app
  - Call 1-800-221-3943 or State Relay 711, M-F, 7:30am-5:15pm
- Keep your coverage and info current:
  - Colorado.gov/PEAK
  - PEAK*Health* mobile app
- Bring a photo ID when you go to your provider or pharmacy.

Providers: This card does not guarantee eligibility or payment for services. You must verify identity and eligibility before providing services.

Overview

Why is member eligibility relevant to providers?

- Claims will deny if services are rendered to members who are not eligible for coverage on dates of service
- Eligibility verification is the provider's responsibility
- Members may be eligible for different and overlapping benefits
- Health First Colorado providers must follow the rules set forth in the Provider Participation Agreement

Overview

What happens in the case of delayed/retroactive eligibility?

- A member's Health First Colorado eligibility may be made retroactive prior to the application date
- Charges for services are the member's responsibility until eligibility is established

  Example: A member is "pending" Health First Colorado eligibility
- Claims are denied if the member's eligibility status is not available through eligibility verification methods

Verifying Member Eligibility

It is the provider's responsibility to check eligibility on each date of service

How do providers verify member eligibility?

There are three ways to verify member eligibility:

1. Provider Web Portal
2. Batch 270
3. Interactive Voice Response (IVR) via the Provider Services Call Center

Verifying Member Eligibility
Batch 270 Eligibility Requests

- To submit or receive batch files (such as claims or eligibility), submitters must enroll as a trading partner and pass test transactions
- **Only one trading partner application needs to be completed per trading partner, even if the trading partner submits for multiple providers**
- Electronic Data Interchange (EDI) Support

Verifying Member Eligibility
Interactive Voice Response (IVR)

The new **Provider Services Contact Center** Interactive Voice Response (IVR) can answer multiple questions based on user inquiries

Member Eligibility – Providers can say things like "Member Eligibility," "Lock In" and "Coverage"

- Providers will need their NPI, a valid Member ID and (if applicable) date of service
- All benefit plans the member is eligible for will be read out to the caller
- The caller can choose to hear more specifics about member eligibility for lock-in, Third Party Liability (TPL)/commercial insurance and managed care plans

Provider Services Call Center: 1-833-468-0362

Provider Web Portal

Provider Web Portal

Viewing Member Information

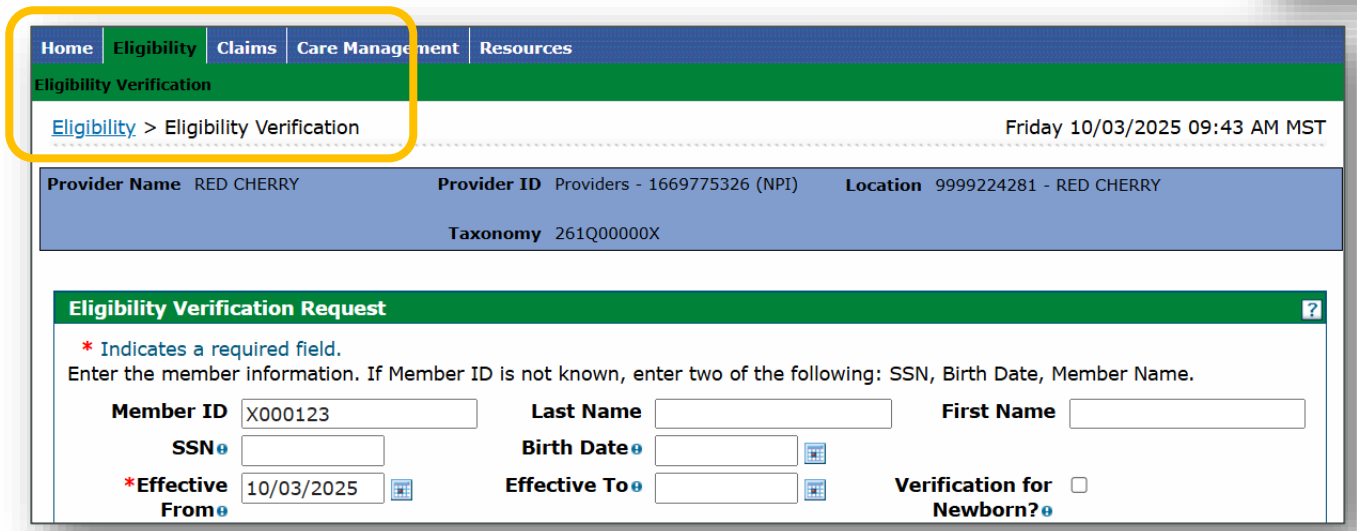
Viewing Member Information:

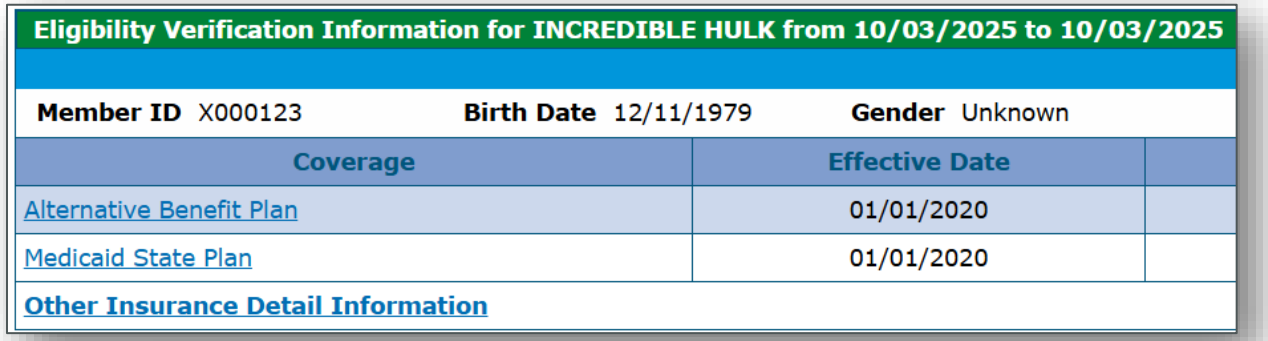
- Log in to Provider Web Portal
- Confirm National Provider Identification (NPI)
- Confirm Location ID (Health First Colorado ID)

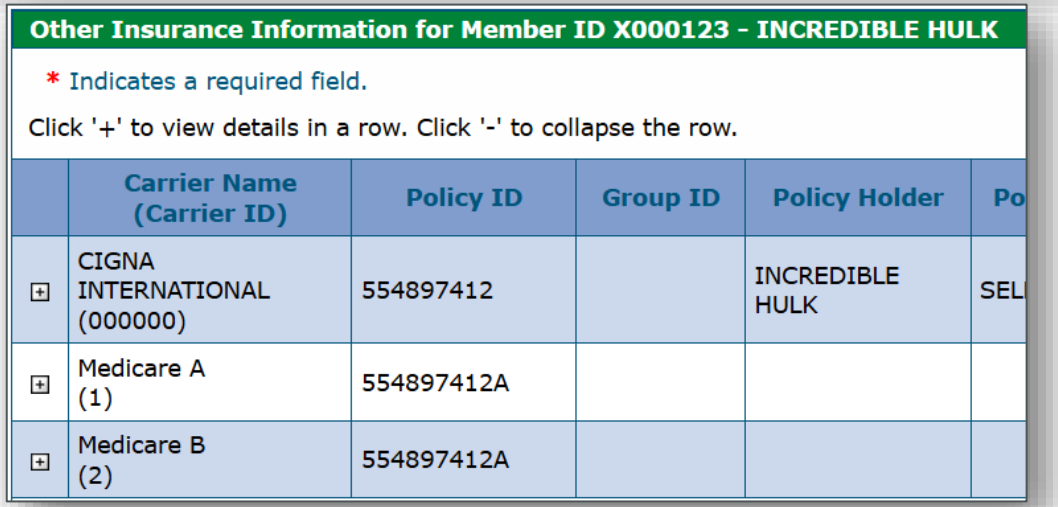
Especially important for providers with multiple locations!

Provider Web Portal
Verifying Member Eligibility

- Eligibility > Eligibility Verification

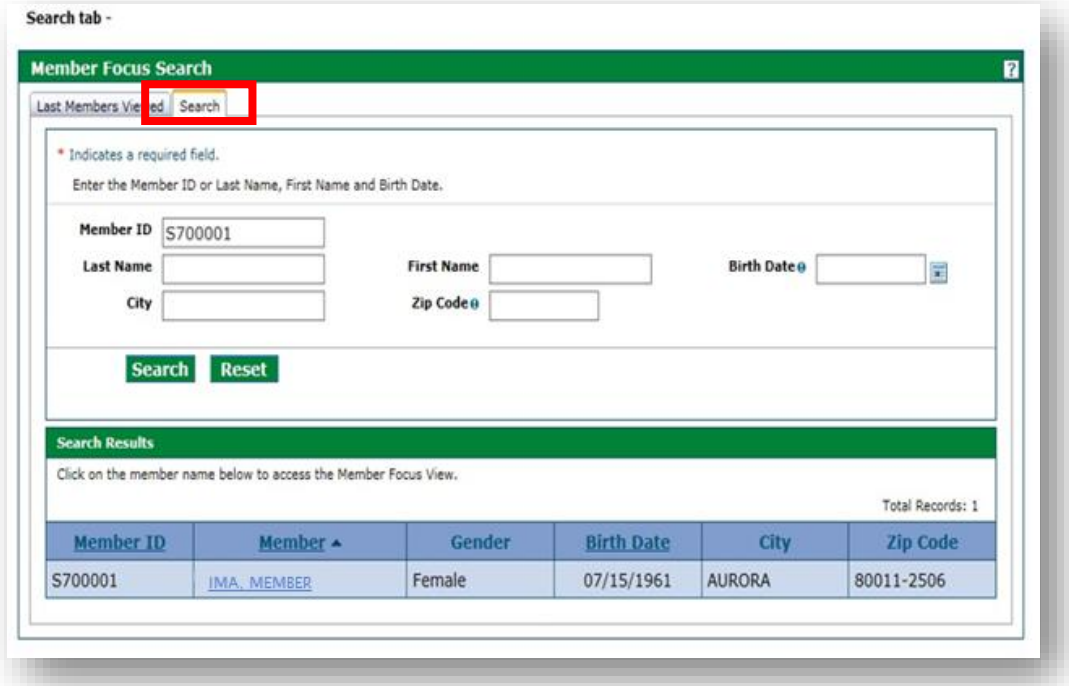


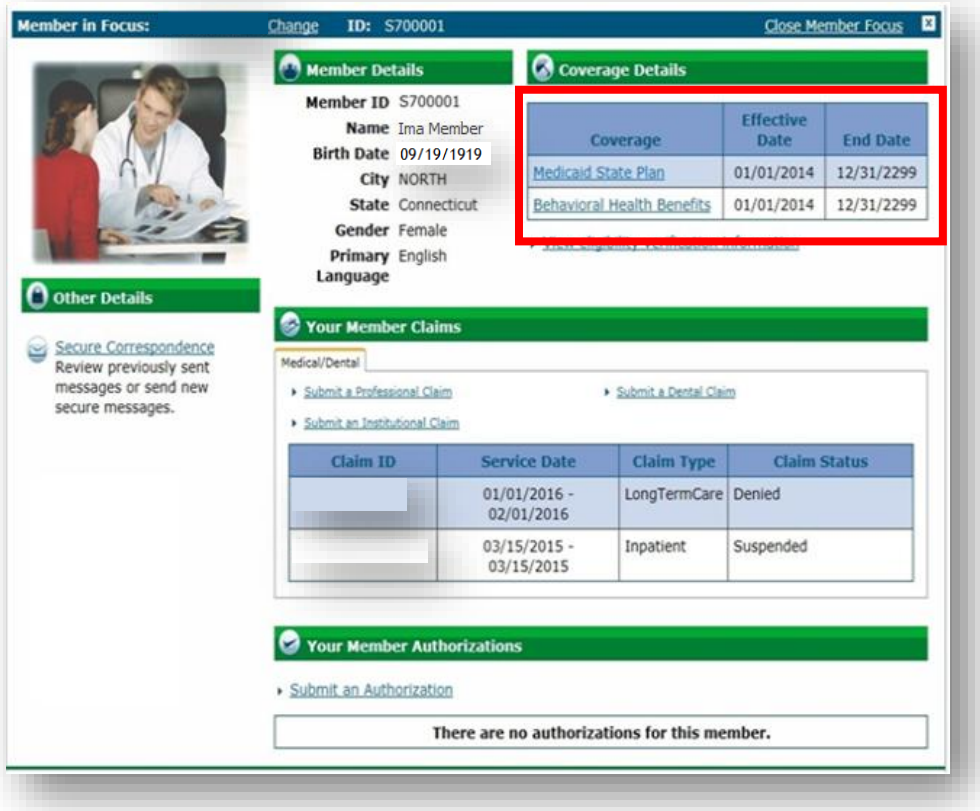




Provider Web Portal
Verifying Member Eligibility

"CAPTCHA" verification is required to ensure the provider is not a robot. On the Search tab, enter the Member ID or Last Name, First Name and Birthdate.

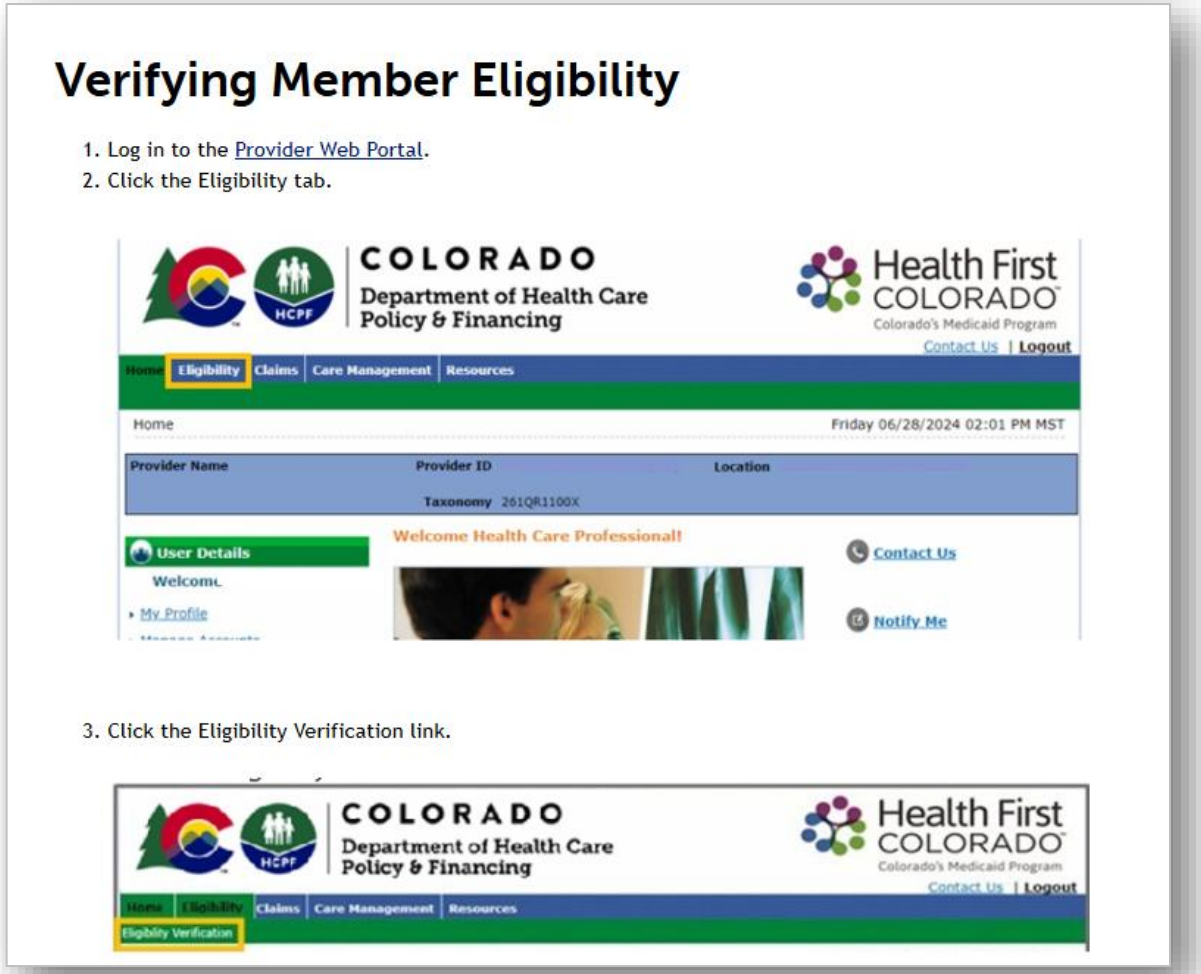




This search will display the Member in Focus page which provides Member Details, Coverage Details, Member Claims and Authorizations.

Verifying Member Eligibility
Quick Guides

Table of Contents



Eligibility Types

Eligibility Types

- Providers must confirm coverage types before rendering any Medicaid or Child Health Plan *Plus* (CHP+) services or submitting claims

- Eligibility coverage types listed in the Provider Web Portal (not an all-inclusive list):
  - Medicaid: "Medicaid State Plan" and "TXIX" (Title XIX [Title 19])
  - Child Health Plan *Plus*: “CHP+B”
  - Behavioral Health Coverage through the Regional Accountable Entities (RAEs): "Medicaid Behavioral Health Benefits" and "BHO+B"

Eligibility Types

Most members have Health First Colorado benefits (Title XIX)

Some members have…

Limited benefits:

- Emergency Medicaid Services (EMS)
- Family Planning Limited (FAMPL)
- Presumptive Eligibility (PE)

Additional benefits:

- Alternative Benefits Plan (ABP)
- Home and Community-Based Services (HCBS) waivers

Benefits administered by other organizations:

- Behavioral health through the Regional Accountable Entities (RAEs)
- Managed Care Organizations (MCOs)
- Program of All-Inclusive Care for the Elderly (PACE)

Additional insurance:

- Medicare
- Third-party liability (TPL)

Eligibility Types

Limited Benefit: Family Planning Expansion

- All Health First Colorado (Medicaid) members have access to the **Family Planning Expansion (FAMPL)** benefits
- Some individuals qualify for Family Planning Expansion (FAMPL) benefits **only**
  - When verifying eligibility:
    - If providers see “FAMPL” listed, but no “TXIX” (Medicaid) coverage, the individual is not eligible for Health First Colorado services, only family planning services through the Family Planning Expansion (FAMPL) program
- Covers up to a 12-month supply of contraceptives

Eligibility Types

Limited Benefit: Emergency Medicaid Services (EMS)

- Adult* Non-Citizen **Emergency Medicaid Services (EMS)**
  - Eligibility type only covers emergency services (e.g., sizeable wound or seizure)
  - Provider must indicate emergency on the claim
  - Emergency services must be certified in writing by the provider and kept on file, but do not need to be submitted with the claim

*Pregnant persons and children ages 18 and younger have access to full Health First Colorado and Child Health Plan Plus (CHP+) benefits regardless of immigration status

Eligibility Types

Limited Benefit: Presumptive Eligibility (PE)

- Temporary coverage of Health First Colorado or Child Health Plan *Plus* (CHP+) services until eligibility is determined
  - Categories include either full or limited benefits

- CHP+ PE benefits have all CHP+ benefits except dental

- Modified Adjusted Gross Income (MAGI) Prenatal PE benefit plan has limited benefits, all Health First Colorado benefits except inpatient (hospital care), including labor and delivery

Eligibility Types

Limited Benefit: Presumptive Eligibility (PE)

Population	Eligibility	Covered Benefits
Children, adults ages 19-64, or parent/caretaker relatives who meet Health First Colorado PE requirements	Health First Colorado Eligibility Criteria	All Health First Colorado benefits
Pregnant women who meet Health First Colorado PE requirements	Health First Colorado Eligibility Criteria	All Health First Colorado benefits except inpatient (hospital) care, including labor and delivery
People who meet the Buy-In Program for Working Adults with Disabilities (WAwD) PE requirements	Health First Colorado Eligibility Criteria	All Health First Colorado benefits
Child or pregnant person that meets CHP+ PE requirements	Child Health Plan Plus (CHP+) Eligibility Criteria	All Child Health Plan Plus (CHP+) benefits excluding dental services
Family Planning Limited (FAMPL) Benefit	Family Planning Limited (FAMPL) Eligibility Criteria	Birth control, sexually transmitted infection testing and treatment, cervical cancer screening and prevention, related counseling and preventative services
Breast and Cervical Cancer Program (BCCP)	Breast and Cervical Cancer Program (BCCP) Eligibility Criteria	All Health First Colorado benefits

Eligibility Types

Additional Benefits: Alternative Benefit Plan (ABP)

- The **Alternative Benefit Plan (ABP)** applies only to physical, occupational, and speech therapy providers
  - ABP is an extended plan, which must be accompanied by Medicaid State Plan (TXIX) coverage
  - For additional questions, contact Acentra

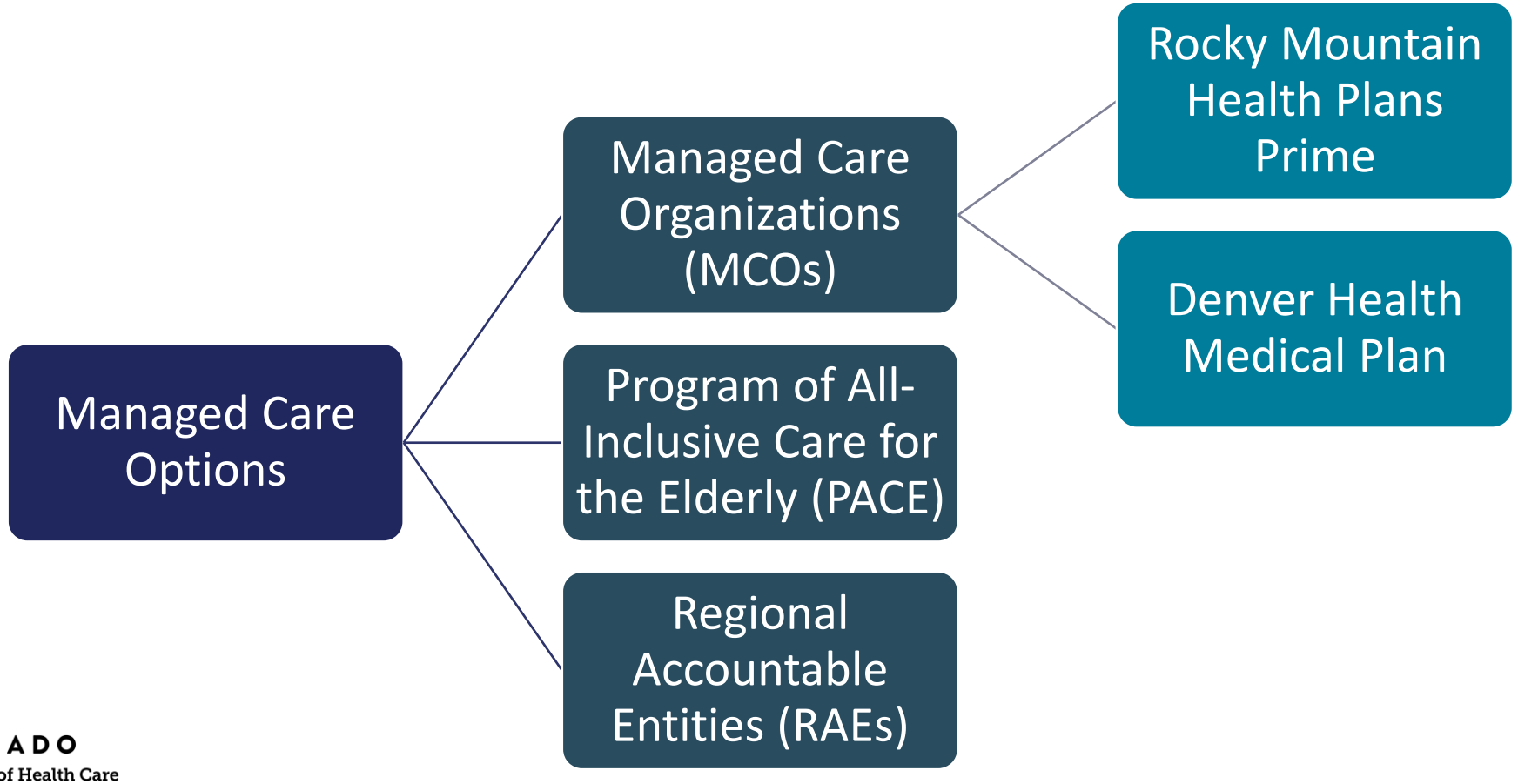
Eligibility Types

Additional Benefits: Waiver programs

- Services provided by **Home and Community-Based Services (HCBS) waiver programs** are benefits members may have in addition to Health First Colorado benefits
  - HCBS waivers are an extra set of Health First Colorado benefits that apply to members in certain cases
    - **Example:** the Supported Living Services (SLS) waiver provides necessary services and supports for individuals with intellectual or developmental disabilities
  - Only provider type 36 may bill for these services
  - This benefit is for members with a certain qualifying conditions, such as elderly or disabled

Eligibility Types

Benefits Administered by Other Organizations: Managed Care Organizations (MCOs)



Eligibility Types

Benefits Administered by Other Organizations: Managed Care Organizations (MCOs)

- There are two managed care organizations for medical (not behavioral)
  - Rocky Mountain Health Plans Prime
  - Denver Health Medical Plan

- Claims are billed directly to these organizations

Eligibility Types

Benefits Administered by Other Organizations: Managed Care Organizations (MCOs)

- Some services are not included in the managed care contract for Rocky Mountain Health Plans or Denver Health. Those fee-for-service claims can be billed directly to the Fiscal Agent (Gainwell Technologies).

  Example:

  Denver Health MCO does not pay for hospice. Hospice claims for a member with Denver Health enrollment would be billed directly to Gainwell Technologies.

Eligibility Types

Benefits Administered by Other Organizations: Regional Accountable Entities (RAE)

- Members are assigned to the Regional Accountable Entity (RAE) for their geographic area for **behavioral health**
  - Most behavioral health claims are submitted to the Regional Accountable Entities (RAEs)
  - Contact the Regional Accountable Entity (RAE) in your area to enroll as a Behavioral Health Provider

- Regional Accountable Entities **do not pay for pediatric behavioral therapy**
  - Pediatric **behavioral therapy** claims should be submitted to the Fiscal Agent (Gainwell Technologies)

Eligibility Types

Additional Insurance: Medicare

- Health First Colorado has a variety of Medicare Savings Programs to assist low-income members with paying for Medicare premiums

- There are four types of Medicare Savings Programs
  1. Qualified Medicare Beneficiary (QMB)
  2. Specified Low-income Medicare Beneficiary (SLMB)
  3. Qualifying Individual (QI-1)
  4. Qualified Disabled and Working Individuals (QDWI)

Eligibility Types

Additional Insurance: Medicare – QMB

- Qualified Medicare Beneficiary (QMB) programs cover any service covered by Medicare

  Qualified Medicare Beneficiary **Plus** Medicaid (QMB+): Members also receive Health First Colorado benefits (Title XIX [Title 19])

  Qualified Medicare Beneficiary (QMB) **Only**: Members do **not** receive Health First Colorado benefits, Health First Colorado will only pay if Medicare pays primary

- Members are only responsible for Health First Colorado co-pay

Eligibility Types

Additional Insurance: Medicare – SLMB, QI-1, QDWI

- If members do not also have Title XIX, they do not qualify for Health First Colorado benefits
  - **SLMB**: Pays for Medicare Part B premium only
  - **QI-1**: Pays for Medicare Part B premium only
  - **QDWI**: Pays for Medicare Part A premium
- With SLMB, QI-1 and QDWI, members are still responsible for Medicare deductibles and co-insurance

Eligibility Types

Additional Insurance: Third-Party Liability (TPL)

- **Health First Colorado is the payer of last resort**
- Providers must bill third-party liability (TPL) and Medicare before submitting claims
  - Include EOB date(s) and payment amount(s) on Health First Colorado claim
  - Retain EOB but do not attach to claim

Quick Guide: Verifying Third-Party Liability Coverage

hcpf.colorado.gov

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For Our Providers

↓

Quick Guides

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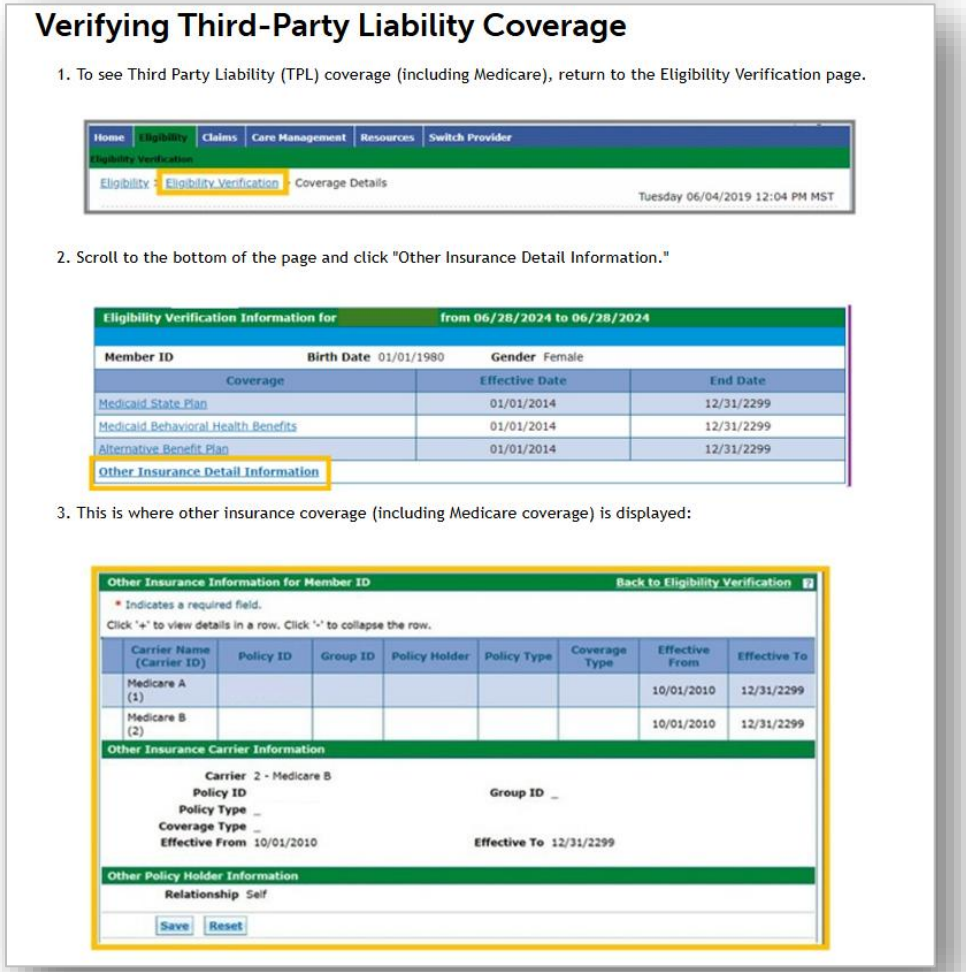
Verify Member Eligibility and Co-Pay



Verifying Third-Party Liability Coverage

1. To see Third Party Liability (TPL) coverage (including Medicare), return to the Eligibility Verification page.

Home | Eligibility | Claims | Care Management | Resources | Switch Provider

Eligibility Verification

Eligibility > Eligibility Verification > Coverage Details

Tuesday 06/04/2019 12:04 PM MST

2. Scroll to the bottom of the page and click "Other Insurance Detail Information."

Eligibility Verification Information for from 06/28/2024 to 06/28/2024

Member ID Birth Date 01/01/1980 Gender Female

Coverage	Effective Date	End Date
Medicaid State Plan	01/01/2014	12/31/2299
Medicaid Behavioral Health Benefits	01/01/2014	12/31/2299
Alternative Benefit Plan	01/01/2014	12/31/2299

Other Insurance Detail Information

3. This is where other insurance coverage (including Medicare coverage) is displayed:

Other Insurance Information for Member ID — Back to Eligibility Verification

* Indicates a required field.

Click '+' to view details in a row. Click '-' to collapse the row.

Carrier Name (Carrier ID)	Policy ID	Group ID	Policy Holder	Policy Type	Coverage Type	Effective From	Effective To
Medicare A (1)						10/01/2010	12/31/2299
Medicare B (2)						10/01/2010	12/31/2299

Other Insurance Carrier Information

Carrier 2 - Medicare B
Policy ID
Group ID
Policy Type
Coverage Type
Effective From 10/01/2010
Effective To 12/31/2299

Other Policy Holder Information

Relationship Self

Save Reset

- Website has a step-by-step Quick Guide with screenshots
- Shows process to verify member eligibility on the Provider Web Portal

Member Billing

Member Billing

- Providers are responsible for determining Health First Colorado (Colorado's Medicaid program) coverage before services are rendered
- Members cannot be billed for services covered by Health First Colorado
- Provider Participation Agreement and General Provider Information Manual include detailed information about member billing rules

Member Billing

Providers cannot bill members in the following circumstances:

- **Delayed notification of eligibility from the member**
  - It is the provider's responsibility to verify member eligibility on every date of service
  - Providers *not* enrolled with Health First Colorado should encourage a member to work with an enrolled provider if the member states Health First Colorado coverage

Member Billing

Providers cannot bill members in the following circumstances:

- **Provider is not enrolled with Health First Colorado**
  - Members cannot be billed if the provider chooses to not enroll with Health First Colorado
  - Providers can enroll after services have been rendered
    - Complete enrollment process and submit claims within 365 days of the date of service

Member Billing

Providers cannot bill members in the following circumstances:

- **Prior Authorization Request (PAR) denials**
  - Providers cannot bill members for services rendered but not prior authorized due to lack of information
  - “Technical/Lack of Information” denial does not mean the services are not covered
  - Providers also cannot bill members for the denied portion of a PAR /services rendered beyond what is prior authorized
    - If PAR is partially approved, it is considered covered

Member Billing

Providers cannot bill members in the following circumstances:

- **Third-Party Liability (TPL) balances, co-pays and deductibles**
  - Providers cannot bill members for the difference between billed charges and the amount reimbursed
  - Provider also cannot bill members for co-pay or deductibles assessed by TPL
  - Health First Colorado is always the payer of last resort; providers must utilize the TPL as the primary payer

Member Billing

Providers cannot bill members in the following circumstances:

- **Claim denials**
  - System-related denials (e.g., billing errors, being outside timely filing) are not acceptable reasons to bill members
- **Retroactive member eligibility**
  - Providers should return any collected fees to the member and bill Health First Colorado if member gains eligibility retroactively
  - Providers may obtain a timely filing waiver from the Department

Member Billing

When are providers permitted to bill members?

Payment may be collected from or billed to a Health First Colorado member ***only*** if:

- Individual is **not enrolled in Health First Colorado** on the date of service
- **Service is not covered by Health First Colorado** and member was made aware prior to receiving service
    - Written agreement between provider and member

Resources

Resources

The **General Provider Information Manual** is an overview of the program, including billing and policy information

Provider Contacts web page

Eligibility Verification Contacts

Member Eligibility Quick Guides web page

Provider Services Call Center: 1-833-468-0362

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

- 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

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

Why should you become a provider?	Provider enrollment	Provider services: Forms, rates, & billing manuals	What's new: Bulletins, updates & emails
CBMS: CO Benefits Management System	Long-Term Services and Supports	Web portal	
Revalidation	Provider contacts: Who to call for help	Provider resources: Quick guides, known issues, EDI, & training	

COLORADO
Department of Health Care Policy & Financing

COVID-19 Provider Information	Resources for HCBS Providers			
SAVE System	ColoradoPAR	DDDWeb	Value Based Payments	

Thank you!