COLORADO
Department of Health Care Policy & Financing

Dear Long-Term Services and Supports (LTSS) Providers,

The Department of Health Care Policy & Financing (the Department) recognizes that some providers are experiencing challenges with billing for services provided to Long-Term Services and Supports (LTSS) members. We want to prioritize addressing impediments to paying LTSS providers while moving forward with implementing short-, mid-, and long-term solutions to resolve the larger eligibility issues directly impacting members and providers.

Temporary system updates have been implemented to ease billing challenges related to missing Prior Authorization Requests (PARs) and missing benefit plan or Level of Care (LOC) certification entry. The below short-term fixes are in place to address billing concerns related to these issues:

- A temporary system edit that allows providers to bill for previously approved services even if there is not an active PAR in the system.
- A mid-term fix to extend PARs for LTSS eligible members who do not have current PARs in the claims payment system. This fix is anticipated to be effective in mid-April.
- Extension of the member's current benefit plan (e.g., HCBS BI - Brain Injury Waiver). This fix allows our claims payment system to continue to pay for services even if the case management agency has not had the opportunity to provide that information through the Department's systems. The Department is evaluating and updating benefit plans on a daily basis.

Your Action Steps

1. If you have not done so already, please bill for all services you have provided to LTSS members back to July 1, 2023, even if an active PAR is not in the Provider Web Portal. Continue to provide and bill for services that have traditionally been provided to the LTSS eligible member and submit a claim for services so there is a timely record of the service being billed.
2. **Plan to resubmit previously denied or suspended claims *at least monthly***, as there are additional issues related to a member's eligibility determination or a missing benefit plan that may cause a claim to be denied or suspended. Claims are

bring reprocessed as new system fixes are implemented to mitigate payment impediments.

Case management agencies can continue to complete and update PARs for newly enrolled members through the normal process. Case managers will be able to edit Service Plans and PARs to make the adjustment if a member's needs change.

Note that the Department has a process in place to review provider billings for accuracy, request additional documentation on questionable claims, and to recoup payments deemed inappropriate.

We are committed to overcoming these challenges through focused actions, partnership, transparency, and communication. Visit the new Stabilizing Eligibility & Case Management for Long-Term Services & Support (LTSS) Members web page to learn more.

We sincerely appreciate your continued engagement and service to Health First Colorado LTSS members.

Thank you,

Department of Health Care Policy & Financing