Pediatric Personal Care Specialty Training

Health First Colorado
(Colorado's Medicaid Program)

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

Introduction

Provider Qualifications

Prior Authorization Requests (PARs)

Claim Submission

Resources

Introduction

Introduction
Pediatric Personal Care Benefit Overview

- Available to Health First Colorado members 20 years old and younger who require Personal Care (PC) services

- **Personal Care (PC) services** are medically necessary services that do not require a provider to have a medical certification or a professional license to safely provide services
  - E.g., tasks required to meet physical, maintenance, and supportive needs
  - May be hands-on assistance (actually performing a task for the person), supervision (ensuring a task is performed safely, including active intervention), or prompting or cueing the member to complete the task

Introduction
Pediatric Personal Care Benefit Overview

- Tasks requiring a medically skilled caregiver (e.g., bathing or hygiene) are considered skilled in nature
  - These are covered under other Health First Colorado state plan benefits and/or Colorado HCBS waiver programs

- Waiver Case Managers collaborate with Pediatric Personal Care (PC) providers to submit Prior Authorization Requests (PARs)

Introduction
Pediatric Personal Care Benefit Overview

- Personal Care (PC) providers must work with the member's case manager to ensure that any current PARS for these services are cancelled or modified prior to starting services under the Health First Colorado fee for service program.
  - Reference: Personal Care Benefit Coverage Standard

- Information here applies only to the Health First Colorado (Colorado's Medicaid program) Pediatric Personal Care benefit
  - Does not address services available through other Health First Colorado benefits or any services available through Home and Community-Based Services (HCBS) waiver programs

Eligible Providers

Eligible Providers

- Pediatric Personal Care services can be ordered by a physician (05, 65), podiatrist (06), osteopath (26), physician assistant (39), and advanced practice nurse (41)
  - Reference the Pediatric Personal Care billing manual for further details
- Ordering provider must be actively enrolled with Health First Colorado
- Claim will deny if these conditions are not met

Eligible Providers

Ordering, Prescribing, and Referring (OPR) Providers

- Physician (05, 65)
- Podiatrist (06)
- Osteopath (26)
- Physician assistant (39)
- Advanced practice nurse (41)

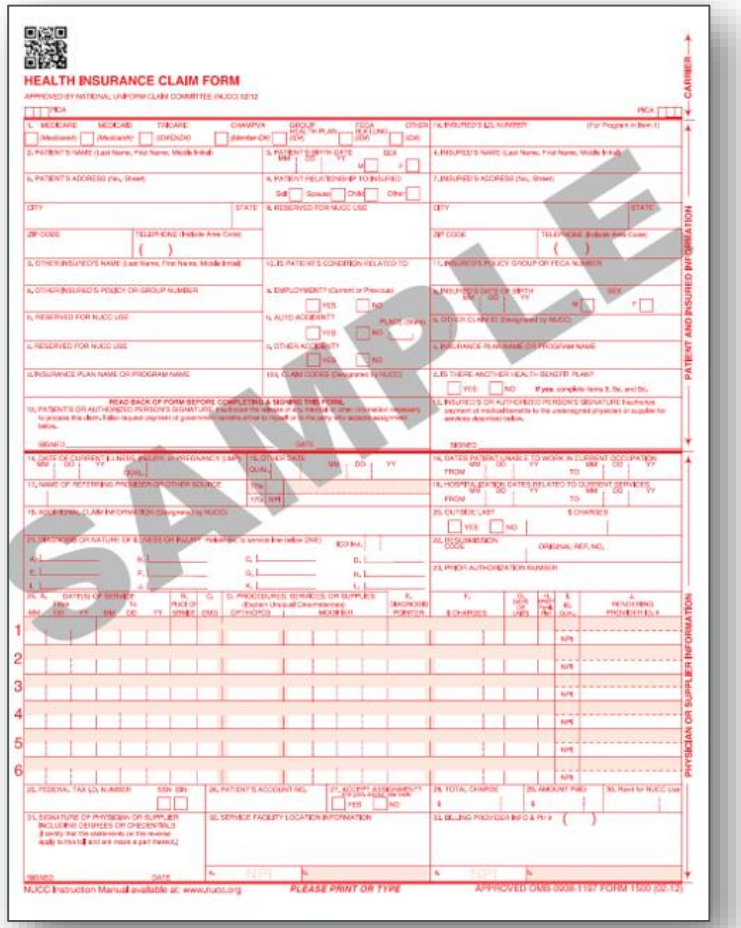
Note: Under the Centers for Medicare & Medicaid Services (CMS) Conditions of Participation, all 485 Plans of Care – or other form with identical content – must be signed by an MD, DO or APN.

Eligible Providers

- Providers are required to enter the NPI of the ordering provider
- Field may be labeled "Referring Provider" in the Provider Web Portal

Professional claims

- Paper claims use field 17.b
- Electronic submissions use loop 2420 with qualifier DK (Ordering) DN (Referring) or DQ (Supervising)



Eligible Providers

Rendering and Billing Provider Numbers

- Personal Care services must be billed using the 837 Professional (837P) transaction or CMS 1500 form
  - Requires using rendering provider NPI

- Class B agencies billing for Personal Care (PC) must enter their billing NPI in the Rendering Provider ID field

- Each agency's specific billing number will be used to reimburse the claim

Prior Authorization Requests (PARs)

Prior Authorization Requests (PARs)

- ColoradoPAR Program processes PARs
  - Administered by third-party vendor Acentra
  - Reviews PAR to ensure services requested meet medical necessity guidelines and are within Department's policies

- Acentra processes electronic PARs through an online PAR portal
  - Available 24/7

Acentra HEALTH

Prior Authorization Requests (PARs)

Submitting PARs

- Use Accentra's online PAR portal
- Visit the ColoradoPAR web page for information and instructions
- ColoradoPAR provider helpline: 888-801-9355

Verifying PAR status

- Online PAR portal or by contacting the
- ColoradoPAR provider helpline

Note: Approved PAR identification number must be submitted with the claim to receive payment

Prior Authorization Requests (PARs)

- Claims for prior authorized services must be submitted within 365 days of the date of service
- Services rendered prior to the authorized date will be denied reimbursement

Approval of the PAR does not guarantee payment by Health First Colorado.

- Member and Personal Care (PC) provider must be eligible on date of service
- Units billed may not exceed service limitations
- Health First Colorado is the payer of last resort
  - Even with PAR, provider must first bill Medicare or other third-party insurance before billing Health First Colorado

Prior Authorization Requests (PARs)
PAR Requirements

- All Personal Care (PC) services require prior authorization
- Provider must be actively enrolled, and member must be eligible for services on date of PAR submission

Prior Authorization Requests (PARs)
PAR Requirements

PAR requirements for Pediatric Personal Care Benefit

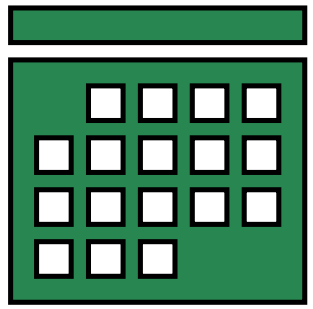
1. Completed Personal Care Assessment Tool (PCAT)
2. Physician's orders
3. Plan of Care

- PCAT can be completed by Class A or B agency
- Personal Care (PC) services must be ordered in writing by the member's prescribing provider as part of a written Plan of Care
- The prescribing provider's order and signed Plan of Care must be submitted with the PCAT as part of the PAR

Prior Authorization Requests (PARs)
PAR Requirements

- Agency's responsibility to provide documentation to support medical necessity

- Personal Care (PC) services PARs may be submitted for up to a full year of anticipated services ***unless***:
  - Member is not expected to need a full year of services
  - Member's eligibility is not expected to span the entire year
  - As otherwise specified by Health First Colorado



Prior Authorization Requests (PARs)
PAR Requirements

- PARs must be submitted to Health First Colorado's third-party vendor (Acentra)
- PARs will be suspended if information is missing or incomplete
- If additional information is required and not received within four (4) business days, PAR will be denied
- PAR reimbursement requests for two (2) staff members at the same time (excluding supervisory visits) must include supporting documentation

Prior Authorization Requests (PARs)
PAR Requirements

- Additional information may be necessary for Acentra to determine medical necessity and appropriateness of proposed treatment plan
- If member experiences change(s) in condition that impact care needs, agency must submit PAR revision(s)
- When a member receiving Personal Care (PC) services through Health First Colorado receives additional PC services through Home and Community-Based Services (HCBS) waiver, the HCBS waiver program is considered the payer of last resort

Prior Authorization Requests (PARs)
PAR Requirements

- PAR will be reviewed by medical experts in children's health
- Nurses and doctors will decide if request for personal care meets the rules for medical necessity and for the Personal Care Benefit
- An approved PAR is valid for up to one (1) year
  - After one (1) year, a Personal Care (PC) provider must submit a new PAR for another year of PC services

Prior Authorization Requests (PARs)
Peer-to-Peer and Reconsideration

- Prior to denying or partially denying a PAR, the MD, DO or APN that requested the PAR will be contacted to discuss the PAR over the phone in a process called a Peer-To-Peer review. If the Peer-To-Peer review still results in a denied or partially denied PAR, the Personal Care provider may work with the MD, DO or APN on these two (2) options:
  - **PAR Reconsideration**: A PAR Reconsideration is similar to a second opinion and must be requested by the Personal Care provider. A MD, DO or APN who is different from the one who made the initial PAR denial will re-review the PAR along with the new information and make a final PAR decision. Additional documents not submitted with the original request may be submitted during the Reconsideration process.
  - **PAR Resubmission**: Submit a new PAR that includes additional medical information needed for the PAR review.

Prior Authorization Requests (PARs)
Peer-to-Peer and Reconsideration

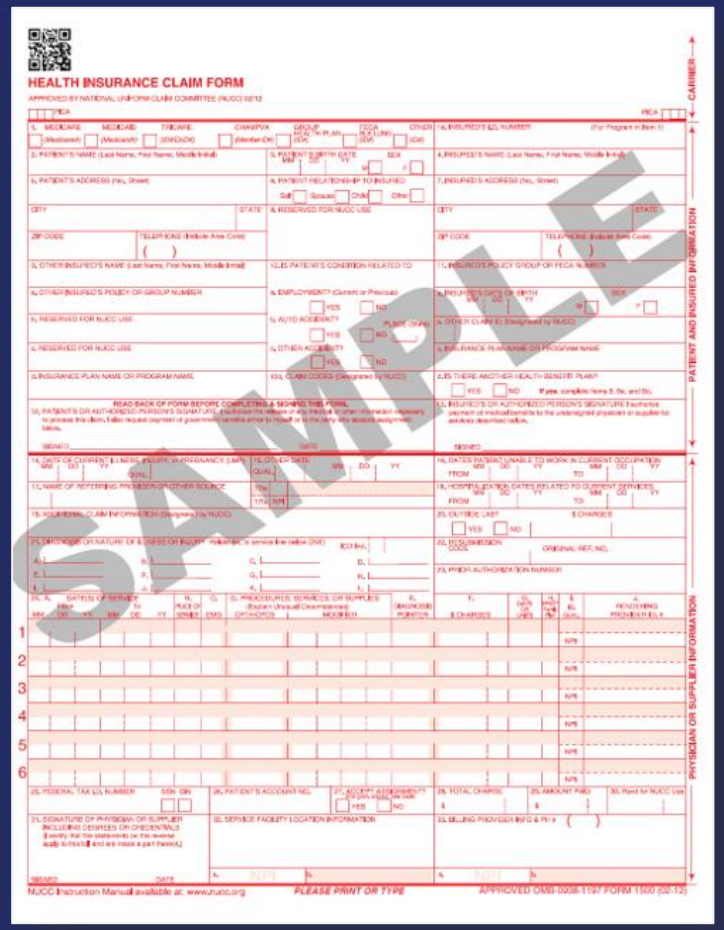
- The provider will be notified of the final PAR determination via the online PAR portal. The provider and member will receive the final PAR determination letter from the Department's fiscal agent. If the PAR is denied, the provider will also receive a detailed explanation of why the PAR was denied. A member who receives a denial notification letter has the option to submit a written request for an appeal to the Office of Administrative Courts.

Claim Submission

Claim Submission

Pediatric personal care benefit services are billed using the CMS 1500 professional claims form (right)

Claims should be submitted to the Fiscal Agent (Gainwell Technologies)



Claim Submission
Code Table

Providers may bill the following procedure codes for Pediatric Personal Care services:

Pediatric Personal Care Benefit Procedure Code Table		
Description	**Procedure Code**	**Units**
Personal Care services, per 15 minutes, not for an inpatient or resident of a hospital nursing facility, icf/mr or imd, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant).	**T1019**	**1 unit = 15 minutes**

Resources

Resources

For Our Providers web pages: https://hcpf.colorado.gov/our-providers

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

The **Pediatric Personal Care Billing Manual** provides specific guidance for the benefit

Fee Schedule web page

Provider Contacts web page

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!