Rural Health Clinic

Managed Care Accuracy Audit Report

RHC Instructions

Beginning with encounters on January 1, 2022, Rural Health Clinics (RHCs) are required to submit a Managed Care Accuracy Audit Report - complete with the RHC Data Section form and Attestation Statement - to the Department of Health Care Policy and Financing (Department) on a no less than quarterly basis. Beginning November 1, 2015, Managed Care Entities (MCEs) are required to reimburse RHCs at an amount no less than the RHCs' Medicaid encounter rate. This process will help ensure that RHCs are receiving the full amount due them, based on their Medicaid encounter rates. Should no report be filed by the RHC within one year of the dates under consideration, or if the RHC reports that it has received payment equal to or in excess of the amount it was entitled to receive for the visits in question, the Department will deem the RHC paid in full by the MCEs.

Please note that MCEs are also being asked to provide similar data. Should a RHC's data and a MCE's data be different for the same time period in question, the Department will notify both of the RHC and MCE contacts who attested to the data, asking them to reconcile those differences. The RHC and the MCE will then have thirty (30) days to send updated Managed Care Accuracy Audit Reports that include the reconciled data. Should the data not be reconciled, the Department will accept:

> 1) the lower of the number of valid visits in Column B of the Data Section form;

> 2) the higher of the amount paid by the MCE to the RHC in Column E of the Data Section form;

> 3) the higher of the amount of "other payments received" by the RHC in Column F of the Data Section form; and

> 4) the RHC's Medicaid encounter rate that is on file with the Department.

In the case that the Managed Care Accuracy Audit Report finds that an RHC is due additional reimbursement, the Department will notify both the subject RHC and the subject MCE. It is then the responsibility of the subject MCE to pay that additional amount to the subject RHC within ninety (90) days of the Department's notification.

Managed Care Accuracy Audit Reports must be filed within one year from the end of the time period under review in the report. For example, a report that reviews January through March,

2021 will be due March 31, 2022. Late submissions will not be accepted, unless the RHC has submitted a request for an extension in writing. Managed Care Accuracy Audit

Reports must be filed electronically via email. The submission packet must include the following:

- Completed RHC Data Section form – This must be submitted as an Excel spreadsheet, and in the original format of the blank Data Section form. The Department will not accept Data Section forms with altered formats, including additional tabs. Should the data require additional space, submit the data on two separate Data Section forms.

- Completed RHC Attestation Statement – This may be signed digitally, with a digital signature that includes a certificate of authority, and submitted to the Department in its original format. Alternatively, this may be signed physically, with a "wet" signature. In the latter case, the Attestation Statement must then be scanned and submitted to the Department in PDF format.

Electronic submissions should be sent to: Erink.Johnson@state.co.us

For questions or assistance on completing these forms, please contact Erin Johnson at Erink.Johnson@state.co.us or 303-866-4370.

Instructions for the RHC Data Section:

RHC Information:
- Fill out the name of the RHC, as well the RHC number(s) for each of the RHC's sites. Each line on the Data Section form should contain all of the data for all of the RHC sites that are subject to the RHC's Medicaid encounter rate. Do not break down the data by individual RHC sites.

- Select the months and year for which this accuracy audit report is relevant.

Column A – Name of the Managed Care Entity:
- Insert the name of the Managed Care Entity.

- For the purposes of these Managed Care Accuracy Audit Reports, MCEs include the following: all Behavioral Health Organizations, all CHP+ Programs, Rocky Mountain Prime, and Denver Health Medicaid Choice HMO.

Column B – Number of Valid Visits:
- Insert the number of valid visits that occurred during the time period in question. Valid visits are visits that have been adjudicated to paid status by the MCE, as well as conform to the following rules:

1. One visit should generate one and only one encounter. A medical visit, a dental visit, and a mental health visit on the same day and at a single location shall count as three separate encounters. However, multiple services with one or more health professionals that take place on the same day and at a single location - as well as fall under the same category of medical, dental, or mental health - constitute a single visit. See 10 CCR 2505-10 8.700.6.B.

2. The services provided must be those allowed at a certified RHC. See 10 CCR 2505-10 8.700.3.

Column C – Medicaid Encounter Rate:
- Insert the RHC-specific Medicaid encounter rate for the time period in question. If multiple encounter rates are valid for the time period in question, split the data into multiple rows, including all of the relevant data for each rate on the appropriate row.

Column D – Total Payments RHC Should Have Received:
- Multiply Column B by Column C and insert the amount.

Column E – Payments Received from MCE:
- Insert the total payments that the RHC has received from the MCE as reimbursement for the visits claimed in Column B.

Column F – Other Payments Received:
- Insert the total payments that the RHC has received from other payers (e.g. the Department, co-pays, commercial insurance, etc.) relating to the visits claimed in Column B.

Column G – Amount Due RHC:
- Subtract Columns E and F from Column D. If the result is $0.00 or less, insert -0-. If the result is greater than $0.00, insert that amount. This is the amount is due the RHC. It is the responsibility of the subject MCE to pay the amount in Column G to the subject RHC.

Instructions for the RHC Attestation Statement:

RHC Information:
- Fill out the name of the RHC, as well as the RHC number(s) for each of the RHC's sites included in the RHC Data Section form.

- Select the months and year for which this accuracy audit report is relevant.

Attestation by Officer or Administrator of the RHC:
- A duly appointed official or administrator of the RHC must read and sign the attestation statement.

Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203

- Fill in the official's or administrator's name, position/title, email address, and phone number, as well as the date he/she signed the attestation statement.

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