This is what you need to know about

The COMMIT project, Revalidation/Screening & Provider Enrollment

Updated 8/10/15
The COMMIT Project
The Colorado Medicaid Management Innovation & Transformation project

The Colorado interChange
The Pharmacy Benefits Management System (PBMS)
The Business Intelligence & Data Management system (BIDM)

November 2016
The Colorado interChange
(our new claims payment system)

- Electronic provider enrollment - no paper required!
- A new Provider Portal for billing, electronic remittance advices, & clinical data
- Electronic Prior Authorization Requests (PARs)
- A new Care & Case Management system
- Online, self-paced provider trainings
- Up-to-date data feed for our provider search tool
Online Provider Enrollment Tool

The Colorado interChange

Online Provider Enrollment Tool (sub-part of the Colorado interChange)

September 2015

November 2016

- Goes live 14 months before the rest of the interChange
- Like electronically filing your taxes, but for provider enrollment
Provider Screening Requirement

- Section 6401 (a) of the Affordable Care Act
- *Existing* providers have until March 31\textsuperscript{st}, 2016 to revalidate
- Revalidation required ongoing every 3-5 years depending on provider type
New! for MCO & BHO Providers

The Way it Works Now

Providers enroll with MCO/BHO

Providers are part of MCO/BHO Network

Providers see Medicaid & CHP+ members

MCO/BHO submits encounter to Medicaid

Colorado Medicaid pays MCO/BHO

MCO/BHO pays network providers

From the Noun Project:
“Doctors” by Wilson Joseph
“Invoice” by Creative Stall
“Payment” by Doug Cavendish
New! for MCO & BHO Providers

The Way it Will Work in the CO interChange

Providers enroll with MCO/BHO

Providers are part of MCO/BHO network

Providers MUST enroll with CO Medicaid

Providers see Medicaid & CHP+ members

MCO/BHO submits encounter to Medicaid

Providers MUST BE enrolled w/ CO Medicaid

Colorado Medicaid pays MCO/BHO

MCO/BHO pays network providers

From the Noun Project:
“Doctors” by Wilson Joseph
“Invoice” by Creative Stall
“Payment” by Doug Cavendish
News for MCO & BHO Providers
The Way it Will Work in the CO interChange

This change:

• **Does not** require the provider to participate in fee-for-service Medicaid (although they could if they wanted to)

• **Does** mean the provider will undergo revalidation & screening

• **Does** mean that encounters will be denied if providers aren’t enrolled in the Colorado interChange
Ordering, Prescribing, Referring (OPRs) Providers
The Way it Works Now

1. OPR Provider refers member to a specialist
2. Specialist sees Medicaid member
3. Specialist submits claim to Medicaid

- Specialist MUST BE enrolled w/ CO Medicaid
- OPR does not need to be enrolled w/ CO Medicaid
- Colorado Medicaid pays specialist

From the Noun Project:
“Doctor” by Yazmin Alanis
“Invoice” by Creative Stall
“Payment” by Doug Cavendish
Ordering, Prescribing, Referring (OPRs) Providers

The Way it Will Work in the CO interChange

OPR Provider refers member to a specialist

Specialist sees Medicaid member

Specialist submits claim to Medicaid

New!

Specialist MUST BE enrolled w/ CO Medicaid

OPR Provider MUST BE enrolled w/ CO Medicaid & NPI must be on claim

Colorado Medicaid pays specialist
CMS divided provider types into 3 categories based on risk of fraud, waste, & abuse. Higher risk = more stringent screening

Limited Risk
- Federal & state requirements
- License verifications
- Federal exclusion database checks

Moderate Risk
- Limited risk screening +
- On-site inspections

High Risk
- Moderate risk screening +
- Background checks & Fingerprinting for the owners.*

* Fingerprinting & background checks will not begin immediately
Risk Based Screening Examples

Limited Risk *Examples*:
- Physicians
- Dentists
- Optometrists
- Pharmacies that don’t supply DME equipment

Moderate Risk *Examples*:
- Community Mental Health Centers
- Physical Therapists
- X-Ray Facility

High Risk *Examples*:
- DME suppliers
- Home Health agencies
- Some HCBS waiver services

*Please visit [Information by Provider Type](#) & Information by [HCBS Service Provided](#)
Enrolling vs. Revalidating

• In the provider screening rule, some provider types are assigned to two different risk categories
  ➢ one for revalidating (existing) providers
  ➢ one for enrolling (new) providers

• For the initial enrollment into the new system all providers (existing and new) will be screened as if they were an enrolling (new) provider

• Ongoing - revalidating (existing) high risk providers may drop down to the moderate risk level
Application Fee

Required by CMS for some provider types

• $553 in 2015

• Many providers are exempt from the fee:
  ➢ Individual practitioners
    ▪ (both physician & non-physician)
    ▪ (even if part of a group or clinic)
  ➢ Those screened in the past 12 months for Medicare, CHIP, or another (equally strict) state’s Medicaid
Hardship Exemption Request

- Anyone may request a hardship exemption in lieu of paying the fee

- At the end of the application you would need to submit:
  - A letter explaining why you can’t afford to pay the fee
  - Supporting documentation (see our FAQs for tips)

- Your request goes to CMS for approval or denial
  - Your application is put on hold until CMS makes decision
  - If your request is denied you have 60 days to pay the fee
Who Pays the Application Fee?
**Not a complete list**

<table>
<thead>
<tr>
<th>Fee Required</th>
<th>Not Required</th>
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</table>
| • Ambulatory Surgical Center  
• Community Mental Health Center  
• Federally Qualified Health Center  
• Home Health Agency  
• Hospice  
• Hospital  
• Independent Clinical Laboratory  
• Nursing Facility  
• X-ray Supplier Facility  
• Rural Health Clinic | • Audiologist  
• Dentist  
• Occupational Therapist  
• Optometrist  
• Physician  
• Physical Therapist  
• Podiatrist  
• Psychologist  
• Registered Nurse  
• Speech Therapist |

*Please visit [Information by Provider Type](#) & Information by [HCBS Service Provided](#)*
Each Service Location

• Each service location must enroll **separately**
• Each service location must pay an application fee (if applicable)
• Please check the Provider Resources webpage for information applicable to your specific provider type (especially if you are a HCBS provider)
Revalidation & Enrollment Waves

• Providers will undergo revalidation by enrolling into the interChange

• We have divided providers into 7 different waves

• Providers will be notified which wave they are assigned to and when their revalidation window will be
  - Wave schedule released in July, 2015
  - Claims may be suspended or denied for providers not revalidated/enrolled into the Colorado interChange by March 31, 2016
Revalidation & Enrollment Schedule

Wave 1
Begin 9/15/15   End 10/15/15

Wave 2
Begin 10/1/15   End 10/31/15

Wave 3
Begin 11/1/15   End 11/30/15

Wave 4
Begin 12/1/15   End 12/31/15

Wave 5
Begin 1/1/16    End 1/31/16

Wave 6
Begin 2/1/16    End 2/29/16

Wave 7
Begin 3/1/16    End 3/31/16

Please see the Provider Resources page for county list
Business as Usual

• All providers (existing & new) will use our current claims payment system, through Xerox State Healthcare, until late 2016

• If you need to update your information after revalidation, that will still be through Xerox State Healthcare, until late 2016
Start Preparing Providers

Providers can start to gather the following information:

• **National Provider Identifier (NPI)**
• **Provider Taxonomy Codes**
• Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)
• Provider License Number (if applicable)
• Current Provider ID (if they are currently enrolled)
• Financial Institution Information (ABA #, Bank Name, Account Number)
• Billing Agent Name and information (if applicable)
**National Provider Identifier (NPI)**

The NPI is a unique identification number for covered health care providers. **Covered health care providers and all health plans and health care clearinghouses must use the NPIs** in the administrative and financial transactions adopted under HIPAA.

- NPIs will be required for health care providers in the Colorado interChange
- Some “atypical” provider types cannot receive NPIs (check the **Provider Type documentation**)
- Get your NPI for free at [nppes.cms.hhs.gov](http://nppes.cms.hhs.gov)

-“Centers for Medicare & Medicaid Services (CMS)"
The Healthcare Provider Taxonomy Code Set is a hierarchical code set that consists of codes, descriptions, and definitions. Healthcare Provider Taxonomy Codes are designed to categorize the type, classification, and/or specialization of health care providers.

- Centers for Medicare & Medicaid Services (CMS)
Resources for Providers

Dedicated webpage

• [Colorado.gov/HCPF/Provider-Resources](#)
  ➢ New web page made specifically for revalidation and enrollment instructions & FAQs

Provider Screening Rule

• [Colorado.gov/HCPF/Provider-Implementations](#)
  → Federal Provider Screening Regulations
  → Final Rule
  → Current Version
  → Begins on bottom of page 130
Training Opportunities

Daily Provider Revalidation Webinars

• The Department will be hosting Revalidation & Enrollment webinars every (business) day in August 2015!

• When: Every day from 1p.m.-2p.m. (Mountain Time)

• Please register for your preferred date now, space is limited!

Enrollment Application Training

• Online self-paced training for the new Colorado Online Provider Enrollment (OPE) tool.

• When: Modules available online anytime beginning August 24, 2015

• Registration coming soon!
Help Us Spread the Word!

If your company has Social Media channels that can reach Colorado Medicaid & CHP+ providers:

• Please share, retweet, and repost our 2 minute Revalidation & Enrollment video!
  ➢ Twitter: https://Twitter.com/CHCPF
  ➢ Facebook: https://www.Facebook.com/COHCPF
  ➢ LinkedIn: https://www.LinkedIn.com/company/6144207

  ➢ Link to video: https://youtu.be/z5eivwAcQC4
Questions?

Email us at:
ProviderQuestions@state.co.us