

## ARTICLE 1

### JANUARY 2010 PRACTICE MANAGER WEB CAST SUMMARY

At the CCHAP Practice Manager's Meeting held on January 13th, Gina Robinson, Program Administrator from The Colorado Department of Health Care Policy and Financing (HCPF), made a presentation to the group on Medicaid Billing. Practice Managers provided questions in advance that helped Mrs. Robinson focus her talk on the particular needs and issues of practice managers. This meeting used web cast technology to allow practices throughout the entire state to see and hear the entire presentation and to offer additional questions for discussion.

To view the video of the presentation, the PowerPoint presentation including Q&As, and the relevant web links go to: [www.cchap.org/pmmeeting](http://www.cchap.org/pmmeeting)

Presentation highlights included:

- ◆ **Provider Bulletins** – This monthly bulletin contains updated information on policy changes, billing and coding updates and Medicaid information. You can receive this bulletin electronically or have it mailed to you. Every provider receives this bulletin. **Note:** These are mailed to your billing office address. The link to the Provider Bulletins is:  
<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1246972411343>
- ◆ It was stressed that **eligibility** be verified at each visit and that the eligibility verification page of the portal be printed and retained. If your claim is denied for ineligibility for Medicaid on the date of services, Medicaid will pay you if you can prove with the screen print that the patient was eligible on the day that services was provided.
- ◆ **Co pays** are not collected for patients under 18 years of age or while the patient is pregnant.
- ◆ If a patient needs a **prescription** in less than 72 hours after being determined eligible for presumptive eligibility Medicaid, call the pharmacy number and they will update the system so that the patient can fill the prescription immediately. 1-800-365-4944
- ◆ Let Medicaid provider services know if you have a provider leave the practice. They will make the changes necessary to remove the providers from the billing group number.
- ◆ **Medicaid Provider Billing Manuals** can be found at:  
<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542320888>
- ◆ **Rendering Provider versus Billing Provider**– The **Rendering Provider** is the actual provider/practitioner who saw and treated the patient. An Individual Provider number is reimbursed through the provider's Social Security Number (SSN). The **Billing Provider** – May be either a group or an individual. A Billing Provider (Group) number is reimbursed through a Tax Identification Number (TIN)

- ◆ **Presumptive Eligibility (PE)** is temporary coverage of outpatient Colorado Medical Assistance Program services until eligibility is determined. Clients may be enrolled under either the Medicaid program or the CHP+ program as presumptively eligible. Verify Medicaid PE through the Web Portal, Faxback or CMERS, after the client has been entered into the system. Client eligibility may take up to 72 hours before it is available for PE clients in the system. Actual enrollment can take 45 days.
- ◆ Direct **Medicaid billing questions** to ACS/ Provider Services 303-534-0146 or 1-800-237-0757. Can help you with: Claim problems; Claim form completion questions; Billing or payment questions; Ordering paper forms – Most forms may also be downloaded from the Provider Services Forms section; EDI enrollment; FRS report issues. If you are calling ACS regarding billing issues and feel that you are not being heard or helped, ask to speak to a Supervisor.
- ◆ Direct **CHP+ billing questions** to Colorado Access 1-888-214-1101
- ◆ **Behavioral Health Organizations (BHOs) are Medicaid mental health HMOs** in Colorado's Mental Health managed care program. The state is divided into five (5) service areas. In each area the program is managed by a BHO. Your CCHAP manual on the CCHAP web site has the telephone numbers to call to have a children on Medicaid seen for a mental health problem.
- ◆ Medicaid patients with **Commercial Insurance**: The Commercial Insurance must be billed first. *The Colorado Medical Assistance Program is always the payer of last resort.*
- ◆ Original **Timely Filing** - 120 days from the date of service. The Timely Filing period may be extended when: Commercial insurance has yet to pay or deny; Delayed notification of eligibility from client; Backdated eligibility from county. If the Commercial Insurance hasn't processed the claim and it is nearing the 365 day cut off: File the claim with the Colorado Medical Assistance Program to receive a denial or rejection and continue filing in compliance with the 60 day rule until insurance info is available.
- ◆ **Medicaid Website:** <http://www.colorado.gov/hcpf>
- ◆ **FAQs:** <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542696399>
- ◆ **Medicaid Forms:**  
<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542696550>
- ◆ **Prior Authorization Line** can help you with: Information needed to obtain a PAR; PAR revisions; PAR status - For faster results, providers should check PAR status through the Web Portal; Prior Authorization Line cannot help you with: Submitting PARs electronically; Billing Issues. Outside Denver Metro 1.800.237.0757 Within Denver Metro 303.534.0146
- ◆ CGI can help you with: **Technical questions** regarding the Web Portal; CGI cannot help you with: Submitting Claims/PARs electronically; Billing Issues; EDI Enrollment issues; Trading Partner IDs; FRS Issues; Statewide 1.888.538.4275 Email: [helpdesk.HCG.central.us@cgi.com](mailto:helpdesk.HCG.central.us@cgi.com)

## Links

- Medicaid Website:  
<http://www.colorado.gov/hcpf>
  - Medicaid Forms:  
<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542696550>
  - Medicaid Billing Manuals:  
<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542320888>
  - Medicaid Provider Bulletins:  
<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1246972411343>
  - Medicaid FAQs:  
<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542696399>
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- To learn more about the new “Lock-in Policy,” in which patients can be “locked” in to your practice, so that Emergency Departments will call your practice for authorization to see your patient prior to the ED visit:
    - Lock-In Policy Information (word doc) - [click here](#)
    - Lock-In Letter Template (word doc) - [click here](#)

**PEAK is The Program Eligibility Application Kit is a web site for families to use to determine whether they might be eligible for Medicaid or Welfare.**  
**<https://peak.state.co.us/selfservice/>**

## **ARTICLE 2**

### **Medical Home Certification**

Around 50 of the 150 pediatric and family practices that CCHAP currently works with are in the process of obtaining “medical home certification.” The Colorado Department of Health Care Policy and Financing (HCPF), which administers Medicaid in Colorado, is directed by Senate Bills 07-130 and 07-211 to document that children on Medicaid receive care in a quality medical home. So, HCPF is asking practices that are receiving the enhanced reimbursement (as a CCHAP – affiliated practice) to obtain Medical Home Certification to document the quality of the medical home they provide to children on Medicaid. Practices that have affiliated with CCHAP in the past 8 months have already begun the certification process. The remaining CCHAP-affiliated practices will be asked to begin the certification process very soon.

Medical home certification is a three step process. The CCHAP orientation is step one. The following **two steps** is all that is required for practices that were oriented in the past and are already receiving the enhanced reimbursement. Each CCHAP-affiliated practice will be asked to:

- Conduct a self-assessment survey of practice staff and providers called the Medical Home Index. This brief survey seeks to determine your perception of how well you are doing in providing a medical home. The survey also will be given to some parents in your practice.
- After reviewing your survey results, you will be asked to select some aspect of “medical home-ness” to improve using a quality improvement process. CCHAP staff is available to coach you through the quality improvement process if you wish and we have QI projects already prepared for you to implement easily in your practice if you wish. You may already have QI projects going, which will likely meet this objective.

### **Medical Home**

The American Academy of Pediatrics and the American Academy of Family Practice have promoted the concept of a medical home for many years now. A recent combined statement by the two academies reaffirmed their support of the concept. The Academies believe that all children should have a medical home where care is accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally effective. For a reminder of the American Academy of Pediatrics and the American Academy of Family Medicine description of a medical home for children, [click here](#). And if you want someone to come to your office to present to your staff or providers a more detailed description of what a medical home is and does, please contact: Anita Rich ([Rich.Anita@tchden.org](mailto:Rich.Anita@tchden.org)) or Angie Goodger ([angela@cchap.org](mailto:angela@cchap.org)) for more information.

### **Medical Home Index**

The Medical Home Index is completed at a group meeting of your practice with as many of the practice staff and providers as possible. During this meeting the group will also discuss how each indicator rated relates to a quality Medical Home. The facilitator will

conduct informal interviews of some families coming to your practice that day asking them to assess the practice's medical "homeness." For a look at the medical home index, [click here](#).

### **Quality Improvement Projects**

Within a few weeks after the practice takes the MHI, you will be contacted by a Quality Improvement Coach with CCHAP. At that time, you will receive your Medical Home Index results, as well as guidance as to how to interpret the results. HCPF asks that you select an element of being a medical home that your practice wishes to work on. The Quality Improvement Coach from CCHAP – at no cost to your practice – is available to help you decide what your practice would like to work on, develop strategies for making the changes you want to make, and measure the effectiveness of the resultant changes.

The higher reimbursement practices receive for preventive care is the reward for your practice's commitment to providing a quality Medical Home for children on Medicaid.

### **AAP and AAFP Board Certification for pediatricians and family physicians**

Both the AAP and the AAFP require that all physicians, when they recertify, develop a quality improvement project in their practice as part of their recertification. So, CCHAP is helping you obtain both professional board certification and Colorado Medicaid medical home certification.

### **For more information**

Shortly, we will be expanding the Medical Home Certification process to all CCHAP practices. More information will follow. You may also contact Anita Rich ([Rich.Anita@tchden.org](mailto:Rich.Anita@tchden.org)) or Angie Goodger ([angela@cchap.org](mailto:angela@cchap.org)) for more information.

### **Quality Improvement Coach**

Your CCHAP Quality Improvement Coach is **Angie Goodger**. Angie holds masters degrees in Public Health and Healthcare Administration. Angie comes to us from Minnesota where she previously worked as a home healthcare manager. Angie is very excited about diving into the world of Quality Improvement.

## **ARTICLE 3**

### **CCHAP Advisory Board**

#### **Is Looking For New Volunteer Board Members**

CCHAP has always depended on the advice of practice managers and providers over the past 3 years to guide our program development and help us with the important issues and decisions. So, CCHAP has always had an informal advisory board. As Colorado reforms its Medicaid program and moves back into working with and through managed care-like organizations (the Accountable Care Organizations), practices will interact not only with state Medicaid, but potentially with several ACOs. With this increasing complexity, there will be even greater need for primary care practice managers and providers to guide CCHAP as it advocates for low-income children and the practices that provide a medical home for them. Since CCHAP now works with around 160 primary care practices (500 providers, 95% of Colorado pediatricians and over 150 family physicians, caring for 90,000 children on Medicaid and CHP+), we can't obtain everyone's opinion, so we would like to form a formal Advisory Board to represent this large number of children and practices.

The CCHAP Advisory Board will be made up of practice managers, providers and patient / parent advocates and we are looking for volunteers, who would be willing to attend meetings in person or by phone every 2 months for 1-2 hours (the actual time would depend on whether there are pressing issues to address). This Board would advise the CCHAP team and would advocate in behalf of Medicaid and CHP+ children and the practices that provide them a medical home.

If you are interested in participating on this Board, please contact Steve Poole at [Poole.steven@tchden.org](mailto:Poole.steven@tchden.org) or 720-777-6004

## **ARTICLE 4**

### **It's Quick. It's On-line. It's the "Quality & Culture Quiz"**

*And Your QI Project Just Got Easier!*

Roughly sixty pediatric practices in the CCHAP network participated in at least one cross-cultural communications workshop during the last two years. The goal of the workshops has been to help health care professionals develop more effective communication with their patients and families who come from different cultural backgrounds. In 2010, Part Two of the workshop will be presented to many of these same practices, and as the number of providers and staff affiliated with CCHAP grows, even more health care professionals across Colorado will take advantage of these unique skill-based trainings.

Before the second workshop, it is ideal for those who participated in the first one to be able to measure the extent to which they have used the knowledge and skills they gained. To what degree have the individuals trained been able to experience a greater sense of comfort and confidence in cross-cultural situations? Have they actually been able to implement what they learned into their day to day interactions with patients and families? Perhaps most important, have they consciously and continually renewed their commitment to demonstrating greater sensitivity and awareness when dealing with patients from different cultures? If so, do they feel this has led to greater patient satisfaction?

Given how busy private practices are, these important questions may not get addressed regularly; there are *so many* pressing concerns in medicine every day. In an effort to make it easier to give some immediate attention to the cross-cultural aspects of patient care, we encourage workshop participants to check out our Quality & Care online self-assessment at [www.dimensionsofculture.com](http://www.dimensionsofculture.com). This quick 23-question assessment tool will stimulate your thinking about interactions with culturally diverse patients based on key cross-cultural concepts. It will prompt you to think about what you learned from the first workshop and help prepare you for Part Two. ***The assessment isn't a test***, it's a learning tool. The correct answers are provided with complete explanations. Here's a sample question:

**Which of the following is good advice for a provider attempting to use and interpret non-verbal communication?**

- a. The provider should recognize that a smile may express unhappiness or dissatisfaction in some cultures.
- b. To express sympathy, a health care provider can lightly touch a patient's arm or pat the patient on the back.
- c. If a patient will not make eye contact with a health care provider, it is likely that the patient is hiding the truth.
- d. When there is a language barrier, the provider can use hand gestures to bridge the gap.

The correct answer is A, and this is a good example of the kind of cross-cultural communications concept that was/is covered in Part One of Marcia Carteret's workshop for the CCHAP practices. In high-context collectivist cultures, where harmony in communication is always most

important, people will often smile instead of showing their negative feelings. A more in-depth explanation of the answer is available when you take the quiz.

Finally, keep in mind that one of the Quality Improvement projects your practice can choose as a medical home focuses on cross-cultural competence. In fact, if your practice has already had the first training by Marcia Carteret, then you are half way to completing your QI project. Having all providers in your practice complete the 23-question assessment online and sign up for a login/password at [www.dimensionsofculture.com](http://www.dimensionsofculture.com) will fulfill the cross-cultural QI requirements. Most people can complete all 23 questions in about 15 minutes. If you want more information about this QI project, please contact Angie at [angela@cchap.org](mailto:angela@cchap.org) or Marcia Carteret at [marcia@dimensionsofculture.com](mailto:marcia@dimensionsofculture.com).

## **ARTICLE 5**

### **Funding Available for Rural Primary Care Providers**

Through the Colorado Rural Health Care Grant Program, **primary care providers** of medical, oral, or mental/behavioral health services, located in **rural** areas, and whose practices include at least some **underserved patients** are eligible to apply for grants for **infrastructure** projects of up to **\$50,000**.

Unlike most grant programs, **even private, for-profit providers** can apply for funding, if they meet the other eligibility requirements.

**“Primary care”** includes medical, oral, or mental/behavioral health services.

**“Rural”** is not defined by county for this program. For this program it means “located outside one of Colorado’s nine Urbanized Areas” of Boulder, Colorado Springs, Denver, Fort Collins, Grand Junction, Greeley, Longmont, Louisville and Pueblo. The grant guidelines show you a website where you can type in the address of your practice to find out if it is considered “rural.”

**“Underserved patients”** includes people who cannot afford care, the uninsured, and those covered by Medicaid or the Children’s Health Plan Plus (CHP+) program. There is no minimum number or percentage requirement; each applicant entity will be asked to describe the types and amounts of service provided to underserved people.

**“Infrastructure”** includes, but is not limited to: equipment, construction, physical plant improvements, vehicles and vehicle upgrades, information technology, and staff training or education. Grants will not be awarded for the delivery of direct health care services or to support operations or staffing.

#### **Grant applications are due March 11, 2010.**

Never written a grant? **Free grant writing workshops** to guide you through this five-page application will be held in Fort Morgan on February 4; Gunnison February 10, and Denver February 24.

#### **Preference will be given to applicants who have not received funding in the past.**

After two years of funding, and seventy-seven awards, the Council overseeing this program has only been able to award eight oral health practices, twelve mental health centers or clinics, and fourteen private practice clinics. Seventeen rural counties haven’t received any of this funding yet. Let’s change that this year. Please look into this program to see if you might be eligible.

#### **You can find out more at [www.coruralhealth.org](http://www.coruralhealth.org)**

The Colorado Rural Health Center is managing this program on behalf of the Governor’s Office. At their website you can read the full guidelines, sign up for a workshop, ask for help in determining whether or not your project is eligible, and even sign up to help review these grants (only if you decide not to apply.)