

Colorado Medicaid Billing Manual



COLORADO
Department of Health Care
Policy & Financing

Revised: 09242018

Health First Colorado (Colorado's Medicaid program) & CHP+ Network Participation Verification

This form serves to confirm participation of a Health First Colorado or Child Health Plan Plus (CHP+) provider in a Managed Care Organization (MCO) or Regional Accountable Entity (RAE) that is contracted with the Department of Health Care Policy and Financing (HCPF). This verification is required when a provider enrolls as a new Health First Colorado or CHP+ provider, when a current provider updates Health First Colorado or CHP+ network participation, and when a provider completes the Health First Colorado and CHP+ provider revalidation process. Note: Verification of RAE participation is required only for RAE contracted behavioral health providers.

Instructions: Complete this form and upload it as an attachment on the *Attachments and Fees* page of the Online Provider Enrollment tool.

Please select the program(s) in which the provider participates as a network provider:

- | | |
|--|---|
| <input type="checkbox"/> RAE (Region 1) Rocky Mountain Health Plans | <input type="checkbox"/> MCO Colorado Access (CHP+) |
| <input type="checkbox"/> RAE (Region 2) Northeast Health Partners | <input type="checkbox"/> MCO Delta Dental Plan of CO (CHP+) |
| <input type="checkbox"/> RAE (Region 3) Colorado Access | <input type="checkbox"/> MCO Denver Health Medical Plan Inc. (CHP+) |
| <input type="checkbox"/> RAE (Region 4) Health Colorado, Inc. | <input type="checkbox"/> MCO Friday Health Plans (CHP+) |
| <input type="checkbox"/> RAE (Region 5) Colorado Access | <input type="checkbox"/> MCO Kaiser Permanente (CHP+) |
| <input type="checkbox"/> RAE (Region 6) Colorado Community Health Alliance | <input type="checkbox"/> MCO Rocky Mountain HMO Inc. (CHP+) |
| <input type="checkbox"/> RAE (Region 7) Colorado Community Health Alliance | <input type="checkbox"/> MCO InnovAge/Total Longterm Care (PACE) |
| <input type="checkbox"/> MCO Denver Health Medicaid Choice | <input type="checkbox"/> MCO Rocky Mountain Health Care Services (PACE) |
| <input type="checkbox"/> MCO Rocky Mountain Health Plans PRIME | <input type="checkbox"/> MCO Senior Community Care (PACE) |
| | <input type="checkbox"/> MCO TRU Community Care (PACE) |

Provider Information

Provider Legal Name (group or individual): _____

Provider DBA Name (if applicable): _____

NPI #: _____ NPI Zip Code + 4: _____ Medicaid ID (if applicable)*: _____
**If new provider, state "pending"*

I attest that this information is true:

Provider Printed/Typed Name: _____

Provider/Attester Signature: _____ Date: _____

If you have any questions about the use of this form, please contact your MCO/RAE provider relations representative.

Colorado Medicaid billing manual serves as a comprehensive guide for healthcare providers participating in the Colorado Medicaid program. This manual outlines the necessary procedures, billing guidelines, and requirements that providers must follow to ensure proper reimbursement for services rendered to Medicaid members. Understanding the intricacies of this manual is crucial for healthcare professionals, as it directly impacts their ability to receive timely payments and maintain compliance with state regulations.

Understanding Colorado Medicaid

Colorado Medicaid, also known as Health First Colorado, is a state-federal program designed to provide health coverage to eligible low-income residents. The program covers various medical services, including

hospital care, preventive care, mental health services, and long-term care. Providers must adhere to the billing guidelines outlined in the Colorado Medicaid billing manual to ensure that they are compensated appropriately for the services provided to beneficiaries.

Key Components of the Colorado Medicaid Billing Manual

The Colorado Medicaid billing manual is divided into several key sections that address different aspects of billing and reimbursement. These components include:

- **Eligibility Requirements:** Information on who qualifies for Medicaid benefits, including income thresholds and other eligibility criteria.
- **Covered Services:** A detailed list of services covered under Medicaid, including limitations and exclusions.
- **Billing Procedures:** Step-by-step instructions on how to submit claims for reimbursement, including the use of proper codes and modifiers.
- **Provider Responsibilities:** An overview of the duties healthcare providers must undertake to comply with Medicaid regulations, including record keeping and documentation.
- **Claims Processing:** Guidelines on how claims are processed, including timelines and common reasons for claim denials.
- **Appeals Process:** Information on how to appeal denied claims and the necessary steps to follow.

Eligibility Requirements for Colorado Medicaid

To bill for services under Colorado Medicaid, providers must ensure that their patients meet specific eligibility requirements. These include:

1. **Income Limits:** Applicants must meet certain income criteria, which vary based on household size and the type of Medicaid program.
2. **Residency:** Beneficiaries must be residents of Colorado and provide proof of residency.

3. **Citizenship Status:** Individuals must be U.S. citizens or legal residents to qualify for Medicaid benefits.

How to Verify Patient Eligibility

Providers can verify a patient's Medicaid eligibility through several methods:

- **Online Portal:** Use the Colorado Medicaid online provider portal to check eligibility status.
- **Phone Verification:** Contact the Colorado Medicaid Customer Service Center for assistance.
- **Enrollment Verification:** Ask patients to provide their Medicaid card or enrollment documentation.

Covered Services under Colorado Medicaid

The Colorado Medicaid billing manual outlines a wide range of covered services. Familiarity with these services is essential for providers to ensure that they bill correctly. Some of the key services include:

- Inpatient and outpatient hospital services
- Physician and specialist services
- Preventive care, including vaccinations and screenings
- Mental health services and substance use treatment
- Long-term care and home health services
- Prescription drugs

Limitations and Exclusions

While many services are covered, there are limitations and exclusions to be aware of:

- Experimental treatments are generally not covered.
- Services provided outside of the scope of Medicaid guidelines may be excluded.
- Non-emergency transportation may have restrictions.

Billing Procedures for Colorado Medicaid

Correct billing is crucial for successful reimbursement. The Colorado Medicaid billing manual provides detailed procedures for submitting claims. Here's a general overview:

Step-by-Step Billing Process

1. **Gather Patient Information:** Collect all necessary patient details, including Medicaid ID number, date of service, and the services rendered.
2. **Use Correct Codes:** Ensure the appropriate Current Procedural Terminology (CPT) and International Classification of Diseases (ICD) codes are used.
3. **Complete Claim Forms:** Fill out the claim forms accurately, including all required fields.
4. **Submit Claims:** Claims can be submitted electronically or via paper, depending on the provider's preference.
5. **Track Claims:** Monitor submitted claims to check the status and address any issues that may arise.

Common Billing Errors to Avoid

To minimize the risk of claim denials, providers should avoid common billing errors:

- Incorrect patient information or Medicaid ID numbers
- Missing or incorrect procedure or diagnosis codes
- Failure to include necessary supporting documentation

- Submitting claims after the timely filing limit has expired

Provider Responsibilities

Providers have specific responsibilities under the Colorado Medicaid program to maintain compliance. These include:

- **Documentation:** Maintaining accurate and complete patient records that justify the services billed.
- **Training:** Ensuring staff are trained on the billing process and Medicaid guidelines.
- **Compliance Checks:** Regularly reviewing billing practices to ensure adherence to Medicaid regulations.

Claims Processing and Appeals

After claims are submitted, they undergo a processing period. Providers must understand this process and know how to address any denials.

Claims Processing Timeline

Claims are typically processed within a specific timeframe. Providers should be aware of:

- The standard processing time for electronic versus paper claims.
- Notification timelines for claim approvals or denials.

Appeals Process for Denied Claims

If a claim is denied, providers have the right to appeal. The steps include:

1. Review the Denial Reason: Understand why the claim was denied.
2. Gather Supporting Documentation: Collect all necessary documents to support the appeal.
3. Submit the Appeal: Follow the specified process for submitting an appeal, adhering to deadlines.
4. Follow Up: Monitor the status of the appeal and respond promptly to any requests for additional information.

Conclusion

Navigating the Colorado Medicaid billing manual is essential for healthcare providers looking to ensure proper reimbursement for their services. By understanding the eligibility requirements, covered services, billing procedures, and provider responsibilities, healthcare professionals can minimize errors, avoid claim denials, and maintain compliance with Medicaid regulations. Staying informed about updates to the billing manual is equally important, as changes can impact billing practices and patient care. For providers, mastering the Medicaid billing process is not just about getting paid; it's about ensuring that all Colorado residents have access to the healthcare services they need.

Frequently Asked Questions

What is the purpose of the Colorado Medicaid Billing Manual?

The Colorado Medicaid Billing Manual provides guidelines for billing and reimbursement procedures for healthcare providers who serve Medicaid beneficiaries in Colorado.

How often is the Colorado Medicaid Billing Manual updated?

The Colorado Medicaid Billing Manual is typically updated regularly to reflect changes in policies, procedures, and regulations. Providers should check for updates frequently.

Where can I find the Colorado Medicaid Billing Manual?

The Colorado Medicaid Billing Manual can be accessed online through the Colorado Department of Health Care Policy and Financing (HCPF) website.

What types of services are covered under the Colorado Medicaid Billing Manual?

The manual outlines coverage for a wide range of services including medical, dental, behavioral health, and long-term care services, among others.

What are some common billing errors to avoid when using the Colorado Medicaid Billing Manual?

Common billing errors include incorrect coding, failure to obtain prior authorization, and not following the specific documentation requirements outlined in the manual.

Who should I contact for questions about the Colorado Medicaid Billing Manual?

Providers can contact the Colorado Medicaid provider services or the billing support team for assistance with questions related to the manual.

Is training available for providers on how to use the Colorado Medicaid Billing Manual?

Yes, training sessions and resources are often available through the Colorado Department of Health Care Policy and Financing to help providers understand and utilize the billing manual effectively.

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