

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

September 6, 2017

Katie Lozano, MD, FACR, President Colorado Medical Society 7351 E. Lowry Boulevard, Suite 110 Denver, CO 80230-6083

Dear Ms. Lozano,

Thank you for your letter dated September 1, 2017. As you rightly observed, we value our partners in the physician community and remain committed to addressing any problems they may be experiencing.

This year, there have been numerous changes that could affect providers in billing Health First Colorado. Since March, the Department has implemented the Provider Screening Rules required by the Affordable Care Act. This requires providers to reenroll in the system, and to bill using the correct location and taxonomy information for the office or facility where services were provided. There have been changes to provider billing manuals, and there are multiple billing rules and edits that have changed. Many of these rules are being enforced in the system for the first time. These modifications are in addition to changes that have come along with the roll out of a new and complex enrollment and billing system.

We truly regret the billing problems your members have experienced, and we recognize our responsibility to provide timely reimbursement of all properly submitted claims. While there is not one single cause for the problems that arose during these transitions, we understand that many of your members are experiencing an array of issues. We are committed to helping your members navigate whatever issues they may be experiencing and to get all providers billing as smoothly as possible, as quickly as possible.

As you know, we have implemented an escalated process in concert with our vendor. This process will help walk a provider through to resolution of their enrollment and billing issues. In addition, the Department has received authorization to make interim payments to providers who are experiencing serious impacts as a result of billing issues. The interim payment process is designed to lessen the financial impact on providers.

While we understand your request for additional compensation, the Department must have specific authorization before it can spend taxpayer funds. The federal clean claim requirements you refer to are part of the Department's certification process with its federal partner, which we



take seriously and will fully address at the appropriate point in the certification process. The state statute you cite is applicable to insurance companies. Neither of these authorize the Department to make additional payments. In addition, the process of identifying claims to which such payments could apply would be extremely time-intensive and would divert significant resources that are committed to improving efficiency in processing claims for your members and other providers through the new billing system. Diverting these resources would hinder our shared goal of getting providers billing and getting them paid for their work.

This does not lessen our commitment to our providers, including your members, and does not limit the steps we will take that are described in this letter. We appreciate your recognition that the Department is working hard to ensure that providers are receiving assistance through this difficult series of transitions. The Department will work with your organization to identify the top issues impacting your members so any appropriate changes to enrollment or claims processing can be prioritized. The physicians who participate in the Health First Colorado program are critical to its success and to the health of our members. We extend our thanks to those physicians for their patience through this process, and again are sorry about the challenges they have experienced.

Thank you,

Susan E. Birch, MBA, BSN, RN

Executive Director

cc: Honorable John Hickenlooper, Governor, State of Colorado Honorable Donna Lynne, Lieutenant Governor, State of Colorado Jeff Hinson, Regional Administrator, Centers for Medicare and Medicaid Services, Region VIII

