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May 30, 2007

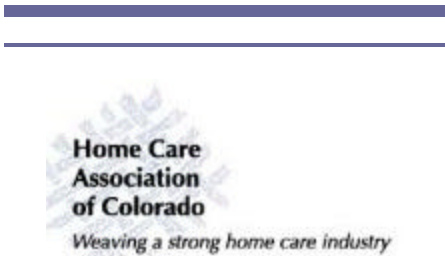
Home Care Association of Colorado Management Report

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Medicaid Program Integrity Section Announces Upcoming Reviews!



The Program Integrity Section of the Colorado Department of Health Care Policy and Financing (HCPF) has announced upcoming reviews of Medicaid Home Health Care providers. According to HCPF, the goal of the reviews is to "encourage correct coding, correct billing practices and to minimize future overpayments."

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HCPF announced this week that HWT, Inc., one of the Department's contractors that performs post payment claims reviews, will be mailing letters to HHAs in June. The claims in review relate to clients that are dually eligible for Medicare and Medicaid and will include claims within a 12-15 month period. The letter will ask providers to review the claims listed as well as the reasons these claims are under review and will request providers to send relevant documentation to support the billing of the claims listed. Not all providers may receive letters.

HCPF said when this letter is received by the provider, the provider will have an option to send documents by mail or fax within 45 days of the date of the letter. The provider may choose to have reviewers come to their office to review records. In addition, if the provider needs additional time to gather and send documents, the provider will have the option to request an extension. Requests for extensions of time and on- site reviews must be in writing and received by the contractor within 10 days of the date of the letter.

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After the records are reviewed, the provider will receive a letter with an identified overpayment amount. In some cases, this may be zero. At this point the provider may request an informal reconsideration in writing and provide supporting documents; or the provider may file a formal appeal. After the informal reconsideration is completed, the provider may still file a formal appeal.

These steps will be outlined in various letters the provider will receive throughout the review process. HCPF encourages providers to contact HWT, at 1-877-587-5450 for questions or further information.

Any future reviews will be noted in HCPF bulletins. The department reminds providers to review monthly bulletins to see if your agency may be affected by an upcoming review.

"Changes in PPS Regs & Reimbursement: Crucial Legal Issues"

A Lunch and Learn audio-conference

Presented by Elizabeth Hogue, Esq.

Thursday, June 28, 2007

11:00 a.m. to 12:30 p.m. Mountain

As always, Elizabeth will offer clear guidance and practical strategies for Medicare certified home health agencies. Changes in Medicare reimbursement under PPS are likely to be implemented early next year. A proposed rule has been published and raises a number of important legal issues, including: What do changes in therapy thresholds mean in terms of fraud and abuse enforcement? What effect will changes have on filing cost reports? What practical strategies can agencies use to avoid negative legal consequences of the proposed adjustments?

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