

COMMIT Update to the Joint Budget Committee

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Director

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Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



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Agenda

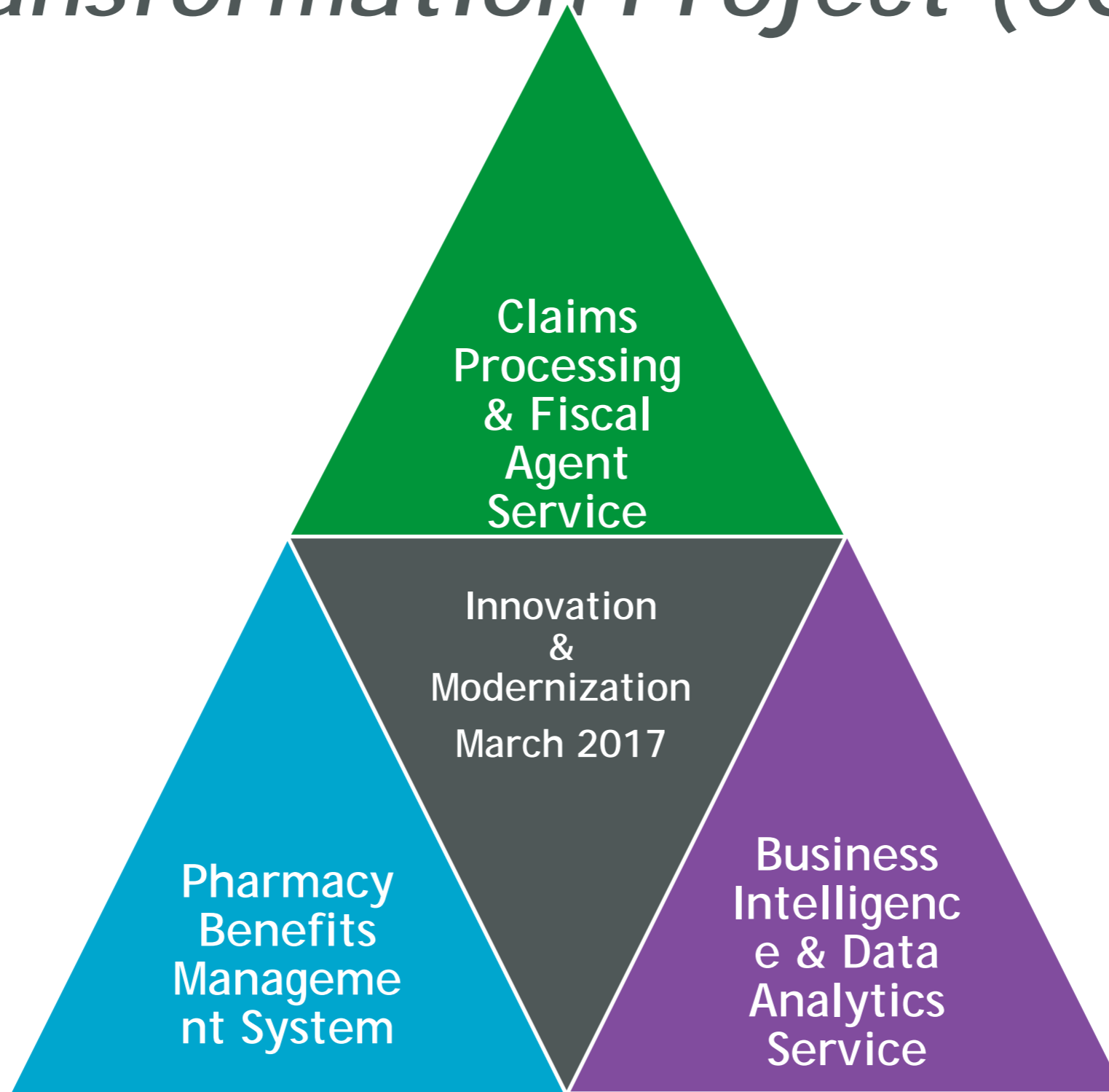
- COMMIT project overview
- Current metrics and progress made
 - Provider enrollment (revalidation)
 - Claims processing and payments
 - Call center improvements
- Update on payment issues
 - Revalidation and enrollment
 - Claims submission
 - Payment
- Department/DXC actions to help providers with the transition



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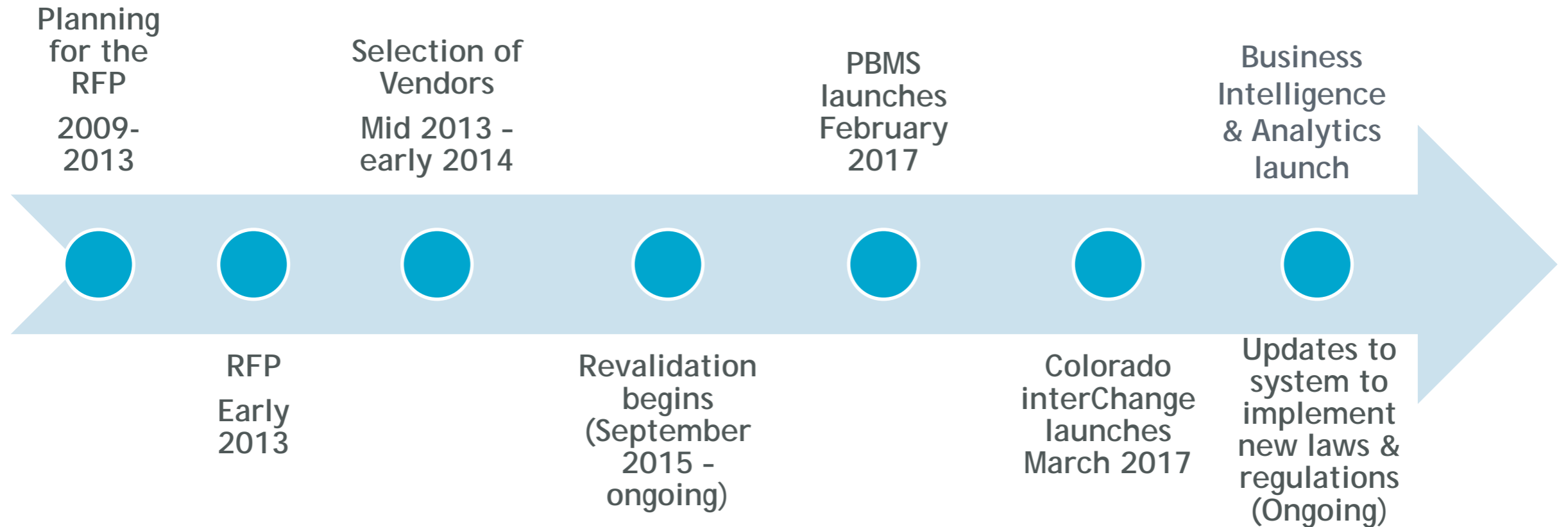
Colorado Medicaid Management Innovation and Transformation Project (COMMIT)



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Planning for the Transition



Provider Outreach and Enrollment, Development of Colorado interChange Training (ongoing)



Since the March 1st Go Live...

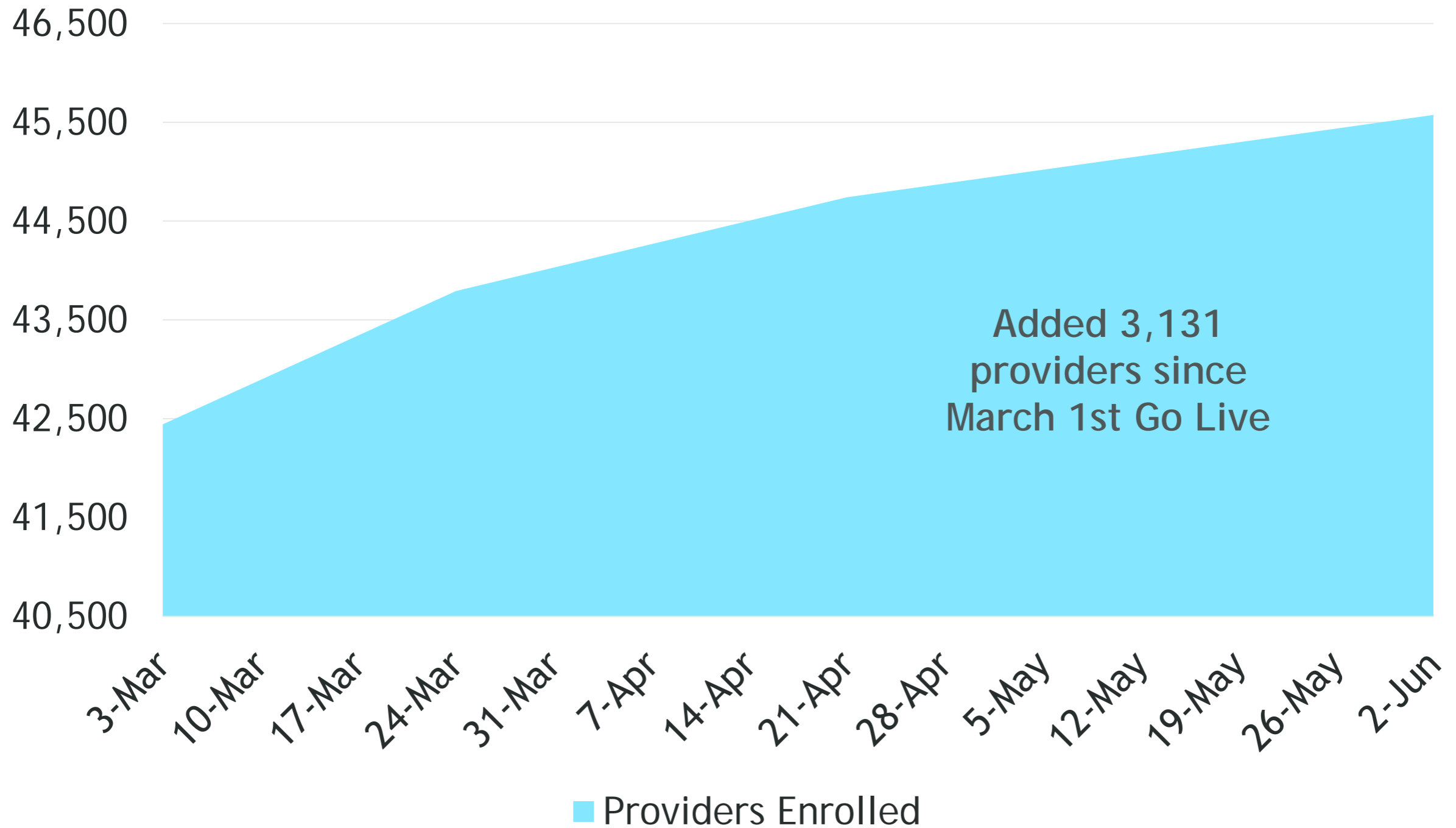
- 3,131 additional providers have been approved
- Colorado interChange has processed nearly 12 million claims and paid providers more than \$1.7 billion
- On a weekly basis, 60 percent of claims are paid
 - Legacy system paid approximately 85 percent of claims
 - Department has never paid 100 percent of claims due to a variety of factors from errors to requests for reimbursement for non-covered services



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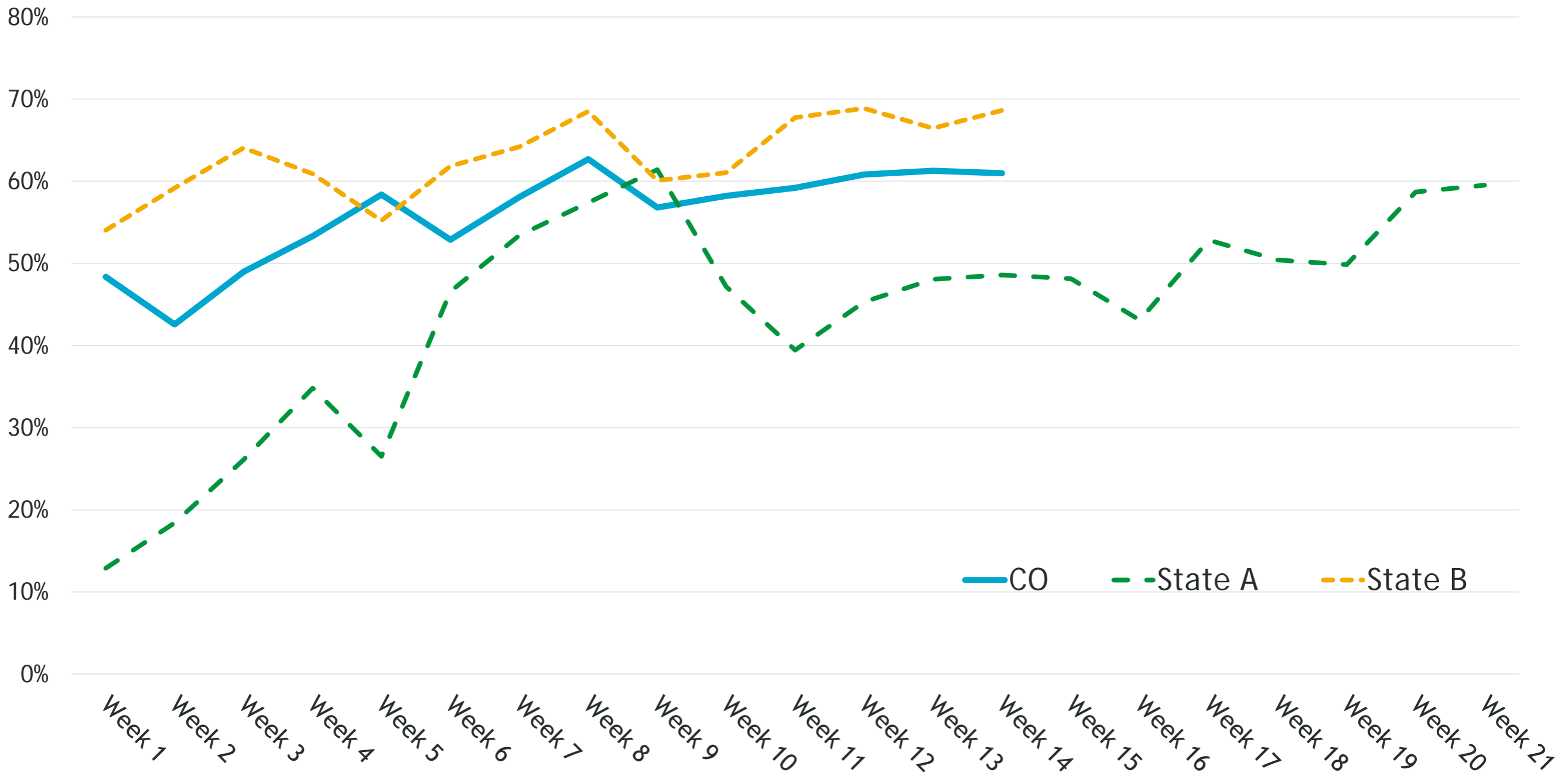
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Provider Enrollments Since Launch



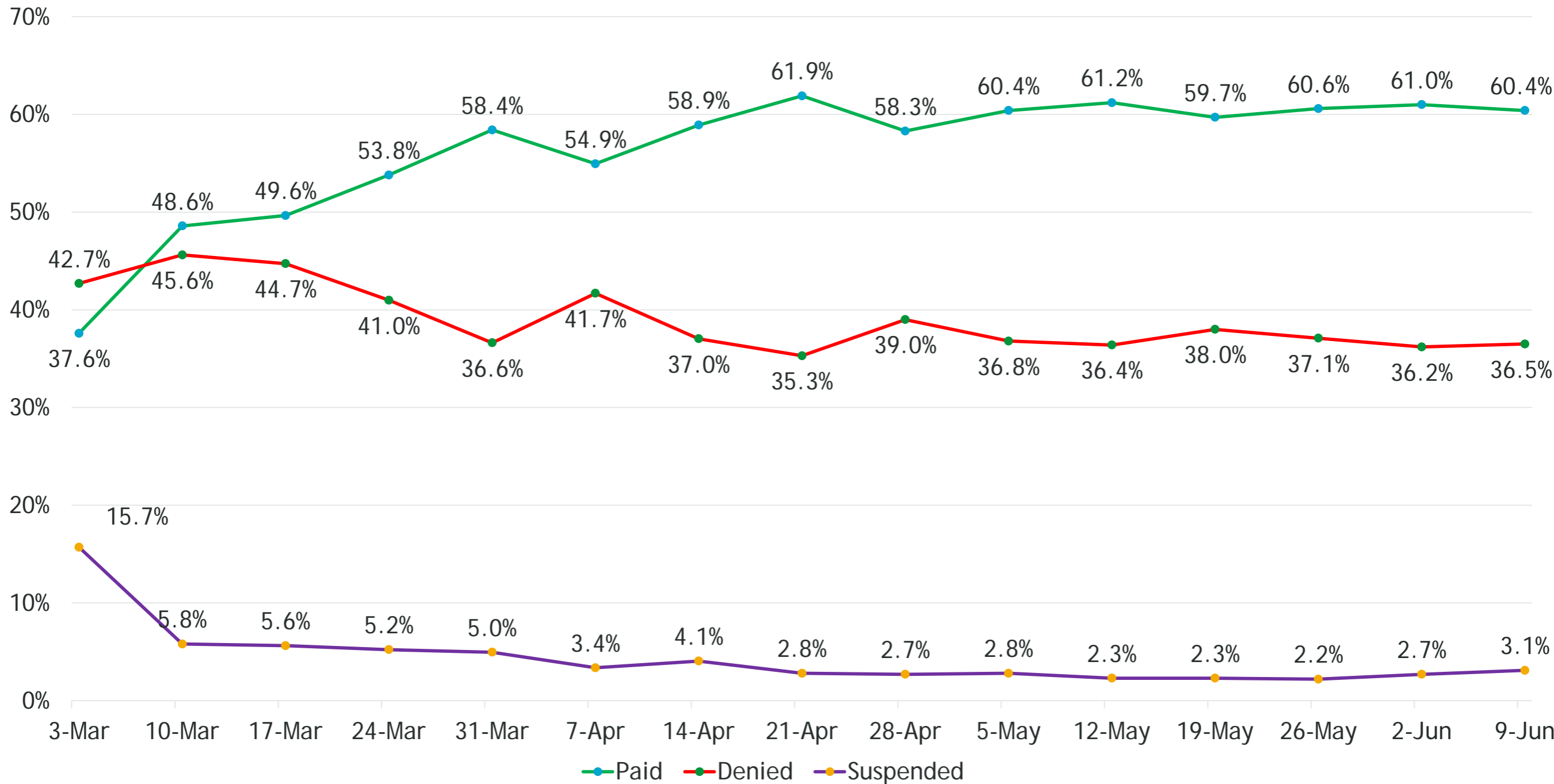
Payments: Compared to other states

Weekly Paid Claims Percentage Since Go Live



Payments: Since March 1

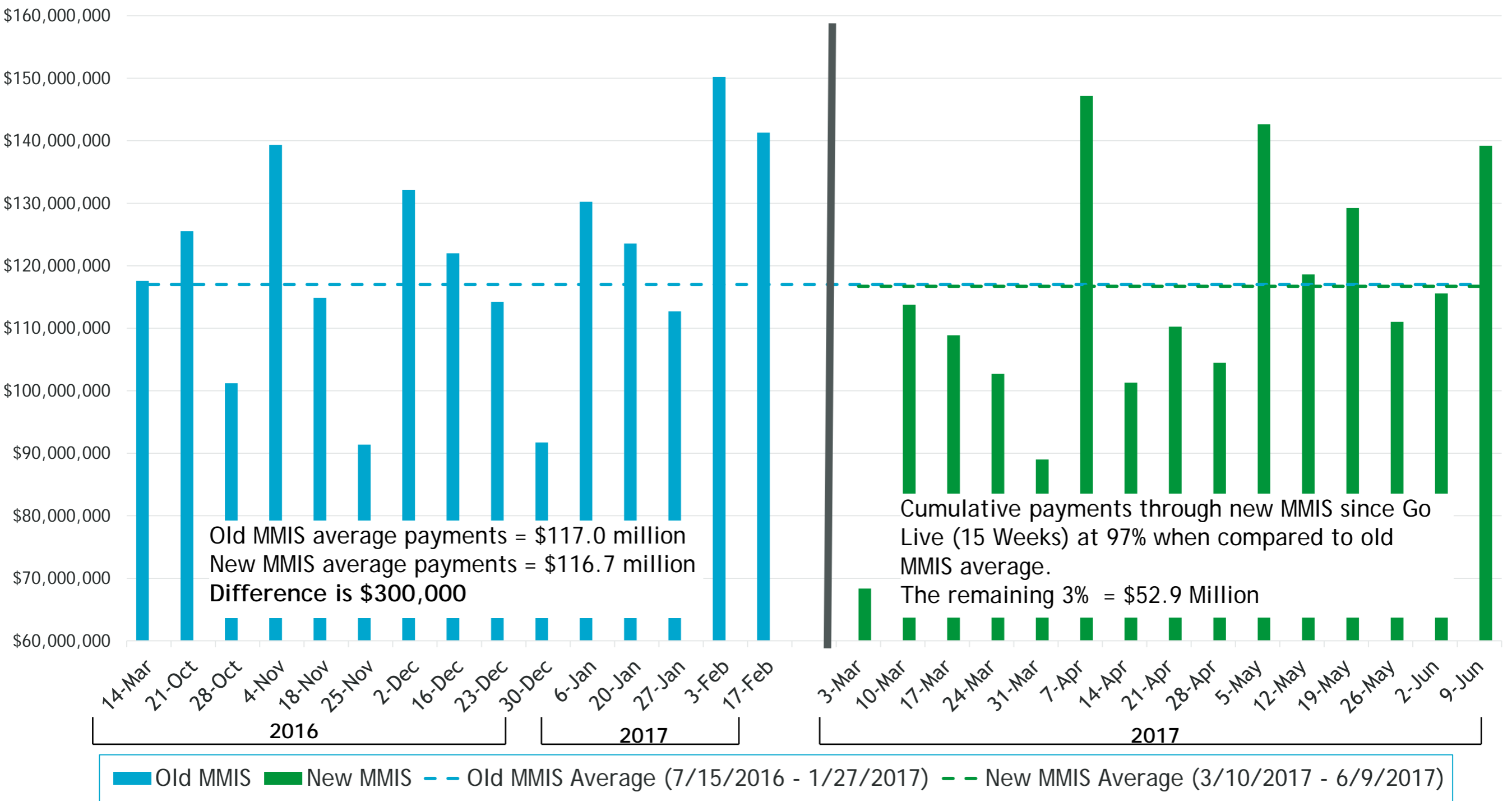
Weekly Claims Adjudication Averages



Payments: Compared in each system

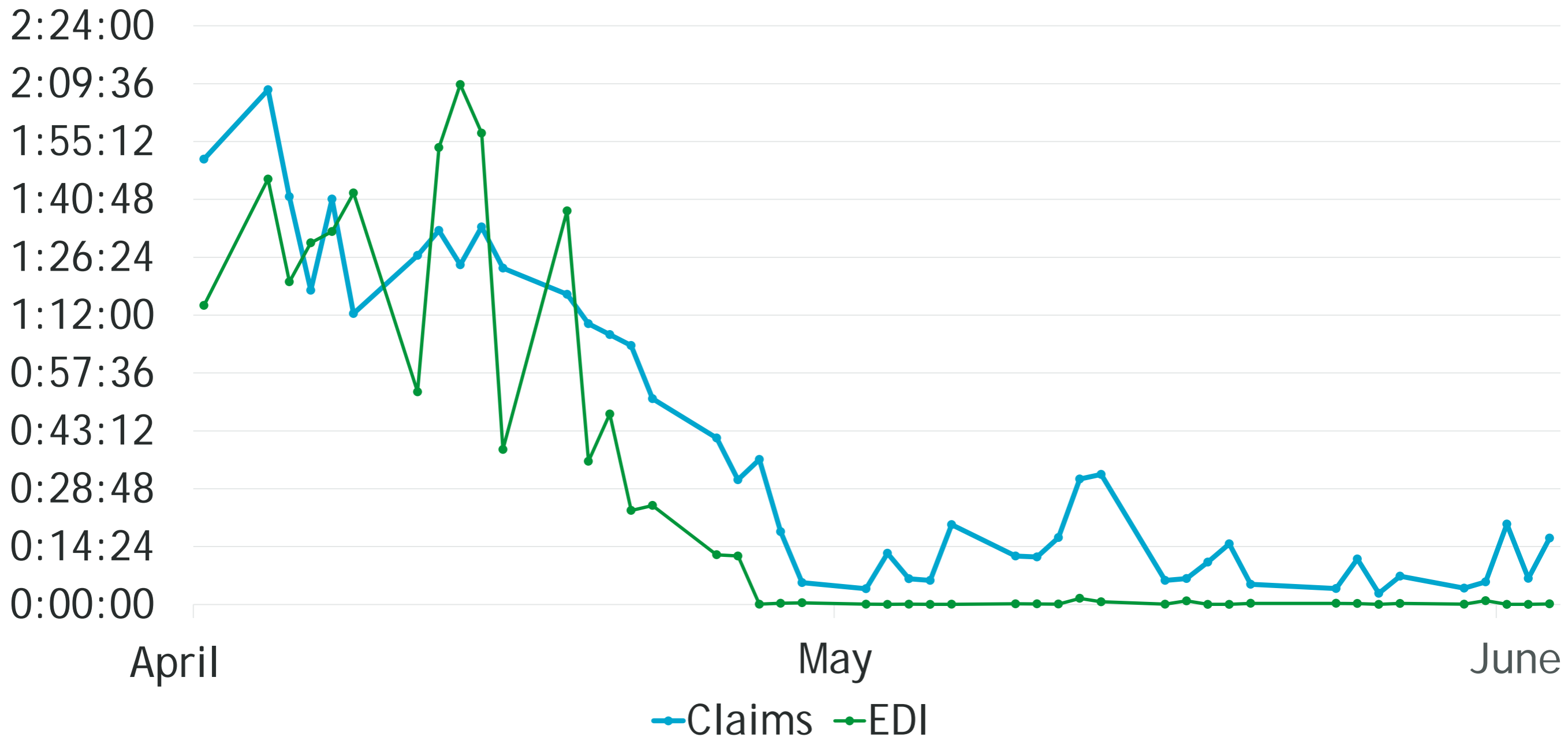
Weekly Provider Payments
(Excludes Capitation Payments)

New MMIS Go Live: 3/1



Provider Services Call Center

Average Speed of Answer



What is Causing Payment Issues

Provider
Enrollment &
Revalidation

Web Portal
Registration

Claims
Submission

Payment &
Remittance
Advice

Top Reasons a Claim Denies - Revalidation

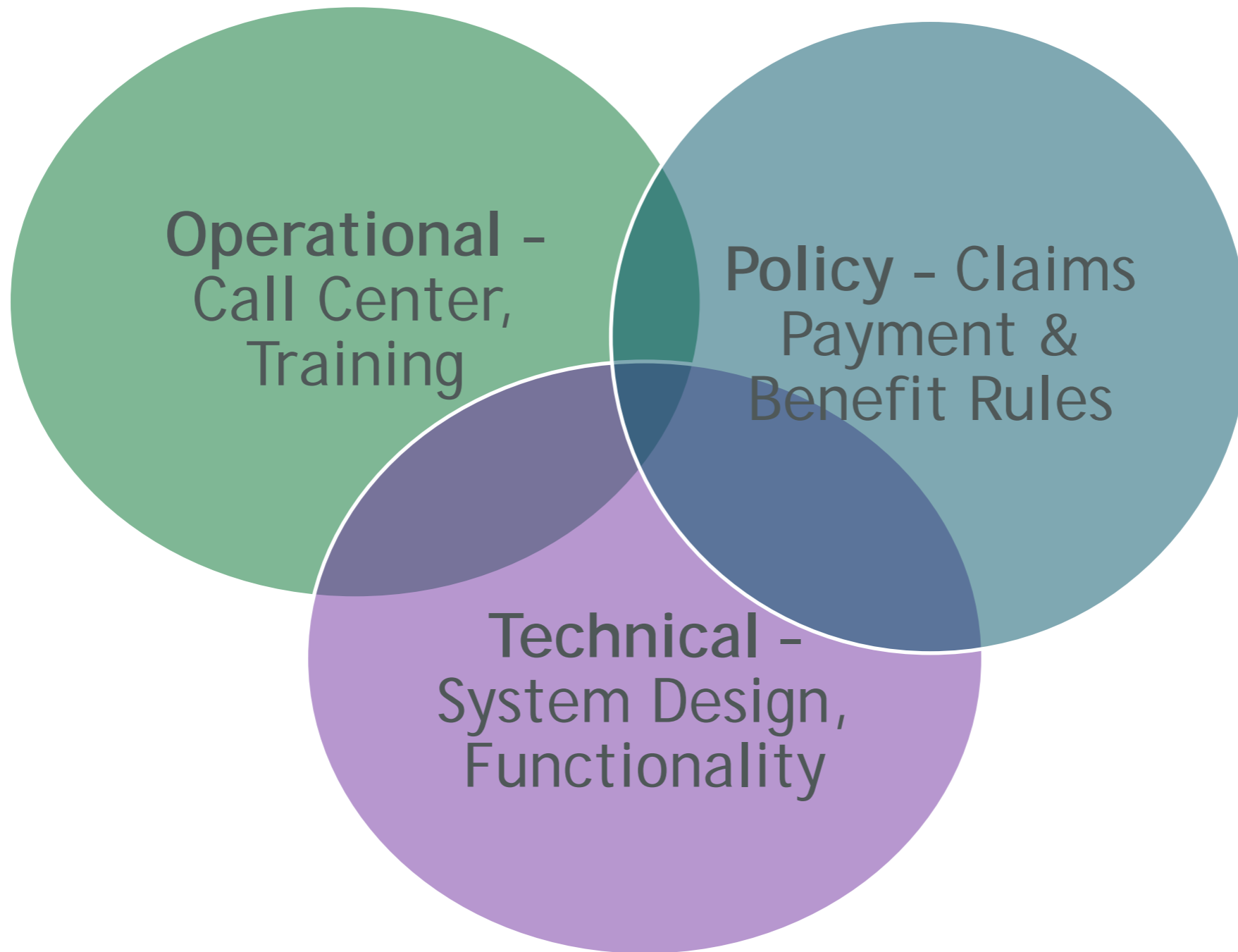
- Not revalidated in new system
- Multiple service locations and not enough information to determine at which location the service was provided



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Multiple Components



What are we doing about it?

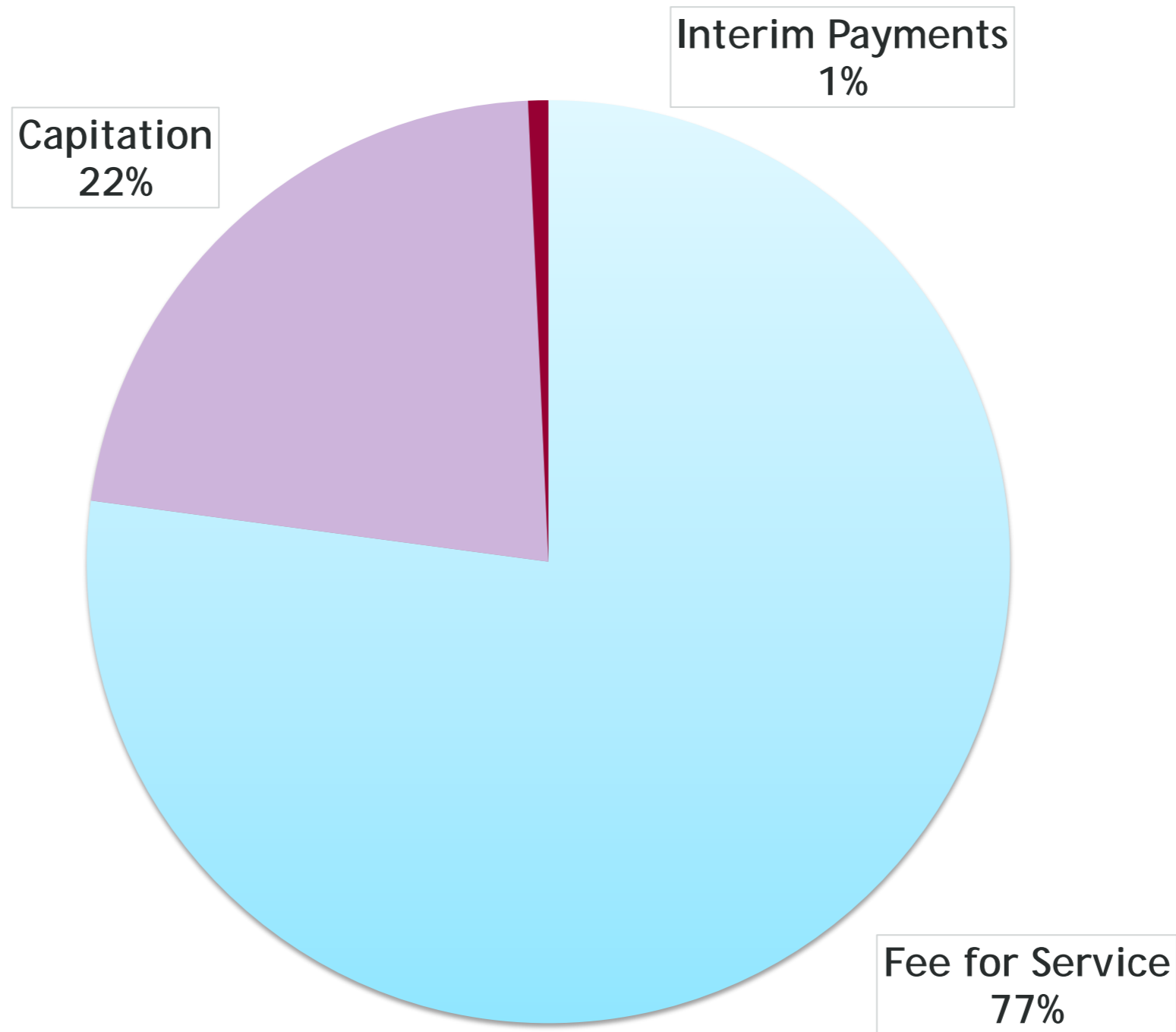
- Daily meetings with DXC
- Provider communications
- Additional DXC staff
 - Call center
 - Field agent representatives
- Interim payments



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Interim Payments



- Fee for Service
- Capitation
- Interim Payments



Avenues for Provider Updates

- Website resources are updated regularly, new Quick Guides and other resources
- Providers can sign up for e-newsletter and direct email updates
- Individual provider questions need to be researched
 - Provider call center wait times are down, best avenue for claims questions



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What's Ahead

- Continue to listen to our providers and stakeholders
- Continue to refine the system, make updates as issues become known
- Modernization is difficult, everyone requires a different level of support to achieve it
- Department is moving forward with transparency



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Questions



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