Chapter 5  Policies and Procedures to Receive Payment for Treatment of Colorectal Cancers, Large Polyp Removals & Adverse Events

Overview

The Colorado Colorectal Screening Program (“the Program”) provides treatment payments for lawfully present residents of Colorado who have no health insurance or an insurance plan which does not cover any cost for endoscopic colorectal screening, who are at or below 250% of the federal poverty level and a current patient of a participating clinic. Treatment payments cover an adverse event related to the colorectal screening service provided, removal of a large polyp and treatment of diagnosed colorectal cancers for patients that were asymptomatic at the time of the screen. Community clinics will verify citizenship/legal resident status prior to referring patients for treatment by the Program. Participating treatment providers and affiliated facilities (“Provider” or “Providers”) may be paid for services provided through the Program. Payment will be allowable only for services provided to individuals who are lawfully present in the United States and meet minimal eligibility criteria. The types of services that may be paid for by the Program and the procedures for submitting requests for payment are outlined below.

I. Payment Policy

A. Patient Eligibility Colorado residents who are lawfully present in the United States ages 50 and older (average risk) or under 50 at moderate or high risk for colon cancer (personal or family history) who:
   - Are patients who have been endoscopically screened through the Program who require treatment for:
     o Adverse events of the screening (bowel perforation / post polypectomy bleed)
     o Large polyp removal
     o Colorectal Cancer (asymptomatic at the time of screening)
   - Have no other financial assistance options for treatment payment

B. Allowable Services The Program will pay for standard of care services for adverse events directly related to the colorectal screening procedure (colonoscopy, flexible sigmoidoscopy or barium enema), removal of large polyps (Endoscopic Mucosal Resection or Surgery) and treatment of a colorectal cancer that was found during the screening or surveillance procedure.

C. Payment Rates Adverse event, large polyp removal and colorectal cancer treatment services will be paid by the Program at Medicare allowable reimbursement rates if no other financial assistance options are available for the patient. The Program will pay a maximum of the ‘cap’ per patient for treatment services, as determined each funding cycle by the availability of program funds. Payment for treatment services is also subject to the availability of funding. In the event that funding is not provided by the sponsor, or the available funding runs out due to the cost of treatment cases, the Provider will be notified that the Program must suspend payment for treatment services for cases from the date of notification forward. Future treatment beyond the notification date will not be paid due to lack of funding until such time that you are notified that additional funds are available to reinstate payment for treatment services.
Notification will be by email and/or telephone. Costs for treatment services in excess of the “cap” per patient will be the responsibility of the Provider(s).

II. Procedure to Receive Payment for Adverse Events and Treatment

Once an adverse event or cancer diagnosis has occurred, or the endoscopist has identified a large polyp that requires additional treatment, the clinic partner will assess if the patient is eligible for another funding source (Medicaid or Medicare). If no other funding source is available, the patient will receive an “Eligibility Certification Letter” (Figure 6-1) from the participating clinic partner stating that the patient is eligible for financial assistance for the treatment. The Clinic Partner will send a de-identified copy of this letter with a newly assigned, unique patient number to the Program (See process for assigning unique patient numbers below). When the patient presents for treatment at the office of the treatment specialist(s), a copy of the letter should be placed in the patient chart and the original returned to the patient. The Clinic Partner will also submit a copy of the Certification of Verification Form (certifying that the patient is lawfully present) to the Program.

The patient identification number will consist of two parts: Clinic Name and a sequential number based on number of cancers and adverse events diagnosed in that clinic. (Example: Salud 01) The patient identification number should be referenced on the Statement of Treatment Services form when submitted to the Program for payment. The Program cannot accept individual bills with any patient protected health information for adverse event or treatment services. Provider agrees not to send individual bills or patient protected health information to the Program.

Providers will deliver treatment services on behalf of the Program only to those patients who present a letter certifying eligibility for Program treatment services. This letter will be issued by partnering clinics to eligible patients at the time of diagnosis. A copy of this letter, including a unique Program patient number will be maintained in patient medical records. The unique Program number will assure accurate payment of treatment services submitted by partner clinics and specialty treatment providers. All requests for payment must be submitted in the aggregate on a “Statement of Treatment Services” form using the patient’s unique identification number. Use of the unique patient identification number will enable the Program to track accumulating patient costs across all providers, to make certain that individuals do not exceed the cap on treatment services, and to remain in compliance with the terms of the underlying Program. Each provider will keep copies of their standard billing forms, total the charges from those source documents, determine the Medicare allowable reimbursement rate, and submit the aggregate amount to the Program, using the Statement of Treatment Services form. The Provider will then attach that aggregate Statement to their source documents (CMS or UB) for their audit trail and keep it at the practice site for their records.

A maximum of the “cap” per patient is available for treatment. If costs for treatment services exceed the “cap” per patient, the Provider must secure other funds to cover subsequent treatment. Treatment providers will send reports detailing the services provided for the patient to the referring clinic partner and the patient navigator, but not to the Program.

Submitting Payment Requests

Providers are asked to complete the following steps for submitting the Statement of Treatment Services form for payment for provided services:
1. Contact Program Accounting Services at 303-724-1296 to be set up as a vendor at University of Colorado Denver. Fax the “CU W-9 and Vendor Authorization (CUW9)” form to 303-724-0648 and the Program Accounting Services will send you a Statement of Treatment Services form to be submitted for payment.

2. Compile a list of procedures in narrative form (without documenting the ICD-9 or CPT codes) for the adverse event, large polyp removal or cancer treatment service provided.

3. Determine the approved Medicare allowable reimbursement rate for each service described in the statement and total the services.

4. At least monthly, fax the Statement of Treatment Services form that includes all adverse event or treatment services provided for the Program during that time period to 303-724-0648 for payment.

5. Retain a copy of each Statement of Treatment Services and Certification of Verification form with back-up documentation in your billing office for auditing purposes.

The Program will submit payment for eligible services to the Provider within 60 days of receiving the Statement of Treatment Services form.

**III. Accounting Services Audits**

Personnel from the Colorado Colorectal Screening Program will conduct periodic audits of clinical and financial records to:

- Ensure compliance with the Program’s standards, rules and regulations
- Verify eligibility of patients treated in the Program
- Verify the validity of reported services and charges

**Audit Process** The audit process will typically consist of the following steps:

1. The Program will notify the service Provider to arrange a pre-audit teleconference.

2. A teleconference will occur to discuss the audit process, scope, and objectives, and information, such as medical records, that will be required. A date for the site visit will be established.

3. The Program’s Accounting Services personnel will visit the site and review information pertinent to the audit and develop findings and recommendations. The type and extent of field work will vary according to the scope and objectives of the audit. The site visit may entail comparing the medical records, which include Program eligibility and doctor’s orders to the Statement of Treatment Services form to ensure that items for which payment was requested were documented in the medical record.

4. An exit meeting will be held in which the auditors present preliminary audit findings (compliance and exceptions).

5. A formal report of the audit findings and recommendations will be forwarded to the service Provider. The report will describe those findings that were in compliance,
exceptions to expected practice, and recommendations for improved management / reporting practice.

6. The service Provider will have the opportunity to respond to the auditors’ findings and recommendations in writing within 30 days of receipt of audit report.

7. The Program’s Accounting Services personnel will track progress toward resolution of audit issues and may include recommended corrective actions in future service agreements with clinics, hospitals and pathology laboratories. Continued non-compliance with audit recommendations is grounds for termination of the Memorandum of Understanding between University of Colorado Denver Colorado Colorectal Screening Program and providers.
Figure 5-1: Treatment Eligibility Certification Letter

Colorado Colorectal Screening Program
Eligibility Certification Letter
Statement of Treatment Coverage

Patient ID #: ___________________________  Date: ____________

Clinic Name  sequenced case number

Patient Name: ________________________________________________

Patient Address: ______________________________________________

Patient Phone: ________________________________________________

DOB: _________________________________________________________

Referring “CHC”: ______________________________________________

The University of Colorado Denver (UCD) in collaboration with the Colorado Cancer Coalition and selected Colorado Community Health Clinics (“CHCs”) have implemented the Colorado Colorectal Screening Program (the Program), a statewide effort to provide colorectal screening services to medically underserved Coloradans, and to increase the awareness and demand for colorectal screening for all Coloradans. Lawfully present residents of Colorado served by participating “CHCs” are eligible for this Program if they are patients who have been endoscopically screened through the program who require treatment for adverse effects of the screening, a large polyp removal or for a colorectal cancer diagnosis, have no other financial assistance options for treatment payment and are under 250% of the Federal Poverty Level.

This letter certifies that the patient described above is eligible for treatment services subsequent to a colorectal screening provided by a participating “CHCs”. The clinic partner determined that this patient is eligible for help with treatment costs. Treatment providers should make a copy of this letter, retain it in the patient’s medical record and include the unique Patient ID (and no other patient identifying information) on all statements of treatment services submitted to UCD. Referring “CHCs” should submit a copy of this letter without patient protected health information to the Program after the letter has been created for each patient.

Allowable Services: The Program will pay for treatment of adverse events (e.g. bowel perforation / post polypectomy bleed) directly related to the colorectal screening procedure (colonoscopy, flexible sigmoidoscopy or barium enema) and removal of large polyps (Endoscopic Mucosal Resection or Surgery) for anyone screened in the Program. The Program will also pay for treatment of a cancer diagnosed in the colon or rectum that was found during the screening or surveillance procedure for asymptomatic patients.

Payment Rates: Adverse event, Large Polyp Removals and cancer treatment services will be paid by the Program at Medicare Allowable Reimbursement Rate if no other financial assistance options are available for the patient. A maximum of $25,000.00 per patient is available for treatment. Payment is subject to the availability of funding. In the event that funding is not provided by the sponsor, or the available funding runs out due to the cost of treatment cases, the Provider will be notified that the Program must suspend payment for treatment services for cases from the date of notification forward. Future treatment beyond the notification date will not be paid due to lack of funding until such time that you are notified that additional funds are available to restate payment for treatment services. Notification will be by email and/or telephone. Costs for treatment services in excess of $25,000.00 per patient will be the responsibility of the Provider(s).

Any questions regarding the eligibility of this patient for the services or clinical information should be directed to the referring “CHCs”. General questions about the Program should be directed to:

Sheryl L. Ogden, RN, BSN
303-724-1281 Phone
303-724-0964 Fax
sheryl.ogden@ucdenver.edu

Clinic Contact:

Phone: ___________________________
Fax: ___________________________
e-mail: _________________________