



# Medical Assistance Program Bulletin

## Colorado Title XIX

Fiscal Agent

  
**ACS**  
 Denver Club Building  
 518 17<sup>th</sup> Street, 4<sup>th</sup> Floor  
 Denver, CO 80202

**Medical Assistance Program  
 Provider Services**  
 303-534-0146  
 1-800-237-0757

**Mailing Addresses**  
 Claims & PARs  
 P.O. Box 30  
 Denver, CO 80201-0030

**Correspondence, Inquiries & Adjustments**  
 P.O. Box 90  
 Denver, CO 80201-0090

**Provider enrollment, Provider information,  
 Changes, Signature authorization,  
 and Claim requisitions**  
 P.O. Box 1100  
 Denver, CO 80201-1100

Medical Assistance Program  
 Fiscal Agent Information  
 on the Internet

[http://www.chcpf.state.co.us/ACS/Provider\\_Services/provider\\_services.asp](http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp)

**Click on the Provider Services tab at the top of the web page**

Medical Assistance Program bulletins contain important policy and billing information and should be shared promptly with billing staff. Bulletins supplement information in the Medical Assistance Program Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates. Please direct questions about bulletins and billing information to Medical Assistance Program Provider Services.

**Distribution: All providers**

**November 2007**

**Reference: B0700239**

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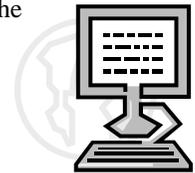
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### ALL PROVIDERS

#### Web Portal Update

##### Modified Main Web Portal Page

In November, the Web Portal will display a new look on the Main Web Portal page after the Login page. An easy-to-use button menu will be available on the left side of the page for users to navigate and access services in the portal. Simply hover your mouse over the buttons and click on the button or click on an expanded button option.



Users can also use the “Alt” and “M” keys simultaneously to access the menu. Use the keyboard arrows to navigate and the “Enter” key to select. In addition, the message area on this page will be expanded and will be titled “What’s New”.

##### User Password Reset

In December, all users will be able to unlock their suspended accounts by entering their user name and correctly answering challenge questions. A user will be able to request their user name via email when they submit an email address that uniquely identifies the user. Users will have the opportunity to choose and answer their challenge questions and submit email addresses the first time they login after implementation. Please refer to the message area on the Main portal page for further updates.

##### Do Not Share User Names and Passwords

All users must have a unique user name to access the portal. Users should not be sharing the same user name and password. If you are sharing a user name, please request your own user name and password from your Trading Partner Administrator (TPA). TPAs can create new users by accessing the User Maintenance which is located under Administration in the menu. TPAs can refer to the Trading Partner Administration User Guide for more information or call the Security Administration line at 303-866-4473 for assistance.

#### Provider Enrollment

##### Updated Provider Enrollment Applications

Effective September 1, 2007, providers must submit enrollment applications with a revision date of July 2007. Applications with a date other than July 2007 will not be processed. Both the billing and rendering provider applications contain several changes that should reduce any confusion and ensure your applications are processed smoothly. Rendering providers must complete the rendering provider application to ensure proper enrollment.



The July 2007 applications can be downloaded from the Provider Services Enrollment web page. Click the “Providers not yet enrolled”, and click on the appropriate provider type.

The following link will take you directly to the "Providers not yet enrolled" page:

[http://www.chcpf.state.co.us/ACS/Enrollment/new\\_providers.asp](http://www.chcpf.state.co.us/ACS/Enrollment/new_providers.asp)

Please contact ACS Provider Services at 303-534-0146 or 800-237-0757 (Colorado toll-free) if you have any questions about completing an application.



### **National Provider Identifier**

Effective January 1, 2008, all Provider Enrollment Applications must be submitted with the provider's NPI. Applications received without the provider's NPI will be pended until the fiscal agent receives NPI information.

### **New Provider Enrollment Update Form**

A new Provider Enrollment Update Form and revised instructions on how to update your enrollment information are now available in the Provider Services section of the Department's website. To access this information, please go to:

[http://www.chcpf.state.co.us/ACS/Pdf\\_Bin/Provider\\_Enrollment\\_Update\\_Form102507.pdf](http://www.chcpf.state.co.us/ACS/Pdf_Bin/Provider_Enrollment_Update_Form102507.pdf)

## **November 2007 Holiday Processing Schedules**

### **Veteran's Day holiday**

Due to the Veterans' Day holiday on Monday, November 12, 2007, claim payments will be processed on Thursday, November 8, 2007. The processing cycle includes electronic claims accepted before 6:30 P.M. on Thursday.

### **Thanksgiving Day holiday**

Due to the Thanksgiving Day holiday on Thursday, November 22 2007, the receipt of payments, warrants and EFTs may be delayed at least one day.

## **Home Health Providers**

### **Dual Eligibility Policy Clarification**

"Dual Eligible" beneficiaries are beneficiaries who carry both Medicare (A and/or B and D) and Medicaid benefits. **Both** payer sources should be indicated on the OASIS in the appropriate MO item. Clients with Medicare eligibility for which reimbursement for services by Medicare is in doubt shall be given a Home Health Advance Beneficiary Notice (HHABN) in the CMS required format. The reason Medicare is expected to not pay must be specific and detailed (i.e. "you leave home several times a week for socialization", or "medication administration is the only nursing care you require, which is not a Medicare benefit"). Beneficiaries shall be instructed to select the third checkbox ("Option 3"), indicating Medicare will be billed *unless* the client chooses to self pay or to not receive care at all. If Option 3 is selected, they may select the option to not bill Medicare or any other insurance. Providers shall demand bill Medicare before submitting claims to Medicaid. If the claim is denied by Medicare, this denial must be kept on file as confirmation that Medicare reimbursement was not covered. Since Medicaid is **always** the payer of last resort, it is not an optional choice to bypass billing Medicare by submitting claims to **Medicaid first**. This process can be found on the CAHABA website:

[https://www.cahabagba.com/part\\_a/education\\_and\\_outreach/educational\\_materials/hha.htm](https://www.cahabagba.com/part_a/education_and_outreach/educational_materials/hha.htm)

For any questions or guidance, please contact Liz Svedek, Home Health, Private Duty Nursing, and Hospice Program Administrator at 303-866-3674, or by e-mail at [elizabeth.svedek@state.co.us](mailto:elizabeth.svedek@state.co.us).

### **Five Most Common Home Health PAR Errors**

- PARs submitted 10 days after the PAR start date will still be approved if appropriate, but the units will be adjusted accordingly. According to ruling 10 CCR 2505-10/8.527.11.A.2, providers have 10 business days from the PAR start date to submit the PAR.
- Orders need to specify the frequency of treatment or visits as well as the length of visits. If the time submitted is outside of or different from the orders, treatments or visits will be deducted and the units adjusted accordingly.
- Orders for therapy such as PT, OT, and ST must state the frequency of treatments. If the order reads "to evaluate", only one unit will be authorized.
- Clear and concise goals must be provided for all therapies to be approved.
- Submitting a copy of the Medicaid bulletin is not acceptable documentation to substantiate duties that will be performed by a CNA.

## **Nursing Facility Providers**

### **Nursing Facilities' Cost and Rate Information Available on the Internet**

The Department of Health Care Policy and Financing (Department) contracts with an outside CPA firm, Myers & Stauffer, LC, to audit the annual costs incurred by Medicaid-certified nursing facilities that serve nursing facilities' clients. The audits are used to calculate the per diem rate paid to these providers in accordance with Department regulations. Myers & Stauffer has built a website allowing access to interested parties of current and historical cost and per diem rate information. Information is made available to interested parties in four levels of inquiry:



**General and Statistical information, forms, and helpful links:** Available to all website visitors with no password required.

**Individual facility information:** This level requires a password issued to stand-alone facilities, allowing each facility to look at the cost, rate and audit-related information for the individual facility only.

**Nursing Facilities "Chains":** This level allows access via group passwords issued to common corporate owners, allowing them to look at cost and rate information for each of their facilities.

**Administrator Level access:** This level allows access to all providers' information by Myers & Stauffer and designated Department Nursing Facilities Section staff.

The website is now functional and can be viewed at [www.msllccolorado.com](http://www.msllccolorado.com). Please contact Dick Gallagher at 303-866-2858 or [richard.gallagher@state.co.us](mailto:richard.gallagher@state.co.us) with any questions or suggestions.

## **Pharmacy Providers**

### **Update on Tamper-Resistant Prescription Pad Requirement**



Congress recently passed legislation delaying the effective date for the requirement that all paper Medicaid prescriptions be written on tamper-resistant prescription pads. The new deadline is April 1, 2008.

The Department will post information in the near future detailing our implementation timeline based on this new date. Please check future Provider Bulletins for further updates or you may contact Kim Benson at 303-866-3033. Thank you for your patience.

## **Brand and Generic Drugs**

### **DAW 2**

Historically, the Department of Health Care Policy and Financing (Department) allowed the DAW 2 code (patient requested brand) to be used when a client requested the brand product over the available generic equivalent drug. The DAW 2 code was used to override the generic mandate and charge the client the difference in the cost between the brand and generic product. Because various manufacturers for the same generic medication all have different prices, the Department could not base the reimbursement rate from the generic price. Therefore, the Department based the reimbursement amount to the pharmacy and cost to the client from the brand name price, which exceeded the amount the Department should pay. Since the reimbursement rate cannot be calculated correctly, the Department has changed its policy and discontinued the use of DAW 2. The removal of the DAW 2 code from the computer system was prematurely implemented in August when other system updates were done. Because sufficient notice was not given, the Department is currently establishing prior authorizations for clients who request the brand name drug over the generic equivalent. Starting December 1, 2007 the Department will enforce this policy change (discontinuation of DAW 2) and require clients to be responsible for the entire cost of the brand name product unless the client's prescriber receives a brand name prior authorization approval.

### **Brand vs. Generic**

Several medications including Proventil HFA, Ventolin HFA, Glucagon, Floxin 0.3% ear drops, and Estraderm have generic substitutions with the same generic drug code, however, these generic substitutions are not A-rated by the FDA. The Medicaid pharmacy claims system should only deny brand name medications when there is an A-rated generic available. Due to a system error, the medications listed above are incorrectly denying and requiring a generic substitution. The Department's fiscal agent is working to correct this problem as soon as possible. In the meantime, if a client requires one of these medications, please complete the client and medication portion of the Brand Name PAR form available at <http://www.chcpf.state.co.us/HCPF/Pharmacy/phmindex.asp>. The prescriber does not need to sign the form or complete the medical justification portion of the form for these medications. The Department apologizes for this inconvenience. If you have any questions, please contact the Colorado Medicaid Pharmacy Services Help Desk at 1/800-365-4944.

### **Go Green and Enjoy the Benefits of Direct Deposit**

The Department recommends that providers sign-up for direct deposit and go paperless whenever possible. Direct deposit eliminates paper check (warrant) delays due to inclement weather or postal delays. It's the safest and easiest way to receive Medical Assistance Program payments. With Electronic Funds Transfer (EFT) providers don't have to go to the bank to deposit their check, as it's already there. EFT is reliable, secure and saves time. There's no risk of having your payment lost, stolen or damaged. Complete the EFT form located in the Provider Services Forms section of the Department's website at:

[http://www.chcpf.state.co.us/ACS/Provider\\_Services/Forms/Forms.asp](http://www.chcpf.state.co.us/ACS/Provider_Services/Forms/Forms.asp)



*EFT permanently solves paper check (warrant) problems!*

Allow 30 days for processing your EFT request.

1. After 30 days, check with your bank to verify that EFT has been set up.
2. You will receive paper checks until EFT has started or until the update is active.

**Please Note:** The fiscal agent (ACS) does **not** have access to EFT status information.

### **Electronic Bulletin Notification**

#### **Stop Receiving Paper Bulletins and Start Receiving Bulletin Email Notification**

Bulletin email notifications will be required in the near future. The Department strongly encourages providers to sign-up for bulletin email notifications as soon as possible.



The email contains a link to the latest bulletin and allows providers to receive program information up to a week sooner than through bulletins sent by mail.

*Medical Assistance Program enrolled providers who do not have their email on file with the fiscal agent can complete and submit their information through the Inquiry/Update Provider Data option located at the main menu within the Web Portal.*

Providers may also complete and submit the Publication Preferences form in the Provider Services Forms section of the Department's website at: [http://www.chcpf.state.co.us/ACS/Provider\\_Services/Forms/Forms.asp](http://www.chcpf.state.co.us/ACS/Provider_Services/Forms/Forms.asp).

Please fax or mail the completed form to the fiscal agent at the fax number/address on the form. Thank you for promptly completing and submitting the Publication Preferences form.

*Providers are responsible for ensuring that the fiscal agent has their current publications email address on file. The Colorado Medical Assistance Program is not responsible for undeliverable notifications due to incorrect email addresses.*

**Please Remember:** Providers may have **only one** email address on file with the fiscal agent. The person receiving the email notification should forward the email to all additional people needing the updated information.

## November 2007 Denver Provider Billing and Enrollment Application Workshops

### General Information

Provider billing workshops include both Medical Assistance Program Billing instructions and a review of Medical Assistance Program billing procedures. There are specific classes for new billers to the Medical Assistance Program and for specialty training for different types of providers.



### Who Should Attend?

New and experienced receptionists, front desk personnel, admission personnel, office managers, billing services, and other billers should attend the appropriate workshops.

### Do I need Reservations?

Yes, reservations are necessary for **all workshops**. We are currently requesting reservations for all Denver workshops in order to provide adequate space in all workshops.



Email reservations to: [workshop.reservations@acs-inc.com](mailto:workshop.reservations@acs-inc.com)

or

Call Medical Assistance Program Provider Services to make reservations.  
1-800-237-0757 or 303-534-0146

Press "5" to make your workshop reservation. This transfers you to a voice mail where you must leave the following information:

- Medical Assistance Program provider billing number
- The date and time of the workshop
- The number of people attending and their names
- Contact name, address and phone number



Without all of the requested information, your reservation will not be processed successfully. Your confirmation will be mailed to you within one (1) week of making your reservation. If you do not receive a confirmation within one (1) week please contact Provider Services and talk to a Provider Relations Representative.

### Class Descriptions

For a complete list of class descriptions, please see bulletin B0700227 (January 2007) or the 2007 Denver and Statewide Workshop Schedule in the Provider Services Training and Workshops section of the Department's website at:

[http://www.chcpf.state.co.us/ACS/Provider\\_Services/Train\\_Workshops/train\\_workshops.asp](http://www.chcpf.state.co.us/ACS/Provider_Services/Train_Workshops/train_workshops.asp).

### Denver Location

All Denver Workshops are located at our new location:



ACS  
Denver Club Building  
518 17th Street, 4th floor  
Denver, Colorado 80202

**Driving directions to ★ACS, Denver Club Building, 518 17<sup>th</sup> Street, 4th floor, Denver, Colorado 80202:**

Take I-25 toward Denver

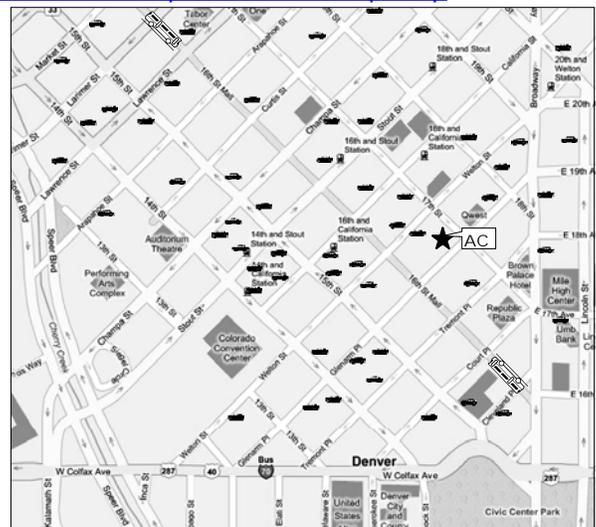
Take exit 210A to merge onto W Colfax Ave (40 E), 1.1 m

Turn **left** at Kalamath St, 456 ft

Continue on Stout St, 0.6 m

Turn **right** at 17th St, 0.2 m

ACS is located in the Denver Club Building, on the west side of Glenarm Place at 17<sup>th</sup> Street (Glenarm is a two-way street).



**Parking:**

Parking is not provided by ACS and is limited in the Downtown Denver area.

Providers attending workshops are urged to carpool and arrive early to secure parking or use public transportation.

 = Light Rail Station; A Light Rail map is available at: <http://www.rtd-denver.com/LightRail/lrmap.htm>

 = **Free** MallRide; MallRide stops are located at every intersection between RTD's Civic Center Station and Union Station.

 = Some of the commercial parking lots; Lots are available throughout the downtown area and the daily rates range from about \$5 to \$20.

**Beginning Billing**

This class is for new billers, billers who would like a refresher, and would like to network with other billers about the Colorado Medical Assistance Program. The class covers in-depth information on resources, eligibility, timely filing, reconciling your remittance statements and paper claim completion for the UB-92 and the CO1500. *This class does **not** cover any specialty billing information.*

The fiscal agent provides specialty training in their Denver office during March and October each year and statewide during May and September each year.

Please refer to the 2007 Denver and Statewide Workshop Schedule in the Provider Services Training & Workshops section of the Department's website at:

[http://www.chcpf.state.co.us/ACS/Provider\\_Services/Train\\_Workshops/train\\_workshops.asp](http://www.chcpf.state.co.us/ACS/Provider_Services/Train_Workshops/train_workshops.asp) for a complete listing and descriptions of Denver workshops.

**November 2007 Denver Beginning Workshop Schedule****Beginning Training CO-1500/837P**

11/13/07 – Tuesday, 9:00am – 3:00pm

**Beginning Training UB-92/ 837I**

11/15/07 – Thursday, 9:00am – 3:00pm

**Colorado Medical Assistance Program Enrollment Application Workshop**

The fiscal agent will conduct its final Provider Enrollment Application workshop for the 2007 calendar year on:

**Wednesday, 11/07/07 (9:00am-1:00pm)**

The workshop focuses on the importance of correctly completing the Colorado Medical Assistance Program Provider Enrollment Application.

Newly enrolling providers, persons with the responsibility for enrolling providers within their groups, association representatives and anyone who wants to better understand the Colorado Medical Assistance Program enrollment requirements should attend. All workshops are located at:

**ACS**

**Denver Club Building**

**518 17th Street, 4th floor**

**Denver, Colorado 80202**

Seating for these workshops is limited and reservations are required.

Please email reservations to: [workshop.reservations@acs-inc.com](mailto:workshop.reservations@acs-inc.com)

or

Call Medical Assistance Program Provider Services to make reservations.

1-800-237-0757 or 303-534-0146

**Please go to [http://www.chcpf.state.co.us/ACS/Enrollment/new\\_providers.asp](http://www.chcpf.state.co.us/ACS/Enrollment/new_providers.asp) and click on your provider type. Please download and print your enrollment documents and bring them with you to the workshop.**



Please direct questions about Medical Assistance Program billing or the information in this bulletin to Medical Assistance Program Provider Services at:

303-534-0146 or 1-800-237-0757 (Toll free Colorado)

For updates check: [http://www.chcpf.state.co.us/ACS/Provider\\_Services/provider\\_services.asp](http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp)

