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All Providers

New Colorado interChange

In late 2013, the Department of Health Care Policy and Financing (the Department) selected Hewlett Packard (HP) as its contractor to design, develop, test, and implement a new state-of-the-art Medicaid Management Information System (MMIS). As part of the new contract, HP will also transition into the role of Fiscal Agent over the next two (2) years. The current MMIS and Fiscal Agent functions are both operated by Xerox State Healthcare. The new MMIS system will be called the Colorado interChange and is one (1) piece of a three-part enterprise system that includes a new Pharmacy Benefits Management System (PBMS) and a Business Intelligence and Data Management System (BIDM). Continue reading to understand how this change will impact providers.



The Colorado interChange system will be a significant upgrade from the Department’s current technology. It will streamline existing processes and offer new enhanced services. Some of the new system enhancements include:

- Electronic provider enrollment – no more paper!
- A new Provider Portal for billing, electronic remittance advices, and clinical data.
- Electronic Prior Authorization Requests (PARs) for all required State Plan and Long Term Care (LTSS & IDD) services.
- A new Care and Case Management system that will replace the current Benefits Utilization System (BUS).
- Online, self-paced provider trainings.

How This Impacts Providers

While the full enterprise system won’t be online until November 2016, the first module of the Colorado interChange system will be a new online provider enrollment tool, which will launch in **September 2015**. The immediate impact to new and existing providers is an

**Xerox State Healthcare
Denver Club Building
518 17th Street, 4th floor
Denver, CO 80202**

Contacts

Billing and Bulletin Questions
1-800-237-0757

Claims and PARs Submission
P.O. Box 30
Denver, CO 80201

Correspondence, Inquiries, and Adjustments
P.O. Box 90
Denver, CO 80201

Enrollment, Changes, Signature Authorization and Claim Requisitions
P.O. Box 1100 Denver, CO 80201

ColoradoPAR Program PARs
www.coloradopar.com

Affordable Care Act (ACA) requirement that all Medicare and Medicaid providers be revalidated to meet new screening criteria (see below for details on provider revalidation and enrollment). Over the next several months, the Department will provide updates and training opportunities to help providers prepare and better understand what they need to do to meet these new ACA requirements. We encourage you to visit Colorado.gov/HCPF/Provider-Resources often for frequent updates.

Provider Revalidation and Enrollment



Section 6401 (a) of the ACA requires that **all enrolled Medicaid and Medicare providers and suppliers** revalidate their enrollment information under new enrollment screening criteria. The Department has worked with Centers for Medicare and Medicaid Services (CMS) to extend the revalidation deadline for Colorado Medicaid providers to March 31, 2016. This will allow providers to simultaneously undergo revalidation while enrolling into the new

Colorado interChange system.

The revalidation process is required for providers who want to continue (or begin) providing services to Medicaid and CHP+ members after **September 15, 2015**. The revalidation process will include a licensure and federal database check for all providers. For some providers, based on CMS provider type and risk designation, the process may also include a criminal background check, fingerprinting, and unannounced site visits (including pre-enrollment site visits). More information on the provider screening rule is available on the Department's [Provider Implementations](#) web page under the Federal Provider Screening Regulations tab.

The Centers for Medicare and Medicaid Services also requires an application fee of approximately \$550 from institutional providers (see the Frequently Asked Questions (FAQ) document on how CMS defines an 'institutional provider') that are:

- Initially enrolling in the Medicare or Medicaid program or the Children's Health Insurance Program (CHIP);
- Revalidating Medicare, Medicaid, or CHIP enrollment; or
- Adding a new Medicaid practice location.

The fee is set by CMS and will be required upon each revalidation period (every three (3) to five (5) years, depending on provider type). More information about this fee may be found on the [CMS website](#).

However, the application fee **will not apply** to the following providers:

- Individual practitioners and suppliers.
- Providers who have enrolled or revalidated in Medicare and paid an application fee within the last 12 months.
- Providers already enrolled in any state's Medicaid or CHIP program that have paid an application fee and been screened by that state within the last 12 months, as long as the other state's screening requirements are consistent with Colorado's (list of states coming soon).

Many providers are exempt from the fee. In addition to the exceptions noted above, providers may request an exemption through a hardship request or categorical fee waiver. For more information please see the Hardship FAQs located on our [Provider Resources web page](#).

Timeline

Existing providers will begin revalidation/enrollment in September 2015. In order to accommodate all Colorado Medicaid providers, we will initiate a series of revalidation/enrollment 'waves' by county. Enrollment scheduling information and more details will be released soon.

At this time, providers only need to do the following:

- Obtain your National Provider Identifier (NPI).
 - If you do not have an NPI, you may request one through the [National Plan & Provider Enumeration System](#) (NPPES) website.
- Gather documentation needed for enrollment.
 - Provider Enrollment checklists will be published on the Provider Resources page soon.
- Make electronic copies of your certifications and licensures.

Visit the [Provider Resources](#) web page frequently for updates and more details.

Add-A-Baby Project

On January 1, 2013, the Add-A-Baby project, operated by the Department of Health Care Policy and Financing (the Department), concluded. This *temporary* project was implemented in October 2009 to offer providers an alternative means for enrolling newborns, born to Medicaid-eligible mothers, into Medicaid. In an effort to avoid duplication of efforts and expedite the application processing, the Department is requesting that providers work directly with the county or Medical Assistance (MA) Site when attempting to add newborns born to eligible Medicaid mothers.



The Department has continued to accept and process **emergent** requests only for newborns that **need immediate medical attention**. Emergent requests can only be submitted to the Department through the [online form](#).

To verify a newborn's eligibility, please utilize the Colorado Medical Assistance Web Portal ([Web Portal](#)) or contact the Social Services Office in the county in which the member lives.

Please email the Department at add-a-baby@hcpf.state.co.us with questions or concerns.

ColoradoPAR Program

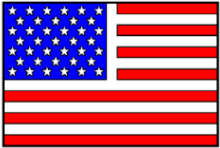
The ColoradoPAR Program is the Utilization Management (UM) program for the Colorado Medical Assistance Program. The ColoradoPAR Program currently processes Prior Authorization Requests (PARs) for the following categories:

- Audiology
- Diagnostic imaging services limited to non-emergent Computed Tomography (CT) Scans, Magnetic Resonance Imaging (MRI), and all Positron Emission Tomography (PET) Scans
- Durable Medical Equipment (DME) products, including repairs and EBI Bone Stimulators
- Home Health services (formerly referred to as Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Extraordinary and Long-Term Home Health for Children), including Pediatric Home Health and Private Duty Nursing (PDN)
- Medical/surgical services
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
- Second opinion surgical services

- Physical and Occupational Therapy services (OT/PT)
- Reconstructive surgery
- Out-of-state non-emergency surgical services
- Organ transplantation
- Vision services

For more information please refer to the ColoradoPAR Program website at www.coloradopar.com.

Memorial Day 2015



Due to the Memorial Day holiday on Monday, May 25, 2015, State, DentaQuest, the Department's fiscal agent, and the ColoradoPAR Program offices will be closed. The receipt of warrants and Electronic Funds Transfers (EFTs) may potentially be delayed due to processing at the United States Postal Service (USPS) or providers' individual banks.

Dental Providers

Dental Program – Revised Adult Dental Policies Update

Effective April 30, 2015, the revised policies to the Adult Dental Services rule took effect. These revisions passed the final reading for permanent adoption at the [Medical Services Board](#) (MSB) meeting on March 13, 2015. The associated updates and revisions to the DentaQuest Medicaid Dental Provider Office Reference Manual (ORM), its enclosed benefit tables, and the Medicaid Dental Program Fee Schedule have been made and are available to dental providers as of April 30. The updated [documents](#) are posted on the DentaQuest Colorado Provider website in the "DentaQuest Resources" section.



Dental Administration Services Organization (ASO) Updates from DentaQuest

The most recent version of the [Colorado Summit](#), the DentaQuest quarterly e-newsletter for Colorado's Medicaid dental providers, is available on the [DentaQuest Colorado Providers](#) website. Colorado Medicaid dental providers may contact DentaQuest Provider Services at 855-225-1731 for more information.

Durable Medical Equipment (DME) and Supply Providers

Providers Retraction/Clarification – Durable Medical Equipment Prior Authorization Requests (PARs)

In the Department's March and April 2015 Provider Bulletins ([B1500364](#) and [B1500365](#)), it was stated that a quote or invoice must be submitted for all DME PARs in order to be processed. This statement is amended as follows:

All DME, Prosthetic, Orthotic, and Supply PARs that have manually priced and/or miscellaneous codes must be submitted with a quote or invoice in order to be processed. Line items with a Fee Schedule, unless specifically required in the Durable Medical Equipment (DME) & Supplies Billing Manual, do not require a quote or invoice to be included with the PAR.

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)



Reminder: If the Durable Medical Equipment and Supplies Billing Manual notes that a questionnaire is required for a particular procedure code and the questionnaire is not included with the PAR, the PAR may be denied for Lack of Information (LOI).

Update: Durable Medical Equipment Supplier License ([House Bill 14-1369](#) and [House Bill 15-1211](#))

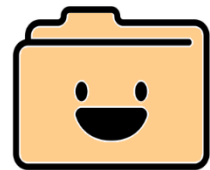
With the passing of House Bill 15-1211, the Department does **not** need a copy of the DME Supplier License issued through the Colorado Secretary of State. The license is a Medicare requirement when billing certain items to Medicare under the circumstances outlined in the bill. For questions on how to obtain the license, please contact the [Colorado Secretary of State](#). For a list of products that require the license, please visit the National Supplier Clearinghouse's [Licensure Information web page](#).

Please contact Carrie Smith at Carrie.Smith@state.co.us or 303-866-3406 with questions.

Pharmacy Providers

Pharmacy Audits

Reminder: Pharmacy providers must maintain records that indicate whether drug therapy counseling was not, or could not, be provided to a Medicaid member (10 CCR 2505-10, section 8.800.9B). Pursuant to state and/or federal audits, providers must furnish information about submitted claims, including records on drug therapy counseling upon request (10 CCR 2505-10, section 8.076.2.D). Any claims where the requested documentation is not received is considered an overpayment subject to recovery, regardless of whether goods or services have been provided (10 CCR 2505-10, section 8.076.2.G).



Drug Utilization Review Board (DUR) Meeting

Tuesday, May 12, 2015

6:00 p.m. – 7:00 p.m. Closed Executive Session for Board Members

7:00 p.m. – 9:00 p.m. Open Session

Skaggs School of Pharmacy and Pharmaceutical Sciences Building
12850 East Montview Blvd., Aurora, CO 80045
Seminar Room – Room 1000; First Floor

Note: Parking is available in the [Henderson/Visitor Parking Garage](#).

An [agenda](#) for the meeting can be found on the Department's website.

May and June 2015 Provider Workshops

Provider Billing Workshop Sessions and Descriptions

Provider billing workshops include both Colorado Medical Assistance Program billing instructions and a review of current billing procedures.

Class descriptions and workshop calendars are also posted in the [Provider Training](#) section of the Department’s website.



Who Should Attend?

Staff who submit claims, are new to billing Colorado Medicaid services, need a billing refresher course, or administer accounts should consider attending one or more of the following Provider Billing Workshops. Courses are intended to teach, improve, and enhance knowledge of Colorado Medical Assistance Program claim submission.

May 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10	11 Waiver 9:00AM-11:30AM Web Portal 837P 11:45AM-12:30PM Provider Enrollment: Dental 1:00PM-3:30PM Web Portal 837P 3:45PM-4:30PM	12 CMS 1500 9:00AM-11:30AM Web Portal 837P 11:45AM-12:30PM DME/Supply 1:00PM-3:00PM	13 UB-04 9:00AM-11:30AM Web Portal 837I 11:45AM-12:30PM	14	15 *All Classes WebEx* CMS 1500 9:00AM-11:30AM Web Portal 837P 11:45AM-12:30PM Provider Enrollment 1:00PM-3:00PM	16

June 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7	8	9 CMS 1500 9:00AM-11:30AM Web Portal 837P 11:45AM-12:30PM *WebEx* Vision 1:00PM-3:00PM	10 *All Classes WebEx* UB-04 9:00AM-11:30AM Web Portal 837I 11:45AM-12:30PM IP/OP 1:00PM-3:00PM	11 Home Health 9:00AM-11:00AM *WebEx* Nursing Facility 1:00PM-3:00PM	12 *All Classes WebEx* Dialysis 1:00PM-3:00PM	13

Reservations are required for all workshops

Email reservations to:

workshop.reservations@xerox.com

Or Call the Reservation hotline to make reservations:

1-800-237-0757, extension 5.

Leave the following information:

- Colorado 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

All the information noted above is necessary to process reservations successfully. Look for a confirmation email within one week of making a reservation.

Reservations will only be accepted until 5:00 p.m. the Friday prior to the training workshop to ensure there is adequate space available.

If a confirmation has not been received at least two business days prior to the workshop, please contact the Department's fiscal agent and talk to a Provider Relations Representative.

Workshops presented in Denver are held at:

Xerox State Healthcare
Denver Club Building
518 17th Street, 4th floor
Denver, Colorado 80202

**Please note: For WebEx training, a meeting notification containing the website, phone number, meeting number and password will be emailed or mailed to those who sign up.*

The fiscal agent's office is located in the Denver Club Building on the west side of Glenarm Place at 17th Street (Glenarm is a two-way street).

Free parking is not provided and is limited in the downtown Denver area. Commercial parking lots are available throughout the downtown area. The daily rates range between \$5 and \$20. Carpooling and arriving early are recommended to secure parking. Whenever possible, public transportation is also recommended.

Some forms of public transportation include the following:

Light Rail – A Light Rail map is available at: http://www.rtd-denver.com/LightRail_Map.shtml.

Free MallRide – The MallRide stops are located on 16th St. at every intersection between the Civic Center Station and Union Station.

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

Xerox State Healthcare Provider Services at 1-800-237-0757.

Please remember to check the [Provider Services](#) section of the Department's website at colorado.gov/hcpf for the most recent information.

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