



Provider Bulletin

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July 2010

colorado.gov/pacific/hcpf

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Did you know...?

Providers can tell if the client is QMB-Only if the Web Portal eligibility report states "Client has Medicare covered services only, no drug benefits". This statement will appear on the second page of the report **only** if the client is QMB only. Colorado Medical Assistance Program benefits for Medicare QMB-Only Beneficiaries are limited to the Medicare coinsurance and deductibles for all Medicare-covered services.

All Providers

New Automatic Voice Response System (AVRS)

ACS will implement a new AVRS at the end of July 2010. The new system will still allow providers to retrieve client eligibility, claim status, and warrant information. The local number that is currently used, 303-534-3500, will be **disconnected** and all providers will be required to use the toll free number 1-800-237-0044. Providers will continue to be able to retrieve client eligibility through Faxback using the toll free number 1-800-493-0920.

Local Provider Services Phone Number Will Be Discontinued

Beginning August 1, 2010, the local ACS Provider Services Call Center phone number currently used, 303-534-0146, will no longer be active. All providers will have to access the Call Center through the toll free number 1-800-237-0757.



New Medical Identification Cards (MICs)

On June 1, 2010, the Department of Health Care Policy and Financing (the Department) began issuing a bilingual (English and Spanish) MIC to new clients. The new cards do not replace the blue cards issued before June 1, 2010, therefore, the blue card is still valid. If you have any questions, please contact Johanna Santucci at 303-866-4130 or johanna.santucci@state.co.us.

Payment Error Rate Measurement (PERM) Program Providers Open Door Forum Call

What is PERM?

The PERM program was developed and implemented by the Centers for Medicare and Medicaid Services (CMS) to comply with the Improper Payments Information Act (IPIA) of 2002. CMS is the federal oversight body for Medicaid and the Children's Health Insurance Program (CHIP). The purpose of PERM is to examine eligibility determinations and claim payments of Medicaid and CHIP programs for accuracy and to ensure that states only pay for appropriate claims. In Colorado, CHIP is called Child Health Plan *Plus* (CHP+).

Please refer to the [February 2010 Provider Bulletin \(B1000278\)](#) for more information.

Open Door Forum Conference Call

CMS is hosting an Open Door Forum conference call to educate the provider community about the PERM program and provider responsibilities. The Open Door Forum call provides an opportunity for live dialogue between CMS, CMS' contractors, PERM State representatives, and providers. The call is scheduled for about 90 minutes.



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

ACS Contacts

Billing and Bulletin Questions

303-534-0146
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

During this presentation, CMS staff and contractors will share information with providers, and providers will then have the opportunity to ask questions.

What will providers learn from the Open Door Forum conference call?

- f An overview of the PERM program, the PERM process and what providers may be required to do during the PERM review.
- f The medical record request letter and what provider's responsibilities are when they receive a request letter.
- f The follow-up schedule and the requirements.
- f Frequent mistakes and best practices.

When is the Open Door Forum conference call for Colorado providers?

Colorado is scheduled on August 11, 2010. The date and time will be updated as soon as information is available from CMS. The information will be available in the [PERM](#) section of the Department's Web site at colorado.gov/pacific/hcpf. Please refer to the Department's Web site for any updates on PERM.

Where can providers learn more about the Open Door Forum call?

Providers can go to the CMS Web site at <http://www.cms.gov/PERM/> for more information. You may also contact Vivian Tran, Colorado PERM contact, at 303-866-5780 or vivian.tran@state.co.us.

Changes to Medicaid 1931 Program Policy

It has been confirmed that the Department is not mandated to require that all household members request Medical Assistance on the application in order to receive 1931 eligibility.



Parents in a household with only one parent currently enrolled in Parents Plus had their benefits terminated on May 31, 2010. These clients are still eligible for the 1931 Medicaid category.

The clients will not show as eligible in the Web Portal. The Department will reopen eligibility spans for affected clients in the pharmacy system. These clients will show as Medicaid eligible in the pharmacy system, and providers should not need to use the Notice of Action (NOA) letter process in order to bill for pharmacy services.

Until Colorado Benefits Management System changes can be made, clients will give providers a NOA letter to prove that the client is Medicaid eligible. Providers can bill for non-pharmacy services by following the instructions included in the NOA letter.

Please contact Patricia Garcia at 303-866-5928 or patricia.garcia@state.co.us to request a NOA letter or if you need more information.

Provider Satisfaction Survey

The Department is conducting a provider survey asking for your feedback on the services and functions offered through the Web Portal. Your answers will help us identify areas needing improvement. This, in turn, will help us to adapt new and/or improved ways to communicate with and assist our provider community.

The survey will be available from July 12, 2010 through July 23, 2010. We will provide the link to the survey in an upcoming email to providers who have a valid email address on file with the fiscal agent (ACS).

We hope you will use the survey as a tool to voice your opinion of the services currently being offered.

Feel free to contact Vernae Roquemore at vernae.roquemore@state.co.us or Tanya Ward at tanya.ward@state.co.us with questions.



July 2010 Holiday

Due to the observance of the Independence Day holiday on Monday, July 5, 2010, the claims processing cycle will include electronic claims accepted before 6:00 p.m. Mountain Time on Thursday, July 1, 2010. The receipt of warrants and EFTs will also be delayed by one or two days.

Both State and ACS offices will be closed on Monday, July 5, 2010 and will be open during regular business hours on Tuesday, July 6, 2010.

Option for Submitting Prior Authorization Requests (PARs) to the Colorado Foundation for Medical Care (CFMC)

CFMC is the authorizing agent contracted by the Department to process PARs for the following services for Medicaid fee-for-service (FFS) and Primary Care Physician Program (PCPP) clients:

- Durable Medical Equipment (DME) – limited to orthotics, prosthetics, power wheelchairs, power scooters, and miscellaneous DME
- Home Health – limited to EPSDT Extraordinary Home Health
- Medical/Surgical – as outlined in the monthly Provider Bulletins
- Out-of-state, non-emergent admissions and surgical services
- Physical Therapy (PT) and Occupational Therapy (OT)
- Diagnostic Imaging (effective August 1, 2009) – limited to non-emergent Computed Tomography (CT) Scans, Magnetic Resonance Imaging (MRIs), and all Positron Emission Tomography (PET) Scans
- Transportation – limited to non-emergent air ambulances, bariatric ground ambulances, commercial flights/trains, meals, and lodging

Beginning August 1, 2009, providers were given the option to submit PARs electronically through CFMC's Web Portal. Electronic submission allows the provider to view the PAR status through CFMC's Web Portal. Provider registration is required. Registration and submission instructions are available at www.cfmc.org/copar/. For additional assistance, please contact CFMC's PAR line at 1-800-333-2362 or 303-695-3300 ext. 3129.

Please note that faxing paper PARs to CFMC at 303-790-4643 remains an option.

Enjoy the Benefits of Direct Deposit

Providers who use Electronic Funds Transfer (EFT) can receive payments up to a week sooner than those receiving paper checks (warrants). EFT eliminates payment delays due to inclement weather, holidays, or post office mishaps.



Sign up to receive payments via EFT today! Complete the EFT form located in the Provider Services [Forms](#) section of the Department's Web site. You may also use this same form to update your bank account information by indicating "Change" in the top-right corner and complete the form as directed. Please allow 30 days to process your EFT request.

You will receive paper warrants until the EFT has been established or your update request has been processed. After 30 days, check with your bank to verify that EFT has been set up. You may contact the Department at 303-866-6164 with any EFT update questions.

Electronic Provider Bulletin Notification

Help save postage costs by receiving an electronic notification containing a link to the most recent publication. Colorado Medical Assistance Program enrolled providers who are not receiving electronic notifications can complete and submit their information through the "(MMIS) Provider Data Maintenance" option via the Web Portal.

Providers may also complete and submit the Publication Preferences form located in the Provider Services [Forms](#) section of the Department's Web site. Please fax or mail the completed form to the fiscal agent at the fax number or address on the form. The Colorado Medical Assistance Program will not be responsible for undeliverable notifications due to incorrect email addresses. Providers may have only one email address on file with the fiscal agent.



Oxygen Providers

Benefits Collaborative Meeting

Durable Medical Equipment (DME), Oxygen Benefit

July 9, 2010

1:30 p.m. – 3:30 p.m.

225 E 16th St. (corner of 16th and Grant St. - one block north from the Capitol)

First Floor Conference Room

Denver, Colorado 80203

On July 9, 2010 the Department will begin the process of updating the coverage policy for DME Oxygen. This activity is part of the Benefits Collaborative effort.

Stakeholders will be asked to review a draft coverage policy and participate in a series of forums to develop a coverage policy based on appropriate care guidelines to promote the improved health of



Medicaid clients. Stakeholder participation is a crucial component of this effort.

The meeting is open to all interested parties. Telephone participation is also available. Contact Richard Delaney at 303-866-3436 or richard.delaney@state.co.us for more information for participating by telephone.

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify Richard Delaney by July 2, 2010 should you need special accommodations in order to participate.

For more information on [Benefits Collaborative](#), please visit the [Committees, Boards, and Collaboration](#) section of the Department's Web site at colorado.gov/pacific/hcpf

Physical and Occupational Therapy (PT/OT) Providers

PT/OT PARS

Colorado Foundation for Medical Care (CFMC) Prior Authorization Request (PAR) Process

When submitting a PAR for acute outpatient OT/PT:

- f Initial 24 units per 365 day period do not require a PAR.
- f An evaluation or re-evaluation must be done within 60 days of the start date being requested on the PAR.
- f Include a prescription (MD/PA/NP) within 6 months of the start date on the PAR.
- f Another evaluation can be requested for these reasons within a 365 day period: a) a change in PT/OT provider rendering services, b) a new diagnosis, or c) a return to therapy within the 365 day period where the 24 units have already been used.
- f When care continues under the same provider, one re-evaluation is available every six months. A re-evaluation is for continuation or additional therapy being requested and must show continued need, ongoing deficits, and progress toward treatment goals.

Please direct questions to CFMC's PAR line at 303-695-3300 ext. 3129 or 1-800-333-2362.

Bariatric, Circumcision, and Intersex Surgery Providers

Benefits Collaborative Meeting

Surgical Services

July 23, 2010

1:00 p.m. - 3:00 p.m.

225 E 16th St.

First Floor Conference Room

Denver, Colorado 80203



On July 23, 2010, the Department will host a Benefits Collaborative Meeting to develop Medicaid policy for the following surgical services:

- f Bariatric surgery
- f Circumcision
- f Intersex surgery

In this meeting, public commentary and professional recommendations will be accepted. Draft policy statements will be issued prior to the meeting for review and discussion. These statements can be provided by e-mail or U.S. Mail.

The meeting is open to all interested parties. Telephone participation is also available.

Please contact Eric Wolf at 303-866-5963 or eric.wolf@state.co.us for more information about telephone participation, to notify the Department of your intention to attend, and if you would like a copy of the draft policy statements.

Pharmacy Providers

Preferred Drug List (PDL) Update

Effective July 1, 2010, the following medications will be preferred agents on the Colorado Medicaid PDL and will be covered without a prior authorization:

Antihistamines (newer generation):

cetirizine and loratadine in all dosage forms

Angiotensin Receptor Blockers:

Avapro, Diovan and losartan

Angiotensin Receptor Blocker Combinations:

Diovan-HCT



Anticholinergic Inhalants:

ipratropium nebulizer solution, Atrovent HFA and Spiriva

Anticholinergic and Short Acting Beta-2 Agonist Combinations:

albuterol/ipratropium nebulizer solution and Combivent inhaler

Corticosteroid Inhalants:

Asmanex, budesonide nebulizer solution, Flovent HFA and diskus and Qvar inhaler

Corticosteroid and Long-Acting Beta-2 Agonist Combinations:

Advair diskus and Symbicort Inhaler

Short-acting Beta-2 Agonists:

albuterol nebulizer solution, ProAir HFA and Ventolin HFA

Long-acting Oral Opiates:

methadone and morphine ER

Skeletal Muscle Relaxants:

baclofen, dantrolene, tizanidine, methocarbamol and cyclobenzaprine

The complete PDL and prior authorization criteria for non-preferred drugs are posted on the [Preferred Drug List \(PDL\)](#) web page.

For more information, please contact Jim Leonard at jim.leonard@state.co.us.

Colorado Medicaid Pharmacy and Therapeutics Committee

July 13, 2010

1:00 p.m. - 5:00 p.m.

225 E 16th St.

First Floor Conference Room

Denver, Colorado 80203



For the agenda and testimony information, please go to the [Pharmacy and Therapeutics \(P&T\) Committee](#) page in the Pharmacy section of the Department's Web site.

Please contact Jim Leonard at jim.leonard@state.co.us with questions.

Change to Dispensing Requirements

The Department intended to revise the Dispensing Requirements, effective June 1, 2010, for DEA Schedule 2 through 5 drugs. The Department still intends to revise the policy, but implementation has been delayed until further notice. Pursuant to the new policy, 85% of the days' supply will have to lapse before Schedule 2 through 5 drugs can be filled again. For non-scheduled drugs, the Dispensing



Requirements will not change - 75% of the days' supply must lapse before a drug can be filled again.

Effective June 1, 2010, the inclusion of a Prior Authorization Code Type 2 on a pharmacy claim no longer overrides the "refill too soon" edit (NCPDP edit 79). The Medicaid pharmacy claims system received an enhancement so the "refill too soon" edit will not set for changes in dosing.

However, if a Medicaid client enters or leaves a nursing facility and requires a "refill too soon" override, a prior authorization request must be submitted by contacting the PA Helpdesk at 1-800-365-4944.

Due to a technical issue related to the implementation of the pharmacy claims system enhancements, some claims may have been denied as a “refill too soon” between May 20, 2010 and June 3, 2010, even though the required percentage of the days' supply had lapsed. The technical issue was corrected on June 3, 2010 and the claims should be re-billed through the point-of-sale if pharmacies have not already done so.

For more information, please contact Tom Leahey at thomas.leahey@state.co.us.

July and August 2010 Provider Billing Workshops

Denver Provider Billing Workshops

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

The July and August 2010 workshop calendars are included in this bulletin and are also posted in the Provider Services [Training](#) section of the Department's Web site.

Who Should Attend?

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

Reservations are required

Reservations are necessary for **all workshops**.

Email reservations to:

workshop.reservations@acs-inc.com

Or

Call Provider Services to make reservations:

1-800-237-0757

Press “5” to make your workshop reservation. You must leave the following information:

$\frac{3}{4}$ Colorado Medical Assistance Program provider billing number $\frac{3}{4}$ The number of people attending and their names

$\frac{3}{4}$ The date and time of the workshop $\frac{3}{4}$ Contact name, address and phone number

All this information is necessary to process your reservation successfully. Look for your confirmation by mail within one week of making your reservation.

If you have not received a confirmation within at least two business days prior to the workshop, please contact Provider Services and talk to a Provider Relations Representative.

All Workshops held in Denver are located at:

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



Beginning Billing Class Description

These classes are for new billers, billers who would like a refresher, and billers who would like to network with other billers about the Colorado Medical Assistance Program.

Currently the class covers in-depth information on resources, eligibility, timely filing, reconciling remittance statements and paper claim completion for the UB-04 and the Colorado 1500. *These classes do **not** cover any specialty billing information.* The fiscal agent provides specialty training throughout the year in their Denver office.

The classes do not include any hands-on computer training.



July and August 2010 Specialty Workshop Class Descriptions

Audiology

This class is for billers using the Colorado 1500/837P format for audiology services. The class covers billing procedures, common billing issues and guidelines specifically for Audiologists.

FQHC/RHC

This class is for billers using the UB-04/837I and CO1500/837P format. The class covers billing procedures, Encounter Payments, common billing issues and guidelines specifically for FQHC/RHC providers.

HCBS-BI

This class is for billers using the CO1500/837P claim format for the following services: adult day care, non-medical transportation, home electronics, home modifications and personal care. The class covers billing procedures, common billing issues and guidelines specifically for HCBS-BI providers.

HCBS-EBD

This class is for billers using the CO1500/837P claim format for the following services: adult day care, non-medical transportation, home electronics, home modifications and personal care. The class covers billing procedures, common billing issues and guidelines specifically for the following provider types:

HCBS-EBD HCBS-PLWA HCBS-MI

HCBS-DD

This class is for billers who bill on the CO1500 claim format for the following: Comprehensive Services (HCBS-DD), Supported Living Services (SLS), Children's Extensive Support (CES), Children's Residential Habilitation Program (CHRP) and Targeted Case Management (TCM). The class covers billing procedures, common billing issues and guidelines for HCBS-DD providers.

IP/OP Hospital

This class is for billers using the UB-04/837I format. The class covers billing procedures, common billing issues and guidelines specifically for In-patient Hospital and Out-patient Hospital providers.

Occupational, Physical and Speech Therapy

This class is for billers using the CO1500/837P format for therapies. The class covers billing procedures, common billing issues and guidelines specifically for Occupational, Physical and Speech Therapists providers.

Pharmacy

This class is for billers using the Pharmacy claim format/Point of Sale and/or PCF Format. The class covers billing procedures, common billing issues and guidelines specifically for Pharmacies. *(This is not the class for DME/ Supply Providers – please refer to DME/ Supply Provider Class)*

Supply/DME

This class is for billers using the CO1500/837P claim format. The class covers billing procedures, common billing issues, and guidelines specifically for Supply/DME providers.

Supply/DME PAR

This class focuses on completing the PAR correctly and avoiding common mistakes. This class is for DME/Supply providers who bill procedures requiring prior authorization. (This class is not for Dental, HCBS, Nursing Facility, Pharmacy or Pediatric Home Health Providers)

Driving directions to ACS, Denver Club Building, 518 17th Street, 4th floor, Denver, CO:

Take I-25 toward Denver

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

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

Continue on **Stout St**, 0.6 miles

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

ACS is located in the Denver Club Building on the west side of Glenarm Place at 17th 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_Map.shtml

 = **Free MallRide:** MallRide stops are located at every intersection between Civic Center Station and Union Station.

 = Commercial parking lots: Lots are available throughout the downtown area. The daily rates are between \$5 and \$20.

Please note: WebEx trainings are **not** for providers on the Front Range.

Email all WebEx training reservations to workshop.reservations@acs-inc.com.

A meeting notification containing the Web site, phone number, meeting number, and password will be emailed or mailed to providers who sign up for WebEx.

July 2010 Workshop Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5 Holiday	6	7	8	9	10
11	12	13 Beginning Billing – CO -1500 9:00 am-11:30 am Web Portal 837P 1:00 pm-2:00 pm Audiology 3:00 pm-4:30 pm	14 Beginning Billing – UB-04 9:00 am-11:30 am Web Portal 837I 1:00 pm-2:00 pm IP/OP Hospital 3:00 pm-4:30 pm	15 Dental 9:00 am-12:00 pm	16 Beginning Billing – CO -1500 9:00 am -11:00 am HCBS-EBD 11:00 am-1:00 pm HCBS-BI 1:00 pm-2:30 pm HCBS-DD 3:00 pm-4:30 pm	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August 2010 Workshop Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10 Beginning Billing – CO -1500 9:00 am-11:30 am Web Portal 837P 1:00 pm-2:00 pm OT/PT/ST 3:00 pm-4:30 pm	11 Beginning Billing – UB-04 9:00 am-11:30 am Web Portal 837I 1:00 pm-2:00 pm Hospice 3:00 pm-4:30 pm	12 DME PAR 9:00 am-12:00 pm DME Billing 12:00 pm-1:30 pm Pharmacy 2:00 pm-3:00 pm	13 Beginning Billing – CO -1500 (WebEx) 9:00 am-12:00 pm FOHC/RHC (WebEx) 1:00 pm-4 pm	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

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

ACS Provider Services at 1-800-237-0757 (toll free).

Please remember to check the [Provider Services](#) section of the Department's Web site at colorado.gov/pacific/hcpf