



Provider Bulletin

Reference: B1300340

August 2013

colorado.gov/pacific/hcpf



Did you know...?

Correction to Address for the Office of Administrative Courts Client Appeals Rights Updated Article (B1200328 – October 2012)

The address change for the Office of Administrative Courts in Attachment B of the October 2012 Provider Bulletin (B1200328) was incorrect. The correct address for the Office of Administrative Courts is 633 17th Street, Suite 1300. We apologize for any inconvenience that this may have caused. Please refer to the **CLIENT APPEALS RIGHTS**, Attachment A of this bulletin.

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All Providers

Labor Day Holiday

Due to the Labor Day holiday on Monday, September 2, 2013, the receipt of warrants will be delayed by one (1) or two (2) days. State, the Department of Health Care Policy and Financing's (the Department) fiscal agent, Xerox State Healthcare, and ColoradoPAR Program offices will be closed on September 2, 2013. Offices will re-open during regular business hours on Tuesday, September 3, 2013.



Implementation of New Provider Rates

In the June 2013 Provider Bulletin, ([B1300338](#)) the Department announced provider rate increases that were effective as of July 1, 2013. However, the Department is still waiting for the Centers for Medicare and Medicaid Services (CMS) approval and cannot implement the increases until approval has been received. Current rates will continue to be paid until CMS approval is obtained. Once permitted, the Department will retroactively adjust all claims with dates of service on or after July 1, 2013 to reflect the new rates. Adjustments will be reflected on future Provider Claim Reports (PCRs). Please contact the Department's fiscal agent Provider Services at 1-800-237-0757 with questions.

Complete the Accountable Care Collaborative (ACC) Contract Online

Effective immediately, primary care providers that want to participate in the ACC program can complete a Primary Care Medical Provider (PCMP) contract through the Colorado Medical Assistance Program Web Portal ([Web Portal](#)). For complete details please refer to the Department's website (colorado.gov/pacific/hcpf) → For Our Members → Explore additional programs → [Adults Accountable Care Collaborative](#)



New Providers to the ACC Program:

1. Contact the Regional Care Collaborative Organization (RCCO) for the provider's designated area.
2. Execute a separate contract with one or more of the RCCOs.
 - a. To find a local RCCO please refer to the Department's website → For Our Members → Explore additional programs → [Accountable Care Collaborative](#) → Program Information, for a complete list of [RCCO Contact Information](#).

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

Please note: The PCMP contract does not affect the current status of the standard Colorado Medical Assistance Program provider agreement with the Department.

Hospitals, labs, and other ancillary providers are not qualified primary care providers in the ACC program at this time and should not execute an online PCMP contract.

Existing ACC PCMPs:

- Please re-execute the contract with the Department via the Web Portal.
- The changes are summarized on the ACC Provider Information web page→[Summary of PCMP Contract Changes](#).
- To view the revised version of the contract, please refer to the ACC Provider Information web page→[PCMP Contract \(Red Line Version\)](#).
- Refer to the ACC Provider Information web page for [PCMP Online Contract Instructions](#).

Note: Existing providers do not have to re-execute their contract(s) with the RCCO(s).

Please contact Marty Janssen at Marty.Janssen@state.co.us or 303-866-4095 with questions.

ACC Payments

Providers in the ACC Program with payment questions please refer to the ACC web pages located on the Department's website→ Clients & Applicants→Medicaid Programs→Accountable Care Collaborative→ [ACC Incentive Payments](#).

Expansion of Colorado Access into One Additional County

The Department's Child Health Plan *Plus* (CHP+) program is happy to announce the expansion of the Colorado Access service area into Sedgwick County effective August 1, 2013.

The expansion into Sedgwick County will increase the services available to CHP+ participants. Colorado Access will be the Primary CHP+ plan. The State Managed Care Network (SMCN) will continue to provide services to Pre-HMO and prenatal members in all counties. Please contact Teresa Craig at Teresa.Craig@state.co.us or 303-866-3586 with questions.



Dental and Orthodontic Providers

ColoradoPAR Prior Authorization Requests (PARs) for Dental Services

The ColoradoPAR Program processes **electronic** Dental and Orthodontic PARs through CareWebQI ([CWQI](#)). CareWebQI allows the user to upload and transfer PARs electronically. All clinical documentation, including digital X-rays, will be accepted in the following formats:

doc; docx; xls; xlsx; ppt; pdf; jpg; gif; bmp; tiff; tif; jpeg

Dental PARs that have administrative issues such as missing information, missing malocclusion forms or require further information will be pended. The provider will be contacted by the ColoradoPAR Program with a request for the missing information.

Approval of a PAR does not guarantee payment. All claims, including those for prior authorized services, must meet eligibility and claim submission requirements before payment can be made (e.g., ages 20 and under for Early and Periodic Screening, Diagnosis and Treatment [EPSDT] services, timely filing, third party resources payments pursued, required attachments included).

Please contact the ColoradoPAR Program by email at RES_ColoradoPAR@apshealthcare.com, or call 1-888-454-7686 with questions.

Hospital Providers

All Patient Refined-Diagnosis Related Groups (APR-DRGs) Implementation

The Department, along with its Hospital Payment Reform contractor, Public Consulting Group (PCG), and the Colorado Hospital Association, have hosted numerous stakeholder meetings to discuss the implementation of APR-DRG Version 30 (v30), maintained by 3M™ Health Information Systems. This will replace the current CMS-DRG Version 24 system for inpatient hospital reimbursement.



The Department is planning to transition to APR-DRG v30 in December 2013, and anticipates that APR-DRG will become effective January 1, 2014. The [weights and trimpoints](#) that will be effective for the implementation can be found on the Department’s website→Provider Services→[Diagnosis Related Group \(DRG\) Relative Weights](#). The final weights and trimpoints reflect the feedback gathered from the provider community over the past eight (8) months. Please refer to the [Provider Outreach Calendar](#) web page, which contains the presentations and minutes from the stakeholder sessions, as well as additional information regarding APR-DRGs.

Please direct any questions regarding the APR-DRG transition to Elizabeth Lopez at Elizabeth.Lopez@state.co.us or 303-866-6018. Luisa Sanchez de Tagle at Luisa.Sanchezdetagle@state.co.us or 303-866-6277 may be contacted as well.

Screening, Brief Intervention & Referral to Treatment (SBIRT) Providers

SBIRT Benefit Updates

Unit limits for SBIRT screening and intervention services will adhere to those stated in [Program Rule 10 CCR 2505-10 § 8.747](#).

A full screen, using a Colorado Medicaid approved screening tool, shall be limited to two (2) per client per state fiscal year; the Brief Intervention shall be limited to two (2) sessions per client per state fiscal year*. Each (intervention) session is limited to two (2) units per session, at 15 minutes per unit.



The Department’s policy states that screening services are limited to one (1) unit per client per day and intervention services are limited to one (1) session, of up to two (2) 15 minutes per unit, per client per day.

FULL SCREENING	BRIEF INTERVENTION
H0049 Alcohol and/or drug screening. (e.g. AUDIT, DAST, CRAFFT) Limit 1 per day, 2 per state fiscal year.	H0050 Alcohol and/or drug services, brief intervention, per 15 minutes. Limit 2 per day, 4 per state fiscal year.
FQHC ONLY Correct Procedural Terminology (CPT) code 99408 is for SBIRT screening and brief intervention services between 15 and 30 minutes; CPT Code 99409 is for SBIRT screening and brief intervention services greater than 30 minutes. The two codes may not be reported together on the same date of service.	

*Note: The state fiscal year is July 1st through June 30th.

As a reminder, only Federally Qualified Health Centers (FQHCs) should use CPT codes 99408/99409 to bill for reimbursement of SBIRT services. All other providers should use Healthcare Common Procedure Coding System (HCPCS) codes for SBIRT services reimbursement.

The SBIRT billing manual will be updated to reflect the above changes.

New Online Training for SBIRT

The Substance Use SBIRTmentor is an interactive, online training opportunity. The training offers three (3) continuing education credits and can be accessed at www.CMEcorner.com/SBIRT.



The skills-based training was developed in collaboration with the SBIRT Colorado initiative, Peer Assistance Services, Inc., MedRespond, and NORC at the University of Chicago.

Please contact Alex Stephens at Alex.Stephens@state.co.us or 303-866-5931 with any questions.

Speech Therapists

Speech-Language Pathology Practice Act

House Bill 12-1303, the Speech-Language Pathology Practice Act, requires all Speech-Language Pathologists (SLP) in Colorado be certified with the State of Colorado by July 1, 2013 in order to legally continue providing SLP services (C.R.S. §12-43.7-105). Colorado’s Department of Regulatory Agencies (DORA) administers the law and is the entity to contact for certification.

All current Colorado Medical Assistance Program enrolled SLPs must provide their Colorado DORA certification to the Department's fiscal agent by **September 30, 2013**.

All current SLPs should complete the [Provider Enrollment Update Form](#), located on the Department's website → Provider Services → Forms → [Update Forms](#).

Submit the completed form with a copy of the State of Colorado registration certification to:



Xerox State Healthcare
License Update
PO Box 1100
Denver, CO 80201-1100

Newly enrolling Colorado Medical Assistance Program SLPs must mail a copy of their Colorado DORA certification as part of the provider enrollment process. Please contact the Department's fiscal agent Provider Services at 1-800-237-0757 with questions.

Substance Abuse Providers

Changes to HCPCS Code S3005

Beginning September 1, 2013, HCPCS procedure code S3005 will become limited to one (1) **untimed** unit of service per client per day as a result of National Correct Coding Initiative (NCCI) edit mandates. Procedure code S3005 will no longer be a 15 minute timed procedure. The Department will be increasing the reimbursement rate of S3005 in order to compensate for the unit limit adjustment.

All claims for S3005 with a date of service on or after September 1, 2013 will be subject to these changes. Please contact Alex Stephens at Alex.Stephens@state.co.us or 303-866-5931 with any questions.

Waiver Providers

Home and Community Based Services (HCBS) for Developmentally Disabled Program Payment Errors

The Department has discovered that some rates were incorrectly loaded and have resulted in payment errors. This issue impacts procedure codes that have a multi-tiered pricing structure based on multiple procedure code modifiers. The problem primarily affects HCBS services, but may also impact any program or procedure code that reimburses differently based on procedure code modifier(s).

If a recent payment error has been noticed, and the procedure code requires a modifier or combination of modifiers, please do not adjust or resubmit the claim. The Department will be correcting the rates during the month of August. Once the rate structures have been corrected, the related claims will automatically be adjusted. Please look for more information in future provider bulletins.

August and September 2013 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.

The current and following month's workshop calendars are included in this bulletin. Class descriptions and workshop calendars are also posted in the Provider Services [Training](#) section of the Department's website.

Who Should Attend?

Staff who submit claims, are new to billing 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.

August 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
4	5	6 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM OT/PT/ST 1:00 PM-3:00 PM	7 Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 PM Hospice 1:00 PM-3:00 PM	8 DME Billing 9:00 AM-11:00 AM	9 *WebEx – Beginning Billing – Waiver 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM *WebEx – FQHC/RHC 1:00 PM-3:00 PM	10

September 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8	9	10 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM	11 Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 PM Dialysis 1:00 PM-3:00 PM	12 Provider Enrollment 9:00 AM-11:00 AM *WebEx – IP/OP 1:00 PM-3:00 PM	13 *WebEx – Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM	14

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 number of people attending and their names
- The date and time of the workshop
- Contact name, address and phone number

All the information noted above is necessary to process reservations successfully. Look for a confirmation e-mail 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.

All 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 Station – 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/pacific/hcpf for the most recent information.



CLIENT APPEALS RIGHTS

If you agree with the decision, you do not need to take any further action. If you think the decision is wrong, you can appeal and ask for a hearing. You may have to appeal hearing with an Administrative Law Judge. You may represent yourself, or have a lawyer, a relative, a friend or other spokesperson assist you as your authorized representative.

How to Appeal:

1. You must ask for a hearing in writing. This is called a **LETTER OF APPEAL**.
2. Your letter of appeal must include:
 - a. Your name, address, phone number and Medicaid number;
 - b. Why you want a hearing; and
 - c. A copy of the front page of the notice of action you are appealing.
3. You may ask for a telephone hearing rather than appear in person.
4. Mail or fax your letter of appeals to:

OFFICE OF ADMINISTRATIVE COURTS
633 17TH STREET, SUITE 1300
DENVER, CO 80202
FAX 303-866-5909

5. Your letter of appeal **must be received** by the Office of Administrative Courts no later than thirty (30) calendar days from the date of this notice of action. The date of the notice of action is located on the front of this notice.
6. The Office of Administrative Courts will contact you by mail with the date, time and place for your hearing with the Administrative Law Judge.

Continued Benefits: To continue receiving the denied services listed on the notice, you must file your request for a hearing in writing before the effective date on the front of this notice. You may continue receiving services while you are waiting for a decision on your appeal. If you lose your appeal, you must pay back the cost of the services you received during the appeal. If you win your appeal, the State will pay your provider for the service(s) you received during your appeal process. Your provider is responsible for reimbursing you for the amount you paid them during your appeal.

If you have questions about this process, please call:

CUSTOMER SERVICE:

303-866-3513 (within the Denver Metro area)
1-800-221-3943 (outside the Denver Metro area)
Se Habla Español

DISCRIMINATION

If you believe that you have been discrimination against because of race, color, sex, age, religion, national origin, or disability, you have the right to file a complainant with: the U.S. Department of Health & Human Services, Office for Civil Rights. 999 18th Street, Suite 417, Denver, CO 80202. Voice phone: 303-844-2024 or TDD 303-844-3439. If you have any questions, or need help to file your complaint, call OCR toll-free at 1-800-368-1019 (voice) or 1-800-537-7697 (TDD). You may send an email to OCRcomplaint@hhs.gov.

STATEMENT OF PENALTIES

If you make a willfully false statement or representation, or use other fraudulent methods to obtain public assistance or medical assistance you are not entitled to, you could be prosecuted for theft under state and/or federal law. If you are convicted by a court of fraudulently obtaining such assistance, you could be subject to a fine and/or imprisonment for theft.