Provider Bulletin

Reference: B1200328 **October 2012**

colorado.gov/pacific/hcpf

In this issue:

All Providers 1
Program Integrity Fraud Reporting 1
Changes to PAR Requirements for Breast Reconstruction 1
Client Appeals Rights Updated 2
PAR Submission to ColoradoPAR 2
Audiology and Vision Providers 3
Audiology and Vision PAR Requirements . 3
DME/Supply Providers 3
Special PAR Requirements 3
Home Health Providers 4
PAR Submission 4
MI Waiver Providers 4
Name Change 4
PT/OT Providers 4
Outpatient PT and OT 48 Unit Limit Postponed 4
Practitioners 5
Add-a-Baby Process 5
2012-2013 Synagis® Season 5
Transportation 5
Changes to PAR Requirement 5
Pharmacy Providers 6
Appendix P 6
Medicare Part D Updates 6
Proton Pump Inhibitors 6
Updates to Pharmacy Rules 6
PDL Update 6
P&T Committee Meeting 6
P&T Committee Open Positions Beginning 2013 7
October & November Holidays 7
October & November 2012 Workshops 7
Provider Overuse, Fraud and Abuse Referral Form A-1
Client Appeals Rights B-1

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

Contacts

Billing and Bulletin Questions
1-800-237-0757 or 1-800-237-0044

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

Did you know...?

Updated web-based trainings are available through the Colorado Medical Assistance Program Web Portal to instruct users on how to use the Web Portal for daily tasks, such as submitting claims and checking client eligibility. These web-based trainings allow the user to learn (or re-review) how to use the Web Portal at their own pace, and feature a re-designed format and interactive user training options. Access these trainings by logging into the Web Portal and selecting Web Portal Training from the left-hand navigation menu on the main screen.

All Providers

Program Integrity Fraud Reporting

The Department of Health Care Policy and Financing's (the Department) Program Integrity Unit has an easy way to report suspicion of provider fraud, waste, or abuse in the Colorado Medical Assistance Program, Managed Care Organizations (MCO), Behavioral Health Organizations (BHO) and Children's Health Program Plus (CHP+). Anyone can make a report through: ReportProviderFraud@hcpf.state.co.us or fill out the Provider Overuse, Fraud and Abuse Referral Form (Attachment A) located on the on the Department's Web site in the Provider Services Forms section under "Other Forms" and submit via the email noted above. The email address is confidential and all reports are investigated by Program Integrity staff. For questions, please contact Sandi Barnes at Sandra.Barnes@state.co.us or 303-866-3535.

Changes to Prior Authorization Request (PAR) Submission Requirements for Breast Reconstruction

Beginning October 1, 2012, a breast reconstruction surgery for individuals with a diagnosis of mastectomy and breast cancer will no longer require a PAR. Specific diagnosis codes will be required on the claim in order for a claim to be processed without prior authorization. Diagnosis codes indicating both a personal or family history of breast cancer, as well as a mastectomy, must appear on the claim. The following table details the CPT codes no longer requiring a PAR.

Please note: Reconstruction following a lumpectomy will continue to require a prior authorization.

Breast Reconstruction CPT Procedure Codes Affected:		
19324	19361	19371
19325	19364	19380
19340	19366	19396
19342	19367	19499
19350	19368	S2066
19355	19369	S2067
19357	19370	S2068

For questions, please contact the ColoradoPAR Program at 1-888-454-7686.

Client Appeals Rights Updated

The Department is currently working towards improving the information provided in Prior Authorization Request (PAR) response letters to better serve the needs of providers and clients. In the meantime, the Client Appeals Rights have been updated to reflect an address change for the Office of Civil Rights. Please see Attachment B for the most recent appeal language. For questions, please contact the Department's Customer Contact Center at 1-800-221-3943.

Prior Authorization Request (PAR) Submission to the ColoradoPAR Program

The ColoradoPAR Program continues to process PARs for the following benefits:

- Audiology
- Dental and Orthodontics
- Durable Medical Equipment (DME)/Supply- All (including repairs)
- Diagnostic imaging– limited to non-emergency Computed Tomography (CT) Scans and Magnetic Resonance Imaging (MRI), and all Positron Emission Tomography (PET) Scans
- Home Health (see Home Health section below)
- Medical/surgical services
- Reconstructive surgery
- EBI Bone Stimulator
- Second surgical opinions
- Physical and occupational therapy services
- Transportation
- Out-of-state non-emergency surgical services
- Organ transplantation
- Early Periodic Screening Diagnosis and Treatment (EPSDT) Extraordinary Home Health
- Private Duty Nursing
- Vision, including contact lenses

Questions can be directed to the ColoradoPAR Program at 1-888-454-7686.

Online PAR Processing with CareWebQI (CWQI)

Please continue to use the CareWebQI online portal to submit PARs to the ColoradoPAR Program. PARs submitted through this portal have faster processing times and allow for greater continuity of care. Submitting PARs through the CWQI portal allows the medical review staff to review medical documentation quickly and provide a decision faster than those PARs submitted by fax. All PARs will continue to be processed in a timely manner regardless of the submission method.

Submitting Clinical Documentation with CWQI

Clinical information is imperative for PAR review. Be sure to answer the clinical questions in CWQI when submitting a PAR and attach relevant clinical information needed for PAR determinations. Submit all relevant supporting documentation with the PAR so that the medical review can be completed in a timely fashion. It is the responsibility of the provider who submits the PAR to provide all relevant information. If clinical information is missing or inadequate, a message will be sent to providers via the CWQI message system. Please stay current with these messages in order to keep the PAR moving through the process. Missing or inadequate clinical information will result in a lack of information (LOI) denial. PAR submitters will have 24 hours to respond to requests for more information before a LOI denial is issued.

If a denial for a PAR is issued, reconsideration can be requested through either of the processes noted below.

The Peer-to-Peer Process to discuss denial determination occurs when a:

- Request made by the provider within five (5) calendar days since a denial decision for a verbal discussion with a ColoradoPAR physician to discuss denial determination.
- Review of additional clinical information is submitted within the first 5 calendar days since a denial decision.

The Reconsideration Process is a second review by a non-ColoradoPAR physician that and must be requested by the provider within ten (10) calendar days of the denial decision, and which then goes through the following process:

- Review is completed by a physician of the same profession and specialty as the ordering physician.
- Review will include all information submitted and any additional information the provider wishes to submit.
- Physician may overturn or uphold the original denial decision.

Note: The Peer-to-Peer Process does not need to be utilized prior to the Reconsideration Process.

Training on CWQI

If training is needed for CWQI, visit coloradopar.com for more information, including updated trainings and schedules. The ColoradoPAR Program offers CWQI training the second Wednesday of the month at 1:00 p.m. MST. The ColoradoPAR Program also offers training to providers who would like on-site training. If interested, please email the ColoradoPAR Program at RES_ColoradoPAR@apsealthcare.com.

For WebEx trainings, please be sure to log on prior to the scheduled time for online training and to make sure the correct software is available for viewing the presentation. If technical assistance is needed with using the WebEx, please call 1-866-863-3910 *OR* see https://www.webex.com/login/attend-a-meeting for more information.

Nurse Advice Line

Please remind clients who receive Medicaid benefits that the Nurse Advice Line is available 24 hours a day, 7 days a week. This is a triage call line that is answered by a nurse to help clients determine the best level of care needed. The number to call is 1-800-283-3221.

Audiology and Vision Providers

Audiology and Vision PAR Requirements

Beginning October 1, 2012, PARs for children for glasses, contacts and hearing aids are no longer required. Please see the list of codes below that no longer require a PAR.

Audiology and Vision CPT Procedure Codes Affected:				
92310	V2520	V2625	V5060	V5253
92311	V2521	V2626	V5090	V5254
92355	V2522	V2627	V5140	V5255
V2500	V2523	V2629	V5244	V5256
V2501	V2530	V2744	V5245	V5257
V2502	V2531	V2745	V5246	V5258
V2503	V2599	V2750	V5247	V5259
V2510	V2600	V2755	V5250	V5260
V2511	V2610	V2770	V5251	V5261
V2512	V2615	V2780	V5252	V5267
V2513	V2623	V2781		

For questions, please contact the ColoradoPAR Program at 1-888-454-7686.

Durable Medical Equipment (DME)/Supply Providers

Special PAR Submission Requirements

As of July 2, 2012, the PAR process for certain DME codes changed. In an effort to increase efficiency and timely access to services, the ColoradoPAR Program is no longer doing a clinical review for selected codes. Please see the revised June 2012 special provider bulletin, B1200323, for the list of codes.

Providers are still required to submit a "notification" into CWQI in order to provide these services, and the notification will then be auto-authorized. The notification process is the same as the PAR process in CWQI, except providers will no longer have to provide the clinical indications for the codes listed in the special bulletin. Although providers will have auto-authorization, a PAR identification number (ID) must still be obtained in order to provide and bill for services. A PAR ID is still required when submitting claims to the Colorado Medical Assistance Program.

It is the provider's responsibility to maintain clinical documentation in the client's file to support services provided in the event of an audit or retroactive review. Suggested documents include, but are not limited to, the history and physical reviews of the client, progress notes, office notes, lab results and medications being taken. As with all PARs and notifications, an auto-authorized service is not a guarantee of payment.

PLEASE NOTE: Services may be audited after being rendered to ensure the services provided are appropriate and that all appropriate documentation is maintained.

For any questions please contact the ColoradoPAR Program at 1-888-454-7686.

Home Health Providers

PAR Submission

As of August 24, 2012, Long Term Home Health PARs for clients age 20 and under are processed by the ColoradoPAR Program. The Department and the ColoradoPAR Program will offer trainings regarding the PAR process via webinars and there will be a separate communication regarding the upcoming training schedule.

Please contact ColoradoPAR with any questions at 1-888-454-7686.

Mental Illness (MI) Waiver Providers

Name Change

In response to feedback provided by the Centers for Medicare and Medicaid Services (CMS), as well as stakeholder and provider engagement, the Department has elected to rename the "Waiver for Persons with Mental Illness" (MI Waiver) to the "Community Mental Health Supports Waiver" (CMHS Waiver). As such, the Department has updated its Adult Waiver PAR form to reflect this change. The new forms effective November 1, 2012, should be used for new PARs, Revisions, and Continued Stay Reviews (CSRs). The PAR forms are located on the Department's Web site in the Provider Services Forms section.

PAR letters issued by the fiscal agent will still bear the "MI Waiver" name, as will the Billing Manual. The Department is working to update these documents and will be providing more information in subsequent provider bulletins.

For questions, please contact Sarah Hoerle at Sarah.Hoerle@state.co.us or 303-866-2669.

Physical and Occupational Therapy (PT/OT) Providers (including Physicians)

Outpatient PT and OT 48 Unit Limit is Postponed

The Outpatient PT and OT combined 48 unit limit that was announced in the September 2012 Provider Bulletin (B1200327), is being postponed. The 48 unit limit will no longer take effect October 1, 2012.

Since the September 2012 Provider Bulletin was published, the Department has received many concerns and inquiries about the 48 unit limit.

The Department wants to ensure that all provider concerns and inquiries will be taken into full consideration before the implementation of the 48 unit limit takes effect. Department staff will be reaching out to providers in the coming months requesting feedback and participation through a Benefits Collaborative format. More information will be forthcoming.

In the meantime, please continue to follow the current process – 24 units of PT and 24 units of OT before a Prior Authorization Request (PAR) is needed.

Patience and understanding is appreciated as this process becomes more defined and the Department looks forward to collaborating with providers in the coming months.

For questions please contact Amanda Belles at Amanda.Belles@state.co.us or 303-866-2830.

Practitioners

Add-a-Baby Process

In the effort to streamline, expedite, and ensure accuracy of the Add-a-Baby process, the Department no longer accepts faxed Add-a-Baby Requests as of Monday, September 10, 2012.

All Add-a-Baby submissions should be submitted using the online form. The form is located on the Department's Web site at colorado.gov/pacific/hcpf→ For Our Members→ I Want To: Report the Birth of Medicaid or CHP Prenatal Baby. Follow the instructions on the Web page.

Soon, the online form will have a section for providers to report Emergent, Border and Neonatal Intensive Care Unit (NICU) babies. Until then, please submit Emergent requests to add-a-baby@hcpf.state.co.us and label the email as URGENT in the subject line.

Please note that any faxed submission received on or after September 10, 2012 will, not be processed and will be faxed back to the sender.

Cooperation is appreciated, as we seek to serve all our clients more efficiently. For questions or concerns, please email add-a-baby@hcpf.state.co.us or call Shawna Moreno at 303-866-4456.

2012-2013 Synagis® Season

The 2012-2013 Synagis® season will begin November 15, 2012 and end March 31, 2013. Look for more information in a later provider bulletin. For questions, please contact Amanda Belles at Amanda.Belles@state.co.us or 303-866-2830.

Transportation Providers

Changes to PAR Requirements

Beginning October 1, 2012, a PAR is no longer required for in-state Non-Emergent Medical Transportation (NEMT) services, except for air travel. The following codes will no longer require a PAR:

A0140
A0180
A0190
A0200
A0210

In addition to the above changes, procedure code A0140 will now require a notification instead of a PAR. Providers will need to utilize the ColoradoPAR CWQI to submit notifications for A0140; however, providers will no longer need to submit the supporting documentation (still required for a PAR) with these notifications. Notifications will not be reviewed for medical necessity and will be auto-authorized. Although notifications will be auto-authorized, providers must obtain a Prior Authorization ID in order to provide and bill for services; a Prior Authorization ID is still required in order for claims to be paid.

It is the providers' responsibility to maintain all documentation regarding the provided services in client files; this information will be necessary in the event of an audit or retroactive review. As is standard for PARs, auto-authorized notifications are not guarantees of payment.

Note: A PAR is still required for out of state NEMT services.

For questions, please contact the ColoradoPAR Program at 1-888-454-7686.

Pharmacy Providers

Appendix P

Appendix P has been updated based on the recent Pharmacy &Therapeutics (P&T) Committee and Drug Utilization Review (DUR) Board recommendations.

Additions include criteria for Belviq and Qsymia.

Medicare Part D Updates

Due to updates in the Affordable Care Act (ACA), pharmacy coverage policies will soon be changing for clients eligible for both Medicare and Medicaid. Currently, both benzodiazepines and barbiturates have are covered through the Medicaid pharmacy benefit for dual eligible clients. After January 1, 2013, coverage will move to Medicare Part D for most indications and these drugs will no longer be covered by Medicaid. Please see the Pharmacy Web page for updates.

Proton Pump Inhibitors (PPI)

Please see the preferred drug list (PDL) prior authorization criteria listed on the PDL Web page under the Proton Pump Inhibitors class for significant updates. The pharmacy claims system sent messages to pharmacies reminding them of the changes that began in August 2012. Criteria became effective on September 15, 2012, and most clients are now limited to 60 days of PPI therapy per year unless criteria are met.

Updates to Pharmacy Rules

Please see the Medical Services Board (MSB) Web page for meeting schedules and agendas for the latest on the Department's proposed rule changes. Pharmacy rule updates regarding reimbursement to pharmacies and coverage of Medicare Part D drugs are expected soon.

For questions, please contact Jim Leonard at Jim.Leonard@state.co.us or 303-866-3502.

PDL Update

Effective October 1, 2012, the following will be preferred agents on the Medicaid PDL and will be covered without a prior authorization:

Bisphosponates: Alendronate (generic) 5mg, 10mg, 35mg, and 70mg tablets

Biguanides: Metformin generic 500mg, 850mg, and 1000mg tablets; metformin XR 500mg tablets (this does not include generic equivalents of Fortamet)

Hypoglycemic Combinations: None

- Providers will need to utilize the separate products starting on October 1, 2012

Meglitinides: None

TZDs: None

- Clients stabilized on Actos will continue to be able to receive the drug: however, a Prior Authorization Request (PAR) will be required for new starts or interruptions in therapy.

Newer Diabetic Agents: Byetta, Januvia and Tradjenta

Erythropoiesis Stimulating Agents: Procrit

Overactive Bladder Agents: oxybutynin, oxybutynin ER and Toviaz

Protease Inhibitors for Hepatitis C: Victrelis

- Clients taking Victrelis will be subject to meeting clinical requirements.

Stimulants and ADHD: mixed amphetamine salts IR, Adderall XR (brand), dexmethylphenidate, Focalin XR (brand), methylphenidate (generic Ritalin), methylphenidate SR (generic Ritalin SR), methylphenidate ER (generic Concerta), Strattera, Vyvanse

The complete PDL and prior authorization criteria for non-preferred drugs are posted on the PDL Web page.

Other PDL News

- The generic formulation for Detrol will be a non-preferred product.
- The generic formulation for Fortamet will be a non-preferred product.
- The protease inhibitors for hepatitis C are a new addition to the PDL beginning October 1, 2012. The preferred agent will be Victrelis.

P&T Committee Meeting

Tuesday, October 2, 2012
1:00 p.m. - 5:00 p.m.
Education Building #2 South, Room 1102
Anschutz Medical Campus, Aurora, CO, 80045

P&T Committee Open Positions Beginning 2013

The Department is currently accepting curriculum vitae (CV) for these positions:

- 3 Physicians
- 2 Pharmacists
- 1 Client Representative

These positions will serve a two year term from January 2013 - December 2014. If interested in serving or know someone who would that is qualified, please submit a CV along with a completed Conflict of Interest form to:

Colorado Department of Health Care Policy and Financing
Attn: Robert Lodge
1570 Grant Street
Denver, CO 80203-1818
Fax: 303-866-3590
Robert.Lodge@state.co.us

Submission deadline is November 15, 2012. Please contact Robert Lodge at Robert.Lodge@state.co.us or 303 866-3105 with questions.

October and November 2012 Holidays

Columbus Day

Due to Columbus Day Holiday on Monday, October 8, 2012, the claims processing cycle will include electronic claims accepted before 6:00 p.m. MST on Thursday, October 4, 2012. The receipt of warrants may be delayed by one or two days. State and the ColoradoPAR Program offices will be closed on Monday, October 8, 2012. The Department's fiscal agent offices will be open during regular business hours.

Veterans Day

Due to Veterans Day Holiday on Monday, November 12, 2012, the claims processing cycle will include electronic claims accepted before 6:00 p.m. MST on Thursday, November 8, 2012. The receipt of warrants may be delayed by one or two days. State and the ColoradoPAR Program offices will be closed on Monday, November 12, 2012. The Department's fiscal agent offices will be open during regular business hours.

October and November 2012 Provider Billing Workshops

Provider Billing Workshop Sessions

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

The October and November 2012 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 for all workshops

Email reservations to:
workshop.reservations@xerox.com

Or Call Provider Services to make reservations:
1-800-237-0757 or 1-800-237-0044

Press "**5**" to make your workshop reservation. You must 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 this information is necessary to process your reservation successfully. Look for your confirmation by mail within one week of making your reservation.

Reservations will only be accepted until the Friday before the training workshop to ensure there is space available.

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 presented in Denver are held at:

Xerox State Healthcare
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 completion of the UB-04 and the Colorado 1500 paper claim forms.

The Beginning Billing classes do not cover any specialty billing information.

The fiscal agent provides specialty training throughout the year in their Denver office.

Classes do **not** include any hands-on computer training.

Provider Enrollment Application Workshop

This 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.

October and November 2012 Specialty Workshop Class Descriptions

Dental

The class is for billers using the 2006 ADA paper claim form. The class covers billing procedures, claim formats, common billing issues and guidelines specifically for the following provider types: Dentists, Dental Hygienists

DME/Supply

This class is for billers using the Colorado 1500/837P claim format. The class covers billing procedures, common billing issues, and guidelines specifically for Supply/DME providers.

FQHC/RHC

This class is for billers using the UB-04/837I and Colorado 1500/837P format. The class covers billing procedures, Encounter Payments, common billing issues and guidelines specifically for FQHC/RHC providers

Home Health

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

Inpatient/Outpatient (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.

Nursing Facility

This class is for billers using the UB-04/837I claim format. The class covers billing procedures, common billing issues, PETI, Medicare Crossovers, and guidelines specifically for Nursing Facility providers.

Outpatient (OP) Substance Abuse

This class is for billers using the Colorado 1500/837P claim format for outpatient substance abuse treatment services: substance abuse assessment, individual and family therapy, group therapy, alcohol/drug screening, case management and social/ambulatory detoxification. The class covers billing procedures, common billing issues and guidelines specifically for outpatient substance abuse providers.

Practitioner

This class is for providers using the Colorado 1500/837P format. The class covers billing procedures, common billing issues and guidelines specifically for the following provider types:

Ambulance	Family Planning	Independent Radiologists	Physician Assistant
Anesthesiologists	Independent Labs	Nurse Practitioner	Physicians, Surgeons

Basic Billing for Waiver Programs

HCBS-BI

This class is for billers using the Colorado 1500/837P 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 Colorado 1500/837P 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

Vision

This class is for ophthalmologists, optometrists, and opticians billing on the Colorado 1500/837P claim format. The class covers billing procedures, common billing issues, and guidelines specifically for practitioners providing vision services.

Web Portal

Web Portal classes provide an overview of the Colorado Medical Assistance Program Web Portal, a description of its functions and contact and support information.

Driving directions to 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 **Welton St.**, 0.5 miles.

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

The Denver Club Building will be on the right.

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).

Parking is not provided 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 - The 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: Email all WebEx training reservations to workshop.reservations@xerox.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.

October 2012

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8 *Columbus Day*	9 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM Vision 1:00 PM-3:00 PM	10 Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 PM Nursing Facility 1:00 PM-3:00 PM	11 Dental 9:00 AM-11:00 AM Web Portal 837P 11:15 AM-12:00 PM WebEx - Inpatient/Outpatient 1:00 PM-3:00 PM	12 Basic Billing for Waiver Providers 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

November 2012

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM OP Substance Abuse 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 FQHC/RHC 1:00 PM-3:00 PM	8 DME/Supply Billing 9:00 AM-11:00 AM Home Health 2:00 PM-3:30 PM	9 WebEx - Beginning Billing – UB-04 9:00 AM-12:00 PM WebEx - Practitioner 1:00 PM-4:00 PM	10
11	12 *Veterans Day*	13	14	15	16	17
18	19	20	21	22 ***Thanksgiving Day***	23	24
25	26	27	28	29	30	

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

Xerox State Healthcare at 1-800-237-0757 or 1-800-237-0044.

Please remember to check the Provider Services section of the Department's Web site at:

colorado.gov/pacific/hcpf

Health Care Policy and Financing, Program Integrity Section

Provider Overuse, Fraud and Abuse Referral Form

Today's Date:	

Provider Information	*Identify the provider(s) committing alleged overuse, fraud or abuse. (Attach Provider MMIS Screens.)*
Provider ID:	Provider Phone #:
Provider Name:	
Provider Location Address:	
City, State, Zip:	
Provider Type:	

Client Information	*Identify the client involved in the alleged overuse, fraud or abuse incident. (Attach Client MMIS screens, if applicable.)*
Client ID:	Client Date Of Birth:
Client Name:	
Client Address:	
City, State, Zip:	
Email Address:	

Allegation	*Clearly state the specific overuse, fraud or abuse allegations related to this referral. Include locations, times, dates, actions or pertinent statements. (Attach print out of claims including TCN numbers whenever possible.)*
Describe alleged overuse, fraud or abuse incident:	
Date Span(s) of alleged incident:	
Medicaid rule allegedly violated. (*Provide citation of all rules violated) (Attach a copy of the rule whenever possible.)*	

Witness(es) (*If applicable*)		Phone #:
		Phone #:

Complainant Information	*Identify the person making the alleged overuse, fraud or abuse complaint.*
Complainant Name:	Phone #:
Complainant Address:	
City, State, Zip:	
Email Address:	
Agency Name (*if applicable*):	
County:	
Other Contact Name and Phone # (*if applicable*):	

Attachments? (*please circle*)	**Yes**	**No**
Signature of person completing form:		Date:

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 FOR CIVIL RIGHTS
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
999 18TH STREET, SUITE 417
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. 1961 Stout Street, Room 1426, Denver, CO 80294. 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 PENALITIES

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.