



Provider Bulletin

Reference: B1400359

November 2014

colorado.gov/hcpf



Did you know...?

2014-2015 Synagis® and seasonal influenza season will begin December 1, 2014 and end April 30, 2015. More information is available in the [October 2014 Special Provider Bulletin](#) (B1400358).

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All Providers

Payment for Office Visits and Vaccine Administration Increased Rates

Beginning January 1, 2015, the Colorado Medical Assistance Program will reimburse covered office visit procedure codes and the vaccine administration procedure codes for all providers at a rate equal to 100% of the Medicare's December 2014 reimbursement rate. The new rate will be available to all enrolled providers that submit fee schedule claims for office visits or vaccine administrations. The new reimbursement rate will be in place until June 2016.



Coverage for US Preventative Task Force (USPTF) A and B Level Recommendations

Office visits and access to care are key components of primary and preventive care. The Colorado Medical Assistance Program recognizes the importance of maintaining the health of members and addressing issues as they arise. In 2014, the Colorado Medical Assistance Program expanded primary care coverage to include USPTF A and B level recommendations and the immunizations recommended by the Advisory Committee on Immunization Practices.

Primary Care Supplemental Payment Ending

The Affordable Care Act program that pays attested Primary Care Physicians a supplemental payment to increase the reimbursement to Medicare rates, ends December 31, 2014. Claims for services provided after December 31, 2014 will not be evaluated for supplemental payments for Primary Care Physicians. There will be supplemental payments made in 2015 for services that were rendered in 2014 by attested Physicians.

Please contact Richard Delaney at Richard.Delaney@state.co.us with questions.

Comments Sought on New Federal Provider Screening Regulations

New federal regulations established by the Centers for Medicare and Medicaid Services (CMS) require enhanced screening and re-validation of providers enrolling with Colorado Medicaid. These regulations are designed to reduce the potential for Medicaid fraud, waste, and abuse. Most providers will see very little change in their enrollment process, but some may be

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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

required to undergo additional screening before they can be enrolled or re-enrolled in Medicaid.

The Department of Health Care Policy and Financing (the Department) is now seeking feedback from providers and other stakeholders on a draft rule that will implement these federal regulations. Additional information about the new federal regulations and how providers can submit comments on this rule are available on the Federal Provider Screening Regulations section of Colorado.gov/hcpf/provider-implementations.

In October, the Department presented the new federal regulations during a public webinar. If a provider was unable to join, the webinar was recorded and is now posted on the Federal Provider Screening Regulations section of Colorado.gov/hcpf/provider-implementations.

Centers for Medicare & Medicaid Services 1500 (CMS 1500) Claim Form Transition

Currently, Colorado Medicaid providers submit professional claims electronically or via the Colorado 1500 (CO-1500) paper claim form. Effective December 1, 2014, the CO-1500 paper claim form will be replaced by the current CMS 1500 paper claim form [OMB-0938-1-1197 Form 1500 (rev. 02-12)]. The CMS 1500 form will not be accepted before December 1, 2014. All CO-1500 claim forms received after December 1, 2014 will be denied regardless of the date of service.



Per federal mandate, the Department is required to institute ICD-10 diagnosis and procedure code sets throughout its systems and business processes for claims with dates of service on or after October 1, 2015. In preparation for this implementation, the Department is transitioning all professional paper claim submission to the CMS 1500 claim form.

As a result, the Department will also be updating the Adjustment Transmittal Form by removing the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) and Professional Claim options, as they will no longer be needed when adjusting professional claims. Instead, the CMS 1500 form itself will be used for adjusting already-paid claims.

For further information, refer to the Frequently Asked Questions (FAQ) document that is available on the CMS 1500 section of Provider Implementations web page of the Department's website (Colorado.gov/hcpf/provider-implementations).



A joint initiative between the Colorado Department of Human Services and Health Care Policy & Financing

Customer Survey Happening Soon!

On behalf of the Work Support Strategies (WSS) grant, the Urban Institute and its research partners will be conducting a customer satisfaction survey among a random sample of customers that applied for or recertified Supplemental Nutrition Assistance Program (SNAP) benefits in September 2014. Through the course of the survey, questions regarding applications for Medicaid, Temporary Assistance for Needy Families (TANF), and Childcare may also be asked. Head-of-household applicants identified through the random sample will receive a letter alerting them that they have been selected to participate in this survey and explaining the survey contents. The survey will be conducted by phone, and selected applicants will be called approximately one week after receiving the survey identification letter. Respondents will receive a gift card in exchange for their participation. The WSS grant is a three-year grant from the Ford Foundation. It examines and implements strategies to streamline and improve

access to and the delivery of benefits from Food Assistance, Medicaid, Childcare Assistance, and TANF. Colorado is one of six (6) states receiving WSS grant funds. Colorado and South Carolina are piloting the customer satisfaction survey. The funders and states are excited to use the information gathered to inform and improve customer experience and satisfaction. If a provider receives any questions about the intent or nature of this survey, please direct inquires to the Institute for Public Policy & Survey Research at 1-800-476-3803.

Tax Season and 1099s

Reminder: Please ensure all addresses (billing, location, mail-to) on file with the Department's fiscal agent, Xerox State Healthcare, are current. 1099s returned for an incorrect address cause the account to be placed on hold and **all** payments to be suspended, pending a current W-9. Payments that are held can be released once the W-9 is processed. Claims for payments not released are voided out of MMIS twice during the year, once on June 30th and again on December 31st.

The [Provider Enrollment Update Form](#) or the [Electronic Provider Enrollment Update Form](#) can be used to update addresses, National Provider Identifiers (NPIs), licenses, and affiliations. In addition, an email address may be added or updated to receive electronic notifications. The form is available on the Department's website under Provider Services in the [Update Forms](#) section. With the exception of updating provider licenses and NPI information, the updates noted above may also be made through the Colorado Medical Assistance Web Portal ([Web Portal](#)) via the *Medicaid Management Information System (MMIS) Provider Data Maintenance* option. Please call <https://www.colorado.gov/hcpf/provider-forms> for assistance if a provider does not receive a 1099 at 303-866-4090.

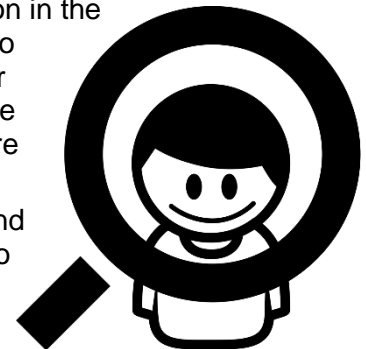
New Medicaid Members Are Looking for Providers

Please Update Provider Contact Information Maintained in the (MMIS)

The Department is asking all providers to verify and/or update their information in the MMIS as soon as possible. With the expansion of Medicaid benefits, Colorado has many new members looking for a health care provider. Please remember that it is the responsibility of each provider to update contact information in the MMIS. Up-to-date information assures that payments and communications are sent timely and appropriately.

The [Web Portal](#) via MMIS Provider Data Maintenance option is the easiest and most efficient method to keep information current. However, providers who do not have the capability to make updates through the Web Portal may use the [Provider Enrollment Update form](#) to make the necessary changes.

Please call the Department's fiscal agent, Xerox State Healthcare for assistance with this process at 1-800-237-0757.



November and December 2014 Holidays

Veterans Day

Due to the Veterans Day holiday on Tuesday, November 11, 2014, State, the ColoradoPAR Program, and DentaQuest offices will be closed. The Department's fiscal agent offices will remain open during regular business hours.



Thanksgiving Day

Due to the Thanksgiving Day holiday on Thursday, November 27, 2014, State, the ColoradoPAR Program, DentaQuest, and the Department's fiscal agent will be closed. The ColoradoPAR Program office will also be closed Friday, November 28, 2014. The Department's fiscal agent offices will close at 3:00 p.m. on Friday, November 28, 2014.

Christmas Day

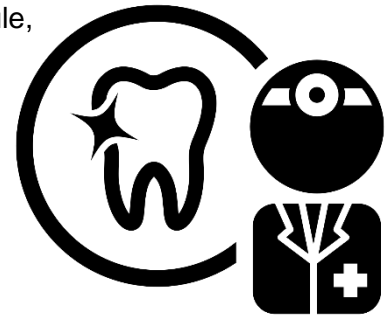
Due to the Christmas Day holiday on Thursday, December 25, 2014, State, the ColoradoPAR Program, DentaQuest, and the Department's fiscal agent will be closed. The Department's fiscal agent offices will close at 12:00 p.m. on Wednesday, December 24, 2014.

Dental Providers

Dental Program Benefits – Rules and Regulations Update

Children’s Dental

On October 10, 2014, the final version of the Dental Services for Children rule, which outlines the revised children’s dental benefit, passed its final reading for permanent adoption at the Medical Services Board (MSB) meeting. The rule will be effective on November 30, 2014. Scroll to section 8.201 of the rule to view the final version, made available on the [Code of Colorado Regulations](#) website. The final rule includes many provisions that the Department gathered through its stakeholder collaborative and rule making process. Some examples of the types of revisions made to children’s dental rule where consensus was reached over the course of the stakeholder collaborative process include:



- Increasing the frequency of x-rays that are allowed for high-risk children ages 2 to 20 (i.e., every six (6) months if evidence of active decay);
- Additional coverage for risk-based periodontal services for children who are at increased risk of periodontal disease due to diabetes, pregnancy, or history of periodontal treatment; and
- An increased allowance of three (3) fluoride varnish applications per year for children ages 5 and above.

The DentaQuest Medicaid Dental Provider Office Reference Manual (ORM) will be updated to reflect the revised children’s dental benefits and published within the coming weeks on the [DentaQuest Colorado Providers](#) website. Until the new rule takes effect at the end of November 2014, the Department and DentaQuest will continue to administer the Children’s dental benefit as was the case prior to July 1, 2014. The Department would like to thank everyone who contributed time and expertise in assisting with the revisions to the children’s dental rule and the improvements it will bring to the administration of the children’s dental benefit.

Orthodontia

As part of the Orthodontic Benefits Collaborative, the Department is planning to schedule the next series of meetings, beginning in early 2015, to allow both the Department and its orthodontic providers adequate time for identification of suitable dates and meeting location(s). The Department has not and will not be changing orthodontia policy prior to MSB approval of the revisions. Revisions to orthodontia policy and those items previously discussed collaboratively with orthodontic stakeholders in the state will be discussed in January 2015. The rule making process will likely begin in spring 2015.

Billing and Program Updates from DentaQuest

The most recent version of the [Colorado Summit](#) and the DentaQuest quarterly e-newsletter for Colorado’s Medicaid dental providers are available on the [DentaQuest Colorado Providers](#) website. Dental providers should check regularly the DentaQuest Colorado Providers website for updates to DentaQuest’s [Frequently Asked Questions](#) document and for the latest news about the Colorado Medicaid Dental Program.

Dental providers please contact DentaQuest Provider Services with questions at 1-855-225-1731.

Durable Medical Equipment (DME) Providers

Complex Rehabilitation Technology (CRT) Supplier Enrollment

Effective January 1, 2015, House Bill 14-1211 will require the Department to recognize CRT as a unique category of service under Medicaid. Complex Rehabilitation Technology includes individually configured manual and power wheelchair systems, adaptive seating systems, alternative positioning systems, standing frames, gait trainers, and specially designated options and accessories that qualify as DME.



To comply with this bill, the Department will adopt CRT supplier standards and restrict the reimbursement of CRT to only suppliers meeting these standards. Starting January 1, 2015, to qualify as a CRT supplier, a provider must meet the following requirements:

1. Be accredited by a recognized accrediting organization as a supplier of CRT;
2. Meet the supplier and quality standards established for DME suppliers under Medicare or the Medical Assistance Program;
3. Employ at least one CRT Professional (i.e., an assistive technology professional) at each physical location;
4. Maintain a reasonable supply of parts, adequate physical facilities, and qualified and adequate service or repair technicians to provide members with prompt service and repair of all CRT it sells or supplies; and
5. Provide members with written information at the time of sale on how to access service and repair.

Existing Colorado Medicaid DME providers that want to enroll as a CRT supplier, please contact Carrie Smith at Carrie.Smith@state.co.us and request a letter of intent to enroll as a CRT supplier. Suppliers with multiple Medicaid provider ID numbers need to submit a letter of intent for each provider ID number that will bill CRT for Medicaid.

New Colorado Medicaid providers that would like to enroll as a CRT supplier can follow the [Provider Enrollment](#) process. Please select CRT as a provider type when applying.

Please contact Eskedar Makonnen at Eskedar.Makonnen@state.co.us or 303-866-4079 with questions.

Substance Use Disorder (SUD) Providers

Enrollment with Behavioral Health Organizations (BHO's)

Effective January 1, 2014, SUD (formerly known as "Substance Abuse") providers must enroll with a BHO in order to provide outpatient SUD services to Medicaid members. This policy applies to both new and existing SUD Medicaid providers. Please refer to the Community Behavioral Health Services program located on the Department's website (Colorado.gov/hcpf/behavioral-health-organizations) for BHO contact information and program details.

Substance Use Disorder treatment services are considered for any claim with the following criteria:

1. Contains any procedure code found under the "Covered Procedure Codes" section of Appendix T; and
2. Contains any diagnosis of a substance use disorder found under the "Covered SUD Diagnosis Codes (ICD-9)" section of Appendix T located in the billing manuals section of the Department's website (Colorado.gov/hcpf/billing-manuals).

Substance Use Disorder providers must send their claims to the BHO for reimbursement, per the billing guidelines found in Appendix T. Substance Use Disorder providers are prohibited from submitting Fee-For-Service (FFS) claims through the Web Portal unless:

1. The Medicaid member receiving treatment is not enrolled in the Community Behavioral Health Services program, and the BHO has first denied their claim solely on this basis.
OR
2. The SUD provider has received documented authorization from the Department's Rehabilitation Benefits Policy Specialist allowing them to send SUD claims as FFS for a limited, specified time.

Behavioral Health Organizations may have prior authorization policies that require provider compliance. Failing to obtain a prior authorization for SUD services does not permit a provider to bill FFS as an alternative or extension to BHO covered services. Any SUD provider that submits claims as FFS outside of these guidelines will be contacted and may be subject to corrective action and/or recoupments.

Transportation

Air Ambulance Certification Requirements

Air Ambulance providers seeking to enroll as a service provider with the Department will need to fill out the Standard Provider Enrollment Application found on the [Provider Enrollment](#) web page. In addition, In-State and Out-of-State Air Ambulance providers are required to obtain a Commission on Accreditation of Medical Transport Systems (CAMTS) certification, with the exception that a letter is issued from Colorado Department of Public Health and Environment (CDPHE) that grants a conditional license for Air Ambulance services. These conditional CDPHE licenses are valid for a two (2) year span based on the date of issuance. During this time, providers must obtain their CAMTS certification. If this requirement is not met, the license will be revoked at the end of the two-year period.



Please contact Greg Trollan at Greg.Trollan@state.co.us or 303-866-3674 with any questions.

Non-Emergent Medical Transportation (NEMT) Broker

The Department transitioned from its current NEMT broker, First Transit, to its new NEMT broker, Total Transit. Total Transit serves Colorado Medicaid members residing in Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, Larimer and Weld counties. Effective November 1, 2014 the new NEMT broker contract with Total Transit begins and will maintain several key provisions of the previous contract:

- Member support materials – web site access, toll-free number for booking trips, and trip forms will remain the same;
- Enhanced vehicle safety requirements, such as having a safety expert inspect all transportation vehicles;
- Strict driver requirements, including ongoing driver training and safety monitoring;
- The use of a clinical specialist to help advice on the most appropriate mode of transportation for the elderly and members with disabilities;
- Trip booking available 48 hours or more prior to the appointment time;
- Trip scheduling 24 hours per day, 7 days a week; and
- Use of a computer monitoring system to assist transportation providers with last-minute routing and scheduling changes to ensure clients are delivered to their appointments on time.

In an effort to provide a seamless transition for providers and members, the new broker is transitioning a number of key personnel from the previous contractor. Additionally, the Department sent letters to approximately 19,000 members who have used NEMT services within the past year, informing them of change in broker while reinforcing that the phone number and website remain the same.

This new NEMT contract continues to simplify transportation for Medicaid members travelling to and from their medical appointments, thereby reducing members' use of hospital emergency rooms for their primary health care needs.

Please contact Doug Van Hee at Doug.Vanhee@state.co.us or by phone at 1-303-866-4986 with questions.

Waiver Providers

Changes to Financial Management Services (FMS) for Consumer Directed Attendant Support Services (CDASS) members

Effective January 1, 2015, the Department will be making changes to Financial Management Services (FMS) for Consumer Directed Attendant Support Services (CDASS) members. Consumer Directed Attendant Support Services members will have a choice of three (3) FMS vendors and two (2) employer models: Agency with Choice (AwC) and Fiscal/Employer Agent (F/EA). Additionally, the Department will contract with a CDASS Training and Operations vendor to provide training and customer service support for the participant directed service delivery models available within Colorado. The Department anticipates the Training and Operations vendor to be selected by November 1, 2014. More information will be forthcoming in future Provider Bulletins.

The three (3) FMS contractors are as follows:

ACES\$ Financial Management Services: MyCIL.org

Morning Star Financial Services: morningstarfs.com

Public Partnerships, LLC: publicpartnerships.com

Please contact Kelly Jepson at Kelly.Jepson@state.co.us with questions.

Pharmacy

Total Annual Prescription Volume (TAPV) Form Requirement

The Department reimburses outpatient pharmacies for the costs related to acquiring a drug and the costs related to dispensing the drug to a Medicaid member. The dispensing fees for retail, 340B, and mail order pharmacies are based upon the pharmacy's total annual prescription volume. The dispensing fees for rural and government pharmacies are based on the pharmacy type.



Providers must submit a completed [Total Annual Prescription Volume \(TAPV\) Form](#) with their provider enrollment application, in order to receive the appropriate dispensing fee and pharmacy designation. Effective November 1, 2014, pharmacy provider enrollment applications will be denied if a completed TAPV form is not submitted with the application.

Please email Colorado.SMAC@state.co.us or call the Department's Pharmacy Liaison at 303-866-3588 with questions.

Hepatitis C Prior Authorization Requests

To reflect the final criteria as of October 1, 2014, the Department has created a new PAR form for Sovaldi and a new combination PAR form for Victrelis, Olysio, and Incivek. These forms are available on the [Forms](#) page of the Department's website.

Stimulant and Attention Deficit Hyperactivity Disorder (ADHD) Medication Changes

Effective October 18, 2014, the Department is allowing all forms, both brand name and generic formulations, of Ritalin due to access issues. The Department is also allowing immediate release of brand name or generic formulations of Adderall. The pharmacy is not required to call for a prior authorization.

Please contact Swanee Grubb at Swanee.Grubb@state.co.us with questions.

November and December 2014 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 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.

November 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9	10	11 Beginning Billing CO-1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM	12 Beginning Billing UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30PM FQHC/RHC 1:00 PM-3:00 PM	13 DME/Supply 9:00 AM-11:00 AM *WebEx * Home Health 1:00PM-3:00 PM	14 *All WebEx* Beginning Billing UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 PM Provider Enrollment 1:00 PM-3:00 PM	15
16	17	18 Beginning Billing CMS 1500 9:00 AM-11:30 AM *WebEx* Beginning Billing CO-1500 1:00 PM-3:00 PM	19 Beginning Billing CMS 1500 Waiver 9:00 AM-11:30 AM	20 Beginning Billing CMS 1500 9:00 AM-11:30 AM	21	22

December 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7	8	9 Beginning Billing CMS 1500 9:00AM-11:30AM Web Portal 11:45AM-12:30PM Web OT/PT/ST 1:00PM-3:00PM	10 *WebEx* UB-04 9:00AM-11:30AM Web Portal 837I 11:45AM-12:30PM IP/OP Hospital 1:00PM-3:00PM	11 Provider Enrollment 9:00AM-11:00AM Audiology 1:00PM-3:00PM	12 *All WebEx* CMS 1500 Waiver 9:00AM-11:30AM Web Portal 837P 11:45AM-12:30PM	13
14	15	16 Beginning Billing CMS 1500 Waiver 9:00AM-11:00AM Beginning Billing CMS 1500 1:00PM-3:00PM	17 Beginning Billing CMS 1500 Waiver 9:00AM-11:00AM	18 Beginning Billing CMS 1500 9:00AM-11:00AM	19	20

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 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.

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.

Image Attribution:

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