



Automated Medical Payments

Medicaid Bulletin

Colorado Title XIX

Fiscal Agent



600 Seventeenth Street
Suite 600 North
Denver, CO 80202

Medicaid Provider Services

303-534-0146
1-800-237-0757

Mailing Addresses

Claims & PARs
P.O. Box 30
Denver, CO 80201-0030

Correspondence, Inquiries & Adjustments

P.O. Box 90
Denver, CO 80201-0090

Provider enrollment, Provider information, Changes, Signature authorization, and Claim requisitions

P.O. Box 1100
Denver, CO 80201-1100

Medicaid Fiscal Agent Information on the Internet

<http://coloradomedicaid.acs-inc.com>

Medicaid bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medicaid Provider Services.

Distribution: All providers

April 2003

Reference: B0300155

Medicaid Updates & Billing Information

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Correction to Medicaid Practitioner HCPCS, B0300152 (03/03)

Please correct the date in the Comments fields for Code G0295 on page 27. The correct date is 01/01/03, not 0i/01/03.

New Contract for Primary Care Physicians (PCPs)!

Federal regulation requires that Medicaid agencies comply with the new PCP contracting standards. All PCPs will receive a new contract by July 1, 2003.

If you do not receive the contract, please call Medicaid Provider Services at 303-534-0146 or 1-800-237-0757 (toll free Colorado) to verify that the fiscal agent has your correct address on file. All signed contracts must be received by August 1, 2003. The new PCP contract will also be available on the fiscal agent's web site: <http://coloradomedicaid@acs-inc.com> in the near future. The contract will be in the Provider Services section under Forms. Watch for more information and web site availability in future Medicaid bulletins

Addresses for Paper Warrants

Effective April 25, 2003, the fiscal agent will mail all paper warrants to the provider's "Billing Address". If there is no "Billing Address" on file with the fiscal agent, warrants will be mailed to the "Location Address" on file.

Medicaid Authorization Cards (MACs) are Changing!

Beginning July 1, 2003, the paper MACs will no longer be mailed to clients on a monthly basis. Clients will receive a permanent plastic identification card. The permanent Medical ID will contain the client's name and Medical State ID number. The ID cards **will not guarantee client eligibility** like the original paper MAC card. Providers *must* check CMERS (voice response), Faxback eligibility, WINASAP, or eligibility vendors to verify the client's Medical eligibility and enrollment. The fiscal agent, Medifax, and the State will provide information and answer questions during the May provider training and in future Medicaid bulletins.

Health Insurance Portability and Accountability Act (HIPAA)

The Department of Health Care Policy and Financing and the fiscal agent (ACS) became compliant with the HIPAA privacy regulations on April 14, 2003. This changes the way Protected Health Information (PHI) is shared. The Department, Medicaid and CHP+ providers are covered entities. Covered entities can share PHI for the purposes of treatment, payment and operation. There will be a new procedure to verify that the callers are Medicaid/CHP+ enrolled providers before PHI will be shared. Please have your assigned Medicaid provider identification number at hand when calling for specific client information.

A business associate agreement is not required because it does not apply between covered entities when one is not contracted to do work for the other. Enrolled providers have a provider agreement on file with the fiscal agent for processing of claims. We will be reenrolling all providers and implementing a new trading partner agreement including the specifics associated with the new HIPAA transaction and code set requirements. Providers should receive new reenrollment packets in June. Again, this change does not require a business associate agreement or signature. For questions call Medicaid Provider Services at: 303-534-0146 or 1-800-237-0757 (toll free Colorado).

Provider Specialty Training

Specialty training will be provided for all Front Range providers in the fiscal agent's Denver location.

The June second quarter Specialty Training Classes include make up classes for the March Specialty Classes.

Practitioners

Denver

This training is for billers using the Colorado 1500 format. The class offers billing procedures, common billing issues and guidelines for the following provider types:

Ambulance	Nurse Practitioner
Anesthesiologists	OB/GYN
ASC	Occupational Therapist
Family Planning	Physical Therapists
Independent Labs	Physician Assistant
Independent Radiologists	Physicians, Surgeons

06/17/03

Tues

1:00 – 4:00

County Transportation

Denver

This training is for billers using the CO1500 claim format. The class offers billing procedures, common billing issues and guidelines for the following provider types:

Counties billing for transportation	County Brokers
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06/16/03

Mon

1:30 – 3:30

Dental

Denver

This training is for billers using the ADA claim format. The class offers billing procedures, common billing issues and guidelines for the following provider types:

Dentists	Dental Hygienists
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06/19/03

Thurs

10:30 – 11:30

*(This class is **not** for FQHC/RHC – please refer to the FQHC/RHC class on 06/20/03)*

Dialysis

Denver

This training is for billers using the CO1500/UB92 claim formats. The class offers billing procedures, common billing issues and guidelines for Dialysis providers.

06/20/03

Fri

8:30 – 9:30

EPSDT

Denver

This training is for billers using the EPSDT claim format. The class offers billing procedures, common billing issues and guidelines for EPSDT Providers.

06/17/03

Tues

10:30 – 11:30

*(This class is **not** for FQHC/RHC – please refer to FQHC/RHC Class on 06/20/03)*

FQHC/RHC

Denver

This training is for billers using the UB92 format. The class offers billing procedures, common billing issues and guidelines for FQHC/RHC providers.

06/20/03

Fri

10:30 – 11:30

HCBS**Denver**

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

HCBS – BI	HCBS – EBD	HCBS – PLWA
HCBS – CMW	HCBS – MI	
06/19/03	Thurs	1:00 – 4:00

Home Health**Denver**

This training is for billers using the UB92 format. The class offers billing procedures, common billing issues and guidelines for home health providers.

6/20/03	Fri	1:00 – 2:00
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Hospice**Denver**

This training is for billers using the UB92 format. The class offers billing procedures, common billing issues and guidelines for home health providers.

06/16/03	Mon	11:00 – 12:00
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Hospital**Denver**

This training is for billers using the UB92 format. The class offers billing procedures, common billing issues and guidelines for the following provider types:

In-patient Hospital	Out-patient Hospital	
06/18/03	Wed	10:30 – 11:30

*(This class is **not** for FQHC/RHC – please refer to FQHC/RHC Class on 06/20/03)*

Nursing Facility**Denver**

This training is for billers using the UB92 claim format. This class offers billing procedures, common billing issues, PETI, Medicare Crossovers and guidelines for Nursing Facility providers.

06/16/03	Mon	8:30 – 10:00
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Pharmacy/Infusion Therapy**Denver**

This training is for billers using the Pharmacy claim format/Point of Sale. This class offers billing procedures, common billing issues and guidelines for the following provider types:

Pharmacies	Home Infusion Providers	
06/18/03	Wed	8:30 – 9:30

RTC**Denver**

This training is for billers using the UB92 claim format. This class offers billing procedures, common billing issues and guidelines for RTC providers.

06/17/03	Tues	8:30 – 9:30
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Supply/DME**Denver**

This training is for billers using the CO1500 claim format. This class offers billing procedures, common billing issues and guidelines for Supply/DME providers.

06/18/03	Wed	1:00 – 3:00
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Vision**Denver**

This training is for billers using the CO1500 claim format. This class offers billing procedures, common billing issues and guidelines for Vision providers.

6/19/03	Thurs	8:30 – 9:30
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*** * * Therapeutic Consultation Pharmacy (TCP) Program * * ***

The TCP Program was introduced on April 1, 2003 and fully operational on May 1, 2003. The TCP process occurs only when a client exceeds eight (8) prescriptions in a calendar month. When the ninth prescription fill is submitted, the claim denies with a message requiring the prescribing physician to call the Therapeutic Consultation (TCP) Program. The pharmacy is responsible for notifying the *prescribing* physician, nursing home/hospice nurse or pharmacist. Once notified, a call must be placed to the TCP Pharmacist to discuss the client/patient's drug profile to determine if other therapy options can be prescribed. All claims reviewed by the TCP process will undergo an entire drug treatment review for the specific client/patient.

The TCP Pharmacists is available at 1-866-288-6403, Monday-Friday, 8 AM- 6 PM MT and on Saturday 8 AM-2 PM MT. If the prescribing physician, nursing home/hospice nurse or pharmacist calls outside of the available times listed, they may leave a message for a TCP Pharmacist or instruct the pharmacy to use the **Medical Certification Code "1"** if the fill is an emergency. The Medical Certification Code of "1" can only be used for a **72 hour emergency fill**. Only use Medical Certification Code of "1" when:

- It is after hours and the TCP Program is closed for the day and a claim has hit the ninth prescription edit and a prescription override is needed, or
- When a prior authorized drug is needed and a prior authorization cannot be obtained.

Only two Medical Certification Code "1" overrides can be used per Generic Code Number (GCN), per client, in a calendar month. Medical Certification Code "1" claims are not included in the eight-prescription accumulation.

For Nursing Home and Hospice clients, the eight-prescription cap accumulation occurs by Generic Code Number (GCN) and not by claim count. The Nursing Home and Hospice nurse or pharmacist may call and talk to a TCP Pharmacist when the prescribing physician is unavailable. If a nursing home/hospice nurse or pharmacist calls the TCP Pharmacist, a 30 day override will be granted for the drug(s) that hit the ninth prescription edit. A letter from the TCP Program will be sent to the prescribing physician for final authorization.

To ensure that this program does not intervene when it is inappropriate, the program exempts several classes of medications from the eight prescription accumulation limit including:

HIV medications	Contraceptives	Hypoglycemia rescue agents	Total Parenteral Nutrition agents
Chemotherapy agents	Anti-psychotics	Blood glucose lowering drugs	

Please note: A dispensing fee has been withheld from the Medical Certification Code "1" claims since April 1, 2003. This will be corrected in May 2003 and all Medical Certification Code "1" claims submitted on or after April 1, 2003 will be reprocessed. Once the correction is made, dispensing fees will be reimbursed according to policy for Medical Certification Code "1" claims.

For further information regarding the program, please contact the TCP Pharmacists at 1-866-288-6403.

Please direct questions about Medicaid billing or the information in this bulletin to Medicaid Provider Services at:
303-534-0146 or 1-800-237-0757 (toll free Colorado)