



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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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: B0300154

Medicaid Updates & Billing Information

Correction to Bulletin B0200151

The correct reference number for bulletin B0200151 (Vision eyewear CMS and local codes) is B0300151.

HMO Enrollment

The temporary freeze on new Medicaid HMO enrollments ended on March 13, 2003. The suspension began December 13, 2002 and was in effect for 90 days. Medicaid clients may now enroll in HMOs.

All providers are reminded to always verify eligibility and coverage for any Medicaid client through one of the following methods:

CMERS	303-534-3500 Denver Metro; or 1-800-237-0044 Toll free Colorado
Faxback	1-800-493-0920 Toll free
WINASAP	Free interactive software – Contact EDI Support 1-800-987-6721

Provider Claim Report (Remittance Statement) Requests

Effective April 1, 2003, the fiscal agent (ACS) will no longer provide replacement Provider Claim Reports (Remittance Statements) free of charge to providers who:

1. Have electronic capability or
2. Are requesting Provider Claim Reports *over 30 days old*

The charge for this service is:

Number of pages	Fee
1 - 15	75¢ per page
Over 15 pages	\$25.00 flat fee

If the charge per page changes, providers will be notified. Payments must be made either by check or money order and payable to ACS. No other form of payment will be accepted, *including* cash.

Please be sure that your check or money order is completed correctly so your request will not be delayed. Any checks or money orders not payable to ACS will be returned to the purchaser. Payment must be received *before* Provider Claim Reports are researched and mailed.

Bulletin B0200139, September 2002 and Bulletin B0200143, December 2002 advised providers that they are required to retrieve their Provider Claim Reports electronically, if they have notified the Medicaid program of Internet access. Providers are responsible for retrieving electronic Provider Claim Reports in a timely manner. Providers, who continue to receive paper Provider Claim Reports, must contact the fiscal agent within 30 days if a remittance is not received.

All providers should keep their Provider Claim Reports for reference and audit purposes.

Additional information on Remittance Statements is available in the Medicaid Provider Manual on pages 9-3 to 9-6.

Therapeutic Consultation Pharmacy (TCP) Program

Beginning April 1, 2003, Colorado Medicaid will implement a highly focused Therapeutic Consultation Pharmacy (TCP) Program. The TCP Program is designed to reduce unnecessary, duplicate, or even dangerous drug therapies for Medicaid clients.

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 will deny. The *prescribing* physician must call the TCP pharmacist to determine if alternative treatments are available. All claims reviewed by the TCP process will undergo an entire drug treatment review for the specific client/patient-. The TCP Pharmacist will be available from 8 AM until 6 PM MT. If the prescribing physician calls before 8 AM or after 6 PM, the physician may leave a message for a TCP Pharmacist or instruct the pharmacy to give a 72 hour emergency fill by using a Medical Certification Code=1. The Medical Certification Code "1" can only be used for emergency purposes. Only two overrides per Generic Code Number (GCN) in a calendar month will be permitted. There is no dispensing fee reimbursement for these claims, and they will not be included in the eight-prescription cap 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. A letter must 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 limit including:

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

To prepare for the April 1, 2003 TCP program implementation, the Medicaid program has identified clients whose drug use indicates that they may be subject to the eight-prescription cap limit. A letter will be sent to these clients' physicians. The physician will be asked to call a toll free number on or after April 1, 2003 to discuss alternative treatments.

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)