



Automated Medical Payments

Medical Assistance Program Bulletin

Colorado Title XIX

Fiscal Agent



600 Seventeenth Street
Suite 600 North
Denver, CO 80202

Medical Assistance 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

Medical Assistance Fiscal Agent Information
on the Internet

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

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

Bulletins supplement information in the Medical Assistance 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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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 Medical Assistance Provider Services.

Distribution: All providers

December 2003

Reference: B0300165

All Providers

2004 Holiday processing schedule

Standard processing

The Colorado Medical Assistance Program processes claim payments every Friday evening. The weekly Claim Report identifies claims that have been submitted for processing during the week.

Each week, Medical Assistance Program payment information is reported to the Colorado Financial Reporting System (COFRS) and Medical Assistance Program warrants (paper checks) and Electronic Funds Transfers (EFT) are processed.

Electronic Claim Reports may be retrieved from MEVSNET on Monday morning of the week following payment processing.

Claim Reports for EFT payments are mailed on Wednesday of the week following payment processing. Claim Reports with accompanying warrants are mailed on Thursday of the week after payment processing.

Holiday processing

For some State and Federal holidays payment processing dates are changed to avoid payment delays. When the holiday falls on a Monday or Friday, claim payments are processed on Thursday instead of Friday. The processing cycle includes electronic claims accepted before 6:30 P.M. on Thursday.

The schedule below shows the holiday processing cycles for 2004.

| Holiday Processing Date | Holiday |
|-------------------------|---|
| Thursday 01/15/2004 | Martin Luther King Jr. Day – Monday 01/19/2004 |
| Thursday 02/12/2004 | Presidents' Day – Monday 02/16/2004 |
| Thursday 05/27/2004 | Memorial Day – Monday 05/31/2004 |
| Thursday 07/01/2004 | Independence Day – Monday 07/05/2004 |
| Thursday 09/02/2004 | Labor Day – Monday 09/06/2004 |
| Thursday 10/07/2004 | Columbus Day – Monday 10/11/2004 |
| Thursday 12/23/2004 | Christmas Day – Friday 12/24/2004 |
| Thursday 12/30/2004 | New Year's Day – Friday 12/31/2004 |

When the holiday falls during the week, the receipt of warrants or EFT will be delayed. The following holidays will affect the receipt of warrants or EFT:

- New Year's Day - Thursday, 1/1/2004
- Veterans' Day – Thursday, 11/11/2004
- Thanksgiving Day - Thursday, 11/25/2004
- Christmas Day-Friday, 12/24/2004
- New Year's Day 2004-Friday, 12/31/2004

Please retain this holiday processing schedule for reference for 2004

Frequently Asked Questions about the New Auto Insurance Law

Q: What is “no-fault” auto insurance?

A: No-fault insurance, also known as PIP or Personal Injury Protection, provides coverage for certain medical and rehabilitation expenses from injuries sustained in an automobile accident. The no-fault law expired on July 1, 2003. All policies with an effective date on or after July 1 will be issued under a “tort” auto insurance law.

Q: What is “tort” auto insurance?

A: A “tort” (an injury against a person) is a civil wrong, but not a crime. In auto insurance, a tort system means that determination of fault in an automobile accident is made. The party at fault or his or her insurance company pays medical and rehabilitation expenses to the injured party, as well as property damage. An injured party may also sue for other losses including lost wages and pain and suffering.

Q: What happened to my auto insurance policy on July 1, 2003?

A: The no-fault law expired on July 1, 2003. That means that all policies that are issued or renewed on or after that date will be written as tort policies. However, if you have a policy that was written before that date but expires after that date, you will still receive the benefits of your “no-fault” policy and these benefits will be paid regardless of who was at fault in the accident.

Q: Client: “My auto insurance is up for renewal. My agent tells me my health insurance may not cover me now because of the new Tort auto insurance law and that I have to buy extra insurance on my auto insurance policy to cover me if I’m in an accident.” Medicaid is my health insurance; will it cover me?

A: If Medicaid is your primary health care insurance, it will cover you as it has in the past for medical necessities. If you are enrolled in a Medicaid HMO, please contact them directly.

Q: Provider: If patient has Medicaid for health insurance and is in an automobile accident, do we bill Medicaid? Our office policy is not to get involved with the new insurance law mess!

A: Yes, bill Medicaid, even though Medicaid is the “payer of last resort”. Section 26-4-403(3), C.R.S., (2003) gives the Department an enforceable right to recover medical assistance on behalf of a recipient for which a third party is liable.

Q: Attorney: My client was in an automobile accident and has Medicaid health coverage. This firm has established a case against the insurance company for compensation to the client for pain and suffering. Whom do I need to speak to in Medicaid?

A: The Tort and Casualty Specialists in Benefits Coordination Section: Sandy Drews @303 866-3579 or Kae Cline @303 866-2705. Section 26-4-403(3), C.R.S., (2003) gives the Department an enforceable right to recover medical assistance on behalf of a recipient for which a third party is liable. Additionally, Section 26-4-403(4), C.R.S., (2003) establishes a lien for all such medical assistance provided against any amounts recovered in a suit or claim against a liable third party.



PAR Conversion to National Standard Codes

The Department of Health Care Policy & Financing is converting all current PARS with local procedure codes to national standard codes. This process will end-date all individual PAR lines with local codes that extend beyond the local code transition date of December 1, 2003. A new PAR line will be created with the appropriate national standard code. The new PAR line remains active for the same time period as the original line. No additional documentation is required from providers. For dates-of-service on or after December 1, 2003, please submit claims with the appropriate national code. Please submit only national codes on all new PARs.

Title VI, Civil Rights Act - Reminder

Providers who receive any federal funds through programs such as Medicaid, Medicare, CHAMPUS, etc., must provide oral interpretation services (excluding a patient’s family members) to all limited English proficient patients in their practice, including those for whom you do not receive federal funds. Limited English proficient patients are patients who do not speak English as their primary language. Examples of oral interpretation services include oral interpretation services, bilingual staff, telephone interpreter lines, written language services and community volunteers. Written materials must be translated and provided to limited English proficient patients if the practice comprises of 10% or 3,000 limited English proficient patients, whichever is less. If you have questions, contact the Office of Civil Rights at 1-888-848-5306.

Audiology and Colorado Home Intervention Program (CHIP) Providers

The table below is a correction to Audiology and CHIP Providers PAR completion information printed on page 7 in bulletin B0300164.

Medical Assistance Program Audiology Prior Authorization Requests (PARs)

| <i>If the clinic is requesting a PAR, enter:</i> | | <i>If an independent audiologist is requesting a PAR, enter:</i> | |
|---|------------------|---|------------------|
| Completion Information | PAR Field | Completion Information | PAR Field |
| The audiologist's name and address | 24 | The audiologist's name and address | 25 |
| The clinic's name and address | 25 | The audiologist's signature | 26 |
| The audiologist's signature | 26 | The audiologist's provider number | 28 |
| The audiologist's provider number (this means that the audiologists must be enrolled) | 28 | The audiologist's provider number | 29 |
| The clinic's provider number | 29 | | |

Dental Providers

The fiscal agent will process dental claims and Prior Authorization Requests (PARs) submitted on the American Dental Association (ADA) 2002 Claim Form. Dental claims and PARs must be submitted by Medical Assistance Program enrolled dental providers using Current Dental Terminology (CDT) codes. The fiscal agent will continue to process dental claims and PARs submitted on the ADA 1994 and 1999 claim forms.

Primary Care Physicians

PCP Contracts

Revisions were made to the July 2003 PCPP contract in order to comply with the State Controller's contract requirements. PCPs will receive a letter the week of November 17th summarizing these changes. Please review the changes and if you agree, sign the bottom of the letter and return to the Department. Signed letters must be received by May 14, 2004 or you will be disenrolled from the PCP Program. The letter and October 2003 PCP contract are available at <http://coloradomedicaid.acs-inc.com>. Click on Enrollment and scroll to the bottom of the page.

Pharmacy Providers

Prilosec 20mg

In September 2003, Prilosec 20mg prescription strength became an Over The Counter (OTC) drug. Prilosec 20mg prescription strength will only be approved for clients:

1. Who have failed Prilosec 20mg OTC tablets,
2. Who have difficulty swallowing tablets, or
3. Who need to open the capsules for use in NG tubes if Omeprazole is contraindicated.

Prilosec 20mg OTC tablets are available with a prior authorization for a one year approval rather than 3 months for non-complicated diagnosis.

Please see the updated criteria on the fiscal agent's website on the updated PPI PA form and in Appendix P at http://coloradomedicaid.acs-inc.com/Provider_Services/Billing_Manuals.

Limited Quantity Pharmaceuticals

Effective December 15, 2003 quantities will be limited for the following pharmaceuticals:

| Drug | Limit |
|-----------------------------|---|
| Sleeping Agents | |
| Ambien 5mg & 10mg | 14 tablets/30 days |
| Sonata 5mg & 10mg | 14 tablets/30 days |
| Ketorolac | |
| Toradol (ketorolac) Tablets | Limit to 5 days of therapy every 30 days = 20 tablets per 30 days, and The prescription documents the patient received either IM or IV Ketorolac up to 24 hours immediately prior to receiving the oral tablet prescription. |

| Drug | Limit |
|------------------------------|------------------------|
| Anti-Migraine | |
| Amerge 1mg and 2.5mg | 9 tablets / 30 days |
| Axert 6.25mg and 12.5mg | 6 tablets/ 30 days |
| Frova 2.5mg | 9 tablets / 30 days |
| Imitrex 25mg, 50mg and 100mg | 9 tablets / 30 days |
| Imitrex Nasal spray | 6 inhalers / 30 days |
| Imitrex Injection | 4 injections / 30 days |
| Maxalt 5mg & 10mg | 9 tablets / 30 days |
| MLT 5mg & 10mg | |
| Relpax 20mg & 40mg | 6 tablets / 30 days |
| Zomig 2.5mg & 5mg | 9 tablets / 30 days |
| ZMT 2.5mg & ZMT 5mg | |
| Zomig Nasal Spray | 6 inhalers/ 30 days |
| Anti-emetics | |
| Anzemet 50mg tablet | 10 tablets/ 30day |
| 100mg tablet: | 5 tablets / 30 days |
| Emend 125mg | 5 tablets/ 30 days |
| 80mg | 10 tablets/ 30 days |
| Tripak | 5 packs / 30 days |
| Kytril 1mg | 8 tablets / 30 days |
| oral suspension | 40ml / 30 days |
| Zofran 4mg & 4mg ODT | 48 tablets / 30 days |
| 8mg & 8mg ODT | 28 tablets / 30 days |
| 24mg | 8 tablets / 30 days |
| 4mg/5ml oral solution | 240ml / 30 days |

2004 Denver & Statewide Provider Billing Workshop Schedule

General Information

Provider billing workshops include both Medical Assistance Program Billing instructions and a review of Medical Assistance Program billing procedures. There are specific classes for new billers to the Medical Assistance Program and for specialty training for different types of providers. This bulletin contains the schedule for 2004 workshops. The workshops will start in January and continue through November.

Who Should Attend?

New and experienced receptionists, front desk personnel, admission personnel, office managers, billing services, and other billers should attend the appropriate workshops.

Do I need Reservations?

Yes, reservations are necessary for **all workshops**. We are currently requesting reservations for both Statewide and Denver workshops to be able to provide adequate space in all workshops.

Email reservations to: workshop.reservations@acs-inc.com

or

Call Medical Assistance Program Provider Services to make reservations.

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

Press "4" to make your workshop reservation. This transfers you to a voice mail where you must leave the following information:

- 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

Without all of the requested information, your reservation will not be processed successfully.

Your confirmation will be mailed to you within 1 week of making your reservation. If you do not receive a confirmation within 1 week please contact Provider Services and talk to a Provider Relations Representative.

Class Descriptions

Beginning Training – CO1500/UB92

This program is for new billers to the Colorado Medical Assistance Program. Class consists of in-depth information on resources, eligibility, timely filing, reconciling your remittance statements, claim completion for the UB-92 and CO1500.

Practitioners

This program is for providers who bill on the Colorado 1500 format. This class will discuss billing procedures, common billing issues and guidelines for these specific provider types:

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

Dental

This program is for billers who bill on the ADA claim format. This class will discuss billing procedures, common billing issues and guidelines for these specific provider types:

Dentists, Dental Hygienists

(This is not the class for FQHC/RHC – please refer to FQHC/RHC Class)

Dialysis

This program is for billers who bill on the CO1500/UB92 claim formats. This class will discuss billing procedures, common billing issues and guidelines for Dialysis providers.

EPSDT

This program is for billers who bill on the EPSDT claim format. This class will discuss billing procedures, common billing issues and guidelines for EPSDT Providers.

(This is not the class for FQHC/RHC – please refer to FQHC/RHC Class)

FQHC/RHC

This program is for billers who bill on the UB92 format. This class will discuss billing procedures, common billing issues and guidelines for FQHC/RHC providers.

HCBS

This program is for billers who bill on the CO1500 claim format for the following services; adult day care, non-medical transportation, home electronics, home modifications and personal care. This class will discuss billing procedures, common billing issues and guidelines for these specific provider types:

HCBS – EBD HCBS – CMW
 HCBS – MI HCBS – BI
 HCBS – PLWA

Home Health

This program is for billers who bill on the UB92 format. This class will discuss billing procedures, common billing issues and guidelines for home health providers.

Hospice

This program is for billers who bill on the UB92 format. This class will discuss billing procedures, common billing issues and guidelines for home health providers.

Hospital

This program is for billers who bill on the UB92 format. This class will discuss billing procedures, common billing issues and guidelines for these specific provider types:

In-patient Hospital, Out-patient Hospital

(This is not the class for FQHC/RHC – please refer to FQHC/RHC Class)

Nursing Facility

This program is for billers who bill on the UB92 claim format. This class will discuss billing procedures, common billing issues, PETI, Medicare Crossovers and guidelines for Nursing Facility providers.

Pharmacy/Infusion Therapy

This program is for billers who bill on the Pharmacy claim format/Point of Sale. This class will discuss billing procedures, common billing issues and guidelines for these specific provider types:
 Pharmacies, Home Infusion Providers

RTC

This program is for billers who bill on the UB92 claim format. This class will discuss billing procedures, common billing issues and guidelines for RTC providers.

Supply/DME

This program is for billers who bill on the CO1500 claim format. This class will discuss billing procedures, common billing issues and guidelines for Supply/DME providers.

Vision

This program is for billers who bill on the CO1500 claim format. This class will discuss billing procedures, common billing issues and guidelines for Vision providers.

Locations

Denver:

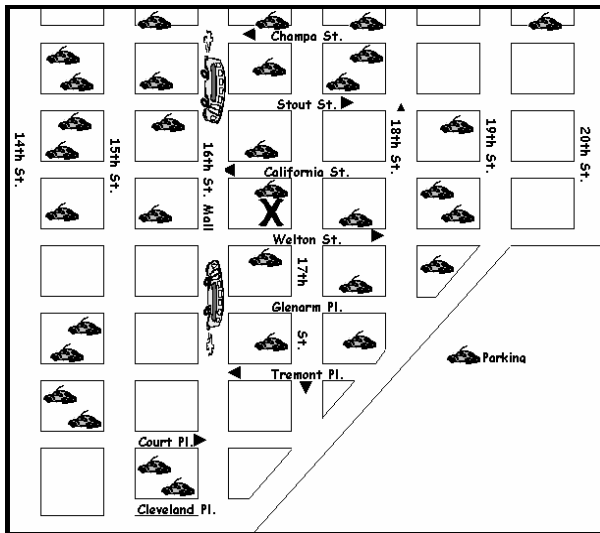
All Denver workshops are located at:

ACS
600 Seventeenth Street
Suite 600 N (6th Floor, North Tower)
Denver, CO 80202

Driving directions:

Take Interstate 25 to Exit 210 A – Colfax. Go East
Take Colfax 0.8 miles to Welton – seventh light. Go
North

Take Welton 0.4 miles to 16th Street – Third light.
ACS is located in the Dominion Plaza, on the west
side of Welton, between 16th and 17th Streets.



Parking:

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.
Commercial parking lots are available throughout the
downtown area and the daily rates range from
approximately \$5 - \$10.

Statewide:

Fort Collins

University Park Holiday Inn
425 West Prospect Road
Fort Collins, CO 80526
970-482-2626

Greeley

Best Western Ramkota Inn
701 8th Street
Greeley, CO 80631
970-353-8444

Pueblo

Holiday Inn Pueblo
4001 North Elizabeth
Pueblo, CO 81008
719-543-8050

Colorado Springs

Embassy Suites Hotel
7290 Commerce Center Dr
Colorado Springs, CO 80919
719-599-9100

Grand Junction

Holiday Inn
755 Horizon Drive
Grand Junction, CO 81502
970-243-6790

Denver Beginning Billing Schedule

9:00 – 3:00

Beginning Training CO-1500

01/09/04 – Friday
02/06/04 - Friday
04/13/04 - Tuesday
06/08/04 – Tuesday
08/10/04 – Tuesday
11/09/04 – Tuesday

Beginning Training UB-92

01/16/04 - Friday
02/13/04 - Friday
04/15/04 – Thursday
06/10/04 – Thursday
08/12/04 – Thursday
11/11/04 – Thursday

Beginning Training CO-1500/UB-92

03/05/04 - Friday
07/13/04 - Tuesday
10/05/04 - Tuesday

Denver Specialty Training Schedule

Practitioners

03/09/04 – Tuesday - 8:30-11:30
10/12/04 – Tuesday - 8:30-11:30

Dental

03/11/04 – Thursday - 10:00-11:00
10/14/04 – Thursday - 10:00-11:00

Dialysis

03/12/04 – Friday - 11:00-12:00
10/15/04 – Friday - 11:00-12:00

EPSDT

03/09/04 – Tuesday - 2:30-3:30
10/12/04 – Tuesday - 2:30-3:30

FQHC/RHC

03/12/04 – Friday - 1:00-2:00
10/15/04 – Friday - 1:00-2:00

HCBS

03/10/04 – Wednesday - 1:30-2:30
10/13/04 – Wednesday - 1:30-2:30

Home Health

03/08/04 – Monday - 1:00-2:00
10/11/04 – Monday - 1:00-2:00

Hospice

03/08/04 – Monday - 10:30-11:30
10/11/04 – Monday - 10:30-11:30

Hospital

03/10/04 – Wednesday - 11:00-12:00
10/13/04 – Wednesday - 11:00-12:00

Nursing Facility

03/08/04 – Monday - 8:30-10:00
10/11/04 – Monday - 8:30-10:00

Pharmacy/Infusion Therapy

03/11/04 – Thursday - 1:00-2:00
10/14/04 – Thursday - 1:00-2:00

RTC

03/09/04 – Tuesday - 1:00- 2:00
10/12/04 – Tuesday - 1:00- 2:00

Supply/DME

03/10/04 – Wednesday - 8:30-10:30
10/13/04 – Wednesday - 8:30-10:30

Transportation

03/12/04 – Friday - 8:30-10:30
10/15/04 – Friday - 8:30-10:30

Vision

03/11/04 – Thursday - 8:30-9:30
10/14/04 – Thursday - 8:30-9:30

Statewide Beginning Billing 8:30-1:00

Beginning Training CO-1500/UB-92

05/10/04 – Fort Collins – Monday
05/11/04 – Greeley – Tuesday
05/13/04 – Grand Junction – Thursday
05/18/04 – Pueblo – Tuesday
05/19/04 – Colorado Springs – Wednesday
09/14/04 – Grand Junction – Tuesday

09/16/04 – Durango – Thursday
09/20/04 – Fort Collins – Monday
09/21/04 – Greeley – Tuesday
09/22/04 – Pueblo – Wednesday
09/23/04 – Colorado Springs – Thursday

Statewide Specialty Training

Supply/DME

05/10/04 - Fort Collins – Monday – 2:00-4:00

Transportation

05/11/04 – Greeley– Tuesday – 2:00-4:00

Supply/DME

05/13/04 - Grand Junction– Thursday – 2:00-4:00

RHC/FQHC

05/18/04 – Pueblo– Tuesday – 2:00-3:30

Supply/DME

05/19/04 – Colorado Springs– Wednesday – 2:00-4:00

Nursing Facility

09/14/04 – Grand Junction– Tuesday – 2:00-4:00

RHC/FQHC

09/16/04 – Durango– Thursday – 2:00-3:30

Practitioner

09/20/04 – Fort Collins– Monday – 2:00-4:30

Nursing Facility

09/21/04 – Greeley– Tuesday – 2:00-4:00

RHC/FQHC

09/22/04 – Pueblo– Wednesday – 2:00-3:30

Practitioner

09/23/04 – Colorado Springs - Thursday – 2:00-4:30

How Can I Check Eligibility



State Approved Eligibility Verification Vendors

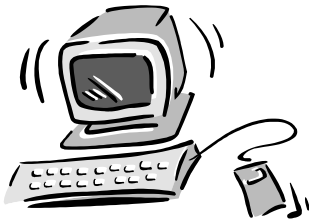
ENVOY — Tammy Gennari 615-231-4974

HDX — Jennifer 610-219-9285

Medifax — Jeanne Landy 1-800-444-4336 ext 2546

Passport Health — Scott McCullough 615-261-2633

WINASAP



WINASAP is free interactive software used to submit claims and PARs, and also to verify eligibility electronically. A response is received in moments that can be printed and kept on file.

You can download the free software directly from the

Fiscal Agent's website at:

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

Fax-back



Fax-back is a phone number you call that automatically sends an eligibility report to your fax machine.

You can download instructions directly from the

Fiscal Agent's website at:

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

Fax-back toll free phone number: 1-800-493-0920

CMERS



CMERS is an automated telephone response system. CMERS allows you to receive information via a touchtone phone, seven days a week, 24 hours a day.

Denver Metro 303-534-3500

Toll Free 1-800-237-0044



Colorado Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203-1818
303-866-2993