Medical Assistance Program Bulletin

Colorado Title XIX

Fiscal Agent

A C S

600 Seventeenth Street
Suite 600 North
Denver, CO 80202

**Medical Assistance Program
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 Program
Fiscal Agent Information
on the Internet
www.chcpf.state.co.us

Click on the Provider Services tab at the top of the web page

All Providers

Colorado Benefits Management System

The new eligibility verification system, Colorado Benefits Management System (CBMS), will be implemented at the end of April. This new system is designed to streamline eligibility verification for medical assistance (Medicaid and Child Health Plan Plus), cash assistance (welfare), and food assistance (food stamps). Client eligibility information will be transferred daily to the Medical Assistance Program processing system and used for eligibility verification and claims payment.

The Department will make every effort to assure that all clients receive timely eligibility determinations and that all information on eligible clients is transferred promptly and correctly. As with any new system, there is a possibility that the changeover will not go as smoothly as planned. Please continue to verify each client's eligibility for each date of service as you do now. The Colorado Medical Eligibility Response System (CMERS), FaxBack, and web portal application will provide the most current information on client eligibility for medical services.

CBMS allows you to check eligibility for Child Health Plan Plus (CHP+) program clients in addition to Medicaid program clients. The returned message will indicate CHP+ when applicable. Be sure to work with the assigned HMO before providing services to clients participating with CHP+. HMOs working with the CHP+ program are Colorado Access, Kaiser Permanente, Rocky Mountain Health Plans, and Denver Health Plan. Anthem Blue Cross Blue Shield serves as the claims administrator for the CHP+ Managed Care Network and Delta Dental Plan of Colorado is the CHP+ dental contractor.

Please check the website for up to date information about the CBMS implementation. Go to www.chcpf.state.co.us, and click on the Provider Services tab at the top of the page. You may also find out more about CBMS by clicking the CBMS tab on the Department's home page.

Update Provider Enrollment Information

Providers are reminded to keep their Medical Assistance Program enrollment information current. If *any* of the following change:

✓ Location Address	✓ Medicare Number	✓ County
✓ Billing Address	✓ Phone Numbers	✓ Open/Close Panel
✓ Mail to Address	✓ Fax Number	✓ Publication Update
✓ License Update (attach copy)	✓ Add/Change Faxback Number	✓ Affiliations

providers should submit changes on letterhead or form by fax (303-534-0439) or mail to:

Medical Assistance Program
Provider Enrollment
P.O. Box 1100
Denver, CO 80201-1100

All Pueblo County Providers

Effective February 1, 2004, Management Team Solutions (Southwest Healthcare Systems) began operations under an Administrative Services Organization (ASO) agreement with the Department. Clients enrolled with Southwest Healthcare and providers serving Southwest Healthcare clients follow the Primary Care Physician Program (PCPP) rules and billing practices. The following paragraphs explain how to work with Southwest Healthcare when providing services to clients enrolled with Southwest Healthcare.

Eligibility Verification
Medicaid program clients enrolled with Southwest Healthcare will show as enrolled with Management Team Solutions under the PHP heading. ***Southwest Healthcare is not an HMO.*** These clients are enrolled with Southwest Healthcare through the Medicaid program's Primary Care Physician Program (PCPP). Call Southwest Healthcare at 719-583-2956 to obtain a referral for services.

Referrals and Prior Authorizations
Medicaid program clients enrolled with Southwest Healthcare require a referral for services not provided by Southwest Healthcare or the Southwest Healthcare PCPs. Southwest Healthcare works with the Southwest Healthcare PCPs to authorize client referrals and prior authorizations. Call Southwest Healthcare at 719-583-2956 to obtain a referral and/or prior authorizations for services.

Services and Payment
The Medical Assistance Program fiscal agent pays for services provided to Medicaid program clients, enrolled with Southwest Healthcare, as fee-for-service with the appropriate referrals and prior authorizations. Submit all of your claims to the Medical Assistance Program Fiscal Agent. Contact Medical Assistance Program Provider Services at 1-800-237-0757 for all billing questions.

Providers serving Medicaid program clients enrolled with Southwest Healthcare should continue to provide services with referrals/authorizations from Southwest Healthcare. Submit all claims to the Medical Assistance Program Fiscal Agent as usual.

Please direct any other questions to:

Sue Takaki
Management Team Solutions, Southwest Healthcare Systems
719-583-2956, Ext 104.

Dental Providers

HIPAA Updates for Dental Providers

Providers submitting electronic claims must use the 837 Dental Claim Transaction (837-D)
The HIPAA billing changes affect providers who submit electronic claims for dental services. Providers submitting claims electronically will use the 837-D Claim Transaction for billing dental services. The fiscal agent is now accepting the 837-D through **the batch submission process.**

To bill for dental services, use:
Dental Service Codes, Loop 2400, Segment SV3,
      Element SV301-1, **Service or Product Qualifier Code** (Use value **AD**);
      Element SV301-2, **Procedure Code** (ADA procedure codes only);
      Element SV304, **Oral Cavity Designation Code**; and
      Element SV305, **Prosthetic Crown or Inlay Code** (**I** for Initial and **R** for Replacement)

Tooth Information, Loop 2400, Segment TOO,
      Element, TOO01, **Qualifier Code,** Use value **JP**, which identifies the National Standard Tooth Numbering System maintained by the ADA;
      Element TOO02, **Tooth Code** (The tooth number, 1-32 or A-T); and
      Element TOO03-1, **Tooth Surface** (Accepting up to 5 tooth surface codes).

Tooth Status, Loop 2300, Segment DN2,
      Element DN201, **Tooth Number;** and
      Element DN 202, **Tooth Status Code** (Use values **E**-to be Extracted, **I**-Impacted, or **M**-Missing).

Date of Appliance Placement, Loop 2300, Segment DTP,
Element DTP01, **Date Qualifier**
Element DTP02, **Date Format** and
Element DTP03, **Orthodontic Banding Date**
Date of Prior Appliance Placement, Loop 2400, Segment DTP,
Element DTP01, **Date Qualifier** and
Element DTP03**, Date of Prior Appliance Replacement.**

Orthodontia, Loop 2300, Segment DN1,
Element DN101, **Count of Months of Orthodontic Treatment**; and
Element DN102, Count **of Remaining Treatment Months Available.**

The 837-D claim cannot be printed out and sent to the provider. The 837-D claim is in electronic format only. Electronically submitted information is entered into a looping system designed by a national committee called the American Standardization Committee.

Pointers for using the 837-D:
1. Only use ADA Current Dental Terminology (CDT) codes;
2. Do not use modifiers; and
3. Submit **Electronic PARs** on the **278 Transaction** instead of the ADA claim form.

The **Delay Reason Code Field** (Loop 2300, Segment CLM, Element CLM 20) replaces the Late Bill Override Date (LBOD) field. The numeric **Delay Reason Code** identifies the reason for late filing. The Colorado Medical Assistance Program accepts the following Delay Reason Codes:

1	Proof of Eligibility Unknown or Unavailable
3	Authorization Delays
7	Third Party Processing Delay
8	Delay in Eligibility Determination
9	Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules
11	Other

Use the notes section in the claim header to provide the reason for the exception to the timely filing requirement. Providers must retain documentation on the exception for audit purposes.

After April 1, 2004, if you have questions regarding this change, please call Medical Assistance Program Provider Services at:

303-534-0146 (Denver Metro) or 1-800-237-0757 (Colorado toll free).

Interactive billing through the new Web Portal
WINASAP remains available until the Portal is ready for electronic billing. April 2004 is the target date for implementing the initial eligibility transactions through the Portal. Other transactions, including the 837 claim formats, will follow later. Access to the Portal will be through the Department's web site. An online training program, featuring a PowerPoint presentation with an accompanying audio component, will be available. Providers conducting any electronic business with the Colorado Medical Assistance Program must enroll with ACS EDI Gateway. The Department will use the information collected during this enrollment process to sign-up users for the Portal. The Department will send providers the necessary login names and passwords for the Portal. Providers should submit their EDI enrollment packets as soon as possible. To download an enrollment packet, please follow the instruction below.
Go to the Colorado Department of Health Care Policy & Financing's web site at: http://www.chcpf.state.co.us.
Select Provider Services,
Select Enrollment, and
Select the appropriate link for your current enrollment status.
If you have any questions or require additional information on the electronic enrollment process, please contact EDI Support Unit at 1-800-987-6721**.**

Home Health Providers and Single Entry Point Agencies

Since the implementation of the Long Term Home Health (LTHH) prior authorization process in July 2001, there have been many changes, including:

1. New Single Entry Point providers
2. The utilization of a functional assessment tool (ULTC-100.2) to determine eligibility
3. The introduction of brief nursing visits
4. A new Home Health PAR

The Department is planning Home Health training in June to address the concerns surrounding these changes including:

- The role of Single Entry Point agencies
- The use of the ULTC-100.2
- The use of brief nursing visits
- Supporting documentation required on 485-plans of care
- The prior authorization process-submission, pending, approval and denial

In the meantime, Single Entry Point agencies (SEPs) are expected to work with Home Health agencies in their area to increase their understanding of the PAR process. SEPs may work informally with a Home Health agency to request PAR and Plans Of Care changes, or use the formal process and send a pended PAR to the fiscal agent. The formal process produces a pended PAR letter to the agency. Janet Dauman remains available to Home Health agencies and SEPs for technical assistance, advice and regulation interpretation.

If you have any questions, please contact:

Janet L. Dauman, BSN at 303-866-4654 or
By email at: janet.dauman@state.co.us

Home Health, Private Duty Nursing and Hospice Providers

Watch for the updated Home Health, Private Duty Nursing and Hospice provider billing specialty manuals coming soon to the Department's website at www.chcpf.state.co.us. Click on the Provider Services tab at the top of the page to reach the fiscal agent's pages. The menu tabs on the left side of the Provider Services home page link to important and useful provider information.

Nursing Facility Respite Care

Respite Care Services in the Nursing Facility are a covered benefit for certain HCBS clients with the Colorado Medical Assistance Program. Prior to December 1, 2003, providers used the local HCPCS Code X1150 to bill for these services. For all dates-of-service on and after December 1, 2003, providers must use the national HCPCS Code H0045 to bill for these services. Providers must also include the appropriate modifier identifying the specific HCBS Program for the covered services. Please use:

1. Modifier U1 for HCBS-EBD (Elderly, Blind and Disabled) clients or
2. Modifier UA for HCBS-MI (Mentally Ill) clients.

Providers of these services must include the correct Place of Service Code on their claims. The prior place of service code was 12. The new place of service codes are:

31 – Skilled Nursing Facility (Medicare/Medical Assistance Program)

32 – Nursing Facility (Medical Assistance Program)

54 – Intermediate Care Facility for the Mentally Retarded (ICF/MR)

Primary Care Physician Program (PCPP) Updates

PCPP Contract Amendment Reminder

PCPs are reminded to sign and return the December 3, 2003 Contract Change letter by May 14, 2004. The letter outlines changes required by the State of Colorado to the July 2003 contract. If you do not sign and return the Contract Change letter, you will be terminated from the PCPP. The letter is available at:
http://www.chcpf.state.co.us/HCPF/Pdf_Bin/amendmentletter.pdf

Please mail the Contract Change Letter to: HCPF
Attention: Gloria G. Johnson
1570 Grant Street
Denver CO 80203

Changes in the Primary Care Physician Program Administration

Effective March 15, 2004, please contact: Gloria G. Johnson, Primary Care Physician Program Administrator

	1570 Grant Street
Address:	Denver, Colorado 80203-1818
Email:	Gloria.Johnson@state.co.us
Phone:	303-866-4092
Fax:	303-866-2573

Participating Medical Assistance Program Providers List on the Department's Website

A list of participating Medical Assistance Program providers is now available on the Department's website at:
http://www.chcpf.state.co.us/HCPF/Providers/pr_index.asp.
The list includes PCPs and specialists organized by city and/or by specialty.

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

*Remember to check the Department's website at: http://www.chcpf.state.co.us
For HIPAA updates and Provider News*