



Medical Assistance Program Bulletin Colorado Title XIX

Fiscal Agent



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

Medical Assistance Program bulletins contain important policy and billing information and should be shared promptly with billing staff. Bulletins supplement information in the Medical Assistance Program 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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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 Program Provider Services.

Distribution: All providers

August 2005

Reference: B0500197

Table of Contents

Table of Contents listing items such as ALL PROVIDERS, WEB PORTAL UPDATE, WINASAP UPDATE, etc. with page numbers.

All Providers

Web Portal Update



Currently providers can submit Eligibility Inquiries, Claim Status Inquiries, Batch Eligibility, PAR Request/Response, PAR Inquiry, and Professional and Dental Claims through the portal. There are several enhancement services also available including:

- 1. Provider Specialty Lookup for searching Medical Assistance Program Providers for referral purposes,
2. Dashboard on the Main Menu page for system and transaction status information, and
3. Data Migration for migrating claims and code data from WINASAP.

Sometime in August, providers will be able to submit institutional claims. In addition, the Web Portal will offer:
1. Services for providers to update provider information in the Medical Assistance Program Provider File (e.g., address, phone number, email address) and
2. A transaction auditing feature for tracking transactions and viewing the transaction in the ASCII X12N format.

With the implementation of the Dashboard on the Web Portal home page, portal messages are available by clicking on the envelope on the right side of the page. Check for messages regularly to keep current on changes or alerts to problems in the portal. Please note that the Batch Eligibility response is returned in the FRS in the ASCII X12N format. The Department is looking into a functionality that will assist providers in the formatting of the response into a readable format. Please check for messages regarding this in the Dashboard

WINASAP Update

Effective August 1, 2005, the current 950-1754 number for Colorado WINASAP submissions will be changed to 1-800-859-6108. Providers must convert their terminal to the 800 number prior to August 1, 2005 to avoid any disruption in WINASAP submissions.



The Department anticipates that the use of WINASAP software and NECS submissions will be inactivated soon after this change and providers will be required to submit all transactions through the Web Portal.



Old Age Pension Health and Medical Care Program

At its July 8, 2005 meeting, the Medical Services Board approved changes to the provider payments for the Old Age Pension (OAP) Health and Medical Care Program. The OAP Health and Medical Care Program has also been known as the Modified Medical Plan, State Medical Program and OAP State Only Program.

Because the OAP Health and Medical Care Program is a state-funded program and not an entitlement, the authorized spending funds cannot be exceeded. The approved changes were established to allow the program to remain within the expected spending funds through the current State fiscal year.

The following provider payment rates are effective for dates of service on and after October 15, 2005 and will remain in effect until further notice:

- Inpatient hospital services reimbursed at 10% of the Medical Assistance Program rate
- Outpatient services (including services received in outpatient hospital settings, federal qualified health centers, rural health centers and dialysis centers) reimbursed at 62% of the Medical Assistance Program rate
- Practitioner services reimbursed at 100% of the Medical Assistance Program rate
- Emergency transportation services reimbursed at 100% of the Medical Assistance Program rate
- Home health services (including hospice services) and supplies reimbursed at 100% of the Medical Assistance Program rate
- Emergency dental services reimbursed at 100% of the Medical Assistance Program rate
- Laboratory and x-ray services reimbursed at 100% of the Medical Assistance Program rate
- Pharmacy services reimbursed at 100% of the Medical Assistance Program rate



Clients are eligible to apply for the Colorado Indigent Care Program (CICP) for benefits not covered by the OAP Health and Medical Care Program. Information on the CICP can be found on the Department's website at www.chcpf.state.co.us.

The Emergency Medical Services to Aliens Program may cover life and death emergency hospital admissions for non-citizen OAP Health and Medical Care Program clients.

Please continue to verify client eligibility through CMERS, FaxBack or the Web Portal. Clients covered by the OAP Health and Medical Care Program are identified by the following message:

"CLIENT HAS MODIFIED MEDICAL PLAN. NO NURSING MEDICAL FACILITY, HCBS OR INPATIENT PSYCH".

As a reminder, the current rules for the OAP Health and Medical Care Program include:

- Maximum client co-payment of \$300
- Co-payment amounts for services are the same as the co-payment amounts under the Medical Assistance Program
- There are no retroactive benefits (client can only be eligible from date of application). If claim overpayments are made in error, recoveries will be made retroactively.

More information about this program can be found on the Department's website: www.chcpf.state.co.us

For questions regarding these changes, please contact:

Chris Underwood, Manager, Safety Net Financing at 303-866-5177



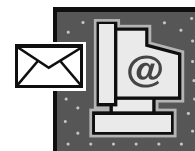
Old Provider Applications Obsolete

Effective September 01, 2005, the Colorado Medical Assistance Program will only accept provider enrollment applications with a revision date of July 2005. The fiscal agent will not process older versions of the enrollment application and will return them to the providers. The new version of the enrollment application is located at:

http://www.chcpf.state.co.us/ACS/Pdf/Bin/Enrollment/Enrollment_Application.pdf

Have you Signed-up for Electronic Publications Notification?

The Department and the fiscal agent have implemented a provider email notification system for new bulletins and website updates. Email notifications contain a link to the new or updated website document. Medical Assistance Program enrolled providers who do not have their email on file with the fiscal agent should complete the attached form (Attachment A). *Providers are responsible for ensuring that the fiscal agent has their current publications email address on file. The Colorado Medical Assistance Program is not responsible for undeliverable notifications due to incorrect email addresses.* Please fax or mail the completed form to the fiscal agent at the fax number/address on the form. Thank you for your prompt completion and submission of the form.



Home Health and Private Duty Nursing Providers

Rate Increase

The 2% increase in Physical Therapy, Occupational Therapy and Speech/Language Pathology rates was accidentally omitted from the Home Health and Private Duty Nursing rate increases table in the July 2005 bulletin. The updated table is attached. Please remember that the Medical Assistance Program claims processing system uses 'lower of' pricing. This means that the provider is responsible for submitting the correct charges for dates of service on or after July 1, 2005. If you have submitted claims before receiving this Medical Assistance Program bulletin, you must submit adjustment claims to receive the new rate.

Home Health and Home and Community Based Services Providers

As of July 1, 2005, Home Health providers who also provide Home and Community Based Services (HCBS) may no longer submit claims for HCBS services under their Home Health provider number. In the letter of notification dated May 6, 2005, the Department notified agencies that were known to have only one provider number. These providers should have applied for a new HCBS provider number by following the instructions in the letter.

Prior Authorization for Long Term Home Health services provided to adults and children



Home Health providers submitting prior authorization requests (PARs) to the fiscal agent (ACS) are required to comply with the 10 day rule. The provider has 10 business days from the PAR start date to submit a **complete** PAR. If the PAR is incomplete, e.g. missing or invalid information, the 10 days **does not** re-start from the date the provider submits the missing information. Please ensure that your PARs are complete the first time and include all of the required information according to 10 C.C.R. 2505-10, Section 8.527.11.A.3. Should your completed PAR be received later than the 10 working days deadline, units of service will be reduced accordingly.

New Prior Authorization Request (PAR) form for Long Term Home Health, Private Duty Nursing and EPSDT Home Health

A new PAR form that includes the 2% rate increase effective July 1, 2005, is available online at

http://www.chcpf.state.co.us/ACS/Pdf_Bin/UNIVERSALPARFORM0705.doc

The revenue codes for Private Duty Nursing and Home Health remain the same. The new form is dated 0705. Please use the new form for PAR dates on and after July 1, 2005.

Nursing Facility Providers

PETI Procedure Changes

Nursing Facility Post-Eligibility Treatment of Income (NF PETI) requests are subject to procedures that follow the Department of Health Care Policy and Financing's (the Department) regulations. This article reviews PETI program procedures about payment sources and reimbursement rates ensuring adherence to existing rules.

10 C.C.R. 2505-10, Section 8.482.33 states that:

“Effective April 8, 1988, with respect to the post eligibility treatment of income of individuals who are institutionalized there shall be taken into account amounts for incurred expenses for medical or remedial care that are not subject to payment by Colorado Medicaid or third party insurance, including health insurance premiums, deductibles or co-insurance, dental care, hearing aids, supplies and care and corrective lenses, eye care and supplies and other incurred expenses for medical or remedial care that are not subject to payment by a third party.”

The Medical Assistance Program provides limited dental and vision benefits for adults. The list of dental and vision procedures that may be covered can be located at:

http://www.chcpf.state.co.us/ACS/Pdf_Bin/B0400189.pdf (Dental ADA codes) and/or

http://www.chcpf.state.co.us/ACS/Pdf_Bin/B0400186.pdf (Vision Eyewear CMS Codes)

Providers must file a Medical Assistance Program claim for any service that is potentially a benefit of the Medical Assistance Program and will be provided to an institutionalized Medical Assistance Program client. The claim needs to be denied by the fiscal agent before the charge for that service can be submitted to the NF PETI program. After a claim has been denied, the provider must submit a copy of the fiscal agent's denial letter along with a copy of the treatment plan or itemized statement to the nursing facility. The nursing facility must submit:

- ✓ The denial letter,
- ✓ The completed and signed medical necessity form,
- ✓ The itemized statement or treatment plan, and
- ✓ The completed NF PETI state approved form



to the Department for review. Procedures listed as potential NF PETI program benefits are reimbursed at the rate set by the Department, regardless of whether or not the provider is actively enrolled in the Medical Assistance Program.

State approved NF PETI forms requesting services/equipment that are medically necessary, but not listed as Medical Assistance Program benefits must be submitted directly to the Department.

The address for the NF PETI program is:

NF PETI Program
Department of Health Care Policy & Financing
1570 Grant Street
Denver CO 80203-1818

NF PETI Forms Online



Revised NF PETI forms are being developed and should be posted on the ACS website in the near future. If you are using the following link to access these forms, please note that this site will be deleted.

http://coloradomedicaid.acs-inc.com/Provider_Services/Billing_Manuals/NursFacrev.pdf

Please go to: http://www.chcpf.state.co.us/ACS/Provider_Services/Forms/Forms.asp for PETI forms.

NF Health Insurance PETI Reminder

In most cases, health insurance premiums for an institutionalized person are an allowable NF PETI expense. When a nursing facility submits a NF PETI state approved form for this cost, the Department verifies that the amount requested is the amount for the client's coverage only. The costs of coverage for a community spouse or other dependents that are covered by the policy is deducted from the total monthly premium before the NF PETI state approved form is submitted.

Pharmacy Providers

Pharmacy Update Revatio

When Revatio is available for dispensing, it will require a prior authorization. The criteria for prior authorization approval and the length of approval are listed below:



Drug Name	Prior Authorization Criteria	Length of Prior Authorization
Revatio	Drug must be prescribed for the treatment of pulmonary arterial hypertension.	1 year

UPDATED SUMMER/FALL 2005 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 provider types. The schedule for Summer and Fall 2005 workshops follows.

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 ensure that adequate space is available for 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 "5" 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 one (1) week of making your reservation. If you do not receive a confirmation within one (1) week, please contact Provider Services and talk to a Call Center agent.

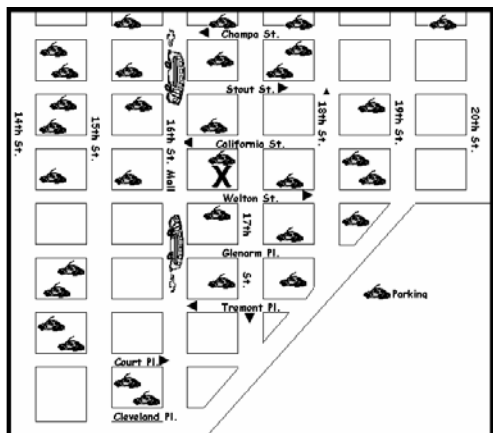
Class Descriptions

Please see bulletin B0500191, January 2005 for a complete list of class descriptions.

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.

Denver Beginning Billing Schedule

9:00 – 3:00

(Unless Otherwise Noted)

Beginning Billing CO-1500/837P
 08/02/05 – Tuesday
 11/08/05 – Tuesday

Beginning Billing UB-92/ 837I
 08/04/05 – Thursday
 11/10/05 – Thursday

Beginning Billing CO-1500, UB-92, ADA Format (837D, 837I & 837P)
 10/13/05 - Thursday

Denver Specialty Training Schedule

Practitioners

10/18/05 – Tuesday, 8:30-11:30

Dental

10/20/05 – Thursday, 10:00-11:00

EPSDT

10/18/05 – Tuesday, 12:30-1:30

FQHC/RHC

10/21/05 – Friday, 2:00-4:00

HCBS

10/19/05 – Wednesday, 1:30-2:30

Home Health

10/17/05 – Monday, 11:45-12:45

Hospice

10/17/05 – Monday, 10:30-11:30

Hospital

10/19/05 – Wednesday, 11:00-12:00

Nursing Facility

10/17/05 – Monday, 8:30-10:30

Physical/ Occupational and Speech Therapy

10/21/05 – Friday, 11:00-1:00

Pharmacy

10/20/05 – Thursday, 1:00-2:00

RTC

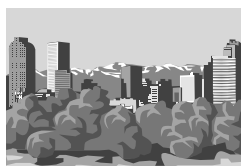
10/18/05 – Tuesday, 2:00- 4:00

Supply/DME (Date and Time Change)

10/20/05 – Thursday, 2:30-4:30

Transportation

10/21/05 – Friday, 8:30-10:30



Statewide

Durango

Mercy Medical Center
1800 East 3rd Avenue
Durango, CO 81301
970-247-4311

Fort Collins

Hilton Fort Collins
425 West Prospect Road
Fort Collins, CO 80526
970-482-2626

Greeley

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

Pueblo

Ramada Inn and Conference Center
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

Statewide Beginning Billing

8:30-1:00

(Unless Otherwise Noted)

Beginning Billing CO-1500/UB-92

Grand Junction – 09/15/05 – Thursday
Durango – 09/19/05 - Monday, 9:00 am-1:30
Fort Collins - 09/26/05 - Monday, 9:00 am-1:30

Pueblo – 09/21/05 – Wednesday
Colorado Springs – 09/22/05 – Thursday
Greeley – 09/27/05 – Tuesday, 9:00 am-1:30

Statewide Specialty Training Schedule

Beginning Billing CO-1500 and UB-92

Grand Junction – 09/15/05 – Thursday, 8:30-1:00

Practitioner

Grand Junction – 09/15/05 – Thursday, 2:00-4:00

Beginning Billing CO-1500 and UB-92

Durango – 09/19/05 – Monday, 9:00-1:30

Hospital

Durango – 09/19/05 – Monday, 2:00-4:00

Beginning Billing CO-1500 and UB-92

Pueblo – 09/21/05 – Wednesday, 8:30-1:00

RHC/FQHC

Pueblo – 09/21/05 – Wednesday, 2:00-3:30

Beginning Billing CO-1500 and UB-92

Colorado Springs – 09/22/05 – Thursday, 8:30-1:00

Occupational Physical and Speech Therapies

Colorado Springs – 09/22/05 – Thursday, 2:00-4:00

Beginning Billing CO-1500 and UB-92

Fort Collins – 09/26/05 – Monday, 9:00-1:30

Occupational Physical and Speech Therapies

Fort Collins – 09/26/05 – Monday, 2:00-4:00

Beginning Billing CO-1500 and UB-92

Greeley – 09/27/05 – Tuesday, 9:00-1:30

Practitioner

Greeley – 09/27/05 – Tuesday, 2:00-4:00



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-800-237-0757 (Toll free Colorado)**

Remember to check the Provider Services section of the Department's website at: <http://www.chcpf.state.co.us> for Provider Updates and News



Private Duty Nursing Rates

Service	FY 04-05 Rate	FY 05-06 Rate	Revenue Code	Unit
PDN-RN	\$29.20	\$29.78	552	Hour
PDN-LPN	\$21.02	\$21.44	559	Hour
PDN-RN (group-per client)	\$21.95	\$22.30	580	Hour
PDN-LPN (group-per client)	\$16.11	\$16.43	581	Hour
"Blended"* group rate / client*	\$20.97	\$21.39	582	Hour

* The "blended" rate is available on request for a Home Health Agency that provides Private Duty Nursing to multiple clients at group care settings. All Private Duty Nursing provided in those settings is billed at the same rate and revenue code for an RN or LPN. Any other Home Health Agency interested in billing this blended rate in a group setting may request it on the PAR.

Updated Home Health Rates

Home Health					
Service	Acute HH Revenue Code	Long Term HH Revenue Code	Unit Rate FY 04-05	Unit Rate FY 05-06	Duration
RN Assess and Teach	589	None	\$71.42	\$72.85	Acute only - up to 2 ½ hours
RN/LPN	550	551	\$71.42	\$72.85	Up to 2 ½ hours
RN Brief 1 st of Day	n/a	590	\$50.00	\$51.00	
RN Brief 2 nd or >	Na	599	\$35.00	\$35.70	
HHA BASIC	570	571	\$31.66	\$32.29	One hour
HHA EXTENDED	572	579	\$9.46	\$9.65	15-30 minutes each after 1 st hour
PT	420	421 (for 0-17 years LTHH)	\$61.43	\$62.66	Up to 2 ½ hours
PT for HCBS Home Mod Evaluation	424	424	\$61.43	\$62.66	1-2 units
OT	430	431 (for 0-17 years LTHH)	\$65.24	\$66.54	Up to 2 ½ hours
OT for HCBS Home Mod Evaluation	434	434	\$65.24	\$66.54	1-2 units
S/LT	440	441 (for 0-17 years LTHH)	\$66.95	\$68.29	Up to 2 ½ hours
Maximum Daily Amount Acute Home Health			\$291.00	\$296.82	24 hours, MN to MN
Maximum Daily Amount Long Term Home Health			\$227.00	\$231.54	24 hours, MN to MN

