Medical Assistance Program Bulletin

Colorado Title XIX

Fiscal Agent

A C S

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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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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 **December 2005**

Reference: B0500202

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All Providers

Web Portal/WINASAP Update

The Web Portal replaced WINASAP software, with the exception of the PAR functionality, on November 26, 2005. The implementation of PAR and PAR Inquiry through the Web Portal has been delayed. PAR and PAR Inquiry through WINASAP remain functional until further notice.

To apply for Web Portal access, complete the Provider EDI Enrollment and Agreement form at:
http://www.chcpf.state.co.us/ACS/Pdf_Bin/Revised_EDI_Provider_Enroll_Form.pdf

Or if you are already enrolled with EDI, complete the Provider EDI Update form found at
http://www.chcpf.state.co.us/ACS/Pdf_Bin/Enrollment/Revised_EDI_Update_form.pdf.

Primary Care Fund

In November 2004, Colorado voters approved Amendment 35, an initiative that added tobacco taxes for health-related purposes to the State constitution. The money raised through the increased excise tax is earmarked for certain health programs, one of which is the Primary Care Fund. The monies in this fund are allocated for health care providers who provide primary care health services to uninsured or medically indigent patients. The patients are within 200% of the Federal Poverty Level, and meet the qualifications stated in HB 05-1262.

As defined by the Primary Care Fund, a Qualified Provider is an entity that provides comprehensive primary care services (in the outpatient clinic setting) to medically indigent or underinsured patients in Colorado and:

1. Accepts all patients regardless of their ability to pay and uses a sliding fee schedule for payments or does not charge uninsured clients for services;
2. Serves a designated medically underserved area or population;
3. Has a demonstrated track record of providing cost-effective care;

4. Provides or arranges for the provision of comprehensive primary care services to persons of all ages;
5. Completes an initial screening evaluating eligibility for the Medical Assistance Program, CHP+, and the CICP; and
6. Is a Federally Qualified Health Center (FQHC), or a health center where at least 50% of the patients served by the provider are uninsured or medically indigent and/or eligible for the Medical Assistance Program, or CHP+.

Monday, November 7, 2005, the Department released the application form to be completed by the health care providers who would like to apply for monies from this fund for state fiscal year 2005-06. Final reading of the applicable rules by the Medical Services Board is scheduled for December 9, 2005. Application responses are due Friday, January 6, 2006, and payments to qualified providers are expected to occur in February 2006.

Please contact Kerri Coffey, Safety Net Financing Grant Program Coordinator, at 303-866-4131 or Kerri.Coffey@state.co.us for more information. The application form, updates and all associated documents on the Primary Care Fund can be found at the following website: www.chcpf.state.co.us/HCPF/primary_care_fund.asp.

HIPAA Update

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated that the Secretary of Health and Human Services adopt a standard unique health identifier for health care providers. On January 23, 2004, the Secretary published a Final Rule that adopted the National Provider Identifier (NPI) as this identifier. This means that each health care provider will be identified by a single NPI.

All providers are strongly encouraged to obtain their new NPI now. To learn the three ways to apply and obtain additional helpful information providers should visit the new CMS website at www.cms.hhs.gov/providers/npi/default.asp
NPI information can also be found at the NPPES web site **at** https://nppes.cms.hhs.gov, or by calling the Enumerator at 1-800-465-3203 (TTY 1-800-692-2326).

2006 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 Provider Claim Reports (PCRs) may be retrieved on Monday morning of the week following payment processing.

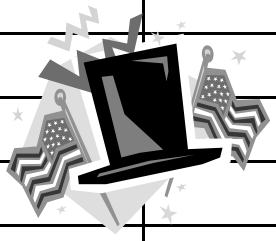
Paper PCRs for EFT payments are mailed on Wednesday of the week following payment processing. Paper PCRs with accompanying warrants are mailed on Thursday of the week after payment processing.

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 following schedule shows the holiday processing cycles for 2006.

Holiday Processing Date	Holiday
Thursday 12/30/2005	New Year's Day (Observed) – Monday 01/02/2006
Thursday 01/12/2006	Martin Luther King Jr. Day – Monday 01/16/2006
Thursday 02/16/2006	Presidents' Day – Monday 02/20/2006
Thursday 05/25/2006	Memorial Day – Monday 05/29/2006
Thursday 08/31/2006	Labor Day – Monday 09/04/2006
Thursday 10/05/2006	Columbus Day – Monday 10/09/2006



The following holidays will affect the receipt of warrants or EFT:
Independence Day – Wednesday, 07/04/2006
Veterans' Day – Friday, 11/10/2006
Christmas Day – Tuesday, 12/25/2006
New Year's Day – Tuesday, 01/01/2007

Please retain this holiday processing schedule for reference for 2006

2006 CMS Codes

The 2006 CMS Practitioner, Radiology and Laboratory, Vision and Supply and the 2006 Immunization codes bulletins will be posted in Bulletins in the Provider Services section of the Department's website by December 31, 2005. Providers will receive a CD containing these bulletins in January 2006.

FAQs

The Provider Services FAQ section of the Department's website has been updated to include financial FAQs. Remember to check the website at: http://www.chcpf.state.co.us/ACS/FAQ/Faq.asp for the new and updated information.

Prior Authorization Requests (PARs)

The format for system-assigned PAR numbers has changed. Effective November 17, 2005 PAR numbers begin with "C" rather than "B". The PAR numbers beginning with "B" have been exhausted.

837P Crosswalk

In response to requests from our professional providers, a crosswalk to the Web Portal from WINASAP and the paper Colorado 1500 has been developed. The crosswalk is located in the Provider Services "What's New" section of the Department's website at: http://www.chcpf.state.co.us/ACS/What_s_new/837P_Crosswalk.pdf.

Sign up for Electronic Bulletin 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 allowing providers to receive bulletin information up to a week sooner than bulletins sent by mail. 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.

DENTAL PROVIDERS

Mass Adjustment Notice

Mass Adjustment to Dental Claims Paid Prior to October 21, 2005.

The Department of Health Care Policy and Financing (Department) has become aware that some dental claims have been submitted and processed more than once resulting in duplicate payments.

As a result of excessive payments for these dental claims, the Department must adjust paid claims for proper payment, as per CRS 26-4-403.(2).

(2) Any overpayment to a provider, including those of personal needs funds made pursuant to section 26-4-504, shall be recoverable regardless of whether the overpayment is the result of an error by the department of health care policy and financing, a county department of social services, an entity acting on behalf of either department, or by the provider or any agent of the provider…

During the November, December and January processing cycles, claim mass adjustments will occur to recover overpayments from claims paid prior to October 21, 2005.

If you have questions, please contact Provider Services at 303-534-0146 or 1-800-237-0757.

Dental Provider Certification

The Colorado Medical Assistance Program Dental Provider Certification form only needs to accompany claims that are submitted for payment. Please do ***not*** submit the Dental Provider Certification form with Prior Authorization Requests.

HOSPITAL PROVIDERS

New Version of the Grouper

In December 2005, DRG Grouper 23 will be installed in the Medical Assistance Program claims processing system and will be effective retroactively to October 1, 2005. Claims with dates of service on or after October 1, 2005, using the following DRGs will be processed in the December 29, 2005 financial cycle.

DRG	Description
7	Periph & Cranial Nerve & Other Nerv Syst Proc With CC
8	Periph & Cranial Nerve & Other Nerv Syst Proc W/O CC
14	Intracranial Hemorrhage or Cerebral Infarction

DRG	Description
15	Nonspecific CVA & Precerebral Occlusion w/o Infarct
34	Other Disorders Of Nervous System With CC
35	Other Disorders Of Nervous System W/O CC
46	Other Disorders Of The Eye Age >17 With CC
47	Other Disorders Of The Eye Age >17 W/O CC
48	Other Disorders Of The Eye Age 0-17
73	Other Ear, Nose & Throat Diagnoses Age >17
74	Other Ear, Nose & Throat Diagnoses Age 0-17
99	Respiratory Signs & Symptoms With CC
100	Respiratory Signs & Symptoms W/O CC
101	Other Respiratory System Diagnoses With CC
102	Other Respiratory System Diagnoses W/O CC
103	Heart Transplant
104	Cardiac Valve & Other Maj Cardiothoracic Proc w/ Card Cath
105	Cardiac Valve & Other Maj Cardiothoracic Proc w/o Card Cath
106	Coronary Bypass With PTCA
107	Coronary Bypass With Cardiac Catheterization
108	Other Cardiothoracic Procedures
109	Coronary Bypass without Cardiac Catheterization
110	Major Cardiovascular Procedures With CC
111	Major Cardiovascular Procedures W/O CC
113	Amputation For Circ System Disorders Except Upper Limb & Toe
115	Perm Cardiac Pacemaker Implant With Ami, Heart Failure Or Shock
116	Other Cardiac Pacemaker Implantation
130	Peripheral Vascular Disorders With CC
131	Peripheral Vascular Disorders W/O CC
138	Cardiac Arrhythmia & Conduction Disorders With CC
139	Cardiac Arrhythmia & Conduction Disorders W/O CC
146	Rectal Resection With CC
147	Rectal Resection W/O CC
185	Dental & Oral Dis. Exc Extractions & Restorations, Age >17
186	Dental & Oral Dis. Exc Extractions & Restorations, Age 0-17
187	Dental Extractions & Restorations
188	Other Digestive System Diagnoses Age >17 With CC
189	Other Digestive System Diagnoses Age >17 W/O CC
190	Other Digestive System Diagnoses Age 0-17
209	Major Joint And Limb Reattachment Procedures
217	Wnd Debrid & Skn Grft Exc Hand, For Muscskeletal & Conn Tiss Dis.
233	Other Musculoskelet Sys & Conn Tiss O.R. Proc With CC
234	Other Musculoskelet Sys & Conn Tiss O.R. Proc W/O CC
249	Aftercare, Musculoskeletal System & Connective Tissue
292	Other Endocrine, Nutrit & Metab O.R. Proc With CC
293	Other Endocrine, Nutrit & Metab O.R. Proc W/O CC
296	Nutritional & Misc Metabolic Disorders Age >17 With CC
297	Nutritional & Misc Metabolic Disorders Age >17 W/O CC
298	Nutritional & Misc Metabolic Disorders Age 0-17
300	Endocrine Disorders With CC
301	Endocrine Disorders W/O CC
315	Other Kidney & Urinary Tract O.R. Procedures
316	Renal Failure
331	Other Kidney & Urinary Tract Diagnoses Age >17 With CC

DRG	Description
332	Other Kidney & Urinary Tract Diagnoses Age >17 W/O CC
333	Other Kidney & Urinary Tract Diagnoses Age 0-17
370	Cesarean Section With CC
371	Cesarean Section W/O CC
372	Vaginal Delivery With Complicating Diagnoses
373	Vaginal Delivery W/O Complicating Diagnoses
374	Vaginal Delivery With Sterilization And/Or D&C
375	Vaginal Delivery With O.R. Proc Except Steril And/Or D&C
383	Other Antepartum Diagnoses With Medical Complications
384	Other Antepartum Diagnoses W/O Medical Complications
397	Coagulation Disorders
410	Chemotherapy
432	Other Mental Disorder Diagnoses
442	Other O.R. Procedures For Injuries With CC
443	Other O.R. Procedures For Injuries W/O CC
461	O.R. Proc With Diagnoses Of Other Contact With Health Services
462	See DRGs 860-871
463	Signs & Symptoms With CC
464	Signs & Symptoms W/O CC
467	Other Factors Influencing Health Status
468	Extensive O.R. Procedure Unrelated To Princ Diagnosis
469	Pdx Invalid As Discharge Diagnosis
471	Bilateral Or Multiple Major Joint Procedures Of The Lower Ext.
477	Non-Extensive O.R. Procedure Unrelate To Princ Diagnosis
478	Other Vascular Procedures With CC
479	Other Vascular Procedures W/O CC
482	Tracheostomy With Mouth, Larynx, Pharynx Disorder
485	Limb Reattachment, Hip & Femur Proc For Mult Sign Trauma
486	Other O.R. Procedures For Multiple Significant Trauma
490	Hiv With Or W/O Other Related Condition
492	Chemotherapy With Acute Leukemia As Secondary Dx
496	Combined Anterior/Posterior Spinal Fusion
497	Spinal Fusion Except Cervical with CC
498	Spinal Fusion Except Cervical without CC
499	Back & Neck Procedures Except Spinal Fusion With CC
500	Back & Neck Procedures Except Spinal Fusion W/O CC
512	Simultaneous Pancreas/Kidney Transplant
513	Pancreas Transplants
515	Cardiac Defibrillator Implant without Cardiac Catheterization
516	Percutaneous Cardiovascular Procedures with Acute Myocardial Infarction (AMI)
517	Percutaneous Cardiovascular Procedures without AMI, with Coronary Artery Stent Implant
518	Percutaneous Cardiovascular Procedures without AMI, without Coronary Artery Stent Implant
519	Cervical Spinal Fusion with CC
520	Cervical Spinal Fusion without CC
521	Alcohol/Drug Abuse or Dependence with CC
523	Alcohol/Drug Abuse or Dependence without CC, without Rehabilitation Therapy
525	Other Heart Assist System Implant
526	Perc Card Pro w/Drug Eluting Stent w/AMI
527	Perc Card Pro w/Drug Eluting Stent w/o AMI
531	Spinal Procedures w CC
532	Spinal Procedures w/o CC

DRG	Description
535	Cardiac Defib Implant w Cardiac Cath w AMI/HF/Shock
536	Cardiac Defib Implant w Cardiac Cath w/o AMI/HF/Shock
541	Trach w/ MV 96+ Hours or PDX Exc. Face, Mouth, and Neck DX w/ Major OR
860	Rehab - Head Injury - Mild
861	Rehab - Head Injury - Moderate
862	Rehab - Head Injury - Severe
863	Rehab - Spinal Injury C1-C4
864	Rehab - Spinal Injury C5-C7
865	Rehab - Spinal Injury T12-T1
866	Rehab - Spinal Injury, Lumbar Sacral
867	Rehab - Cerebrovascular Disorder (Stroke)
868	Rehab - Other Neurological Disorder
869	Rehab - Ventilator
871	Rehab - Not Elsewhere Classified
932	Other Mental Disorder Diagnoses Age < 21

Relative weights, average lengths of stay, and trim points for new or changed DRGs are shown below.

DRG	Description	Weight	ALOS	Trim
14	Intracranial Hemorrhage or Cerebral Infarction	1.5335	5.8	39
15	Nonspecific CVA & Precerebral Occlusion w/o Infarct	1.1598	4.6	31
497	Spinal Fusion Except Cervical w CC	3.2292	6.8	34
498	Spinal Fusion Except Cervical w/o CC	2.4774	4.4	22
544	Major Joint Replacement or Reattachment of Lower Extremity	2.1756	5.3	23
545	Revision of Hip or Knee Replacement	2.7498	6.2	27
546	Spinal Fusion Exc Cerv w Curvature of the Spine or Malig	4.5231	10.1	51
547	Coronary Bypass w Cardiac Cath w Major CV DX	5.6403	11.1	38
548	Coronary Bypass w cardiac Cath w/o Major CV DX	4.2973	8.2	28
549	Coronary Bypass w/o Cardiac Cath W Major CV DX	4.7291	7.9	20
550	Coronary Bypass w/o Cardiac Cath w/o Major CV DX	3.3535	5.3	13
551	Permanent Cardiac Pacemaker Impl w Maj CV DX or AICD Lead or GNRTR	2.2715	4.6	14
552	Other Permanent Cardiac Pacemaker Implant w/o Major CV DX	1.8163	3.2	15
553	Other Vascular Procedures w CC w Major CV DX	3.4419	9.2	60
554	Other Vascular Procedures w CC w/o Major CV DX	2.3038	5.6	36
555	Percutaneous Cardiovascular Proc w Major CV DX	2.2557	4.0	18
556	Percutaneous Cardiovasc Proc w non-drug-eluting Stent w/o Maj CV DX	1.7775	1.8	8
557	Percutaneous Cardiovaxc Proc w Drug-Eluting Stent w Major CV DX	2.7091	3.6	16
558	Percutaneous Cardiovasc Proc w Drug-Eluting Stent w/o Maj CV DX	2.1656	1.9	9
559	Acute Ischemic Stroke w/Use of Thrombolytic Agent	2.7667	7.1	48

Grouper Version 23 also contains changes for DRGs 387, 389, and 390. DRGs 387, 389, and 390 may be regrouped to Colorado specific DRGs 801, 802, 803, 804, 805, and 810. Claims for these DRGs are being processed on an ongoing basis with Grouper Version 22.0 and will pay using coding from Grouper Version 23 once the new grouper is implemented.

NURSING FACILITY PROVIDERS

Denial of Payment for New Admissions

Nursing facilities operating under a Denial of Payment for New Admissions (DPNA) as a result of a survey shall adhere to the following requirements. The Centers for Medicare and Medicaid Services (CMS) imposes DPNA for nursing facilities that are certified for both Medicare and Medicaid. The Department imposes this action for nursing facilities certified for Medicaid only.

Nursing facilities shall not submit claims for Medicaid and Medicaid-pending clients admitted during the DPNA time frame. For services provided to these clients after the DPNA has ended, nursing facilities may submit claims. Nursing facilities that have submitted claims and received Medicaid reimbursement in violation of a DPNA shall adjust the claims for recovery.

The Department shall review claims submitted during a DPNA. Payments for new admissions in violation of a DPNA shall be recovered by the Department.

Clarification of NF PETI Procedures

Nursing Facility, Vision and Dental Providers

This article covers requirements for Nursing Facility Post-Eligibility Treatment of Income (NF PETI) requests for services provided to nursing facility clients that are a benefit of the Colorado Medical Assistance (MA) Program. Vision and dental providers shall determine if the services are procedures that are eligible for MA Program reimbursement. Requests for NF PETI services may be approved only if the PAR and/or claim are properly submitted and processed by the MA Program Medical Management Information System (MMIS) resulting in a denial. The required procedures are:

1. If the service requires a PAR, the vision or dental provider shall first submit an accurate and complete PAR including required concurrent medical condition information to the MMIS.
   a. If the PAR is denied based on medical criteria, the provider is not required to submit a claim. The PAR denial letter may be forwarded to the nursing facility to be attached to the NF PETI request for services.
   b. If the PAR is denied because required information is missing, the PAR denial letter is not acceptable proof that the MA Program will not cover the service. A denial due to incomplete or inaccurate information or untimely billing, is not a valid reason for NF PETI to cover services.
   c. If the PAR is approved, the provider shall submit a complete and accurate claim to the MMIS. If the claim is denied based on medical criteria, the claim denial information on the Provider Claim Report may be forwarded to the nursing facility to be attached to the NF PETI request for services.
2. If the service does not require a PAR, the vision or dental provider shall submit a complete and accurate claim to the MMIS, as described in 1.c.
3. When the nursing facility receives a valid PAR or claim denial document for a covered benefit from the provider, the nursing facility shall include this document in the NF PETI request packet and submit the packet to the Department for review. Other documents that shall be included in the NF PETI request packet are:
   a. A copy of the treatment plan or itemized statement from the provider.
   b. The completed and signed medical necessity form.
   c. The completed NF PETI state approved request form.

PHARMACY PROVIDERS

Pharmacy Changes

Erectile Dysfunction Drugs

Effective January 1, 2006, the Department will no longer pay for drugs used for the treatment of sexual or erectile dysfunction. This change is made pursuant to H.R. 3971, which was signed into law by President Bush on October 20, 2005.

Part D and Dually Eligible Clients

In addition, effective January 1, 2006, the Department will no longer pay for most drugs for Medical Assistance Program and Old Age Pension State Medical Program clients who are also eligible for Medicare. Those clients will receive their prescription drug benefit through Medicare. Details about the Medicare benefit follow this article in the Pharmacy Providers section of this bulletin. Effective January 1, 2006, the only drugs that will be covered by the Department for these clients are:

Drug Category	Coverage	Prior Authorization Requirements	Examples of Drugs
Barbiturates	Barbiturates are covered	No prior authorization is required	Amytal, Phenobarbital, Seconal
Benzodiazepines	Benzodiazepines are covered	No prior authorization is required	Ativan, Dalmane, Halcion, Klonopin, Librium, Prosom, Restoril, Valium, Xanax and the generic versions of these drugs

Drug Category	Coverage	Prior Authorization Requirements	Examples of Drugs
Cough & Cold Products	The Medical Assistance Program will cover cough and cold products that contain an anti-tussive (i.e., cough suppressant); The Medical Assistance Program will not cover other cough & cold products	Prior authorization is required for clients 21 and older	Products containing dextromethorphan (DM), codeine or hydrocodone
Over-the-Counter (OTC) Products	The Medical Assistance Program will cover OTC products except for insulin (which will not be covered)	Prior authorization is required for all OTC products except for aspirin, which is covered without prior authorization	Antihistamines (with or without decongestants), Aspirin, Prilosec OTC and Quinine Sulfate
Prescription Vitamins and Minerals	Prescription Vitamins and Minerals are covered except for the following categories: Vitamin D analogs such as Rocaltrol, Calcijex and DHT, prenatal vitamins and fluoride preparations	Prior authorization is required for all prescription vitamins and minerals except for Vitamin D 50,000 unit products, which are covered without prior authorization	Vitamin A, B, C, E, K preparations, Vitamin D 50,000 units, multivitamins, iron, potassium, zinc, trace minerals
Weight Loss/Gain Products	Xenical is covered	Prior authorization is required	Xenical

This list will also be published on the Department's website.

Please refer to the prior authorization procedures and criteria posted on the Department's website for details regarding the prior authorization criteria for these categories of drugs. The prior authorization criteria may be found at: http://www.chcpf.state.co.us/HCPF/Pharmacy/phmindex.asp

The Medical Assistance Program's other rules, policies and procedures still apply to coverage of these drug categories. For example, coverage is still subject to the generic mandate, which requires a client to receive a therapeutically equivalent generic instead of the brand name drug unless certain exceptions apply. Details about the generic mandate may be found in the prior authorization criteria referenced above.

In order to bill the Medical Assistance Program for any of the prescription drugs listed above, pharmacies must bill Medicare prior to the Medical Assistance Program. OTC drugs are exempt from this requirement. When billing the Medical Assistance Program, one of the following 'Other Coverage Code' values is required on all claims submitted for Medicare/Medical Assistance Program clients:

2 - Other coverage exists and payment collected (must include other payor date and other payor amount)
3 - Other coverage exists - Claim not covered (must include other payor date)
4 - Other coverage exists - Payment not collected (must include other payor date).

Clients should be directed to call 303-866-3513 or 1-800-221-3943 with any questions about Medical Assistance Program coverage. Providers should call the pharmacy help desk at 1-800-365-4944. Questions about the Medicare benefit should be directed to the Centers for Medicare and Medicaid Services at 1-800-MEDICARE or to the specific prescription drug plan.

Medicare Prescription Drug Program – Medicare Part D

Medicare Prescription Drug Coverage

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), established the Medicare Prescription Drug Program, also known as Medicare Part D. This prescription drug benefit will be managed by the federal Centers for Medicare and Medicaid Services (CMS) and administered by private health plans. Beginning January 1, 2006, Medicare will provide coverage for most prescription drugs (called "Part D drugs") to Medicare beneficiaries. This includes full benefit for dually eligible individuals (clients eligible for Medicare and the Medical Assistance Program).

All full benefit dually eligible clients currently receive Medical Assistance Program prescription drug benefits. Beginning January 1, 2006, Medicare will begin covering their prescription drugs. To ensure that there is no gap in coverage, all full benefit dually eligible clients will be automatically enrolled into a prescription drug plan if they do not choose a plan by December 31, 2005.

Clients in Medicare Savings Plans (The Medical Assistance Program pays those clients' Medicare Part B premiums), as well as those determined eligible for Extra Help, will have their prescription drug plan enrollment facilitated if they do not choose a plan by May 15, 2006.

Clients are being encouraged to choose the plan that best meets their needs. Plans vary based on costs, drugs covered, pharmacies that can be used, and prior authorization procedures.

Included Drugs

Plans generally must cover at least two drugs in each therapeutic class of drugs. The two drugs per class is meant to be a base rather than a norm or ceiling. CMS has reported that many formularies contain more than two drugs per class.

CMS has a responsibility under the MMA to make sure beneficiaries receive clinically appropriate medications so that formularies are not discriminatory. CMS decided that substantially all antidepressants, antipsychotics, anticonvulsants, anticancers, immunosuppressants, and HIV/AIDS drugs would have to be on plan formularies for 2006. CMS decided that beneficiaries should have uninterrupted access to all drugs in these classes. Beneficiaries should be permitted to continue utilizing a drug in these categories that is providing clinically beneficial outcomes. CMS will reevaluate the formulary guidance for these categories for 2007.

Drugs that are excluded from coverage under Part D are the only drugs that may be covered for Medicare beneficiaries by the Colorado Medical Assistance Program. The Department will cover these drugs in the same way they are covered for all other Medical Assistance Program clients. Details regarding the Department's coverage of these drugs are located in the Pharmacy Providers section of this bulletin. Specific drug coverage for each plan may be obtained from the plan or the formulary finder tool at www.medicare.gov.

Exceptions Process

The law requires that Medicare drug plans have exceptions processes for people who wish to challenge the exclusion of a particular drug from the formulary. Beneficiaries should contact their plan first when they find out that their drug isn't on the formulary or is a "non-preferred" drug to request an "exception". The Medical Assistance Program is not responsible for the appeals process and cannot cover these drugs even if they are not covered by the plan.

Under Medicare's exception process, a non-formulary drug or a non-preferred could be covered under the terms applicable for a preferred drug under certain conditions. Each plan has designed its own exceptions criteria and must be contacted directly for specific information. Plans must grant exceptions when they determine that it is medically appropriate to do so. If the exception request involves a "non-preferred" drug, the Part D drug being prescribed may be covered if the prescribing physician determines that the preferred drug for treatment of the same condition would not be as effective as the non-preferred drug or would have an adverse effect for the enrollee, or both. If the enrollee is requesting coverage of a non-formulary drug, the drug may be covered by the Medicare plan if the prescribing physician determines that all of the drugs on the formulary would not be as effective as the non-formulary drug or would have adverse effects for the enrollee, or both.

Low-Income Subsidy

The MMA also established a low-income subsidy or Extra Help. This subsidy will assist Medicare beneficiaries who have limited financial means (limited resources and income below 150% of the federal poverty level).

All full benefit dually eligible clients and Medicare Savings Program clients have been deemed to receive full Extra Help with their prescription drug plan costs. These clients will have no monthly premium payment, a small co-payment, and no deductibles if they enroll in one of the ten no-premium plans in Colorado.

Other low income Medicare beneficiaries can apply for the Extra Help at www.ssa.gov/prescriptionhelp.

Resources

Medicare	Social Security Administration	Centers for Medicare & Medicaid Services
www.medicare.gov 1-800-MEDICARE (633-4227)	www.ssa.gov 1-800-772-1213	www.cms.hhs.gov/medicarereform/

2006 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. The schedule for Spring and Winter 2006 workshops follows. The workshops begin 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 in order 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 "**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 Provider Relations Representative.

Class Descriptions

Beginning Training – CO1500/837P, and UB92/837I

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

Practitioners

This class is for providers using the CO1500/837P format. The class covers billing procedures, common billing issues and guidelines specifically for the following provider types:

- Ambulance
- Anesthesiologists
- ASC
- Family Planning
- Independent Labs
- Independent Radiologists
- Nurse Practitioner
- OB/GYN
- Physician Assistant
- Physicians, Surgeons

Dental

The class is for billers using the ADA/837D claim format. The class covers billing procedures, claim formats, common billing issues and guidelines specifically for :

Dental and Dental Hygiene providers (In January 2006 the class will concentrate on Billing on the ADA/837D format including the Dental Provider Certification requirement)

(This is not the class for Nursing Facilities or FQHC/RHCs-– please refer to the Nursing Facility and FQHC/RHC Classes)

Dialysis

This class is for billers who bill for Dialysis services on the UB92/837I and/or CO1500/837P claim format. The class covers billing procedures, common billing issues and guidelines specifically for dialysis providers.

(This is not the class for Hospitals – please refer to Hospital Class)

FQHC/RHC

This class is for billers using the UB92/837I and CO1500/837P format. The class covers billing procedures, Encounter Payments, common billing issues and guidelines specifically for FQHC/RHC providers.

HCBS

This class is for billers using the CO1500/837P claim format for the following services: adult day care, non-medical transportation, home electronics, home modifications and personal care. The class covers billing procedures, common billing issues and guidelines specifically for the following provider types:

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

Home Health

This class is for billers using the UB92/837I format. The class covers billing procedures, common billing issues and guidelines specifically for Home Health providers.

(This is not the class for HCBS providers – please refer to the HCBS Class)

Hospice

This class is for billers using the UB92/837I format. The class covers billing procedures, common billing issues and guidelines specifically for Hospice providers.

Hospital

This class is for billers using the UB92/837I format. The class covers billing procedures, common billing issues and guidelines specifically for:
Inpatient Hospital, Outpatient Hospital

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

IHS - Indian Health Service
(Spring Statewide 2006 Only)
This class is for billers using the CO1500/837P and/or UB92/837I IHS format. The class covers billing procedures, common billing issues and guidelines specifically for IHS providers.

Therapists - Occupational, Physical and Speech
This class is for billers using the CO1500/837P format for therapies. The class covers billing procedures, common billing issues and guidelines specifically for Occupational, Physical and Speech Therapy providers.

Audiologists - Audiology
This class is for billers using the CO1500/837P format for audiology services. The class covers billing procedures, common billing issues and guidelines specifically for Audiology providers.

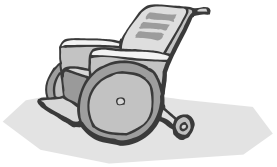
Nursing Facility
This class is for billers using the UB92/837I claim format. The class covers billing procedures, common billing issues, PETI, Medicare Crossovers and guidelines specifically for Nursing Facility providers.

Pharmacy
This class is for billers using the Pharmacy claim format/Point of Sale and/or UCF Format. The class covers billing procedures, common billing issues and guidelines specifically for Pharmacy providers.

(This is not the class for DME/ Supply Providers – please refer to DME/ Supply Provider Class)

RTC
This class is for billers using the UB92/837I claim format. The class covers billing procedures, common billing issues and guidelines specifically for RTC providers.

Supply/DME
This class is for billers using the CO1500/837P claim format. The class covers billing procedures, common billing issues and guidelines specifically for Supply/DME providers.

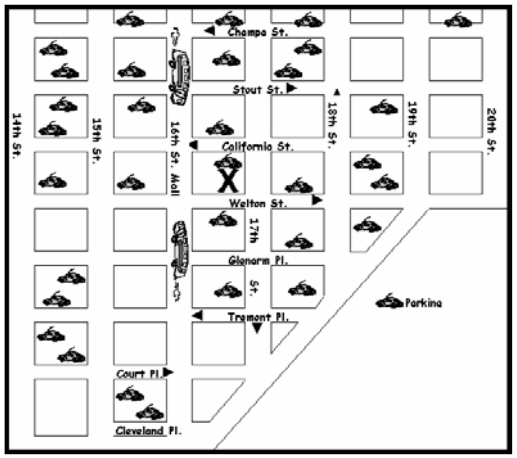


Locations

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

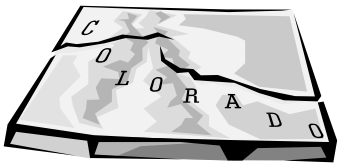
Alamosa (September 2006)
Clarion of the Rio Grande Hotel
333 Santa Fe
Alamosa, CO 81101
719-589-5833

Durango (May 2006)
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 *(New location for 2006)*
The Pueblo Convention Center
320 Central Main Street
Pueblo, CO 81003
719-542-1100



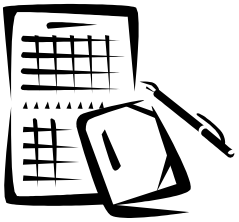
Colorado Springs
Hilton Embassy Suites Hotel
7290 Commerce Center Dr
Colorado Springs, CO 80919
719-599-9100

Grand Junction (New location for 2006)
Hilton Hampton Inn Grand Junction
205 Main Street
Grand Junction, CO 81501
970-243-3222

Denver Beginning Billing Schedule
9:00 – 3:00

Beginning Training CO-1500/837P
01/17/06 – Tuesday
02/07/06 – Tuesday
03/16/06-- Thursday
04/18/06 - Tuesday
06/13/06 – Tuesday
07/11/06- Tuesday
08/15/06 – Tuesday
10/12/06—Thursday
11/14/06 – Tuesday

Beginning Training UB-92/ 837I
01/19/06 - Thursday
02/09/06 – Thursday
03/15/06-- Wednesday
04/20/06 – Thursday
06/15/06 – Thursday
07/12/06-- Wednesday
08/17/06 – Thursday
10/11/06-- Wednesday
11/16/06 – Thursday



Denver Specialty Training Schedule

Practitioners
03/21/06 – Tuesday - 8:30-10:30
10/17/06 – Tuesday - 8:30-10:30

Dental
01/27/06— Friday- 9:00-11:00
03/23/06 – Thursday – 8:30-10:30
07/14/06—Friday- 10:00-12:00
10/19/06 – Thursday - 8:30-10:30

Dialysis
03/21/06 – Tuesday - 12:30-1:30
10/17/06 – Tuesday - 12:30-1:30

FQHC/RHC
03/24/06 – Friday - 2:00-4:00
10/20/06 – Friday - 2:00-4:00

HCBS
03/20/06 – Monday 2:00-4:00
10/16/06 – Monday - 2:00-4:00pm

Home Health
03/20/06 – Monday - 11:45-12:45
10/16/06 – Monday - 11:45-12:45

Hospice
03/20/06 – Monday - 10:30-11:30
10/16/06 – Monday - 10:30-11:30

Hospital
03/22/06 – Wednesday - 11:00-2:00
10/18/06 – Wednesday - 11:00-2:00

Audiology
03/22/06—Wednesday 2:30-4:30
10/18/06 – Wednesday 2:30-4:30

Nursing Facility
03/20/06 – Monday - 8:00-10:15
10/16/06 – Monday - 8:00-10:15

Physical/ Occupational and Speech Therapy
03/24/06 – Friday - 11:00-1:00
10/20/06 – Friday - 11:00-1:00

Pharmacy
03/23/06 – Thursday - 2:00-4:00
10/19/06 – Thursday - 2:00-4:00

RTC
03/21/06 – Tuesday - 2:00- 4:00
10/17/06 – Tuesday - 2:00- 4:00

Supply/DME
03/23/06 – Thursday - 11:00-1:00
08/16/06—Wednesday- 11:00- 1:00
10/19/06 – Thursday - 11:00-1:00

Transportation
03/24/06 – Friday - 8:30-10:30
10/20/06 – Friday - 8:30-10:30

Statewide Beginning Billing

8:30-1:00
(Unless Otherwise Noted)

Beginning Training CO-1500/UB-92

05/22/06— Durango-- Monday (9:00a-1:30p)
05/09/06 – Ft. Collins Tuesday (9:00am-1:30)
05/17/06 – Greeley – Thursday (9:00am-1:30)
05/15/06 – Grand Junction – Thursday
05/24/06 – Pueblo – Wednesday
05/25/06 – Colorado Springs – Thursday

09/14/06 – Grand Junction – Thursday
09/19/06 – Alamosa – Tuesday (8:00am-12:30)
09/26/06— Fort Collins—Tuesday (9:00am-1:30)
09/28/06 – Greeley – Thursday (9:00am-1:30)
09/20/06 – Pueblo – Wednesday
09/21/06 – Colorado Springs – Thursday

Statewide Specialty Training

Hospital
05/22/06 – Durango – Monday – 2:00-3:30

Indian Health Service
05/22/06 – Durango – Monday – 3:30-5:00

Practitioner
05/09/06 - Fort Collins – Tuesday – 2:00-4:00

RTC
05/09/06 - Fort Collins – Tuesday – 2:00-4:00

Supply
05/17/06 – Greeley – Thursday – 2:00-4:00

Nursing Facility
05/15/06 – Grand Junction – Tuesday – 2:00-4:00

Practitioner
05/15/06 - Grand Junction – Tuesday – 2:00-4:00

RHC/FQHC
05/24/06 – Pueblo– Wednesday – 2:00-3:30

Practitioner
05/25/06 – Colorado Springs – Thursday – 2:00-4:00

Nursing Facility
05/25/06 – Colorado Springs– Thursday – 2:00-4:00

Home Health/ Private Duty Nursing
09/19/06 – Alamosa – Tuesday – 1:30-2:30

Practitioner
09/19/06 – Alamosa – Tuesday – 1:30-2:30

Hospital
09/14/06 – Grand Junction – Thursday – 2:00-4:00

Practitioner
09/14/06 – Grand Junction – Thursday – 2:00-4:00

RHC/FQHC
09/20/06 – Pueblo – Wednesday – 2:00-3:30

Hospital
09/21/06 – Colorado Springs – Thursday – 2:00-4:00

Practitioner
09/21/06 – Colorado Springs - Thursday – 2:00-4:00

Audiology
09/26/06 – Fort Collins – Tuesday – 2:00-4:00

Home Health
09/26/06– Fort Collins – Tuesday – 2:00-4:00

Nursing Facility
09/28/06 – Greeley – Thursday – 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)

Check the Provider Services section of the Department's website at: http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp for Provider News and Updates

Publication Preferences

Publication and Notification Preference

Medical Assistance Program updates and billing instructions are communicated through Medical Assistance Program publications. *An email notification with a link to the publication will be sent to providers when new bulletins, publication revisions and program updates are posted on the Provider Services Section of the Department's website. 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.*

All publications are available in the Provider Services section of the Department's website:

http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp

Please complete the following information:

Provider Name: _____ Medical Assistance Program Provider Number: _____

Contact Name: _____ Telephone Number: ( ) _____

Address: _____ (Street/PO Box) _____ (State) _____ (Zip Code)

Provider Publications Email Address: _____

Publications Media:
(Please check one)

- ☐ *Email notification with link to publication*
- ☐ *Another provider will receive email notification on my behalf. I understand that I am responsible for obtaining the notification from this provider and that I will **not** receive an email notification from the Colorado Medical Assistance Program.*
- ☐ *None (I understand that I am responsible for retrieving publications from the website and that I will **not** receive an email notification from the Colorado Medical Assistance Program).*

_____ (Authorized Signature) _____ (Date)

Please complete all of the above information and

Fax to:

Medical Assistance Program Provider Enrollment
303-534-0439

or

Mail to:

Medical Assistance Program Provider Enrollment
PO Box 1100
Denver, CO 80201-1100

Revised 04/26/05