



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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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

January 2006

Reference: B0600208

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All Providers

National Provider Identifiers (NPIs)



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. Providers can learn about the three ways to apply and obtain additional helpful information by visiting 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).

New Phone Line for Web Portal Access and Password Resets

The Colorado Department of Health Care Policy and Financing has a new phone line for Web Portal access and password resets. The new number is 303-866-4473.

If you are not a designated Trading Partner Administrator and need a password reset or access into the Web Portal, please call your organization's designated Trading Partner Administrator. If you are the Trading Partner Administrator for your organization, and need your user name and password, or your password has been suspended or has expired, call 303-866-4473.

When calling, please have the following information ready so that you may obtain your Web Portal access information:

- Trading Partner ID as assigned by ACS/EDI Support
- Full Name of person calling
- Phone number where you can be reached
- Enrolled Provider Name



All information must be provided in order to process your request.

If you do not know what your Trading Partner ID is, please contact ACS/EDI Support at 1-800-987-6721.

Access information will only be given to the trading partner administrator, the provider/owner, or someone from your IT Department.

If you need assistance with how to use the Web Portal system, call 303-866-2363.

2006 CMS Codes and Immunization Bulletins

All 2006 CMS codes approved for billing the Colorado Medical Assistance Program and the 2006 Immunization bulletin are posted in the Bulletins section of Provider Services on the Department's Website:

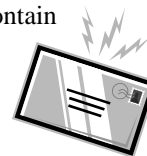
http://www.chcpf.state.co.us/ACS/Provider_Services/Bulletins/Bulletins.asp



A CD containing the CMS codes and Immunization bulletins will be mailed to providers during January. All codes and changes are effective January 1, 2006. All providers must use the approved 2006 codes when billing for dates of service on and after January 1, 2006.

Have You Signed-Up for Electronic Bulletin Notification?

New bulletins and website updates are available to providers through email notification. 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 and submit the attached Publication Preferences 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.



Important Email Information: *Providers can have only one email address on file with the fiscal agent. The person receiving the email notification should forward the email to all additional personnel needing the updated information.*

Hospital Providers

Reminder to Send in Your Outpatient Cost-to-Charge Ratios

Medicare cost-to-charge ratios are used to calculate Medical Assistance Program reimbursement for outpatient services. It is the provider's responsibility to notify the Department of rate changes. A copy of the Medicare letter showing the adjusted rate, must be sent to:



Jessica Wagner
Department of Health Care Policy and Financing
Rates & Analysis Division
1570 Grant Street
Denver, CO 80203-1818

NURSING FACILITY PROVIDERS

Tracking of ULTC 100.2 End Dates

This is a reminder to nursing facilities that the official client length of stay end dates are on the ULTC 100.2, located on the certification page. The ACS-generated Colorado Medical Assistance Program notification letter approving a Prior Authorization Request (PAR) may show a different end date, which is not the official date for tracking. Nursing facilities are responsible for notifying ACS of any date errors on the notification letter.

The nursing facility shall notify the single entry point agency (SEP) of the need for client re-certification at least 10 days before the length of stay end date. The SEP has 10 working days after notification to complete the continued stay review re-certification with a new length of stay. Nursing facilities shall not receive reimbursement for services rendered if the length of stay lapses.

January and February 2006 - Denver Provider Billing Workshops

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 January and February 2006 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 Provider Relations Representative.

Class Descriptions

Please see bulletin B0500202, December 2005 or the 2006 Denver and Statewide Workshop Schedule in the Provider Services Training and Workshops section of the Department's website at http://www.chcpf.state.co.us/ACS/Provider_Services/Train_Workshops/train_workshops.asp for a complete list of class descriptions.

All Denver workshops are located at:

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

Beginning Training CO-1500/837P

01/17/06 – Tuesday, 9:00 – 3:00

02/07/06 – Tuesday, 9:00 – 3:00

Beginning Training UB-92/ 837I

01/19/06 – Thursday, 9:00 – 3:00

02/09/06 – Thursday, 9:00 – 3:00

Dental

01/27/06 – Friday, 9:00-11:00



**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:** *Email notification with link to publication*
(Please check one) *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:**

or

Mail to:

Medical Assistance Program Provider Enrollment 303-534-0439 Medical Assistance Program Provider Enrollment
PO Box 1100
Denver, CO 80201-1100