Medical Assistance Program Bulletin

Colorado Title XIX

Fiscal Agent

ACS

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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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 **February 2006**
Reference: B0600209

Table of Contents

All Providers

Web Portal Update

Functionality is available in the Portal for submission of Eligibility Inquiries, Claim Status Inquiries, Batch Eligibility, and Professional, Dental, and Institutional claims. PAR submissions through the Portal are on hold until further notice. PAR Requests and PAR Inquiry are available in WINASAP.

The functionality for **Data Migration for WINASAP claims** is available to Trading Partner Administrators. Please note that claims migrated from WINASAP are not complete for the HIPAA transactions and will need modifications prior to submission. Criteria for claims to be migrated to the portal include:

- Must have date of service within 120 days of migration,
- Must have a Transaction control number (TCN) and not already in the Portal, or
- Be a Saved Claim.

For additional help, please review Data Migration in the User Guide and in the TPA Training.

The **ASCII X12N** submitted HIPAA transactions are available for retrieval in the File and Report Service (FRS). For example, when you submit a professional claim the submitted X12N can be retrieved from the FRS. This ensures that your claim was submitted in the HIPAA compliant transaction format. X12N transactions are available in the FRS for one week. Please review **Report Types** in the FRS User Guide for more information.

Portal Tip of the Month:

Trading Partner Administrators (TPAs) are advised to create a backup user with the Trading Partner administrator role. The backup TPA can provide login assistance to users when the trading partner administrator is not available. The Trading Partner Administrator can create an additional login, for their own use, with the trading partner role to assist them when their account is suspended. To do this, click the *User Maintenance* link in *Administration.* In *User Lookup* add a new user name, click Add. In User Maintenance complete the required fields and assign Trading Partner Admin in the Roles. A backup to the TPA can reduce the need to call the State for login assistance.

Web Portal Adjustments and Voids

The fiscal agent will be adding instructions for Web Portal adjustments and voids to the crosswalks posted in the Provider Services What's New section of the Department's website. Please check the website during February for these updates.

Correction to Statewide Specialty Training Schedule

There are errors in two of the days for Statewide training in the December 2005 bulletin (B0500202). On page 13, under "Statewide Specialty Training" the Supply training on **5/17/06** should be **Wednesday** not Thursday. Also on page 13 under "Statewide Beginning Billing" **5/17/06** should be **Wednesday** not Thursday.

Client Eligibility Verification

The Medical Assistance Program began using hard plastic Medical Identification Cards September 2003. Those cards display the client's name and Identification Number. The card does not assure the provider that the client is eligible. Providers are responsible for verifying the client's eligibility on each date of service as there no longer is a guarantee of eligibility for the month.

Verify eligibility through:

- **HIPAA 270/271 Health Care Eligibility Benefit Inquiry and Response System via the Web Portal or Switch Vendor or batch inquiry with a third-party vendor**
- **FAXBACK Eligibility Verification**
- **Colorado Medical Assistanc Program Eligibility Response System (CMERS).**

Eligibility information is updated daily, except for weekends and State holidays. The three resources listed above query the MMIS for eligibility status. The verification includes:

- Eligibility Dates
- Co-Payment status
- Third Party Resources
- Special Eligibility programs
- Managed Care Enrollment

Why should you verify eligibility? The provider who checks a client's eligibility on the day of service and finds the client fully Medical Assistance Program eligible has a guarantee number for that eligibility. If eligibility has changed when the claim is billed, the guarantee number allows the claim to ignore the eligibility edit that would have denied the claim. This simple process today can save you, the provider, a lot of paper work in the future!

The Next HIPAA Hurdle - The National Provider ID, or NPI

"Hospitals and payers have faced many challenges implementing HIPAA; now comes the National Provider Identifier rule with a May 23, 2007 compliance date," reports Health Data Management. NPI is of great concern because it alters business processes and Information Systems to a large extent. Approximately three million provider identifiers need to be requested and assigned by the compliance date, approximately 16 months from now. As of January 17, 2006, only about 285,000 identifiers had been assigned nationally, and Colorado has assigned 4,795 NPIs.

All providers are strongly encouraged to obtain their new NPI now. Providers can learn the three ways to apply and obtain additional helpful information by visiting the new redesigned CMS webpage at **www.cms.hhs.gov/NationalProvIdentStand/**

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).

Termination of Provider Agreement for No Claims Activity

Providers shall be terminated from the Colorado Medical Assistance Program for "No Claims Activity" if they have not submitted claims or been listed on a claim as rendering or attending provider for 24 months or more. In order to be reinstated to an "Active" status, the provider may be required to provide proof of services rendered to a Medical Assistance Program client, and will be required to complete the most current Provider Enrollment application. There is no grace period for reinstatement to "Active" status. This policy applies to all provider types and specialties.

The fiscal agent sends a termination letter to all terminated providers, notifying them of their termination. The letter is mailed to the provider's last known address.

Where Did My Claim Go?

Has it ever happened that you bill claims to the Colorado Medical Assistance Program and they never appear on your Provider Claim Report (PCR)? These inquiries are made occasionally, so you are not alone. If your claims were in a batch submission through a clearinghouse or billing service, maybe those claims never reached the Medical Assistance Program claims processing system at the fiscal agent.

Your billing service is notified when a file is rejected as long as the identifiers on the batch are accurate. What can you as the provider do to make sure your claims are submitted timely? You are responsible, as stated in the Provider General Information Manual, for assuring that each claim is received within the timely filing period. All claims filed with the fiscal agent appear on the PCRs as paid, denied, suspended or in process within 30 days of receipt. If claim information does not appear on the PCR within 30 days of an electronic transmission or paper claim mailing, you, the provider, are responsible for determining the status of the claim and resubmitting the claim if necessary.

One of the transactions approved by HIPAA is the 276/277 Claim Status transaction. You can submit status requests on any claim through the Web Portal. If no information comes back regarding your claim, you are encouraged to resubmit the claim. If two claims are received, the second one will deny as a duplicate. There is no risk to you as long as the same claim is billed.

Remember, agent or software failure to transmit accurate and acceptable claims or failure to identify transmission errors in a timely manner is an issue between the provider and the agent or software vendor. Failure to comply with filing requirements – including timely filing – because of software product failure or the action (or inaction) of a billing agent are not recognized as extenuating circumstances beyond the provider's control.

Presidents' Day Holiday

Due to the Presidents' Day holiday on Monday, February 20, 2006, claim payments will be processed on Thursday, February 16, 2006. The processing cycle includes electronic claims accepted before 6:30 P.M. on Thursday.

Frequently Used Telephone Numbers and Websites

This bulletin includes a list of frequently used telephone numbers and websites. The numbers and website addresses on Attachment A give providers easy access to this information on one convenient list.

Sign-Up for Email 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.*

Practitioners

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 is managed by the federal Centers for Medicare and Medicaid Services (CMS) and administered by private health plans. On January 1, 2006, Medicare began providing 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 used to receive Medical Assistance Program prescription drug benefits. On January 1, 2006, Medicare began covering their prescription drugs. To ensure that there is no gap in coverage, all full benefit dually eligible clients were automatically enrolled into a prescription drug plan if they did 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. Specific drug coverage for each plan may be obtained from the plan or the formulary finder tool at www.medicare.gov.

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 the December bulletin (B0500202).

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.

Please Note: *The fiscal agent cannot enroll clients in Medicare D. Clients must enrollwith the Centers for Medicare and Medicaid Services (CMS) private health plans*

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 Mental Health Coding Changes

Changes have been made to some mental health codes effective January 1, 2006, according to the annual code update as published by the Centers for Medicare and Medicaid Services (CMS).

Please note that Behavioral Health Organizations (BHOs) are responsible for providing mental health services to enrolled clients in their geographical areas. Mental health providers should determine a client's BHO enrollment before providing services. The Colorado Medical Assistance program does not pay fee for service claims for BHO covered benefits. BHOs do not pay for unauthorized services.

Please refer to the Medical Assistance Program Provider Billing Manual, Specialty Manuals, and Appendix V for information regarding coding and benefit limitations.

The following codes have been deleted: 90871, 96100, 96115, and 96117.

The following code description has been updated: 90870 - Electroconvulsive therapy (includes necessary monitoring)

The codes in the table below have been added:

Code	Description	Benefit	Replaces Code	Comments
96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorshach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	Yes	96100	Benefits are available for face-to-face patient services only. Do not bill for time spent interpreting test results and preparing the report.
96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorshach, WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	Yes	96100	

Code	Description	Benefit	Replaces Code	Comments
96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorshach, WAIS), administered by a computer, with qualified health care professional interpretation and report	No	96100	Not a benefit.
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	Yes	96115	Benefits are available for face-to-face patient services only. Do not bill for time spent interpreting test results and preparing the report.
96118	Neuropsychological testing (e.g., Halstead-Reitan neuropsychological battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	Yes	96117	Benefits are available for face-to-face patient services only. Do not bill for time spent interpreting test results and preparing the report.
96119	Neuropsychological testing (e.g., Halstead-Reitan neuropsychological battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	Yes	96117	
96120	Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report	No	96117	Not a benefit.

February and March 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 February and March 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

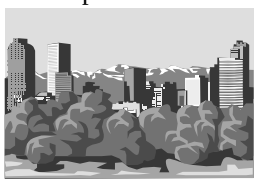
Without all of the requested information, your reservation will not be processed successfully.

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

Denver Beginning Billing Schedule

9:00 – 3:00

Beginning Training CO-1500/837P
02/07/06 – Tuesday
03/16/06 – Thursday

Beginning Training UB-92/ 837I
02/09/06 – Thursday
03/15/06 – Wednesday

Denver Specialty Training Schedule

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

Dental
03/23/06 – Thursday – 8:30-10:30

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

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

HCBS
03/20/06 – Monday - 2:00-4:00

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

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

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

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

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

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

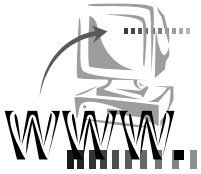
Pharmacy
03/23/06 – Thursday - 2:00-4:00

RTC
03/21/06 – Tuesday - 2:00- 4:00

Supply/DME
03/23/06 – Thursday - 11:00-1:00

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

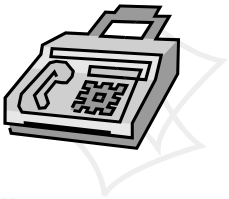
Please direct questions about Medical Assistance Program billing or the information in this bulletin to Medical Assistance Program Provider Services at: 303-534-0146 or-800-237-0757 (Toll free Colorado)



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

Colorado Medical Assistance Program
Frequently Used Telephone Numbers and Websites

CMERS Eligibility
303-534-3500 (Denver Metro)
1-800-237-0044 (Toll Free Colorado)



FAXBACK Eligibility
1-800-493-0920

Colorado Medical Assistance Program Fiscal Agent Call Center
303-534-0146 (Denver Metro)
1-800-237-0757 (Toll Free Colorado)

Colorado Medical Assistance Program Prior Authorization (PAR) Call Center
303-534-0279 (Denver Metro)
1-800-237-7647 (Toll Free Colorado)

Colorado Foundation for Medical Care
303-695-3369 (Denver Metro Area)
1-800-333-2362 (Toll Free Colorado)

ACS EDI
1-800-987-6721

Presumptive Eligibility
Anthem Blue Cross Blue Shield
1-800-334-6557

State of Colorado Medical Assistance Program Web Portal Information Line
303-866-2363

CGI Technical Assistance Line
1-888-538-4275

Colorado Division of Administration Hearings
Phone: 303-866-2000
FAX: 303-866-5909

Colorado Department of Human Services
Division for Developmental Disabilities
303-762-4550

Medicare Questions???
1-800-Medicare (1-800-633-4227)

Department of Health Care Policy and Financing's Website
www.chcpf.state.co.us

Provider Services Section of the
Department of Health Care Policy and Financing's Website
http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp

CHP+ Website
http://www.chpplusproviders.com/claims.asp

National Provider Identifiers (NPIs) Information
NPPES website at
https://nppes.cms.hhs.gov/NPPES/Welcome.do
or call the Enumerator at 1-800-465-3203 (TTY 1-800-692-2326)

Additional Contact Information is located in Appendix A in the Appendices Section of the Provider Manual

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