



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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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

March 2006

Reference: B0600210

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All Providers

National Provider Identifiers (NPIs)



The National Provider ID or NPI is the next HIPAA hurdle.

The NPI is federally required. When providers apply for an NPI, they will need to consider the management of each area of their organization. For example, consider getting a separate NPI for each provider type or line of business. The enumerator can help you with this process.

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 application 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).

Web Portal Update

PAR Inquiry functionality is now available in the portal. Please continue to submit PAR requests through WINASAP until further notice.



New functionalities planned for March and April

- **Restricted Administrator user role** - This is a new user role. This role does not have all the functionality of a Trading Partner Administrator, but does have the authority to un-suspend users, reset passwords and reset locked sessions. The Trading Partner Administrator also will be able to unlock locked sessions. Unlocking a user's session is useful when the user inappropriately logs out and is unable to login because of a "duplicate session".
- **Improved Eligibility Responses**- The interactive response will be modified to reduce the redundancies in the Third Party Payer information. Batch Eligibility responses will be converted to user-friendly formats similar to the interactive responses.



Portal Tip of the Month

When setting up claim submission for the first time, add the Billing Provider and Rendering providers to Provider Maintenance. For more information please review the

Frequently Asked Questions, located at the top of the main portal menu, or the User Guide.

The following errors occur when this data is omitted from the Provider Maintenance.

Error code 2138 – Billing Provider must be loaded in the Portal Database. Please review User Guide for additional help

Error code 2149 – Rendering Provider must be loaded in the Portal Database. Please review User Guide for additional help

Hardcopy (Paper) Provider Claim Reports (PCRs) Requests

Effective April 1, 2006, the fiscal agent will charge the requester \$2.00 per page for all hardcopy PCR requests. The charge will be assessed regardless of whether the request is made within a month of the PCR issue date or not. If you would like the PCR re-posted to the FRS, the charge will also be \$2.00 per page. A check for the full amount must accompany the request and be made payable to ACS before requests will be processed. Please allow 30 days after receipt of the check for processing your request.

To avoid unnecessary PCR request charges and processing delays, providers are reminded to use the FRS to download PCRs weekly. If you happen to miss a week, PCRs are available on the FRS for 60 days.

Approved Software Vendor List

The Colorado Medical Assistance program has developed an approved Software Vendor List. This is a list of approved software vendors and contact information for providers who are interested in using a software vendor for claims and eligibility transactions. The Approved Vendor List is available in the Provider Services "What's New" section of the Department's website at:

http://www.chcpf.state.co.us/ACS/Pdf_Bin/Approved_Vendor_List_0206.pdf

Please contact specific vendors for additional information.



2006 Fee Schedule

A CD with the 2006 Fee Schedule in three different formats (Word, Access, and Excel) along with instructions for reading the fee schedule is available from the State. The CD contains all of the CPT and HCPCS codes. Code information includes: procedure code, system parameter, price begin date, price end date, factor code, relative value, gender, min age, max age, post-op days, and PAR. For a copy of the CD, please send a short note with your request and address and a \$25 check payable to DHCPF to:

HCPF
Attn: Ginger Burton
1570 Grant Street
Denver, CO 80203

Electronic Bulletin Notification!



New bulletins 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.*

NURSING FACILITY PROVIDERS

Tracking of ULTC 100.2 End Dates

Effective March 1, 2006, an edit for nursing facility per diem claims shall be set to deny if the submitted patient payment amount exceeds the allowed amount. The allowed amount is calculated by multiplying the number of covered days in the claim by the approved per diem rate for the provider. This change is being made to address the situation that exists when a client's monthly patient payment is the only sum submitted on a claim, and the patient payment amount exceeds the allowed amount as calculated above. The result of this billing scenario has been that an overpayment has occurred on the claim. The edit for reference purposes is # 1249.

PHARMACY PROVIDERS

Re-Dispensing of Unused Medications

Pursuant to Section 12-22-133 of the Colorado Revised Statutes, if a patient or patient's next of kin donates unused medication to a 'licensed facility,' the facility may return the medication to a pharmacist within that facility in order for the medication to be re-dispensed to a patient of that facility.

Please refer to the Board of Pharmacy regulations at 3 C.C.R. 719-1, Section 3.00 et seq for a complete set of clinical rules.

A pharmacist may restock the returned medication and then re-dispense that medication to a patient in the facility if

- The medication was originally dispensed from that licensed facility and
- Meets the other requirements listed below.

If the medication does not qualify for re-dispensing, the medication may be donated to a legally authorized nonprofit entity.



After receiving returned unused medication that qualifies for re-dispensing, the dispensing pharmacy must reimburse Colorado Medicaid for the remaining quantity of the returned medication. In order to do so, the pharmacy must reverse the entire original prescription and then rebill for the amount of the medication that was used by the patient. When rebilling a patient's used medication, the original dispensing date should be used on the claim.



The pharmacy shall keep a record of each reversal and rebilling of each returned medication for audit purposes. Upon receipt of a written request from the Department or the Medicaid Fraud Unit for a record of Medicaid claims, reversals and re-billings, the pharmacy shall have three working days to provide the requested information or enter into an agreement with the Department or Medicaid Fraud Unit stating the specific time within which the information shall be provided.

In conjunction with the Board of Pharmacy rules, the following requirements apply for returning and re-dispensing medications:

- A 'licensed facility' means a hospital, hospital unit, hospice, nursing care facility, or assisted living residence.
- Controlled substances may not be accepted by the pharmacist and may not be re-dispensed under this section.
- Medications may be re-dispensed under this section only if the medications:
 - (a) Have an expiration date that is later than six months after the date the drug was donated; **AND**
 - (b) Are liquid and the vial is still sealed and properly stored; **OR**
 - (c) Are individually packaged and the packaging has not been damaged or in the original, unopened, sealed, and tamper-evident unit dose packaging.

March and April 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

Denver Beginning Billing Schedule

9:00 – 3:00

Beginning Training CO-1500/837P

03/16/06 – Thursday

04/18/06 – Tuesday

Beginning Training UB-92/ 837I

03/15/06 – Wednesday

04/20/06 – Thursday

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 1-800-237-0757 (Toll free Colorado)

Remember to check the Provider Services section of

The Department's website at:

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

For Provider Updates and News



