



Medical Assistance Program Bulletin

Colorado Title XIX

Fiscal Agent



600 Seventeenth Street
Suite 600 North
Denver, CO 80202

**Medical Assistance Program
Provider Services**
303-534-0146
1-800-237-0757

Mailing Addresses
Claims & PARs
P.O. Box 30
Denver, CO 80201-0030

Correspondence, Inquiries & Adjustments
P.O. Box 90
Denver, CO 80201-0090

**Provider enrollment, Provider information,
Changes, Signature authorization,
and Claim requisitions**
P.O. Box 1100
Denver, CO 80201-1100

Medical Assistance Program
Fiscal Agent Information
on the Internet
www.chcpf.state.co.us

Click on the **Provider Services** tab at the top of the web page

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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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

Distribution: All providers

August 2006

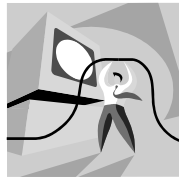
Reference: B0600216

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All Providers

New Medicare/Medical Assistance Program Electronic Claims Crossover Process



The Centers for Medicare & Medicaid Services (CMS) is centralizing the Medicare electronic claims crossover process under a special Coordination of Benefits Contractor (COBC).

Beginning August 1, 2006, the Colorado Medical Assistance Program will work directly with the COBC.

The Colorado Medical Assistance Program will:

- Send eligibility files to identify its covered clients, and
- Receive outbound HIPAA ANSI X-12N 837 Coordination of Benefits (COB) claims

As with any transition, errors may occur. There may be situations (such as claim errors related to HIPAA) that prevent automatic crossover from occurring. If after 30 days from the Medicare processing date, the crossover claim does not appear on the Colorado Medical Assistance Program Provider Claim Report (PCR), the provider is responsible for submitting the crossover claim to Colorado Medical Assistance Program.

Complete the Medicare fields on electronic or hardcopy crossover claims using the Medicare processing information on the Medicare Explanation of Medicare Benefits (EOMB).

Timely filing for Medicare crossover claims is 120 days from the Medicare paid date and 60 days from the Medicare denied date shown on the Medicare EOMB.

NPI – National Provider Identifier

Have you applied for your National Provider Identifier (NPI) yet?

- The compliance date is May 23, 2007.
- The Medical Assistance Program will inform you when to start using your NPI on your submitted claims
- As of May 23, 2007 just the NPI will be allowed, as the sole identifier on claims

Helpful websites are:

- <http://www.cms.hhs.gov/NationalProvIdentStand/>
- <https://nppes.cms.hhs.gov>
- Or by calling the Enumerator at 1-800-465-3203 (TTY 1-800-692-2326).

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Entities who meet the definition of “health care provider”, as defined at 45 C.F.R. § 160.103 and who transmit health information in electronic form in connection with a standard transaction are required to obtain and use an NPI.

Colorado Access Non-Renewal of Medicaid HMO Contract



Effective September 1, 2006, Colorado Access will no longer have any Medicaid physical health plan (AHP) members. The Department of Health Care Policy and Financing is working on a plan to transition AHP enrolled members into Fee-For-Service, the Primary Care Physician Program or Denver Health Medicaid Choice.

What Does This Mean?

- Colorado Access will be responsible for Medicaid AHP members through August 31, 2006.
- AHP network providers will continue to file claims and appeals to Colorado Access for AHP enrollees for dates of service up to and including August 31, 2006.
- For dates of service beginning September 1, 2006, AHP network providers that are enrolled Medical Assistance Program providers need to file claims with the State’s fiscal agent.

Transition Plan ...

- The Department is working with Colorado Access to help clients maintain continuity of care by keeping current provider-client relationships.
- Clients with special health care needs and pregnant clients in their third trimester are having individual transition plans developed.
- Existing prior authorizations will be transferred to assist continuity of care.
- AHP network providers that are not existing Medical Assistance Program providers will be invited to enroll.

Remember ...

- Verify Medical Assistance Program eligibility
- All Medical Assistance Program claims must be filed (received by the fiscal agent) within 120 days of the date of service in order to receive payment.

Clients wishing to enroll in the Primary Care Physician Program or the HMO, Denver Health Medicaid Choice, are directed to call HealthColorado at:

- (303) 839-2120 or
- 1-888-367-6557 (outside the Denver metro area) or
- TTY (hearing impaired) 1-888-876-8864

A copy of the letter that Maximus will be mailing to existing Colorado Access clients is attached to this bulletin (Attachment A).

Web Portal Update

Monthly Portal Tips

PAR Inquiry

Instead of receiving a PAR inquiry response a Portal user could receive one of the following messages:

“Multiple PAR matches found. If the displayed information is not the PAR intended, please submit the inquiry with more specific information.”

This message indicates that there are multiple PARs found in the Medical Assistance Program Management Information System (MMIS) that have the same PAR type, Provider ID, State ID and Effective date. To have the appropriate PAR response data returned you will need the PAR Authorization Number. Please call the PAR Help number: 303-534-0279 or 800-237-7647 to get additional information on PARs.

“No matching responses found for the Transaction”

A PAR was not found in the Medical Assistance Program Management Information System based on the PAR Type, Provider ID, State ID, and Effective Date. Please reenter the data or call the PAR number for assistance: 303-534-0279 or 800-237-7647

Batch Eligibility

Batch Eligibility functionality is available through the Portal. Users may submit up to 99 eligibility inquiries at one time. Within two hours the eligibility response will be returned to the File and Report Service (FRS). Users can view and print the response in a user-friendly format that is similar to the interactive format.

Transmission Errors

When a transmission error is received, such as Z03, Z90, or Timeout, please check the System Status Indicator displayed on the right side of the main Portal page. The System Status Indicator displays a prominent color circle. **The color indicates the system status: green** - system is fully available, **yellow** – limited/intermittent availability of the system, or **red** –most transactions and services are unavailable. If available, click on the envelope next to the indicator to display the messages. If the indicator is green you can resubmit the transaction. If the transmission error continues please contact the Portal Help Desk at 1-888-538-4275.



Changing Trading Partner Administrators

When the current Trading Partner Administrator (TPA) leaves your organization the login information should be passed to a new TPA. The new TPA should login and immediately change the TPA password.

When a TPA leaves the organization without passing login information to the next TPA, the new TPA will need to call the Security number: 303-866-4473 for login assistance. A trading partner ID and name of the organization or provider is required for assistance. If the trading partner ID is not known, the TPA must call EDI services at 303-534-0146 or 1-800-237-0757 and hit option 4. Please have your Trading Partner name and provider number available.

For login assistance by the State Security Administrator it is important that the new TPA complete a TPA Update form and fax to: 303-866-4411, Attn: Security Administrator. This form can be downloaded from the Trading Partner User Guide in the Portal.

Postponed

Purge Functionality - The Purge functionality will allow trading partners to delete large number of claims and PARs. We continue to work on this functionality and will provide an update in the next bulletin.

PAR Reminder

Providers are reminded to check their Specialty in the Billing Manuals Specialty Billing Information for procedure codes requiring PARs. Billing Manual sections are located in the Provider Services section of the Department's website at:

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

Providers should check PAR status through the Web Portal.



Copay Clarification

Clients 21-64 who reside in Skilled Nursing Facilities (SNF) or Intermediate Care Facilities (ICF) or reside in institutions for mental diseases are eligible to pay co-payments for rendered services that require copay.

Fee Schedule Requests

A CD with the fee schedule in three different formats (Word, Access, and Excel) along with instructions for reading the fee schedule is available from the Department. 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. To obtain 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: Fee Schedule

1570 Grant Street

Denver, CO 80203

Labor Day Processing Schedule

Due to the Labor Day holiday on Monday, September 4, 2006, claim payments will be processed on Thursday, August 31, 2006. The processing cycle includes electronic claims accepted before 6:30 P.M. on Thursday.

It's Time to Sign-up for Electronic Bulletin Notification!

Are you still receiving paper bulletins? It's time for you start receiving your Colorado Medical Assistance Program bulletins by email notification. Email notifications contain a link to the latest bulletin and providers 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 their information through the Web Portal.*

Providers may also complete and submit the attached Publication Preferences form (Attachment B). Please fax or mail the completed form to the fiscal agent at the fax number/address on the form. Thank you for promptly completing and submitting the Publication Preferences form.

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 Remember: *Providers may have only one email address on file with the fiscal agent. The person receiving the email notification should forward the email to all additional people needing the updated information.*



EMERGENCY TRANSPORTATION PROVIDERS

Correction to Information published in July 2006 Medical Assistance Program Bulletin (B0600215)

Please be advised that there was an error on page 3 of the July 2006 Medical Assistance Program Bulletin (B0600215). The statement regarding a 3.25% increase for emergency transportation rates effective July 1, 2006 is incorrect. *No emergency transportation rate increases* are being implemented at this time

Home and Community Based Services Waivers (BI, EBD, MI, PLWA, and CHCBS)

HCBS-EBD, MI AND PLWA Personal Care

Claims submitted for procedure code T1019 + modifiers must match the modifiers on the PAR exactly. If the modifiers on the claim and PAR are not an exact match, the number of units cannot be calculated correctly.

Nursing Facility Providers

Clarifications and Reminders



When a PETI eligible client has a health insurance premium due, the PETI expense must be approved by the State. This does not count towards the \$400.00 approved by the facility.

Reminder: The Colorado Medical Assistance Program pays for a total of 42 non-medical leave days per calendar year (Volume 8.482.44).

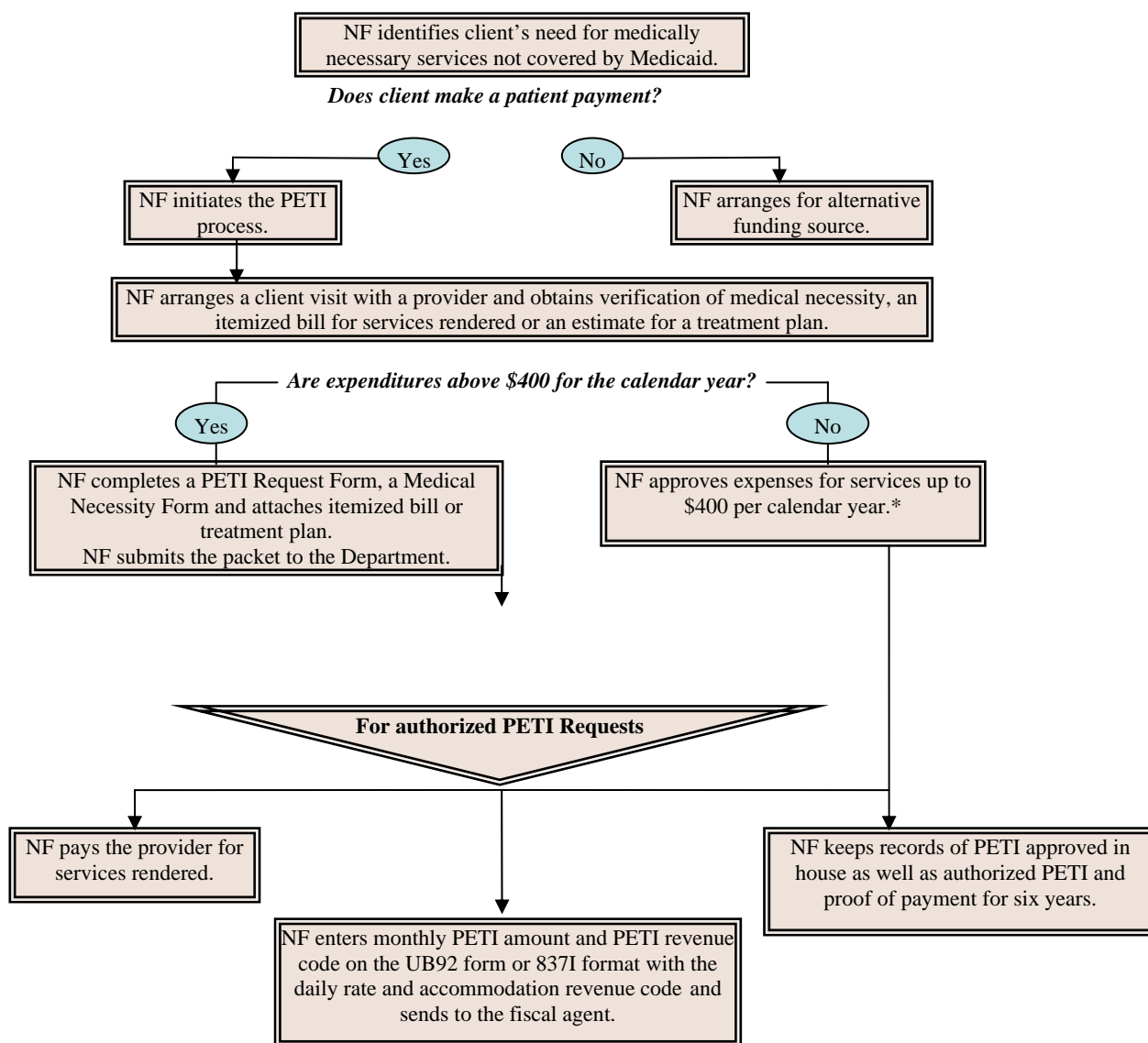
Updated Nursing Facility PETI Process

Flow Chart

This latest edition of the PETI flow chart features an exception to the PETI expenditures that may be authorized by the Nursing facilities. Health insurance premiums, coinsurance and deductibles must be prior authorized by the Department or its designee. Please make a note of it.

http://www.chcpf.state.co.us/HCPF/Pdf_Bin/481-482ltcrecip.pdf

Post Eligibility Treatment of Income *NF PETI Process*



* Except for health insurance premiums, deductibles, coinsurance
 PETI Forms are available on line at the following website:
http://www.chcpf.state.co.us/ACS/Provider_Services/Forms/Forms.

August and September 2006 – Denver and Statewide Provider Billing Workshops

Please Note: The RTC billing workshop scheduled for Tuesday, October 17, 2006 in Denver has been cancelled. Instead the fiscal agent will conduct an OB billing workshop.

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 specialty training for different provider types. The schedule for August and September 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
08/22/06 – Tuesday

Beginning Training UB-92/ 837I
08/24/06 – Thursday

Denver Specialty Training Schedule

Supply/DME

08/16/06 – Wednesday - 11:00-1:00

Statewide

Alamosa (September 2006)

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

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



Statewide Beginning Billing

Beginning Training CO-1500/UB-92

09/14/06 – Grand Junction – Thursday (8:30am-1:00)
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 (8:30am-1:00)
09/21/06 – Colorado Springs – Thursday (8:30am-1:00)

Statewide Specialty Training

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

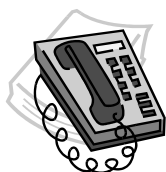
Please direct questions about Medical Assistance Program billing or the information in this bulletin to

Medical Assistance Program Provider Services at:
303-534-0146 or 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 News and Updates



Copy of Maximus Letter to Existing Colorado Access Clients

STATE OF COLORADO

DEPARTMENT OF HEALTH CARE POLICY & FINANCING

1570 Grant Street
Denver, CO 80203-1818
(303) 866-2993
(303) 866-4411 FAX
(303) 866-3883 TTY



Bill Owens
Governor

Stephen C. Tool
Executive Director

[Title] [First Name][Last Name]
[Address]
[City], [State] [Zip]

July 31, 2006

[Client ID #]

Dear [Name] [Last Name]:

There will be a change in your Medicaid starting September 1, 2006. Colorado Access – Access Health Plan (AHP) will stop being a Medicaid health plan on August 31, 2006. This change does not affect Access Behavioral Health.

You will **not** lose your Medicaid benefits because of this change. You will continue to get mental health care from the Behavioral Health Organization (BHO) in your area. You will need to choose a new way to get your Medicaid health services. If you do not make a choice, you will be placed in Medicaid fee-for-service.

You can choose to:

- stay with your current doctor if your doctor accepts Medicaid fee-for-service
- OR**
- choose a new doctor that accepts Medicaid fee-for-service
- OR**
- enroll in the Primary Care Physician Program (PCPP)
- OR**
- enroll in a Medicaid health plan in your area

What happens next?

Please call **HealthColorado** before August 31, 2006 with any questions or to choose how you will get your Medicaid health services at **303-839-2120** in the Denver Metro area or **1-888-367-6557** in all other areas.

If you are pregnant, have surgery scheduled or need medical care soon and need help finding a doctor please call:

Medicaid Customer Service
303-866-3515 in Denver Metro Area
1-800-221-3943 in all other areas

Thank You,

Barbara B. Prehmus, M.P.H.
Director
Medical Assistance Office

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