

# 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

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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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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 April 2007

Reference: B0700231

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#### ALL PROVIDERS

## National Provider Identifier

#### **NPI Companion Guide and System Changes**

The fiscal agent is making changes to the Companion Guides and the Medical Assistance Program claims processing system to correspond with the implementation of the National Provider Identifier (NPI).

Per CMS, the compliance date for the using the National Provider Identifier (NPI) is May 23, 2007. Medical Assistance Program electronic transactions



submitted by batch or interactively through the Web Portal must be submitted using the provider's NPI number instead of the provider's Medical Assistance Program number.

The change from Medical Assistance Program numbers to NPIs affects the following HIPAA X12 transactions submitted or received in batch or interactively via the Web Portal:

- 1. Eligibility Request/Response (270/271)
- 2. Claim Status Request/Response (276/277)
- 3. Dental Claim Submission (837D), Institutional Claim Submission (837I), and Professional Claim Submission (837P)
- 4. PAR Inquiry/Response (278)
- 5. Claim Payment/Advice (835)

Healthcare providers are required to get their NPI number and use their NPI to submit the above transactions beginning May 23, 2007. Other non-healthcare providers rendering services covered by the Medical Assistance Program may continue to bill using their Medical Assistance Program provider number.

#### **HIPAA Companion Guides**

As the HIPAA Companion Guides are updated, they will be posted in the Provider Services Manuals and Specifications sections of the Department's website.

http://www.chcpf.state.co.us/ACS/Provider\_Services/provider\_services.asp Companion Guide update notices will be posted on the above website address. Also watch for updated Companion Guide information in the May 2007 bulletin.

## Have you determined how the National Provider Identifier (NPI) will impact your practice?

The NPI is part of the HIPAA mandate requiring a standard unique identifier for healthcare providers. NPI is a 10-digit number that will replace other identifiers, such as the Unique Physician Identification Number (UPIN).

Providers were able to apply for the NPI beginning May 23, 2005 and will be required to use it for electronic transactions by May 23, 2007.

It will be each provider's responsibility to obtain their NPI(s), to match them with their current provider number(s) where appropriate and then share this information with their payers. It is the provider's responsibility to send his or her NPI to each and every payer. Payers and plans will also be getting their systems ready for NPI. Check with clearinghouses and payers to plan testing and rollout dates. Providers should get in touch with their vendors, clearinghouses and payers now, to find out their planned rollout dates. Many will already have NPI implementation websites available. Be an active participant as the industry comes together to refine the necessary NPI implementation stages for an easy transition to get us from today to May 2007.

Not sure what an NPI is and how to get it, share it and use it? As always, more information and education on the NPI can be found at the CMS NPI page www.cms.hhs.gov/NationalProvIdentStand on the CMS website.

#### Getting an NPI is free - not having one can be costly.

Providers can apply for an NPI online at https://nppes.cms.hhs.gov or call the NPI enumerator to request a paper application at 1-800-465-3203.

#### **NPI Questions**

The Department of Health Care Policy and Financing's Provider Services Web Page has a new FAQ section for NPI! This is located at http://www.chcpf.state.co.us/ACS/FAQ/Faq.asp

Providers should remember that the NPI Enumerator can **only** answer/address the following types of questions/issues:

- Status of an application
- Trouble accessing NPPES (National Plan and Provider Enumeration System)
- Forgotten password/User ID
- Need to request a paper application
- Need clarification on information that is to be supplied in the NPI application

Providers needing this type of assistance may contact the enumerator at 1-800-465-3203.

#### **Web Portal Update**

#### New Feature in April



Health care providers will be able to submit their National Provider Identifier (NPI) to the fiscal agent through the portal for purposes of updating the Medicaid claims processing system (MMIS). In the portal User Maintenance, a Trading Partner Administrator can assign a user the role, Provider (MMIS). This user will then have the authority to submit the NPI using the link "Inquiry/Update Provider Data" located under "(MMIS) Provider Data Maintenance" in the portal menu. Information on how to submit your NPI will be displayed on the main portal page on April 2, 2007.

If the provider has multiple NPIs assigned to their Colorado Medical Assistance Program provider number they will need to notify the fiscal agent by submitting NPI information on the provider's letterhead. Submit the NPI with the corresponding Colorado Medical Assistance Program provider number and a signature of the person whose NPI number is listed (i.e. the doctor).

• Health care providers will be able to enter NPI in the portal Provider Maintenance records in early April to prepare for the NPI compliance date, May 23, 2007. When the NPI is entered in the Provider Maintenance record prior to the compliance date there will be no effect. When the NPI is required, the NPI field will be auto-populated in the transaction when the provider is selected from the drop-down field in the transaction. Any user who can enter transactions has the authority to access Provider Maintenance. Provider Maintenance can be accessed by clicking on the link "Provider Maintenance" located under "Data Maintenance" in the portal menu. Information will be displayed on the main portal page when the functionality is available.

#### New Features Planned for May

Effective May 23, 2007 health care providers will be required to use the NPI to identify themselves in electronic transactions. All healthcare providers will be expected to submit transactions with the NPI. All health care provider fields in the transaction including: the billing, rendering, referring, supervising, facility, attending, operating, and "other" providers will require the NPI when the provider is considered a health care provider. Please watch for additional information in the May bulletin.



#### **Correction to Provider Information Update Procedure Link**

The link listed in the March bulletin was incorrect. The correct link for Provider Update information is: http://www.chcpf.state.co.us/ACS/Pdf\_Bin/Revised\_provider\_update\_form0207.pdf We apologize for any inconvenience that this may have caused.

#### Colorado Medical Assistance Program Enrollment Application Workshop

The fiscal agent will conduct the second of four 2007 Provider Enrollment Application workshops on Wednesday, April 4, 2007 (9:00am-1:00pm). Future workshops will take place in July and November. Watch for workshop notifications in upcoming bulletins. The workshop focuses on the importance of correctly completing the Colorado Medical Assistance Provider Application.

The workshop is located at:

#### **ACS**



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

Seating for these workshops is limited and reservations are required.

Please 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

Please go to http://www.chcpf.state.co.us/ACS/Enrollment/new\_providers.asp and click on your provider type. Please download and print your enrollment documents and bring them with you to the workshop.

#### **Billing Manual Updates**

In the Provider Services Billing Manuals section of the website, the Specialty Manuals sections have been split into three sections: Colorado-1500 Specialty Billing Information, HCBS Specialty Billing Information and UB-92 Specialty Billing Information. They are located at:

http://www.chcpf.state.co.us/ACS/Provider Services/Billing Manuals/Billing Manuals.asp

#### Last Check/Warrant Amounts

Providers can find out the amount of their check/warrant through CMERS. Call CMERS at 303-534-3500 Denver Metro; 1-800-237-0044 Toll free Colorado and follow the prompts.

#### It's Time to Sign-up for EFT!

Don't let inclement weather or postal service delay your paper checks (warrants)! To avoid mail delays, sign up for Electronic Funds Transfer (EFT). EFT is the safest, best, fastest and easiest way to receive Medical Assistance Program payments. The EFT form is located in the Provider Services Forms section of the Department's website at:



http://www.chcpf.state.co.us/ACS/Provider\_Services/Forms/Forms.asp

EFT permanently solves paper check (warrant) problems!

Allow 30 days for processing your EFT request.

- 1. After 30 days, check with your bank to verify that EFT has been set up.
- 2. You will receive paper checks until EFT has started or until the update is active.

Please Note: The fiscal agent (ACS) does not have EFT information

## HOME AND COMMUNITY BASED SERVICES WAIVERS (BI, EBD, MI AND PLWA) HOME HEALTH AND PRIVATE DUTY NURSING PROVIDERS

## **Provider Rate Increases**



Effective April 1, 2007, the following services provided under Home and Community Based Services (HCBS) Waivers, as well as Home Health and Private Duty Nursing, received rate increases. The rate increases are a result of action taken by the General Assembly which specified the percentage of increase according to provider types. The chart below lists the rates according to percentage of increase specified by Colorado legislature.

Rate increases based on HB 06-1385, Footnote 28											
Services/Provider	Codes       Unit of Reimbursemen										
Туре		Rate	HB 06-1385	Increased							
Day Services (Basic)	S5105	\$22.24	\$22.46	1.00%	Half Day-3 to 5 hrs per day						
(Specialized)	S5105	\$28.42	\$28.70	1.00%	Half Day-3 to 5 hrs per day						
	S5102	\$46.84	\$47.31	1.00%	Day						
	H2018	\$74.31	\$75.05	1.00%	Day						
Alternative Care Facilities	T2031	\$42.29	\$47.58	12.50%	Day						
Skilled Nursing	550+551	\$78.10	\$96.53	23.60%	up to 2 1/2 hrs						
	590	\$54.67	\$67.57	23.60%	per visit						
	599	\$38.27	\$47.30	23.60%	per visit						
Physical Therapy	420+421+424	\$85.41	\$105.57	23.60%	up to 2 1/2 hrs						
Occupational Therapy	430+431+434	\$85.97	\$106.26	23.60%	up to 2 1/2 hrs						
Speech Therapy	440+441	\$92.81	\$114.71	23.60%	up to 2 1/2 hrs						
Private Duty Registered	552	\$30.91	\$38.14	23.40%	per hour						
Nursing	580	\$23.15	\$28.57	23.40%	per hour-per client						
Private Duty Licensed	559	\$23.16	\$28.63	23.60%	per hour						
Nursing	581	\$17.74	\$21.93	23.60%	per hour-per client						
	582	\$23.10	\$28.55	23.60%	per hour-per client						

Please remember that the Colorado Medical Assistance Program utilizes "lower of" pricing. You will be responsible for submitting the correct charges and any adjustments to claims already submitted with dates of service on or after April 1, 2007. The Medicaid claims processing system will not adjust claims automatically. Revised rate schedules for specific programs are located at the back of this bulletin.

Private Duty Nursing Rates										
Service 4 <sup>th</sup> Qtr. FY 05-06 4 <sup>th</sup> Qtr. FY 06-07 Revenue Code Unit										
PDN-RN	\$30.91	\$38.14	552	Hour						
PDN-LPN	\$23.16	\$28.63	559	Hour						
PDN-RN (group-per client)	\$23.15	\$28.57	580	Hour						
PDN-LPN (group-per client)	\$17.74	\$21.93	581	Hour						
"Blended"* group rate / client*	\$23.10	\$28.53	582	Hour						

The "blended" rate is available on request for a Home Health Agency that provides Private Duty Nursing to multiple clients at group care settings. All Private Duty Nursing provided in those settings is billed at the same rate and revenue code for an RN or LPN.

Home Health									
Service	Acute HH Revenue Code	Long Term HH Revenue Code	Unit Rate 4 <sup>th</sup> Qtr. FY 05-06	Unit Rate 4 <sup>th</sup> Qtr. FY 06-07	Duration				
RN Assess and Teach	589	None	\$78.10	\$96.53	Acute only- up to 2 ½ hours				
RN/LPN	550	551	\$78.10	\$96.53	Up to 2 ½ hours				
RN Brief 1st of Day	n/a	590	\$54.67	\$67.57					
RN Brief 2 <sup>nd</sup> or >	n/a	599	\$38.27	\$47.30					
HHA Basic	570	571	\$33.65	\$33.65	One hour				
HHA Extended	572	579	\$10.06	\$10.06	15-30 minutes each after 1 <sup>st</sup> hour				
PT	420	421 (for 0-17 years LTHH)	\$85.41	\$105.57	Up to 2 ½ hours				
PT for HCBS Home Mod Evaluation	424	424	\$85.41	\$105.57	1-2 units				
OT	430	431 (for 0-17 years LTHH)	\$85.97	\$106.26	Up to 2 ½ hours				
OT for HCBS Home Mod Evaluation	434	434	\$85.97	\$106.26	1-2 units				
S/LT	440	441 (for 0-17 years LTHH)	\$92.81	\$114.71	Up to 2 ½ hours				
Maximum Daily Amount Acute Home Health			\$364.00	\$449.79	24 hours, MN to MN				
Maximum Daily Amount Long Term Home Health			\$284.00	\$350.94	и				

#### Alternative Care Facility (ACF) Providers

The new daily rate for the ACF benefit is \$47.58. All PARs for 300% ACF clients must be modified to reflect the new rate. The PARs for "standard" Medicaid clients will be systematically updated for dates of service starting April 1, 2007, with the new rate and the remaining units. The PARs for 300% clients need to be updated by the SEP Agency case manager because the Colorado Medicaid claims processing system does not calculate PETI (Form- LTC 106) for clients. The PETI amount determines the client's portion of the payment for care in an ACF. SEP Agencies were notified of the need for new PETI calculations and will be sending you an updated PAR with the new daily rate for your 300% clients.

# EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT EXTRAORDINARY HOME HEALTH (EPSDT Extraordinary HH) for clients up to age 20

#### Changing from Long Term Home Health (LTHH) to EPSDT Extraordinary HH

A home health agency might wish to change a client from LTHH to EPSDT Extraordinary HH for any of the following reasons:



- A client's medical need for home health exceeds the maximum daily amount
- A client's medical need for home health services is better met in a setting outside the home
- A client has a medical need for unskilled personal care services as well as skilled personal care services provided by a Certified Nursing Assistant

When a home health agency changes a client from LTHH to EPSDT Extraordinary HH a Prior Authorization Request (PAR) must be submitted to revise the end date for the LTHH PAR (discharge PAR). Submit discharge PARs to the fiscal agent, ACS. The discharge PAR revises the end date and the number of service units for the LTHH PAR. The end date for the discharge PAR is the day before the start date for the EPSDT Extraordinary HH PAR. The home health agency submits discharge PARs to ACS immediately upon notification of the change from LTHH to EPSDT Extraordinary HH. The units requested on the LTHH discharge PAR should be the actual units used within the revised time period. The home health agency submits the EPSDT Extraordinary HH PAR to the Colorado Foundation for Medical Care (CFMC) for approval prior to starting EPSDT Extraordinary HH. PAR dates cannot overlap; the discharge PAR must end before the next PAR begins. Claims cannot be filed under the new PAR until the discharge PAR has been processed.

Please remember to submit your PARs to the correct authorizing agent according to the instructions on the second page of the PAR form. Submit LTHH PARs to the authorizing agent for LTHH. CFMC will not process LTHH PARs. LTHH PARs submitted to CFMC are returned to the provider via facsimile without review.

#### Long Term Home Health, EPSDT Extraordinary HH, PDN Prior Authorization Form

The provider is responsible for submitting a complete PAR packet including the most current version of the PAR form. The current version is located at:

www.chcpf.state.co.us/ACS/Pdf\_Bin/UNIVERSALPARFORM0406jg.doc.

PAR forms are revised when there is a rate adjustment. The current version of the form has been in use since April, 2006, and incorporates the most current rate information. The Single Entry Point agencies, Dual Diagnosis Management, ACS, and CFMC will not process PARs on an outdated form effective May 1, 2007.

# **Pharmacy Providers**Claims Processing System Update

The Colorado Department of Health Care Policy and Financing pharmacy program will soon be undergoing updates to the Affiliated Computer Services Pharmacy Benefits Manager (ACS PBM) claims processing system. These system enhancements may affect the way providers submit pharmacy claims. The following sections detail the upcoming changes. Additional information related to this system conversion will be included in next month's bulletin, and will be posted on the Colorado Medicaid website at http://www.chcpf.state.co.us/HCPF/Pharmacy/phmindex.asp.

#### **Non-Processing Time Period**

Please note this conversion will require our system to go offline for approximately fourteen hours. Therefore, claims submitted after 8:30 P.M. MT on the evening before the anticipated implementation date will not be received or processed. The Department anticipates being back online by 10:30 A.M. MT on the scheduled implementation date. Although this may change, the current scheduled implementation date is May 13, 2007. For further information or if you have questions, please contact the Provider Services Helpdesk at 303-534-0146 or 1-800-237-0757 toll free.

#### **NCPDP Version 5.1 Mandate**

The revised Colorado Medicaid Prescription Drug Claim System (PDCS), X2, will only accept Point-of-Sale (POS) pharmacy claims that are processed in NCPDP Version 5.1. The Department anticipates the conversion to PDCS X2 to be completed by May 13<sup>th</sup>, 2007. Once the conversion is complete, POS pharmacy claims submitted using a version other than NCPDP Version 5.1 will be denied. Please contact your pharmacy software vendor to make certain any necessary changes are made to your POS processing system in order to submit NCPDP Version 5.1 claims to the Colorado Medicaid fiscal agent. For more information about this and other system changes, please refer to the following website address:

http://www.chcpf.state.co.us/HCPF/Pharmacy/phmindex.aspand

#### **DAW 7-Brand Name Drug Mandated by Law**

Historically, the Department has allowed providers to submit a DAW 7 code when a medication is mandated by law to dispense the brand name. Currently, there are no medications that are mandated by law to be dispensed as brand name; therefore, the Department has decided to eliminate the use of DAW 7 with the implementation of X2. Claims submitted with a DAW 7 code will no longer override the generic mandate edit and the claim will deny.

#### **Unit Dose Medication**

Currently, the Department does not reimburse for unit dose packaged medications. This policy will change with the implementation of X2. Unit dose products will not be restricted based solely on their packaging. Unit dose medications will still be subject to all other limitations, prior authorizations and generic substitutions, the same as their multi-dosed packaged counterparts.

#### **ICD-9 Codes**

The Department is currently testing the use of ICD-9 codes for the purpose of decreasing the number of prior authorizations that are based solely on diagnosis. Please look for further information on this topic in upcoming provider bulletins.

#### POS Processing for Claims Older than 120 Days from the Date of Service



Claims are considered timely and can be processed by the POS system if the claim is not older than 120 days from the date of service. Historically, all claims out of timely filing had to be submitted on paper. After the implementation of X2, the Department will allow some of these claims to be processed by the POS system. A revised Timely Filing Manual detailing this process will be posted on the pharmacy website at http://www.chcpf.state.co.us/HCPF/Pharmacy/phmindex.asp after the implementation of X2.

#### Sign-up for Electronic Bulletin Notification!

Did you know you can stop receiving paper bulletins and start receiving your Colorado Medical Assistance Program bulletins by email notification? Email notifications contain a link to the latest bulletin and allow 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 their information through the Inquiry/Update Provider Data option located at the main menu within the Web Portal.*Providers may also complete and submit the attached Publication Preferences form (Attachment B). Please fax

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.

## \* \* \* April HCBS-DD Provider Billing Workshop \* \*

Ft. Logan Auditorium – Please note location 9:00am – 3:00pm Tuesday – April 24, 2007

### April and May 2007 Denver and Statewide 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 types of providers. The schedule for April and May 2007 Denver and Statewide 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 in order to provide adequate space in all workshops.

Email reservations to: workshop.reservations@acs-inc.com

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	A	The number of people attending and their names
<b>A</b>	The date and time of the workshop	A	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

For a complete list of class descriptions, please see bulletin B0700227 (January 2007) or the 2007 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.

# Denver Location All Denver workshops are located at:

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



## Denver Beginning Billing Schedule 9:00am – 3:00pm

**Beginning Training CO-1500/837P** 04/17/07 – Tuesday



**Beginning Training UB-92/ 837I** 04/19/07 – Thursday

### **Denver Specialty Training Schedule**

HCBS - DD

Ft. Logan Auditorium – \*Please note location

04/24/07 - Tuesday, 9:00am-3:00pm

#### Alamosa (September 2007)

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

#### **Colorado Springs**

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

## Durango (New address for 2007)

Mercy Medical Center 1010 Three Springs Blvd. Durango, CO 81301 970-247-4311

#### 2007 Statewide Locations

#### **Fort Collins**

Hilton Fort Collins 425 West Prospect Road Fort Collins, CO 80526 970-482-2626

## Grand Junction (New location for 2007)

Hilton Hampton Inn Grand Junction 205 MAIN STREET Grand Junction, CO 81501 970-243-3222

#### Greelev

Best Western Regency 701 8<sup>th</sup> Street Greeley, CO 80631 970-353-8444

### Pueblo (New location for 2007)

The Pueblo Convention Center 320 Central Main Street Pueblo, CO 81003 719-542-1100



## Statewide Beginning Billing Schedule Beginning Billing CO-1500/UB-92

Spring 2007

Colorado Springs – Thursday, 05/24/07 (8:30am-1:30pm) Durango – Monday, 05/21/07 (9:00am-1:30pm) Ft. Collins – Tuesday, 05/08/07 (9:00am-1:30pm)

Greeley – Thursday, 05/17/07 (9:00am-1:30pm) Grand Junction – Tuesday, 05/15/07 (8:30am-1:30pm) Pueblo – Wednesday, 05/23/07 (8:30am-1:30pm)

## Statewide Specialty Training Schedule Spring 2007

Hospital

Durango – Monday, 05/21/07 (2:00pm-3:30pm)

**Indian Health Service** 

Durango - Monday, 05/21/07 (3:30pm-5:00pm)

**Nursing Facility** 

Fort Collins - Tuesday, 05/08/07 (2:00pm-4:00pm)

**Nursing Facility** 

Grand Junction - Tuesday, 05/15/07 (2:00pm-4:00pm

**Nursing Facility** 

Colorado Springs – Thursday, 05/24/07 (2:00pm-4:00pm)

**Obstetrical Care** 

Greeley - Thursday, 05/17/07 (2:00pm-3:30pm)

**Practitioner** 

Fort Collins - Tuesday, 05/08/07 (2:00pm-4:00pm)

**Practitioner** 

Grand Junction - Tuesday, 05/15/07 (2:00pm-4:00pm)

**Practitioner** 

Colorado Springs – Thursday, 05/24/07 (2:00pm-4:00pm)

RHC/FQHC

Pueblo – Wednesday, 05/23/07 (2:00pm-3:30pm)

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

HCBS-BI Rates – FY 06-07										
Service Type	Sub-Type		rent Rate /1/2006		lew Rate 4/1/2007	Unit Value	Comments			
Adult Day Services		\$	46.84	\$	47.31	Day	At least 2 or more hours of attendance 1 or more days per week			
S5102										
Day Treatment		\$	74.31	\$	75.05	Day	At least 2 or more hours of attendance 1 or more days per week			
H2018										
Personal Care		\$	3.58	\$	3.58	Quarter Hour	Not to exceed 10 hours per day			
T1019										
Relative Personal Care		\$	3.58	\$	3.58	Quarter Hour	Maximum reimbursement not to exceed 1776 units per year			
T1019 HR										
Respite Care	In Home	\$	3.03	\$	3.03	Quarter Hour				
S5150										
Respite Care	NF	\$	111.77	\$	111.77	Day	All inclusive of client's needs			
H0045										
Independent Living Skills Training		\$	24.28	\$	24.28	Hour				
T2013										
Behavioral Programming		\$	13.34	\$	13.34	Half Hour				
H0025										
Individual Mental Health Counseling		\$	13.80	\$	13.80	Quarter Hour	Must pre-authorize over 30 cumulative visits of counseling			
H0004										
Family Mental Health Counseling		\$	13.80	\$	13.80	Quarter Hour				
H0004 HR										
Group Mental Health Counseling		\$	7.73	\$	7.73	Quarter Hour				
H0004 HQ										

Reference #: B0700231 Attachment A

HCBS-BI Rates – FY 06-07										
Service Type	Sub-Type	Current Rate 7/1/2006		New Rate 4/1/2007		Unit Value	Comments			
Individual Substance Abuse Counseling		\$	55.19	\$	55.19	Hour				
H0047 HF										
Group Substance Abuse Counseling		\$	30.91	\$	30.91	Hour				
H0047 HQ										
Family Substance Abuse Counseling		\$	55.19	\$	55.19	Hour				
T1006										
Assistive Technology							Negotiated by SEP through prior authorization			
T2029										
Non-Medical Transportation	Med Trans. Rate					1 Way Trip	Negotiated by CM; varies by client. Not to exceed Med. Transport Rate.			
T2001	Taxi	\$	48.45	\$	48.45		Taxi: up to \$48.45 per trip, not to exceed the rate with the Public Utilities Commission.			
	Mobility Van	\$	12.44	\$	12.44		Mobility Van: \$12.44 per trip.			
	Wheelchair Van	\$	15.49	\$	15.49		Wheelchair Van: \$15.49 per trip. Wheelchair Van Mileage Add-On: 62 cents per mile.			
Home Modifications		\$	10,000.00	\$	10,000.00	Lifetime Max				
S5165										
Transitional Living		\$	130.56	\$	130.56	Day				
T2016										
Supported Living Program						Day	Per diem rate set by HCPF using acuity levels of client population			
T2033										

Reference #: B0700231 Attachment A

HCBS-EBD, MI and PLWA Rates – FY 06-07										
	Current Rate				ew Rate	Unit				
Service Type	Sub-Type	7.	/1/2006	4	1/1/2007	Value	Comments			
Adult Day Services	Basic Rate	\$	22.24	\$	22.46	Half Day	Maximum number of units is 2 per day			
S5105	Specialized Rate	\$	28.42	\$	28.70	Half Day	An individual unit is 3-5 hours per day			
Alternative Care Facility		\$	42.29	\$	47.58	Day	May be less for clients with 300% income			
T2031										
Electronic Monitoring	Installation S5160						Negotiated by CM; varies by client			
	Service S5161						Negotiated by CM; varies by client			
Homemaker		\$	3.52	\$	3.52	Quarter Hour				
S5130										
Home Modification		\$ 1	0,000.00	\$	10,000.00	Lifetime Max				
S5165										
Personal Care		\$	3.52	\$	3.52	Quarter Hour				
T1019										
		\$	3.52	\$	3.52	Quarter Hour	Relative Personal Care cannot be combined with HCA			
T1019 HR							Maximum reimbursement not to exceed 1776 units per year			
Respite Care	ACF	\$	52.98	\$	52.98	Day	Limit of 30 days per calendar year			
S5151										
Respite Care	NF	\$	118.13	\$	118.13	Day	Limit of 30 days per calendar year			
H0045										
Respite Care	In Home	\$	3.03	\$	3.03	Quarter Hour	Limit of 30 days per calendar year. Not to exceed the ACF per diem for respite care			
S5150										
Non-Med. Transportation	Med. Transp. Rate					1 Way Trip	Negotiated by CM; varies by client. Not to exceed Med. Transport Rates			
T2001	Taxi	\$	48.45	\$	48.45		Taxi: up to \$48.45 per trip, not to exceed the rate with the Public Utilities Commission			
	Mobility Van	\$	12.44	\$	12.44		Mobility Van: \$12.44 per trip			
	Wheelchair Van	\$	15.49	\$	15.49		Wheelchair Van: \$15.49 per trip Wheelchair Van Mileage Add-On: 62 cents per mile			

Reference #: B0700231 Attachment B

	HCBS-EBD, MI and PLWA Rates – FY 06-07								
		Curr	ent Rate	Ne	w Rate	Unit			
Service Type	Sub-Type	7/	1/2006	4/	1/2007	Value	Comments		
IHHS Personal Care		\$	3.52	\$	3.52	Quarter Hour			
T1019 KX									
IHSS Relative Personal Care		\$	3.52	\$	3.52	Quarter Hour	No limits on IHSS benefits provided by parents of adult children. For all other relatives, the limitations on payment to family applies as set forth in 10 C.C.R. 2505-10, Section 8.485.200		
T1019 HR KX									
IHSS Homemaker		\$	3.52	\$	3.52	Quarter Hour			
S5130 KX									
IHSS Health Maintenance Act		\$	6.62	\$	6.62	Quarter Hour			
H0038									

Reference #: B0700231 Attachment B

#### **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										
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Revised 04/26/05

Reference #: B0700231 Attachment C