

Provider Bulletin

Reference: B0800243 January 2008

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Denver Club Building 518 17th Street, 4th floor Denver, Colorado 80202

ACS Contacts

Billing and Bulletin Questions 303-534-0146 1-800-237-0757

Claims and PARs Submission P.O. Box 30 Denver, CO 80201

Correspondence, Inquires, and Adjustments

P.O. Boy 90

P.O. Box 90 Denver, CO 80201

Enrollment, Changes, Signature authorization and Claim Requisitions

P.O. Box 1100 Denver, CO 80201

Pharmacy News

MANDATORY TAMPER-RESISTANT PRESCRIPTION PADS EFFECTIVE APRIL 1, 2008

Effective April 1, 2008, all outpatient Medicaid prescriptions must be written on tamper resistant pads that meet **at least one** of the following three tamper resistant characteristics:

- Prevention of unauthorized copying of a blank prescription form
- Prevention of erasure or modification of information written on the form
- Prevention of the use of a counterfeit form

On October 1, 2008, all outpatient Medicaid prescriptions must meet **all three** of the tamper resistant characteristics listed above. Exceptions to these requirements include prescriptions paid by a managed care entity, drugs provided in institutional settings, e-prescriptions, and prescriptions faxed or phoned to the pharmacy by the provider.

Preferred Drug List (PDL) Update

Effective February 1, 2008, all dosage forms of Prevacid capsules and solutabs and Nexium capsules will be preferred drugs for clients enrolled in Colorado Medicaid with Fee-for-Service benefits. All other medications in this therapeutic class including Aciphex (rabeprazole), Prilosec (omeprazole) prescription and OTC, Protonix (pantoprazole), Nexium packets and injectables, Prevacid suspension, Prevpac, and Zegerid (omeprazole and sodium bicarbonate) will be non-preferred drugs and require a Prior Authorization (PA). If other medications in this therapeutic class are released on the market, they will also have non-preferred status. The Preferred Drug List and non-preferred PA criteria will be posted on the Department's PDL web page at:

http://www.chcpf.state.co.us/HCPF/Pharmacy/nwDList.asp. The non-preferred PA criteria will also be included in Appendix P of the Billing Manuals and posted on the Department's web site at:

http://www.chcpf.state.co.us/HCPF/Pharmacy/nwPAList.asp.

Pharmacy Billing Manual



The Pharmacy Billing Manual has been revised and updated to reflect the Department's current rules, policies and procedures. Please be sure to review the updated version for current Department policies and procedures related to pharmacy providers located at:

http://www.chcpf.state.co.us/HCPF/Pharmacy/nwBill.asp.

Implementation of the Colorado Prescription Drug Consumer Information and Technical Assistance Program

Pursuant to HB 07-1021 (Section 25.5-5-507, C.R.S. (2007)), the Department is implementing the Prescription Drug Consumer Information and Technical Assistance Program. The goal of this program is to provide clinical information that will result in better health outcomes for Medicaid clients. The Department will contract with licensed pharmacists statewide to provide consultations to Medicaid clients. Pharmacists will explain how each client may, with the approval of his/her prescribing provider(s), avoid dangerous drug interactions, improve patient outcomes, and save the State money for the prescribed drugs.

The Program will serve a limited number of clients between February 2008 and June 2009, due to the amount of funding available to reimburse pharmacists for consultations. The Department has identified over 400 clients who may wish to participate in the program, based on their utilization and the risk of complications from drug interactions. The Department has contacted pharmacists to determine their interest in participating in the program. Pharmacists must meet certain requirements before they can provide these services. Pharmacists who are interested in this program may call Trish Bohm at 303-866-5865 or email her at trish.bohm@state.co.us.

Once the Department has contracted with pharmacists, clients will be referred to pharmacists based on physical location. The pharmacist will meet with the client to review their current drug utilization including, prescription drugs, over the counter medications, and supplements. The pharmacist will report the consultation results to the prescribing provider(s) for their review.

Vaccines

Expanded Eligible Ages for Intra-nasal Influenza Vaccine - FluMist

Effective November 27, 2007, the Vaccines For Children (VFC) program added eligible children ages 2 through 5 years to the recommended age range for the intranasal influenza vaccine, FluMist. Colorado Medicaid strictly follows VFC measures for this age group and urges providers to carefully read the product insert prior to vaccine administration. Providers with questions regarding the VFC program may call 303.692.2798 or write to Rosemary.Spence@state.co.us. Colorado Medicaid providers with questions about FluMist may call 303.866.6010 or write to George.deCurnou@state.co.us.

Practitioners

Presumptive Eligibility for Children and Pregnant Women

effective January 21, 2008, functionality is being added to CBMS to allow clients to be enrolled with Presumptive Eligibility (PE) under the Medicaid program. This will allow clients to be enrolled under either the Medicaid program or the CHP+ program as presumptively eligible. PE is still only available to pregnant women or children ages 18 and under.

Medicaid and CHP+ PE cards created on or after January 21, 2008 will be separate documents. The Medicaid PE card will contain billing information for ACS and the CHP+

PE card will contain billing information for Anthem.

Medicaid PE for children includes coverage of all Medicaid-covered services; however, Medicaid PE for pregnant women only covers outpatient services. Providers will be able to verify Medicaid PE through the Web Portal, CMERS, or Faxback, after the client has been entered into the CBMS. Client eligibility may take up to 72 hours before it is available for PE clients. Claims for Medicaid PE clients are billed through the Medicaid Fiscal Agent (ACS).

CHP+ PE includes coverage of all CHP+ -covered services, with the exception of dental benefits.

Providers will continue to verify CHP+ client eligibility and bill for CHP+ services through Anthem, until a full eligibility determination is made.

Providers must be a Medicaid and/or CHP+ provider in order to bill for PE services rendered before a full eligibility determination is made.

Please email Ann Clemens at <u>Ann.Clemens@state.co.us</u> or call her at 303-866-6115 with any program questions. Direct Medicaid billing questions to ACS at 1-800-237-0757 and CHP+ billing questions to Anthem at 1-877-523-8171.

Public Health, County Nursing Services, and PE Applications

Public health agencies or county nursing services are not able to bill Medicaid for application completion assistance. These agencies may bill for medical services rendered during the PE application process.

By using codes G9012 and 84703, these agencies have the option of billing up to \$63.55 for 1 unit of Nursing Case Management (G9012 = \$54.39) as well as a pregnancy test (84703 = \$9.16). You may use either code or both, whichever best reflects your interaction with the client. In order to receive reimbursement, these services must be rendered on the same day that the PE application was initiated.



If you have any questions about this billing procedure, please call Provider Services at 303-534-0146 in the Denver-Metro area or toll free at 1-800-237-0757.

If you have questions about the application or the PE process, please email Ann Clemens at ann.clemens@state.co.us or call her at 303-866-6115.

Hospital Providers

Send In Your Outpatient Cost-To-Charge Ratios



It is the provider's responsibility to notify the Department of rate changes in order to keep the cost-to-charge ratio as current as possible and help mitigate future cost settlements. Medicare cost-to-charge ratios are used to calculate Medicaid reimbursement for outpatient services. A copy of the Medicare letter showing the adjusted rate can be faxed to Marguerite Richardson at 303-866-3552.

Medicare letters may also be mailed to the Department at:

Department of Health Care Policy and Financing Rates & Analysis Division 1570 Grant Street Denver, CO 80203-1818. ATTN: Marguerite Richardson

New ADA 2006 Claim Form

- **January 14, 2008**: Providers may begin using the 2006 American Dental Association (ADA) form with the Dental Certification to submit paper claims.
- March 31, 2008: Last day to submit any other versions of the ADA paper claim form.
- April 1, 2008: The 2006 ADA claim form will be the only form accepted by the Colorado Medical Assistance Program to submit dental claims and PARs. All other versions will be returned for resubmission.

Please continue to check the Provider Services section of Department's website for upcoming revisions to the Dental and General Billing manual sections by visiting:

http://www.chcpf.state.co.us/ACS/Provider Services/provider services.asp

Address Reminder

When a provider's mail is returned to the fiscal agent (ACS) for an incorrect address, the provider remains active but receives no further payments.

To avoid having your Medical Assistance Program payments stopped, please be sure that ACS has your correct address on file. For most providers, addresses may be updated through the Web Portal.

The Improper Payments Information Act (IPIA) of 2002

Payment Error Rate Measurement (PERM) Program

The Improper Payments Information Act (IPIA) of 2002 requires the federal Center for Medicare and Medicaid Services (CMS) to produce national payment error rates for Medicaid and Child Health Plan Plus (CHP+). To comply with the IPIA, CMS will be implementing the Payment Error Rate Measurement (PERM) program. Colorado has been part of PERM project since January 2007. There are two components of PERM: 1) reviewing the accuracy of eligibility determinations, and 2) reviewing the accuracy of claims payments. The eligibility review is conducted by the Department of Health Care Policy and Financing's contractor, Maximus Inc., using the Colorado Benefit Management System (CBMS).

For claims payment review, CMS is using three national contractors to measure improper payments in the Medicaid and CHP+ programs. The Lewin Group, is providing the claims to be reviewed and calculating Colorado's error rate. Livanta LLC, is collecting medical policies from the State and collecting medical records from providers. HealthDataInsights, Inc. (HDI), is performing medical record reviews and data processing reviews on the randomly sampled claims.

Understandably, providers are concerned with maintaining the privacy of patient information. The collection and review of protected health information contained in individual-level medical records for payment review purposes is permissible by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and implementing regulations at 45 Code of Federal Regulations, parts 160 and 164.

For additional information around the PERM project, please visit the CMS website at: http://www.cms.hhs.gov/PERM.

January 2008 Holiday Payment Processing

New Year's Day

As a reminder, payments will be delayed due to the New Year's holiday, January 1, 2008.

Martin Luther King, Jr.'s Birthday Claims Processing Schedule

Claim payments will be processed on Thursday, January 17, 2008. The processing cycle includes electronic claims accepted before 6:30 P.M. on Thursday.

Go Green and Enjoy the Benefits of Direct Deposit



Did you know that providers who receive payments through Electronic Funds Transfer (EFT) receive their payments up to a week sooner than those receiving paper checks (warrants)? EFT eliminates payment delays due to inclement weather or post office mishaps. Don't worry, the payment transfer process is one way – from us to you; the

agreement you sign does not allow us to withdraw funds from your account.

Begin receiving payments via EFT today! Complete the form 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

Need to update your bank account information? Using the same form noted above, simply indicate "Change" in the top-right corner and complete the form as indicated. Please allow 30 days to process your EFT request.

- You will receive paper warrants until EFT has been established or your update request has been processed.
- After 30 days, check with your bank to verify that EFT has been setup.

Please contact the Department at 303-866-4372 with any EFT questions.

Electronic Bulletin Notification

Like the new look of our Provider Bulletin? Sign up for electronic notification and never miss an issue! Our electronic notification contains a link to the latest bulletin and allows providers to receive important information up to a week sooner than those receiving bulletins via mail. The Department will soon require all providers to receive electronic bulletin notifications, but why wait? Signing up is easy!

Medical Assistance Program enrolled providers who are not receiving electronic notifications can 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 Publication Preferences form in the Provider Services Forms section of the Department's website at:

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

Please fax or mail the completed form to the fiscal agent at the fax number or address on the form. The Medical Assistance Program will not be responsible for undeliverable notifications due to incorrect email addresses.

<u>Please Remember</u>: Providers may have only one email address on file with the fiscal agent.

January- March 2008 Provider Billing Workshops

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 January- March 2008 workshop schedule will be posted on the website. Additional schedules will also be included in future 2008 bulletins.

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.



Email reservations to: <u>workshop.reservations@acs-inc.com</u>
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. 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.



All Workshops held in Denver are located at:

ACS
Denver Club Building
518 17th Street, 4th floor
Denver, Colorado 80202

Beginning Billing Class Description

This class is for new billers, billers who would like a refresher, and would like to network with other billers about the Colorado Medical Assistance Program. Currently, the class covers indepth information on resources, eligibility, timely filing, reconciling your remittance statements, and paper claim completion for the UB-92 and the CO1500. *This class does not cover any specialty billing information.*

The fiscal agent provides specialty training in their Denver office during March and October each year and statewide during May and September each year.

Enrollment Application Workshop

This workshop focuses on the importance of correctly completing the Colorado Medical Assistance Program Provider Enrollment Application. Newly enrolling providers, persons with the responsibility for enrolling providers within their groups, association representatives, and anyone who wants to better understand the Colorado Medical Assistance Program enrollment requirements should attend.

Driving directions to ACS, Denver Club Building, 518 17th Street, 4th floor, Denver, CO:

Take I-25 toward Denver

Take exit 210A to merge onto W Colfax Ave (40 E), 1.1 m

Turn **left** at **Kalamath St**, 456 ft Continue on **Stout St**, **0.6** m

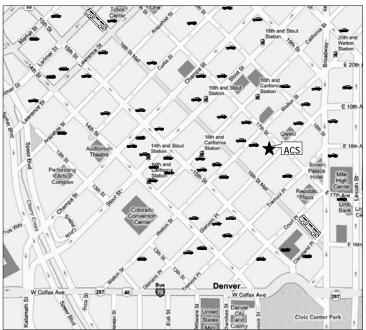
Turn right at 17th St, 0.2 m

ACS is located in the Denver Club Building, on the west side of Glenarm Place at 17th Street (Glenarm is a two-way street).

Parking:

Parking is not provided by ACS and is limited in the Downtown Denver area.

Providers attending workshops are urged to carpool and arrive early to secure parking or use public transportation.



http://www.rtd-denver.com/LightRail/Irmap.htm

- = **Free** MallRide; MallRide stops are located at every intersection between RTD's Civic Center Station and Union Station.
- = Some of the commercial parking lots; Lots are available throughout the downtown area and the daily rates range from about \$5 to \$20.

January-March 2008 Denver Workshop Calendar is located on pages 7 and 8.

January-March 2008 Denver Workshop Calendar

January 2008							
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
		1	2	3	4	5	
6	7	8	9	10	11	12	
13	14	15	16	17	18	19	
		Beginning Billing - Professional		Beginning Billing - Institutional			
		9 am - 3 pm		9 am - 3 pm			
20	21	22	23	24	25	26	
27	28	29	30	31			

February 2008							
					1	2	
3	4	5	6	7	8	9	
10	11	12 Beginning Billing - Professional 9 am - 3 pm		14 Beginning Billing - Institutional 9 am - 3 pm	15	16	
17	18	19	20	21	22	23	
24	25	26	27	28	29		

March 2008							
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
						1	
2	3	4	5	6	7	8	
9	10	11 Beginning Billing - Professional 9 am - 3 pm	12	13 Beginning Billing - Institutional 9 am - 3 pm	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28	29	
30	31						