

Did you know...?

Billing this client is specifically

prohibited

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Denver Club Building

518 17th Street, 4th floor

Denver, Colorado 80202

Billing and Bulletin Questions

Claims and PARs Submission

January & February 2009 Provider

Workshops

ACS Contacts

303-534-0146

P.O. Box 30

1-800-237-0757

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January 2009

Did vou know...?

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Effective January 2, 2009 the CLIA requirement will be strictly enforced. All clinical laboratories must be properly certified to receive payments through the Colorado Medical Assistance Program. CLIA update information is located in the December 2008 bulletin (B0800255).

Providers are responsible for adding/updating their Billing Agent/Clearing House information. The new Provider EDI and Submitter EDI Update forms are located under Enrollment for Existing Providers in the Provider Services Enrollment section of the Department's website at:

http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542696393

All Providers

Old Age Pension (OAP) Health and Medical Care Program

The OAP Health and Medical Care Program has also been known as the Modified Medical Plan, State Medical Program and OAP State Only Program. Because the OAP Health and Medical Care Program is a State-funded program and not an entitlement, the authorized spending authority cannot be exceeded.

The following provider payment rates are effective for dates of service on or

- Inpatient hospital services reimbursed at 10% of the Medicaid rate •
- Outpatient services (including services received in outpatient • hospital settings, federal qualified health centers, rural health centers and dialysis centers) reimbursed at 65% of the Medicaid rate



- Practitioner services reimbursed at 65% of the Medicaid rate •
- Emergency transportation services reimbursed at 65% of the Medicaid • rate
- Home health services (including hospice services) and supplies • reimbursed at 65% of the Medicaid rate
- Emergency dental services reimbursed at 65% of the Medicaid rate
- Laboratory and x-ray services reimbursed at 65% of the Medicaid rate •
- Medical Supply services reimbursed at 65% of the Medicaid rate •
- Pharmacy Services will be reimbursed at 75% of the Medicaid rate (an • increase of 5%).

Clients are eligible to apply for the Colorado Indigent Care Program (CICP) for benefits not covered by the OAP Health and Medical Care Program.

The Emergency Medical Services to Aliens Program may cover life and death emergency hospital admissions for non-citizen OAP Health and Medical Care Program clients.

Please continue to verify client eligibility through CMERS, Fax-Back or the Web Portal.

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after January 1, 2009 and will remain in effect until further notice:

Improving access to cost-effective, quality health care services for Coloradans

Denver, CO 80201 Correspondence, Inquiries, and Adjustments

P.O. Box 90 Denver, CO 80201

Enrollment, Changes, Signature authorization and Claim Requisitions P.O. Box 1100 Denver, CO 80201

Clients covered by the OAP Health and Medical Care Program are identified by the following message: "The client that you have entered is enrolled in the OAP Health and Medical Care Program. NOT Medicaid eligible. Limited benefits. Payment may be reduced. No guarantee of covered services or payment amounts. More information: www.chcpf.state.co.us".

As a reminder, the current rules for the OAP Health and Medical Care Program include:

- Maximum client co-payment of \$300
- Co-payment amounts for services are the same as the co-payment amounts under Medicaid
- There are no retroactive benefits (client can only be eligible from date of application). If claim overpayments are made in error, recoveries will be made retroactively.

More information can be found on the Department of Health Care Policy and Financing's (the Department) website at <u>colorado.gov/hcpf</u>. For questions regarding these changes, please contact Cindy Arcuri, Safety Net Programs at 303-866-3996.

Billing Clients Covered by the OAP Health and Medical Care Program

Providers may not bill clients for the difference between what Medicaid pays and what OAP State Only pays. Per 10 CCR 2505-10, Section 8.941.5 (CERTIFICATION OF PAYMENT FOR PROVIDERS):

All providers of medical services in their submission of claim to the Old Pension Health Care Program and the Old Age Pension Health Care Supplemental Program certify that, "I will accept as payment in full, payment made under the Old Age Pension Health Care Program, and certify that no supplemental charges have been, or will be, billed to the patient, except for those non-covered items, or services, if any, which are not reimbursable under the Old Age Pension Health Care Program or the Old Age Pension Health Care Supplemental Program."

In addition, as provided by the Colorado Medical Assistance Program General Provider Information manual and Provider Agreement, providers agree to accept the Colorado Medical Assistance Program payment as payment in full for benefit services. Furthermore, Section 26-4-403, Colorado Revised Statute, prohibits providers from billing Colorado Medical Assistance Program clients.

Hospital Providers

Updates to Outpatient Cost to Charge Ratios

The Department is in the process of updating all hospitals' outpatient cost-to-charge ratios. As has been stated in the rate letters sent to hospitals annually, hospitals are reimbursed on an interim basis at actual billed charges multiplied by 1) the most recent Medicare cost-to-charge ratio that your facility has sent to the Department and 2) seventy-two percent (72%). The Department conducts a periodic cost audit and any necessary retrospective adjustment is made to bring reimbursement to the lower of actual audited cost less twenty-eight percent (28%) or billed charges less twenty-eight percent (28%).

It is the hospital's responsibility to notify the Department of changes to their Medicare outpatient cost-to-



charge ratio. However, in order to make sure the Department has the most current Medicare outpatient cost-to-charge ratios used for claims payment, the Department contacted all hospitals during the month of December 2008 to request the most current ratio. All hospital cost-to-charge ratios were updated with a January 1, 2009 effective date.

If the hospital failed to provide the Department with this information by December 19, 2008, the Department instituted a default reduction in the hospital's cost-to-charge ratio.

If you have any questions about this process or would like to submit your Medicare outpatient cost-tocharge ratio, please contact Marguerite Richardson at 303-866-3839 or Marguerite.Richardson@state.co.us.

Practitioners

Attention Providers Enrolled as a Family Planning Clinic or Non-Physician Practitioner Group

Effective February 1, 2009, HCPCS code J7303 (hormone-containing contraceptive vaginal ring, each) will no longer require manual pricing. This code is used for NuvaRing.

Currently, only providers enrolled as a Family Planning Clinic or a Non-Physician Practitioner Group can receive reimbursement for provider-purchased contraceptive pharmaceuticals. These providers will no longer be required to submit an invoice for this product with their claims. One unit (one ring) will be reimbursed at \$36.43. As with claims for all provider-purchased contraceptive pharmaceuticals, the Family Planning Clinic provider number or the Non-Physician Practitioner Group provider number must appear in both the billing provider and rendering provider fields.

Attention Providers Performing Mastectomies or Breast Reconstruction Procedures

Effective February 1, 2009, the following procedure codes will no longer require a prior authorization request (PAR):

193011930219303193041930519306193071932819330Questions regarding PARs for breast reconstruction procedures should be directed to the ColoradoFoundation for Medical Care (CFMC) at 1-800-333-2362.

Pharmacy Providers

Do you know Medicare-only individuals who are having trouble paying for prescription drugs?

If an individual is eligible for Medicare and has limited income and resources, they may qualify for extra help from Medicare. It could be worth over \$3,300 in savings on prescription drug costs per year.

Encourage people with Medicare to file for extra help online at

https://s044a90.ssa.gov/apps6z/i1020/main.html or by calling Social Security at 1-800-772-1213 to apply over the phone.

State Health Insurance Information Program (SHIP) offices can also assist with the application. Find contact information for a local SHIP Counselor at

http://www.medicare.gov/contacts/static/allStateContacts.asp or by calling 1-800-MEDICARE.

Albuterol Inhalers

The U.S. Food and Drug Administration (FDA) has mandated the removal of the exemption granted to chlorfluorocarbon-based (CFC) metered-dosed albuterol inhalers and the transition to the environmentally-friendly hydrofluoroalkane-based (HFA) albuterol inhalers by December 31, 2008. Please talk to clients as soon as possible about transitioning to a HFA inhaler, so they can successfully make the switch by the end of the year.

PDL Update

Effective January 1, 2009, the following medications will be preferred agents on the Medicaid Preferred Drug List and will be covered without a prior authorization:

PPIs: Prilosec OTC, Prevacid capsules, and Prevacid solutabs

<u>Antiemetics</u>: ondansetron tablets, ondansetron ODT tablets, ondansetron suspension, ZOFRAN tablets, ZOFRAN ODT tablets, and EMEND

<u>Triptans</u>: IMITREX tablets, IMITREX nasal spray, IMITREX injection, sumatriptan tablets, sumatriptan nasal spray, sumatriptan injection (once available), MAXALT tablets, and MAXALT MLT tablets

The complete Preferred Drug List (PDL) and prior authorization criteria for non-preferred drugs are posted on the PDL webpage at <u>http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1197969485609</u>.

Supply/DME Providers

PAR Requirements for A4353 (Intermittent Urinary Catheter Kit)

Effective January 1, 2009, A4353 (Intermittent Urinary Catheter Kit) will require a PAR. Information provided on the PAR will need to clearly specify why a sterile vs. clean environment is required.

Changes to the Pulse Oximeter and CPAP/BIPAP Questionnaires #6 and #8

Questionnaires #6 and #8, Pulse Oximeter and CPAP/BIPAP, have been updated. By answering all questions completely, requests for additional information from providers to determine medical necessity should be reduced significantly.



Copies of the Questionnaires will be available in the upcoming 2009 Annual Supply HCPCS Codes Provider Bulletin.

The old and new versions of both questionnaires will be accepted until March 31, 2009. Effective April 1, 2009 only the new questionnaire may be submitted.

Oral & Enteral Nutrition Formula Questionnaire #10

The old version will be accepted until February 28, 2009. Effective March 1, 2009 only the new version dated November 2008 may be submitted.

Dental Providers

New Dental Codes Bulletins and Manual

The 2009 Dental Codes and Orthodontic bulletins will be available in the Provider Services Bulletins section of the Department's website on January 2, 2009. http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542321017

The revised Dental Manual will also be available on January 2, 2009 in the Provider Services Billing Manuals section of the Department's website.

http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542320888

Procedure Codes Bulletins

The 2009 Ambulatory Surgical Care (ASC), Practitioner and Supply codes bulletins will be available in the Provider Services Bulletins section of the Department's website during January 2009. http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542321017

January and February 2009 Holidays

New Year's Day Holiday

Due to the New Year's Day holiday on Thursday, January 1, 2009, the receipt of payments, warrants, and EFTs will be delayed by at least one day.

Martin Luther King, Jr. Holiday



Due to the Martin Luther King, Jr. holiday on Monday, January 19, 2009, claim payments will be processed on Thursday, January 15, 2009. The processing cycle includes electronic claims accepted before 6:30 p.m. on Thursday.

President's Day Holiday

Due to the Presidents' Day holiday on Monday, February 16, 2009, claim payments will be processed on Thursday, February 12, 2009. The processing cycle includes electronic claims accepted before 6:30 p.m. on Thursday.

Receive the Provider Bulletin Electronically!

Receive important information up to a week sooner than those receiving bulletins via mail by receiving an electronic notification containing a link to the most recent publication. Colorado Medical Assistance Program enrolled providers who are not receiving electronic notifications can complete and submit their information through the "(MMIS) Provider Data Maintenance" option via the Web Portal.

Providers may also complete and submit the Publication Preferences form located in the Provider Services Forms section through the Department's website at <u>colorado.gov/hcpf</u>. Please fax or mail the completed form to the fiscal agent at the fax number or address on the form.

The Colorado Medical Assistance Program will not be responsible for undeliverable notifications due to incorrect email addresses. Providers may have only one email address on file with the fiscal agent.

Go Green and Enjoy the Benefits of Direct Deposit

Providers who use EFT can receive payments up to a week sooner than those receiving paper checks (warrants). EFT eliminates payment delays due to inclement weather, holidays, or post office mishaps.

Sign-up to receive payments via EFT today! Complete the EFT form located in the Provider Services Forms section through the Department's website.



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

January and February 2009 Denver Provider Billing Workshops

Provider billing workshops include both Colorado Medical Assistance Program billing instructions and a review of Colorado Medical Assistance Program billing procedures.

The January 2009 workshop calendar is included with this bulletin and is posted in the Provider Services section of the Department's website.

Who Should Attend?

New and experienced receptionists, front desk personnel, admission personnel, office managers, billing services, and other billers should consider attending the appropriate workshops.

Do I need Reservations?

Yes, reservations are necessary for *all workshops*.

Email reservations to: Call Provider Services to make reservations at 1-800-237-0757 or 303-534-0146

Press "5" to make your workshop reservation. You must leave the following information:

- Colorado Medical Assistance Program provider
 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.



The date and time of the workshop

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 billers who 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 remittance statements, and paper claim completion for the UB-04 and the Colorado 1500. *This class does not cover any specialty billing information*. The fiscal agent provides specialty training throughout the year in their Denver office.



The classes do not include any hands-on computer training.

Enrollment Application Workshop Description

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.

Specialty Classes Descriptions Dental

The class is for billers using the ADA/837D claim format. The class covers billing procedures, claim formats, common billing issues and guidelines specifically for the following provider types: Dentists, Dental Hygienists. (*This class is not for Nursing Facilities or FQHC/RHCs – Please refer to the Nursing Facility and FQHC/RHC Classes*)

FQHC/RHC

This class is for billers using the UB-04/837I and CO1500/837P format. The class covers billing procedures, Encounter Payments, common billing issues and guidelines specifically for FQHC/RHC providers.

IP/OP Hospital

This class is for billers using the UB-04/837I format. The class covers billing procedures, common billing issues and guidelines specifically for In-patient and Out-patient Hospitals. *(This is not the class for FQHC/RHC)*

Occupational, Physical and Speech Therapy

This class is for billers using the Colorado 1500/837P format for therapies. The class covers billing procedures, common billing issues and guidelines specifically for Occupational, Physical, and Speech Therapists providers.

Practitioner

This class is for providers using the Colorado 1500/837P format. The class covers billing procedures, common billing issues and guidelines specifically for the following provider types:

- Anesthesiologists
- Independent Radiologists

• ASC

Nurse Practitioner

- Family Planning
- Independent Labs
- Physician Assistant
- Physicians, Surgeons

Transportation

This class is for transportation providers billing on the CO1500/837P and/or UB-04/837I format. The class covers billing procedures, common billing issues and guidelines **primarily for non-emergency Transportation providers**.

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 miles

Turn left at Kalamath St, 456 ft.

Continue on Stout St, 0.6 miles

Turn right at 17th St. 0.2 miles

ACS is located in the Denver Club Building on the west side of Glenarm Place at 17th Street (Glenarm is a twoway 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.

E = Light Rail Station: A Light Rail map is available at:

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.
- Commercial parking lots: Lots are available throughout the downtown area. The daily rates are between \$5 and \$20.



January 2009

Sun	Monday	Tuesday	Wednesday	Thursday	Friday	Sat
				1 New Year's Day	2	3
4	5	6	7	8	9	10
11	12	13 Beginning Billing - Colorado 1500/837P 9:00AM-3:00PM	14 Beginning Billing – UB-04/837I 9:00AM-3:00PM	15 Practitioner 9:00AM-11:30AM IP/OP Hospital 1:00PM-3:30PM	16	17
18	19 Martin Luther King Day	20	21	22	23	24
25	26	27	28	29	30	31

February 2009

Sun	Monday	Tuesday	Wednesday	Thursday	Friday	Sat
1	2	3	4	5	6	7
8	9	10 Beginning Billing – Colorado 1500/837P 9:00AM-2:00PM Transportation 3:00PM-4:30PM	9:00AM - 12:00PM OP/PT/ST	5 5 5	13 Dental 9:00AM-12:00PM	14
15	16 President's Day Holiday	17	18	19	20	21
22	23	24	25	26	27	28



Please direct questions about Colorado Medical Assistance Program billing or the information in this bulletin to Provider Services at 303-534-0146 or 1-800-237-0757 (toll free). Please remember to check the Provider Services section of the Department's Web site at http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1197969485906.

