

colorado.gov/pacific/hcpf

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Denver Club Building

518 17th Street, 4th floor

Denver, Colorado 80202

ACS Contacts

P.O. Box 30 Denver, CO 80201

Adjustments P.O. Box 90 Denver, CO 80201

Requisitions P.O. Box 1100 Denver, CO 80201

authorization and Claim

Provider Bulletin

Reference: B1100300 **April 2011**



Did you know...?

The Department of Health Care Policy and Financing's Web site, colorado.gov/pacific/hcpf can be viewed in 17 languages - from Arabic to Vietnamese. You are able to select a language that is spoken by you or your clients by clicking the "Select Language" drop down box at the top of the Web site. The translation is through Google, so may not be as exact as we would like.

All Providers

Provider Payment Delay for FY 2010-11

The removal of the provider payment delay in the budget has not been officially approved by the General Assembly. The Department of Health Care Policy and Financing (the Department) is encouraged that the delay is highly unlikely. The FY 2010-11 Long Bill Add-on requires "action" and should occur soon. This is the normal bill process.

We will update you on the Colorado Medical Assistance Web Portal (Web Portal) and on the Department's Web site as soon as we hear anything. If you have any questions, please feel free to contact Joanne Lindsay at Joanne.Lindsay@state.co.us.

.Accountable Care Collaborative (ACC) Program Update

The Department will begin enrolling Medicaid clients into the ACC Program in May and June 2011. Medicaid clients in the ACC will receive services using the fee-for-service model, but will also belong to a regional care organization that helps to coordinate their care.

Clients will be "passively enrolled" and may opt-out if they do not want to participate. The Department intends to enroll clients with an existing relationship to a participating Primary Care Medical Provider (PCMP), but will not disrupt the relationships clients currently have with non-ACC

providers. Clients with an established primary care provider will be able to continue seeing that provider as their PCMP after enrollment.

The ACC Program is made up of seven Regional Care Collaborative Organizations (RCCOs), which operate in different regions across the state. They are as follows:



Counties	Region	RCCO
Archuleta, Delta, Dolores, Eagle, Garfield, Grand, Gunnison, Hinsdale, Jackson, La Plata, Larimer, Mesa, Moffat, Montezuma, Montrose, Ouray, Pitkin, Rio Blanco, Routt, San Juan, San Miguel, Summit	1	Rocky Mountain Health Plans 970-254-5771/ 1-800-667-6434
Cheyenne, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld, Yuma	2	Colorado Access 303-368-0035/ 855-267-2094
Adams, Arapahoe, Douglas	3	Colorado Access 303-368-0037/ 855-267-2095

Counties	Region	RCCO
Alamosa, Baca, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, Fremont, Huerfano, Kiowa, Lake, Las Animas, Mineral, Otero, Prowers, Pueblo, Rio Grande, Saguache	4	Integrated Community Health Partners 1-800-804-5040
Denver	5	Colorado Access 303-368-0038/ 855-384-7926
Boulder, Broomfield, Clear Creek, Gilpin, Jefferson	6	Colorado Community Health Alliance 303-256-1638
El Paso, Elbert, Park, Teller	7	Community Health Partnership 719-632-5096

During the first year of the program, the Department will enroll a total of 60,000 clients into the ACC Program, one-third will be children and two-thirds will be adults. The program will begin by enrolling 500 clients with Weld County in Region 2 beginning May 2011. Regions 1 3, 4, 5, 6 and 7 will begin their enrollment in June 2011.

The Department is currently contracting with PCMPs, who will be affiliated with a RCCO and receive a per-member per-month fee, which is in addition to the reimbursement providers receive for claims.

Providers interested in participating in the program may contact the RCCO in their area.

The Department has also awarded the contract for the Statewide Data and Analytics Contractor (SDAC) to Treo Solutions, which is responsible for supporting the ACC Program with health care data and analytics. For more information on the ACC, please contact Sarah Roberts at Sarah.Roberts@state.co.us.

Colorado Children's Healthcare Access Program (CCHAP)

The March 2011 CCHAP Newsletter, Article 2, "Colorado Medicaid Will Reimburse Your Practice for Adolescent Depression Screening," provided billing instructions for adolescent depression screens. Please be advised that the information provided in this article was incorrect and providers are **not** to bill Current Procedural Technology (CPT) code 96110 for depression screens. CPT code 96110 is to be billed only when developmental screens are provided. The Department is currently working on identifying an appropriate code for depressions screens. Until further notice, do **not** bill code 96110 for depression screens. Please contact Sheeba Ibidunni at Sheeba.Ibidunni@state.co.us or 303-866-2803 with questions.

Clinical Laboratory Improvement Amendments (CLIA) Update

Providers are reminded that, beginning on or about May 1, 2011, providers billing for CLIA services via the 837 Professional (837P) electronic format or the Colorado 1500 paper claim form will need to provide their CLIA number on the claim or claim line. Providers billing via the 837P format should note that an updated 837P Companion Guide has been posted in the Provider Services Specification section of the Department's Web site. This guide documents the specification for electronic submission of claims containing CLIA numbers (see pages 30 and 37). Providers and billing agents should consider updating their billing systems for 837P transactions as soon as possible. Providers using the Web Portal to submit claims should refer to the February 2011 provider bulletin (B1100296) for instructions on submitting CLIA numbers via the Web Portal.

W-9 Process



If you are submitting a new enrollment package, the <u>Authorization Agreement for Automatic Deposits EFT</u> (ACH Credits) form must be included in the documentation you submit to ACS Provider Enrollment. If you have any questions or concerns, feel free to send inquiries to the email address noted above.

Report Suspicion of Provider Fraud

Program Integrity has established an easy way to report suspicion of provider fraud, waste and/or abuse of Medicaid and CHP+ funds. Anyone can make a report through the confidential email address: ReportProviderFraud@hcpf.state.co.us. All reports are investigated by Program Integrity staff. Please contact Sandi Barnes at 303-866-3535 if you have any questions.

Memorial Day Holiday

Due to the Memorial Day holiday on Monday, May 30, 2011, claims will be processed on Thursday, May 26, 2011. The processing cycle includes claims accepted on Thursday before 6:00 P.M. Mountain Time. The receipt of warrants will be delayed by one or two days. Both State and ACS offices will be closed on Monday, May 30, 2011.



Durable Medical Equipment (DME) Supply Providers

2011 DME/Supply HCPCS Bulletin

The 2011 DME/Supply HCPCS provider bulletin (<u>B1100299</u>) is posted in the For Our Providers, *What's New,* section of the <u>Department's Web site</u>. Updates and revisions will be made available through future Provider Bulletins.

Pharmacy Providers

Next P&T Committee Meeting



Tuesday, April 5, 2011 1:00 P.M. - 5:00 P.M. This meeting will be be

This meeting will be held at 225 E. 16th Avenue, Denver, CO 80203 1st Floor Conference Room

Preferred Drug List (PDL) Update

Effective April 1, 2011, the following medications will be preferred agents on the Medicaid Preferred Drug List and will be covered without a prior authorization:

Alzheimer's Agents

Aricept tabs and ODT, donepezil tabs and ODT, galantamine IR and ER

***Namenda is non-preferred, but will be available without prior authorization for clients with the diagnosis of dementia of Alzheimer's type. The diagnosis code should be documented on the prescription so that it can be submitted on the pharmacy claim.

Atypical Antipsychotics

Abilify, clozapine, Clozaril, Geodon, risperidone, Risperdal, Saphris, Seroquel (IR only) and Zyprexa tabs (Zydis will be non-preferred)

***Grand fathering will be approved for up to two years for clients currently stabilized on a non-preferred atypical antipsychotic if medically necessary. Please see PDL for individual drug criteria.

Growth Hormones

Norditropin, Omnitrope and Saizen

Intranasal Corticosteroids

Fluticasone (generic Flonase) and Nasacort AQ

Leukotriene Modifiers

Singulair

Multiple Sclerosis Agents

Avonex, Betaseron, Copaxone and Rebif

Ophthalmic Allergy Agents

cromolyn, Patanol, Pataday and Zaditor

Sedative/Hypnotic Agents

Lunesta, zaleplon and zolpidem tablets (zolpidem CR is non-preferred)

Statins and Statin Combinations

Crestor, Lipitor, pravastatin and simvastatin



The complete PDL and prior authorization criteria for non-preferred drugs are posted in the Provider Services under Forms and then Pharmacy Preferred Drug List (PDL) section of the Department's Web site. For questions or comments regarding the PDL, contact Jim Leonard at Jim.Leonard@state.co.us.

Appropriate Use of Proton Pump Inhibitors (PPI)

PPI Quantity Limits - Prior authorization will be required for proton pump inhibitor therapy beyond 100 days. Prior authorization will be approved for clients with Barrett's Esophagus, Erosive Esophagitis, GI Bleed, Hypersecretory Conditions (Zollinger Ellison), or Spinal Cord Injury clients with any acid reflux diagnosis. In addition, clients with documented continuation of symptomatic GERD or recurrent peptic ulcer disease who have documented failure on step down therapy to an H2-receptor antagonist (of at least two weeks duration) will be approved for up to one year of daily PPI therapy.

April and May 2011 Provider Billing Workshops

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 April and May 2011 workshop calendars are included in this bulletin and are also posted in the Provider Services Training section of the Department's Web site.

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.

Reservations are required

Reservations are necessary for all workshops. Email reservations to:

workshop.reservations@acs-inc.com

Call Provider Services to make reservations: 1-800-237-0757 or 1-800-237-0044

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 billing number
- ➤ The date and time of the workshop
- names
- > Contact name, address and phone number

All this information is necessary to process your reservation successfully. Look for your confirmation by mail within one week of making your reservation.

Reservations will only be accepted until the Friday before the training workshop. This will assure that there is space available and enough training materials.

If you have not received a confirmation within at least two business days prior to the workshop, 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

These classes are 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 in-depth information on resources, eligibility, timely filing, reconciling remittance statements, and completion of the UB-04 and the Colorado 1500 paper claim forms.

The Beginning Billing classes do **not** cover any specialty billing information.

The fiscal agent provides specialty training throughout the year in their Denver office.

Classes do not include any hands-on computer training.

April and May 2011 Specialty Workshop Class Descriptions Dental

The class is for billers using the 2006 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



DME/Supply

This class is for billers using the Colorado 1500/837P claim format. The class covers billing procedures, common billing issues, and guidelines specifically for Supply/DME providers.

DME/Supply PARs

This class focuses on completing the PAR correctly and avoiding common mistakes. This class is for DME/Supply providers who bill procedures requiring prior authorization. (This class is not for Dental, HCBS, Nursing Facility, Pharmacy or Pediatric Home Health Providers.)

FQHC/RHC

This class is for billers using the UB-04/837I and Colorado 1500/837P formats. The class covers billing procedures, Encounter Payments, common billing issues, and guidelines specifically for FQHC/RHC providers.

HCBS-BI

This class is for billers using the Colorado 1500/837P claim format for the following services: adult day care, non-medical transportation, home electronics, home modifications and personal care. The class covers billing procedures, common billing issues, and guidelines specifically for HCBS-BI providers.

HCBS-EBD

This class is for billers using the Colorado 1500/837P claim format for the following services: adult day care, non-medical transportation, home electronics, home modifications and personal care. The class covers billing procedures, common billing issues, and guidelines specifically for the following provider types:

HCBS-EBD HCBS-PLWA HCBS-MI

HCBS-DD

This class is for billers who bill on the Colorado 1500/837P claim format for the following: Comprehensive Services (HCBS-DD), Supported Living Services (SLS), Children's Extensive Support (CES), Children's Residential Habilitation Program (CHRP) and Targeted Case Management (TCM). The class covers billing procedures, common billing issues, and guidelines for HCBS-DD providers.

Home Health

This class is for billers using the UB-04/837I format. The class covers billing procedures, common billing issues, and guidelines specifically for Home Health providers.

Nursing Facility

This class is for billers using the UB-04/837I claim format. The class covers billing procedures, common billing issues, PETI, Medicare Crossovers, and guidelines specifically for Nursing Facility providers.

Pediatric HH PAR Workshop

The Pediatric Home Health PAR workshop focuses on the PAR completion instructions for Pediatric Home Health procedures. This class is specifically for Pediatric Home Health 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 **Welton St.,** 0.5 miles.

Turn right at 17th St., 0.2 miles.

The Denver Club Building will be on the right.

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.

Example 2 = **Light Rail Station -** A Light Rail map is available at: http://www.rtd-denver.com/LightRail_Map.shtml.

= Free MallRide - The MallRide stops are located at every intersection between Civic Center Station and Union Station.

= Commercial Parking Lots - Lots are available throughout the downtown area. The daily rates are between \$5 and \$20.



Please note: Email all WebEx training reservations to workshop.reservations@acs-inc.com.

A meeting notification containing the Web site, phone number, meeting number, and password will be emailed or mailed to providers who sign up for WebEx.

April 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8	9
10	11	Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM Transportation 1:00 PM-3:00 PM	13 Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 PM FQHC/RHC 1:00 PM-3:00 PM	14	15 Beginning Billing – CO -1500 9:00 AM-11:00 AM HCBS-EBD 11:00 AM-1:00 PM HCBS-BI 1:00 PM-2:30 PM HCBS-DD 3:00 PM-4:30 PM	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

May 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM	18 Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 PM Nursing Facility 1:00 PM-3:00 PM	19 DME/Supply Billing 9:00 AM-11:00 AM DME/Supply PARS 11:30 AM-1:30 PM	20	21
22	Dental 9:00 AM-11:00 AM Pediatric HH PAR 1:00 PM-3:00 PM Home Health 3:00 PM-4:30 PM	24	25	26	27	28
29	30 Memorial Day	31				

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

ACS Provider Services at 1-800-237-0757 or 1-800-237-0044.

Please remember to check the <u>Provider Services</u> section of the Department's Web site at <u>colorado.gov/pacific/hcpf</u>.