



Provider Bulletin

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November 2011

colorado.gov/pacific/hcpf

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Did you know...?

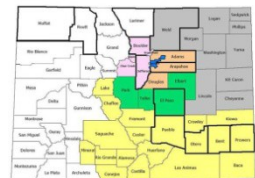
Beginning January 1, 2012, the Department will be requesting that those attending Provider Training Workshops print and bring handouts such as Power Points, the Little Billing Book, Glossary and Acronyms, etc..., with them to the workshops. Links to all the handouts will be included in the training confirmation letter. Look for more information in the December 2011 Provider Bulletin.

All Providers

Accountable Care Collaborative (ACC) – Revised 11/03/2011

The ACC is a new Colorado Medical Assistance Program to improve clients' health and reduce costs. ACC reimbursement is as follows:

- ACC members receive regular fee-for-service (FFS) Medicaid and providers submit claims the same way as with any other client receiving regular Medicaid.
- Clients in the ACC are expected to have a Primary Care Medical Provider (PCMP) who is contracted with the State and the Regional Care Collaborative Organizations (RCCO) under the ACC program. If the client has a PCMP, it will be noted on their ACC eligibility response.
- Clients enrolled in the ACC program are expected to have a referral from their PCMP to see a specialist for services other than those services exempted from the referral requirement; **but** at this time, we are paying **ALL** specialist claims normally paid through Medicaid fee-for-service regardless of whether the client has a referral or not.



The ACC Eligibility Screen

In response to stakeholder feedback, the Department is in the process of making the ACC Program eligibility response easier to understand and use. Communication will be provided on this effort in future publications. If a client is currently enrolled in the ACC Program, the eligibility response inquiry from the Colorado Medical Assistance Program Web Portal (Web Portal) will include information about the ACC Program.

Please contact Kathryn Jantz with any questions at Kathryn.Jantz@state.co.us or 303-866-5972.

Clerical Errors Can Be Costly

A recent Federal audit identified nearly \$245,000 of inappropriately paid Medicaid claims caused by provider clerical errors. The errors included such things as incorrectly specified units, unit errors, inaccurate chargemaster data, etc. Providers are encouraged to carefully validate the accuracy of their submitted charges.

In addition, nearly \$30,000 in claim payments were disallowed and recovered because the provider could not show supporting documentation. Providers are reminded to retain records of Medicaid services provided for six (6) years.

In addition to the amounts recovered from providers, the cost of a significant administrative effort was incurred at the Department and by providers to analyze and correct the claims, recover charges, etc. Clerical errors can be costly.



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

ACS Contacts

Billing and Bulletin Questions
1-800-237-0757 or 1-800-237-0044

Claims and PARs Submission
P.O. Box 30
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

Updated Companion Guides



Updated Companion Guides for the 837 Institutional (837I), 837 Professional (837P), and 837 Dental (837D) transactions have been posted in the Provider Services [Specifications](#) section of the Department’s Web site at colorado.gov/pacific/hcpf. These revised Companion

Guides are made available in draft format to assist our trading partners. Revisions to these documents will include the addition of examples. Updated versions will be posted as soon as they become available.

Recovery Audit Contractor (RAC) Award Made

The Department has contracted with CGI Federal, Inc., a nationally recognized vendor, to perform its auditing obligations under Section 6411 of the Patient Protection and Affordable Care Act (ACA). Under the ACA, each state must contract with a contingency-fee-based vendor to review provider claims for overpayments and underpayments. CGI Federal will audit the following types of claims: Medicaid FFS, Medicaid waiver services, Medicaid Managed Care, and CHP+. Inpatient hospital claims are excluded. Contact Rick Dawson with any questions at Rick.Dawson@state.co.us or 303-866-2416.

Tax Season and 1099s

Please don’t forget to update current provider enrollment information with the fiscal agent, ACS. By using the [Provider Enrollment Update Form](#), addresses, National Provider Identifiers (NPIs), licenses, and affiliations may be updated. In addition, an email address may be added or updated to receive electronic notifications.

The form is available in [Enrollment for Existing Providers](#) in the Provider Services Enrollment section and under Update Forms in the Provider Services [Forms](#) section of the Department’s Web site. With the exception of provider license and NPI information, the updates noted above may also be made through the Colorado Medical Assistance Program Web Portal (Web Portal). Updated provider license and NPI information must be made using the Provider Enrollment Update Form.



Healthy Living Initiatives: Prevention efforts for Medicaid and CHP+ clients

The Department has identified four priority areas for health promotion and disease prevention: the Healthy Living Initiatives, which include oral health; behavioral health (with a focus on depression); nutrition and fitness (with a focus on obesity); and tobacco cessation. The Department has released tool kits that provide guidance on how to document and address health promotion in the primary care setting. The tool kits provide information on coding and reimbursement for screening, diagnosis, treatment and referral in the following areas:



- Preventive oral health for children at well-child visits
- Addressing depression in the primary care setting
- Focusing on issues of overweight and obesity
- Reducing tobacco use

The tool kits are located on the Department’s [Healthy Living](#) Web page. Contact Lisa Waugh with any questions at Lisa.Waugh@state.co.us or 303-866-2029.

November 2011 Holidays

Veteran’s Day Holiday

The Veteran’s Day holiday on Friday, November 11, 2011 will delay the receipt of warrants and EFTs by one or two days. State and ColoradoPAR Program offices will be closed on Friday, November 11, 2011. ACS offices will be open during regular business hours.



Thanksgiving Day Holiday

The Thanksgiving Day holiday on Thursday, November 24, 2011 will delay the receipt of warrants and EFTs by one or two days. State, ColoradoPAR Program and ACS offices will be closed on Thursday, November 24, 2011.

Correction to the October 2011 Synagis® and Influenza Vaccines Bulletin

The October 2011 Synagis® and Influenza Vaccines ([B1100307](#)) bulletin stated that the free seasonal influenza vaccine is available to all Colorado Medicaid enrolled children/adolescents meeting any of the criteria listed in the “For Children/Adolescents“ subsection of the *Seasonal Influenza Vaccine* section. To clarify, the free seasonal influenza vaccine is available to ALL Colorado Medicaid enrolled children/adolescents (age 20 and under), and they are not required to meet specific criteria as stated in the October bulletin. Contact ACS Provider Services at 1-800-237-0757 or 1-800-237-0044 with any questions or concerns.

Ambulatory Surgery Centers (ASCs)

Procedure Coding

Within the tables below, please find the ASC Groupers that were effective in July and August 2011. Refer to the January 2011 ASC Provider Bulletin ([B1100295](#)) for billing instructions and a complete list of procedure codes for groupers 1-9. The Medicaid reimbursement rates were updated and are effective for dates of service after July 1, 2011. They are as follows:

Grouper	January 1 – June 30, 2011	July1, 2011 - current
1	\$ 252.03	\$ 250.14
2	\$ 337.57	\$ 335.04
3	\$ 386.00	\$ 383.11
4	\$ 476.82	\$ 473.24
5	\$ 542.68	\$ 538.61
6	\$ 625.18	\$ 620.49
7	\$ 753.09	\$ 747.44
8	\$ 736.44	\$ 730.92
9	\$1,013.45	\$1, 005.85

As stated in the July 2011 Provider Bulletin ([B1100303](#)), the Department began a provisional project with ASCs to evaluate potential budget savings. For this purpose, three additional groupers were created (10-12) and are effective for dates of service after August 1, 2011. They are as follows:

Grouper	August 1, 2011 - current
10	\$ 921.30
11	\$ 672.00
12	\$1,668.35

Please refer to the July 2011 Provider Bulletin for the procedure codes that are included in groups 11-12 and for more information.

Feel free to contact Dana Batey at Dana.Batey@state.co.us or 303-866-3852 with any questions.

Home Health Providers

Revised Home Health, Extraordinary Home Health and Private Duty Nursing Prior Authorization Request (PAR) Form

The Department has revised the Medical Assistance Program Home Health PAR form. The revised form will be the only form accepted for Home Health, Extraordinary Home Health and Private Duty Nursing requested services effective December 1, 2011. The form can be found under Prior Authorization Request Forms in the Provider Services [Forms](#) section of the Department’s Web site. The form has a revision date of October 2011. The form includes more detailed instruction with a flow chart noting where to send PARs for proper processing. The form may also be completed electronically and then printed for submission. The previously used PAR form will be accepted until November 30, 2011.



Please contact Guinevere Blodgett at Guinevere.Blodgett@state.co.us or 303-866-5927 with questions.

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 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 has been sent to the Department, and 2) 68.8 percent.



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 68.8 percent or billed charges less 68.8 percent.

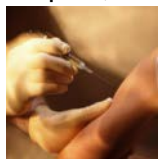
It is the hospital's responsibility to notify the Department of changes to their Medicare outpatient cost-to-charge ratio. However, in order to make sure the Department has the most current Medicare outpatient cost-to-charge ratios used for claims payment, the Department will contact all hospitals during November 2011 to request the most current ratio. **All hospital cost-to-charge ratios will be updated with a January 1, 2012 effective date.**

If the hospital fails to provide the Department with this information by December 1, 2011, the Department may institute a default reduction in the hospital's cost-to-charge ratio. For questions about this process or where to submit Medicare outpatient cost-to-charge ratios, please contact Marguerite Richardson at Marguerite.Richardson@state.co.us or 303-866-3839. Faxes may also be received at 303-866-4411.

Outpatient Hospitals and Practitioners

Physician-Administered Drugs Require Both National Drug Code (NDC) Number and Healthcare Common Procedure Coding System (HCPCS) Code

Claims for physician-administered drugs that use the electronic 837P and 837I claim formats must be submitted with both the NDC number and the HCPCS code. This applies to physician, outpatient hospital, EPSDT, and Medicare Part B crossover claims for physician-administered drugs.



Physician-administered drugs that were purchased by the provider under the 340B Drug Pricing Program do not require the NDC on the claim unless the drug is included in the HCPCS/NDC Crosswalk for billing Physician-administered Drugs available at colorado.gov/pacific/hcpf. Please contact Richard Delaney at Richard.Delaney@state.co.us or 303-866-3436 with questions.

Pharmacy

Attention Potential Pharmacy and Therapeutics (P&T) Committee Members

The Department is currently accepting curriculum vitae (CV) from potential P&T Committee members for the January 2012 – December 2013 term. Positions considered include physicians, pharmacists and client representatives. If interested in serving or know someone who would be qualified, please submit a CV along with a completed Conflict of Interest form ([P&T Committee Conflict of Interest Disclosure Form](#)) to Jim Leonard, 1570 Grant St., Denver, CO 80203, or fax to 303-866-3590, attn: Jim Leonard. New members will be selected to begin service for the meeting to be held January 3, 2012.

Preferred Drug List (PDL) Update

Effective October 1, 2011, the following agents became preferred in the Colorado Medical Assistance Program's attention-deficit/hyperactivity disorder (ADHD) and Stimulants category: Generic methylphenidate IR and SR, generic dexamethylphenidate, FOCALIN XR, CONCERTA (brand name only), generic mixed amphetamine salts products in IR (generic Adderall), ADDERALLXR (brand name only), STRATTERA, and VYVANSE. Please note that for Concerta and Adderall XR, preferred status has been granted to the brand name products only.

The generic products will be subject to prior authorization criteria. For ease in processing, please consider requesting the brand name products without substitution in these instances.

Drug Utilization Review (DUR) Board Updates

The Department would like to welcome the newest DUR Board member, Samuel Johnson. Dr. Johnson will be serving the board in the recently open pharmacist position. He is currently working for Kaiser Permanente as a Clinical Specialist in Cardiology.



Next DUR Board Meeting:

Tuesday, November 22, 2011

6:30 P.M. - 9:00 P.M.

225 E. 16th Avenue (1st floor conference room)

Denver, Colorado 80203

Newsletter: Please refer to DUR Newsletter located via the [DUR](#) Web page of the Department's Web site for updates and educational information.

Simvastatin

Effective December 1, 2011, simvastatin 80mg dose products will only be covered for clients who have been stable for more than 12 months at that dose. Providers should consider alternate preferred statins in clients who have not met cholesterol goals on simvastatin at doses up to 40mg per day. Please refer to the Federal Drug Administration (FDA) communication entitled, "[FDA Drug Safety Communication: New restrictions, contraindications, and dose limitations for Zocor \(simvastatin\) to reduce the risk of muscle injury](#)". This document provides updated guidance on contraindications, dose limits and relative low-density lipoprotein (LDL) lowering doses of alternatives for simvastatin.

November and December 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.

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The November and December 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:

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

workshop.reservations@acs-inc.com

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

- Colorado Medical Assistance Program provider billing number
- The number of people attending and their names
- The date and time of the workshop
- 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 ensure 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 presented in Denver are held 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.

Provider 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.

November and December 2011 Specialty Workshop Class Descriptions**FQHC/RHC**

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

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.

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

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 Hospital and Out-patient Hospital providers.

Outpatient Substance Abuse

This class is for billers using the Colorado 1500/837P claim format for outpatient substance abuse treatment services: substance abuse assessment, individual and family therapy, group therapy, alcohol/drug screening, case management and social/ambulatory detoxification. The class covers billing procedures, common billing issues and guidelines specifically for outpatient substance abuse 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:

Ambulance	Family Planning	Independent Radiologists	Physician Assistant
Anesthesiologists	Independent Labs	Nurse Practitioner	Physicians, Surgeons

Supply/DME

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.

Supply/DME PAR

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)*

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).

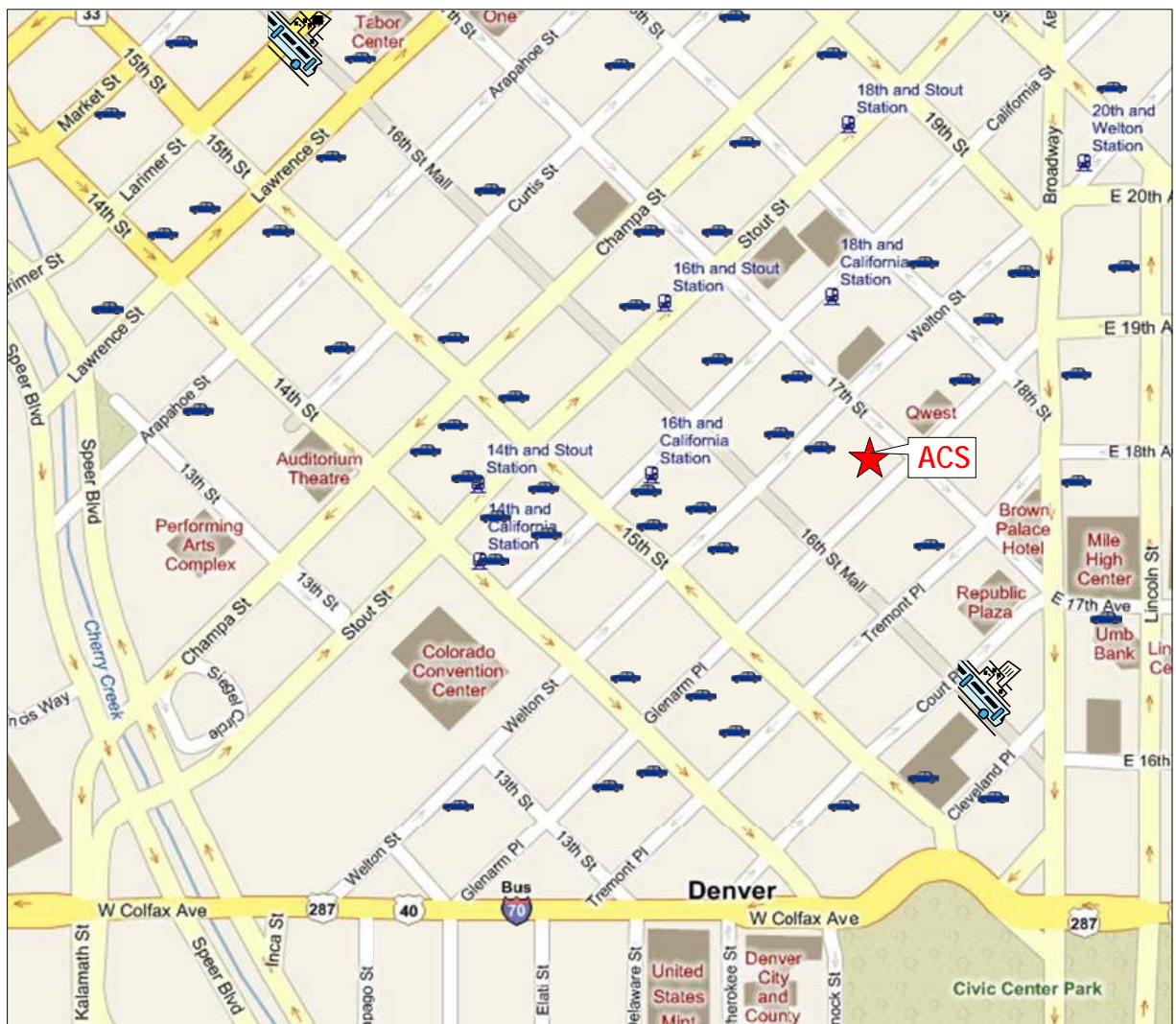
Parking is not provided by ACS and is limited in the downtown Denver area.

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

 = 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.

November 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM OP Substance Abuse 1:00 PM-3:00 PM	9 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	10 Supply/DME Billing 9:00 AM-11:00 AM Supply/DME PAR 11:30 AM-1:30 PM	11 WebEx - Beginning Billing – UB-04 9:00 AM-12:00 PM WebEx - HCBS-DD 1:00 PM-4:00 PM <i>Veterans Day</i>	12
13	14	15	16	17	18	19
20	21	22	23	24 <i>Thanksgiving</i>	25	26
27	28	29	30			

December 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6	7	8	9	10
11	12	13 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM Practitioner 1:00 PM-3:00 PM	14 Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 PM IP/OP Hospital 1:00 PM-3:00 PM	15 Provider Enrollment 9:00 AM-11:00 AM	16 WebEx - HCBS-EBD 9:00 AM-12:00 PM	17
18	19	20	21	22	23	24
25	26 <i>Christmas Holiday</i>	27	28	29	30	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 [Provider Services](#) section of the Department’s Web site at:

colorado.gov/pacific/hcpf