Provider Bulletin

Reference: B1200330 November 2012

Did you know...? The Medicaid Electronic Health Records (EHR) Incentive Program has paid 364 qualifying providers $7,650,004 and 23 eligible hospitals $17,094,317 for adopting, implementing or upgrading their EHR systems in 2012. To date, the program has paid almost $25 million dollars to health care professionals and hospitals in Colorado. Live training sessions will be held in Colorado Springs, November 13, 2012, 12 p.m. - 5 p.m. For more information refer to www.corhio.org/ or contact the Medicaid EHR Incentive Program Coordinator at MedicaidEHR@corhio.org or 720-285-3232.

All Providers

Prior Authorization Request (PAR) Submission to the ColoradoPAR Program

2012-2013 Synagis® Season

The 2012-2013 Synagis® season will begin November 15, 2012 and end March 31, 2013. All Medical Synagis® PARs must be submitted through CareWebQI (CWQI). For more information, please refer to the October 2012 Synagis® and Influenza Vaccines Provider Bulletin (B1200329).

Mandatory PAR Submission into CareWebQI (CWQI)

Due to the demonstrated success of the electronic PAR process, the Department of Health Care Policy and Financing (the Department) is moving towards exclusive use of the CWQI for PAR submissions. Effective March 4, 2013 PARs must be submitted using CWQI. After April 1, 2013, PARs submitted via fax or mail will not be entered into CWQI and subsequently not reviewed for medical necessity. These PARs will be returned to providers via mail. Revisions should continue to be submitted on paper. Please submit all clinical documentation, including digital X-rays in the following forms:

doc; docx; xls; xlsx; ppt; pdf; jpg; gif; bmp; tiff; tif; and jpeg.

If the clinical documentation cannot be submitted electronically, mail to:

ColoradoPAR Program
2401 NW 23rd Street, Suite 2D
Oklahoma City, OK 73107

ColoradoPAR Program

Electronic PAR format will be required unless hard copy PAR submittals are specifically authorized by the Department. This exception is for providers who submit five (5) or less PARs per month.

For questions regarding an exception and to send an exception letter, please contact Chris Acker at Chris.Acker@state.co.us or 303-866-3920.
Note: Exception letters must be received before March 4, 2013.

The ColoradoPAR Program offers CWQI training via WebEx every Wednesday and Thursday at 1:00 p.m. MST. The ColoradoPAR Program also offers training to providers who would like on-site training. For on-site training, please contact the ColoradoPAR Program at RES_ColoradoPAR@apshealthcare.com.

For WebEx trainings, please be sure to log on prior to the scheduled time for online training and to make sure the correct software is available for viewing the presentation. If technical assistance is needed with using the WebEx, please call 1-866-863-3910 *OR* see https://www.webex.com/login/attend-a-meeting for more information.

For more information, including updated training materials and schedules, please visit coloradopar.com or call 1-888-454-7686.

Peer-to-Peer and Reconsideration Processes for Prior Authorization Requests (PAR) Submitted to the ColoradoPAR Program

If a denial for a Prior Authorization Request (PAR) is issued, reconsideration can be requested through either of the processes noted below.

The Peer-to-Peer Process to discuss denial determination occurs when a:

- Request is made by the provider, within five (5) calendar days after a denial decision, for a verbal discussion with a ColoradoPAR physician to discuss that denial determination; or
- The provider submits additional clinical information for review within the first five (5) calendar days following a denial decision.

The Reconsideration Process is a second review by a non-ColoradoPAR physician that must be requested by the provider within ten (10) calendar days of the denial decision. The process proceeds as follows:

- Review is completed by a physician of the same profession and specialty as the requesting physician;
- Review will include all information submitted and any additional information the provider wishes to submit;
- The reviewing physician may overturn or uphold the original denial decision.

Notes: The Peer-to-Peer Process does not need to be utilized prior to the Reconsideration Process. The Peer-to-Peer Process is *not* available for Dental and Orthodontic Providers.

For questions, please contact ColoradoPAR Program at 1-888-454-7686.

Online PAR Processing with CWQI

Please continue to use the CWQI online portal to submit PARs to the ColoradoPAR Program. PARs submitted through this portal have faster processing times and allow for greater continuity of care. Submitting PARs through the CWQI portal allows the medical review staff to view medical documentation quickly and provide decisions faster than if documents are sent by fax or mail. All PARs will continue to be processed in a timely manner, regardless of submission method.

Submitting Clinical Documentation with CWQI

Clinical information is imperative for prior authorization review. When submitting PARs, please answer the clinical questions in CWQI and attach the relevant clinical information needed for determinations. It is the responsibility of the provider to submit all relevant supporting documentation so that medical reviews can be completed in a timely fashion. Suggested documents include clients' histories and physical reviews, progress and office notes, lab results, and current medications. If clinical information is missing or inadequate, messages will be sent to the submitter via the CWQI message system. Please stay up to date on these messages in order to keep PARs moving through the process. Missing or inadequate clinical information will result in lack of information (LOI) denials. PAR submitters have 24 hours to respond to requests for more information before LOI denials are issued.

Message Section on CWQI

ColoradoPAR uses a message section in CWQI to communicate with providers. When PAR submitters log in to CWQI, they may have messages waiting for them. Please check the message section before calling for information. Once the submitter has logged into CWQI, there is help available on how to use the message section.

How Will International Classification of Diseases Tenth Revision (ICD-10) Change Billing Practices?

The ICD-10 transition affects everyone covered by the Health Insurance Portability and Accountability Act (HIPAA), even those who do not submit claims for Medicaid covered services. Anyone covered by HIPAA must use ICD-10 diagnosis codes for services provided on or after October 1, 2014. To be prepared for this transition, begin planning now.

Here are a few of the many areas where the transition to ICD-10 will affect billing practices:

- More robust codes.
  - ➤ The number of codes will increase from 17,000 to 140,000. Code books and styles will change.
- Updated policies and procedures.
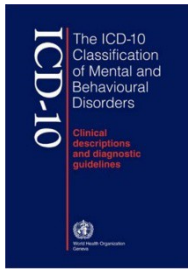
> ➤ Any office policy or procedure tied to a diagnosis code, disease management, tracking, or Prior Authorization Request (PAR) must be changed.

- Medical record documentation.
  > ➤ ICD-10 codes will better reflect the specificity already inherent in the client's medical record. Physicians will need to continue to document the client's plan of care to include laterality, stages of healing, weeks in pregnancy, episodes of care, etc. Other health care professionals will also need to continue to document client information with specificity.

The Department is strongly recommending all providers review their documentation.

To prepare, providers can determine where ICD-9 codes currently appear in systems and business processes. Consider budgeting for training, re-printing of superbills, evaluating all vendor and payer contacts, and developing an ICD-10 timeline.

For more information on ICD-10, please visit the Centers for Medicare and Medicaid Services (CMS) ICD-10 Web site.

Second Phase of National Correct Coding Initiative (NCCI) Implementation Early 2013

The first phase of NCCI was implemented in February 2011. Since then, certain procedure code pairs (known as Column I Column II codes) were identified in the Colorado Medicaid NCCI Disallowable Code Pairs spreadsheet located at the bottom page of the in NCCI page.

The Department is working on reviewing and comparing data for the code pairs and Medically Unlikely Edits (MUEs) to current policy to determine if any changes are needed.

NCCI specific files and the NCCI Policy Manual, as well as other publications related to NCCI claim editing, can be found on the National Correct Coding Initiative (NCCI) Web page located in the Provider Services section of the Department's Web site. The Department encourages all providers who are not familiar with NCCI claim editing to access the NCCI Web page for educational materials, NCCI Column I/II and MUE files.

Implementation progress will be forthcoming along with guidance on how the Colorado Medical Assistance Program will implement the additional edits based on direction provided by CMS.

Changes to PAR Submission Requirements for Breast Reconstruction

As of October 1, 2012, breast reconstruction surgery for individuals with a diagnosis of mastectomy and breast cancer will no longer require a PAR. Specific diagnosis codes will be required on the claim in order for a claim to be processed without prior authorization. Diagnosis codes indicating both a personal or family history of breast cancer, as well as a mastectomy, must appear on the claim. The following table details the Current Procedural Terminology (CPT) codes no longer requiring a PAR.

Please note: Reconstruction following a lumpectomy will continue to require a prior authorization.

Breast Reconstruction CPT Procedure Codes Affected:		
19324	19361	19371
19325	19364	19380
19340	19366	19396
19342	19367	19499
19350	19368	S2066
19355	19369	S2067
19357	19370	S2068

For questions, please contact the ColoradoPAR Program at 1-888-454-7686.

Tax Season and 1099s

Reminder: Do not forget to update current provider enrollment information with Xerox State Healthcare (the Department's fiscal agent). The Provider Enrollment Update Form or the Electronic Provider Enrollment Update Form can be used to update addresses, National Provider Identifiers (NPIs), licenses, and affiliations. 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 updating provider licenses and NPI information, the updates noted above may also be made through the Web Portal. For providers who do not have the capability to make updates through the Web Portal, submission of a Provider Enrollment Update form is necessary. All updates related to the provider license and NPI information must be made using the Provider Enrollment Update Form.

Add-A-Baby Project

Beginning January 1, 2013, the Add-A-Baby project operated by the Department will conclude. This temporary project was implemented in October 2009 to offer providers an alternative means for getting newborns of Colorado Medical Assistance Program eligible mothers enrolled into Medicaid. In an effort to avoid duplication of efforts and increase processing times, the Department is requesting providers work directly with the county or Medical Assistance (MA) Sites.

The Department will continue to accept and process **emergent** requests for newborns that are:

- in need of Synagis®
- on the border of being admitted to the Neonatal Intensive Care Unit (NICU)
- in a NICU older than six (6) months old and have no medical benefits
- and/or in need of **immediate** medical attention

Emergent requests should be submitted using the Medicaid Add-A-Baby Request online form. The form can be accessed via the Reporting the Birth of Medicaid or CHP Prenatal Baby Web page of the Department's Web site. Please continue to utilize the Colorado Medical Assistance Program Web Portal (Web Portal) to verify a newborn's eligibility.

For questions or concerns, email add-a-baby@hcpf.state.co.us or call Shawna Moreno at (303) 866-4456.

Colorado Medicaid and Child Health Plan Plus (CHP+) Income Eligibility Policy Changes for Pregnant Women

Upon Medical Services Board (MSB) approval, on January 1, 2013, changes in Colorado Medicaid and CHP+ income eligibility for some pregnant women will occur. This change will move pregnant women from the CHP+ Prenatal Care Program to Colorado Medicaid if their income is less than 186% of the federal poverty level (FPL). Women with incomes between 186% to 250% FPL will remain in CHP+.

These changes will occur all at once, as mandated by CMS.

All pregnant women in the CHP+ Prenatal Program will receive a letter in November 2012 noting the changes. The letter will be sent to all pregnant women due to the inability of identifying those income levels between 133%-185% FPL. Statewide, there are an adequate number of Medicaid providers to accommodate this change.

The majority of CHP+ pregnant clients see providers who serve both CHP+ and Medicaid clients. However, there are some clients who see providers who do not serve both programs. The Department has a provider recruitment team who will be working with these providers to become Medicaid providers.

A 1-800 toll free number will be available by the middle of November 2012 to help clients find providers and answer any questions.

CHP+ providers interested in enrolling as Medicaid providers may contact the Department at 303-866-2101 or MedicaidProviders@state.co.us.

Clients will not need to fill out any paperwork at the time of their Medicaid transition.

Available Web Portal User Assistance Resources

As a reminder, several resources are available for Web Portal users who need assistance with password resets, user profile and account setup or reset questions, billing and report questions, and technical assistance with using the Web Portal functionality.

- **New users who do not have access to the Web Portal:** Provider Services call center is available to assist new providers and users who *do not* currently have access to the Web Portal, but would like access. For questions about enrolling as a Colorado Medical Assistance Program provider and getting set up with a Trading Partner ID (TP ID), please contact the Department's fiscal agent at 1-800-237-0757 or 1-800-237-0044 between 8:00 a.m.to 5:00 p.m. MST .

- **Existing users with user name or password issues:** The CGI Help Desk is the front-line resource for user name or password resets, or if a Trading Partner Administrator (TPA) ID needs to be reassigned. Contact the CGI Help Desk at 1-888-538-4275, option 4 or HelpDesk.HCG.central.us@cgi.com. CGI can walk users through the process to submit a TPA re-assignment request letter, how to set up new users in the Web Portal, or to retrieve a user name or password.

  For users who have forgotten their Web Portal user name or password, the Web Portal has a secure feature that allows a user to self-reset a password or receive an e-mail reminder about their user name. Click **"I forgot my user name"** or **"I forgot my password"** link on the Web Portal login screen.

- **Questions/Training for billing and reports:** Provider Services call center is also available to assist users with questions about the proper billing process and ensuring their reports are being sent to the correct TP ID in the Web Portal. The Department's fiscal agent also provides training for providers and office staff on the correct billing procedures for different claim and service types. Information on upcoming training sessions is provided each month in the provider bulletin, and also in the Provider Services Training section. Provider bulletins and all Billing Manuals are located in the Provider Services section of the Department's Web site.

- **Questions/Training for using the Web Portal:** The CGI Help Desk is available to provide users with technical assistance on how to use the Web Portal and how to navigate from screen to screen to complete daily tasks. There are user guides and screen-level help for field data entry in the Web Portal. Finally, all of the Web-Based Training (WBT) modules for the Web Portal have recently been updated and are now available for users to review. One of the new features of the new WBTs is the ability to save a PDF version of the training to your own computer. All of the user guides and the WBT modules are available from the left-hand navigation menu on the main screen in the Web Portal. The user guides and other Web Portal information are located on the Department's Web site, in the Provider Services Colorado Medical Assistance Program Web Portal page.

Healthy Living Initiatives

The Department is committed to improving the health of our clients and communities. The focus on healthy living extends from healthy development during infancy and childhood through the life span to healthy aging. The Department has released fact sheets about health disparities in the Medicaid population in Colorado. The fact sheets establish baselines and follow health trends over time, comparing the Medicaid population to state and national averages in the areas of oral health, obesity, depression, and tobacco use. For more information please refer to the Department's Healthy Living Initiatives Web page.

New Location of Colorado Medical Assistance Program Forms

Please note that the following forms have been moved from the Provider Services Appendices section to the Department's Web site→Provider Services→ Forms → Claim Forms section:

- Third Party Reporting Form (formerly Appendix G)
- Certification & Request for Timely Filing Extension (formerly Appendix H)
- Acknowledgement/ Certification Statement for a Hysterectomy (formerly Appendix J)
- Certification Statement for Abortion to Save the Life of the Mother (formerly Appendix K)
- Certification Statement for Abortion for Sexual Assault (Rape) or Incest (formerly Appendix L)

Removal of the "Little Billing Book"

Since Department staff has begun to separate the provider billing manuals, the "Little Billing Book" is no longer available as a reference. Please refer to the respective billing manuals located in the Provider Services Billing Manuals section for billing and other valuable information. Please contact the Department's fiscal agent's call center at 1-800-237-0757 or 1-800-237-0044 with questions.

November 2012 Holidays

Veterans Day

Due to the Veterans Day Holiday on Monday, November 12, 2012, the claims processing cycle will include electronic claims accepted before 6:00 p.m. MST on Thursday, November 8, 2012. The receipt of warrants may be delayed by one or two days. State and ColoradoPAR Program offices will be closed on Monday, November 12, 2012. The Department's fiscal agent offices will be open during regular business hours.

Thanksgiving Day Holiday

The Thanksgiving Day holiday on Thursday, November 22, 2012 will delay the receipt of warrants and Electronic Funds Transfers by one or two days. State, ColoradoPAR Program and the Department's fiscal agent offices will be closed on Thursday, November 22, 2012. The Department's fiscal agent offices will close at 3:00 p.m. on Friday, November 23, 2012.

Audiology and Vision Providers

Audiology and Vision PAR Requirements

As of October 1, 2012, the codes listed below, for children in need of glasses, contacts, and hearing aids no longer require a PAR:

Audiology and Vision CPT Procedure Codes Affected:				
92310	V2520	V2625	V5060	V5253
92311	V2521	V2626	V5090	V5254
92355	V2522	V2627	V5140	V5255
V2500	V2523	V2629	V5244	V5256
V2501	V2530	V2744	V5245	V5257
V2502	V2531	V2745	V5246	V5258
V2503	V2599	V2750	V5247	V5259
V2510	V2600	V2755	V5250	V5260
V2511	V2610	V2770	V5251	V5261
V2512	V2615	V2780	V5252	V5267
V2513	V2623	V2781		

For questions, please contact the ColoradoPAR Program at 1-888-454-7686.

Colorado Choice Transitions (CCT)

CCT Update

Colorado Choice Transitions, part of the federal Money Follows the Person Rebalancing Demonstration, is a five (5) year grant program with the primary goal of facilitating the transition of Medicaid clients from nursing and other long-term care facilities to the community using home and community-based supports and services. Services are intended to promote independence, improve the transition process, and support people in the community. CCT participants will have access to Home and Community Based Services (HCBS) waiver services as well as demonstration services and will be enrolled in the program for 365 days. At the conclusion of the clients' participation in CCT, they will enroll into one of five HCBS waivers as long as they remain Medicaid eligible.

CCT participants must meet Long-Term Care Medicaid eligibility requirements; must reside in a long-term care facility for a period of no less than ninety (90) days; and be willing to move to qualified housing as defined in federal statute. This program is granted under Section 1915(c) Title XIX of the Social Security Act; Section 6071 of the Deficit Reduction Act of 2005 and Section 2403 of Patient Protection and Affordable Care Act of 2010.

Provider enrollment for the CCT program will begin November 1, 2012. Information about the program, how to become a provider, minimum provider qualifications, as well as application and letter of intent materials are available on the Department's Colorado Choice Transitions Web page.

For questions or comments about the CCT program, please contact Nicholas Clark at Nicholas.Clark@state.co.us or 303-866-2436 or Nicole Storm at or Nicole.Storm@state.co.us or 303-866-2858.

Dental and Orthodontic Providers

PAR Submission

The ColoradoPAR Program is now processing **electronic** Dental and Orthodontic PARs through CWQI. CWQI collects user demographic information and allows the user to upload and transfer PARs electronically. All clinical documentation, including digital X-rays, will be accepted in the following forms:

doc; docx; xls; xlsx; ppt; pdf; jpg; gif; bmp; tiff; tif; jpeg

If the clinical documentation cannot be submitted electronically, submit relevant clinical information by dedicated fax or mail when applicable to ColoradoPAR at:

Dental Fax Line: 1-866-667-4823

Mail: 2401 NW 23rd Street, Suite 2D
Oklahoma City, OK 73107

The Reconsideration Process is a second review by a non-ColoradoPAR physician that must be requested by the provider within ten (10) calendar days of the denial decision. The process proceeds as follows:

• Review is completed by a physician of the same profession and specialty as the requesting physician;
• Review will include all information submitted and any additional information the provider wishes to submit;
• The reviewing physician may overturn or uphold the original denial decision.

Note: The Peer-to-Peer Process is not available for Dental and Orthodontic Providers.

For Dental/Orthodontic Provider training, please sign up at coloradopar.com. Trainings are held via WebEx every Wednesday and Thursday at 10 a.m. MST.

Hospital Providers

Updates to Outpatient Cost-to-Charge Ratios

The Department is in the process of updating all hospitals' outpatient cost-to-charge ratios. Outpatient laboratory, occupational therapy, physical therapy, and hospital based transportation claims are reimbursed based on the Medicaid Fee Schedules located at the bottom of the Provider Services home page. Outpatient hospital services 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 % or billed charges less 68.8 %.

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

All hospital cost-to-charge ratios will be updated with a January 1, 2013 effective date.

If the hospital fails to provide the Department with this information by December 1, 2012, the Department may institute a default reduction in the hospital's cost-to-charge ratio. For questions about this process or to submit the Medicare outpatient cost-to-charge ratios, please contact Marguerite Richardson at Marguerite.Richardson@state.co.us or 303-866-3839. Faxes may also be sent to 303-866-4411.

Inpatient Hospital Diagnosis Related Group (DRG) Rates

As previously noted in the September 2012 Provider Bulletin (B1200326), the calculated inpatient hospital rates effective July 1, 2012 received CMS approval in September 2012. Currently the Department is in the process of updating the Medicaid Management Information System (MMIS) for reimbursement. Additionally, a mass adjustment of claims will be completed for affected inpatient hospital claims that need to be reprocessed for proper reimbursement using the July 1, 2012 inpatient DRG rate. Please refer to the September 2012 Provider Bulletin for additional details.

Information regarding each facility's July 1, 2012 hospital-specific inpatient base rate was mailed on July 6, 2012. Additional copies of this letter may be requested by contacting Elizabeth Lopez at Elizabeth.Lopez@state.co.us or 303-866-6018.

Inpatient Hospital International Classification of Diseases Ninth Revision, Clinical Modification (ICD-9-CM) Crosswalk Update

As previously noted in the September 2012 Provider Bulletin (B1200326), upon conclusion of the necessary changes to the MMIS to account for new ICD-9-CM codes (October 1, 2011 crosswalk), the Department will complete a mass adjustment to the affected claims including these new codes. Please refer to the September 2012 Provider Bulletin for further details.

Changes to the MMIS as well as the mass adjustment of inpatient claims due to the October 1, 2011 crosswalk update were completed during the month of October 2012.

The ICD-9 CM - October 1, 2011 crosswalk table is located on the Department's Web site in the Provider Services DRG Relative Weights section.

For questions related to the crosswalk implementation and claim adjustments, please contact Dana Batey at Dana.Batey@state.co.us or 303-866-3852.

Transportation Providers

Changes to PAR Requirements

As of October 1, 2012, the codes listed below, no longer require a PAR for in-state Non-Emergent Medical Transportation (NEMT) services, except for air travel:

A0180
A0190
A0200
A0210

In addition to the above changes, procedure code A0140 will now only require a notification instead of a PAR. Providers will need to utilize the ColoradoPAR CWQI to submit notifications for A0140; however, providers will no longer need to submit the supporting documentation (still required for a PAR) with these notifications. Notifications will not be reviewed for medical necessity and will be auto-authorized. Although notifications will be auto-authorized, providers must obtain a PAR ID in order to provide and bill for services; a PAR ID is still required in order for claims to be processed.

It is the providers' responsibility to maintain all documentation regarding the provided services in client files; this information will be necessary in the event of an audit or retroactive review. As is standard for PARs, auto-authorized notifications are not guarantees of payment.

For questions, please contact the ColoradoPAR Program at 1-888-454-7686.

Note: A PAR is still required for out of state NEMT services.
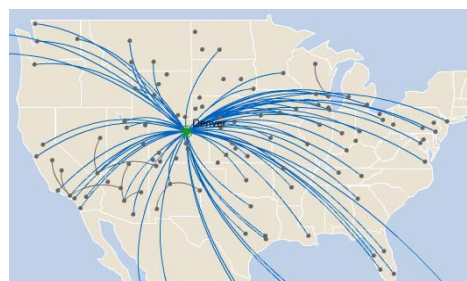
Waiver Providers

Targeted Case Management (TCM) and Early Intervention (EI)

Targeted Case Management (TCM) is a Colorado Medical Assistance Program State Plan Benefit that is available for specific target populations. These targeted populations include clients actively enrolled in the Home and Community Based Services for persons with Disabilities (HCBS-DD), HCBS-Supported Living Services (HCBS-SLS), HCBS-Children's Extensive Support (HCBS-CES) and the Early Intervention (EI) Colorado programs. Procedure code Tl017 and modifier U4 are currently being used for all TCM claims. Due to the transfer of the EI program to the Office of Early Childhood, the Department of Human Services (DHS) plans to track the expenditures for TCM-EI separately from the other Division for Developmental Disabilities (DDD) HCBS waiver programs.

Effective December 1, 2012, providers will be required to add an HA modifier to all claims for EI clients receiving TCM. TCM-EI claims with dates of service on or after December 1, 2012 must contain procedure code T1017 and both modifiers (U4 and HA) so that TCM-EI expenditures can be tracked from the MMIS to the Colorado Financial Reporting System (COFRS) as a distinct and separate TCM expense.

For questions, please contact Stacey Kennedy at Stacey.Kennedy@state.co.us or 303-866-5382.

Pharmacy Providers

Drug Utilization Review (DUR) Board Meeting

Tuesday, November 13, 2012
7:00 p.m. - 9:00 p.m.
225 E. 16th Avenue
Denver, CO 80203
1st Floor Conference Room

Indian Health Services (IHS) Pharmacies

Effective January 1, 2013, the Prescription Drug Card System (PDCS) will move to an encounter based reimbursement for claims submitted from IHS pharmacies. The Department is currently creating training materials that will be available for IHS pharmacy staff. Details and training materials are located on the Department's Pharmacy Benefit Web page. For questions, contact Jim Leonard at Jim.Leonard@state.co.us.

Medicare Part D

Due to updates in the Affordable Care Act (ACA), coverage policies will soon be changing for clients eligible for both Medicare and Medicaid. Currently, both benzodiazepines and barbiturates have been covered through the Medicaid pharmacy benefit for Medicare-Medicaid enrollees (formally known as "dual eligible clients"). Beginning January 1, 2013, benzodiazepines will no longer be covered for clients eligible for Medicare. Barbiturates will require prior authorization for all clients. For more information and updates, please see Appendix P or Pharmacy Web page.

2012-2013 Synagis® Season

The 2012-2013 Synagis® season will begin November 15, 2012 and end March 31, 2013. All Pharmacy PARs for Synagis® must be submitted by calling the Pharmacy Clinical Call Center open 24/7 at 800-365-4944 or by using the Synagis® Pharmacy Benefit Prior Authorization Request Form. For more information, please refer to the October 2012 Synagis® and Influenza Vaccines Provider Bulletin (B1200329).
Note: For a technical pharmacy denial such as incorrect Date of Birth (DOB) or invalid client ID, please correct the error and resubmit to Pharmacy Benefits Management System (PBMS).

Enhanced Prior Authorization System (SMART PA)

The Department plans to implement several new SMART PA rules in the coming months. A brief description of the rule and the proposed implementation dates will be listed in a later provider bulletin. The first rule will be for grandfathering clients stabilized on pioglitazone. The planned implementation is December 1, 2012. The generic formulation of Actos (pioglitazone) has been released, but note that Colorado Medical Assistance Program will cover the branded and generic formulations of this drug. For more information, please see the Pharmacy Web page.

Improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources
colorado.gov/pacific/hcpf
November 2012

Brand/Generic Coverage Updates

Reminder: with new generics launched for Preferred Drug List (PDL) preferred products, the branded product will continue to be preferred (and the generic will be considered non-preferred) until the generic net price is lower than the branded product price for the Colorado Medical Assistance Program. Please note that generic rabeprazole may soon be available.

Pharmacy & Therapeutics (P&T) Committee Meeting

Tuesday, January 8, 2013
1:00 p.m. - 5:00 p.m.
225 E 16th Street
Denver, CO 80203
1st Floor Conference Room

P&T Committee Open Positions Beginning in 2013

The Department is currently accepting curriculum vitae (CV) for the following positions:

  2 Physicians

  1 Pharmacist

These positions will serve a two year term from January 2013 - December 2014. If interested in serving or know someone who would that is qualified, please submit a CV along with a completed Conflict of Interest form to:

<div align="center">

Colorado Department of Health Care Policy and Financing
Attn: Robert Lodge
1570 Grant Street
Denver, CO 80203-1818
Fax: 303-866-3590
Robert.Lodge@state.co.us

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Submission deadline is November 15, 2012. Please contact Robert Lodge at Robert.Lodge@state.co.us or 303 866-3105 with questions.

November and December 2012 Provider Billing Workshops

Provider Billing Workshop Sessions

Provider billing workshops include both Colorado Medical Assistance Program billing instructions and a review of Colorado Medical Assistance Program billing procedures. The November and December 2012 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 for all workshops

Email reservations to: Or   Call Provider Services to make reservations:
workshop.reservations@xerox.com   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 billing number
- The date and time of the workshop

- The number of people attending and their 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 to ensure there is space available.

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:

Xerox State Healthcare
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 2012 Specialty Workshop Class Descriptions

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.

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

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.

Inpatient/Outpatient (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 Inpatient Hospital and Outpatient Hospital providers.

Outpatient (OP) 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

Basic Billing for Waiver Programs

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

Web Portal

Web Portal classes provide an overview of the Colorado Medical Assistance Program Web Portal, a description of its functions and contact and support information.

Driving directions to 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.

The fiscal agent's office 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 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.
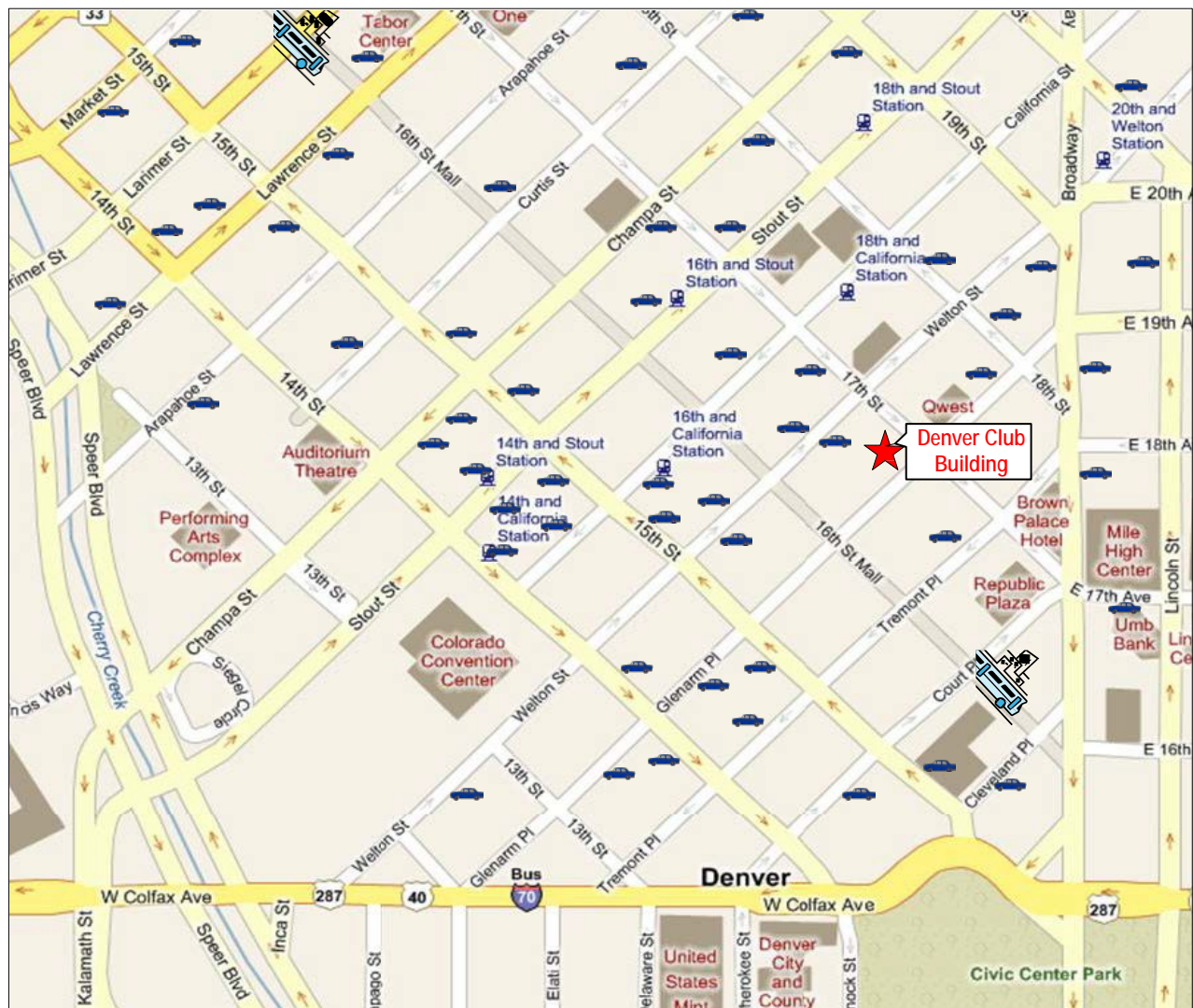
Please note: Email all WebEx training reservations to workshop.reservations@xerox.com.

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 2012

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6 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	7 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	8 DME/Supply 9:00 AM-11:00 AM Home Health 2:00 PM-3:30 PM	9 WebEx - Beginning Billing – UB-04 9:00 AM-12:00 PM WebEx - Practitioner 1:00 PM-4:00 PM	10
11	12 *Veterans Day*	13	14	15	16	17
18	19	20	21	22 *Thanksgiving Day*	23	24
25	26	27	28	29	30	

December 2012

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 Practitioner 1:00 PM-3:00 PM	12 Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 P IP/OP Hospital 1:00 PM-3:00 PM	13 Provider Enrollment 9:00 AM-11:00 AM	14 WebEx - Basic Billing for Waiver Providers 9:00 AM-11:30 AM Web Portal 11:45 AM-12:30 PM	15
16	17	18	19	20	21	22
23	24	25 *Christmas Day*	26	27	28	29
30	31					

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