Provider Bulletin

Reference: B1300333 **February 2013**

colorado.gov/pacific/hcpf

In this issue:

Xerox State Healthcare
Denver Club Building
518 17th Street, 4th floor
Denver, CO 80202

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

ColoradoPAR Program PARs
www.coloradopar.com

Did you know...?

1) Claims will deny if submitted before services are rendered. The Colorado Medical Assistance Programs will not reimburse claims for future dates.
2) In order to receive proper reimbursement, submit procedure codes that require a LT or RT modifier as separate line items.

All Providers

Medicaid Expansion in 2014

On January 3, 2013, Governor John Hickenlooper announced plans to expand Medicaid in Colorado as authorized by the Affordable Care Act. More information is available on the Department of Health Care Policy and Financing's (the Department) Web site at colorado.gov/pacific/hcpf→For Our Stakeholders → Learn About Health Care Reform

Old Age Pension Health and Medical Care Program (OAP State Only) Provider Rate Increase

The Colorado OAP State Only was established to provide health services to persons:

- Who are not eligible for Medicaid benefits,
- Who qualify to receive old age pensions, and
- Who are not patients in an institution for tuberculosis or mental diseases.

OAP State Only is not an entitlement program, and expenditures are limited by the statutory appropriation. To stay within the available appropriation, the Department sets reimbursement rates at a percentage of Medicaid, and several services are reimbursed at less than 100 percent (%) of Medicaid rates. Due to long term reductions in caseload, the Department is able to increase rates for certain service types, ensuring access to care for OAP State Only clients.

The following provider payment rates are effective for dates of service on or after February 1, 2013 and will remain in effect until further notice:

Service Types	Current Rates	Rates Effective February 1, 2013
Capitation	100%	100%
Pharmacy	75%	100%
Inpatient	10%	10%
Outpatient	65%	100%
Practitioner/Physician	65%	100%
Emergency Dental	65%	65%
Independent Laboratory	65%	65%
Medical Supply	65%	65%
Home Health	65%	65%
Emergency Transportation	65%	65%
Mcare Part A Crossover	100%	100%
Mcare Part B Crossover	100%	100%
Mcare UB92 Part B Crossover	100%	100%

More information about the OAP State Only program can be found in the Old Age Pension (OAP) Health and Medical Care Program section of the Department's Web site. Please contact Cindy Arcuri at 303-866-3996 with questions regarding these changes.

The Colorado Medical Assistance Program Electronic Health Records (EHR) Incentive Program

The Colorado Medical Assistance Program EHR Incentive Program paid more than $36 million in incentive payments in 2012. Eligible Professionals (EP) include Physicians, Dentists, Certified Nurse Midwives, Nurse Practitioners, and Physicians Assistants (practicing in a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) led by a Physician Assistant).

The grace period for submitting Adopt, Implement, or Upgrade (AIU) attestations for EPs is **February 28, 2013** for calendar year 2012. In order for the attestation to be valid for 2012, "Step 5: Sending Year 1 Attestation" must be completed.

To learn more about the Colorado Medical Assistance Program EHR Incentive Program, how to verify eligibility, or how to begin an AIU attestation, visit the Colorado Registration & Attestation System Web site or email Tracy McDonald at MedicaidEHR@corhio.org.

Due to additional mandatory changes to the program, AIU attestations for 2013 did not begin on January 1, 2013. AIU attestations are scheduled to begin in March 2013. Meaningful Use attestations are scheduled to begin April 1, 2013.

Learn more about these changes in the February 2013 Colorado Medicaid EHR Incentive Program Update.

Healthy Living Initiatives: Wellness Messages for Medicaid Clients

The Department has identified four (4) priority areas for health promotion and disease prevention. These are 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 four (4) Wellness Messages that are promoted online, in letters to clients, through electronic communications, in the Tool Kits for providers, and through the Healthy Communities program. The four (4) key messages we emphasize for Healthy Living are:

1) Every child should see a dentist by their first birthday, and then regularly as recommended by their provider.
2) Adults and children should receive a weight and height (BMI) screening at every provider visit to track and manage issues of obesity.
3) Every teen (ages 11-20) should receive an annual screening for depression.
4) Medicaid pays for two tobacco quit attempts per year. For help with quitting, call the QuitLine at 1-800-QUITNOW (1-800-784-8669).

The Medicaid program covers these benefits; providers are encouraged to inform clients to take advantage of these prevention services.

2013 Health Care Procedure Codes (HCPCS) and Fee Schedule

The Department's implementation of the 2013 HCPCS and fee schedule has been delayed and was not effective in the Medicaid Management Information System (MMIS) on January 1, 2013. Please continue to check the Department's Web site and future Provider Bulletins for the 2013 HCPCS implementation date.

Presidents' Day Holiday

Due to the Presidents' Day holiday on Monday, February 18, 2013, claim payments will be processed on Thursday, February 14, 2013. The processing cycle includes claims accepted on Thursday before 6:00 p.m. Mountain Standard Time (MST). The receipt of warrants will be delayed by one (1) or two (2) days. State and the ColoradoPAR Program offices will be closed on Monday, February 18, 2013. The Department's fiscal agent, Xerox State Healthcare, will be open during regular business hours.

Ambulatory Surgery Center (ASC) Providers

ASC Project

In partnership with ASCs, the Department conducted a study to open a new code and increase reimbursement for six (6) ASC codes. This was done in an effort to shift care from the outpatient hospital to the lower cost ASC setting. The study demonstrated the desired shift for procedure code 47562-Laparoscopic Cholecystectomy.

As a result the Department will keep procedure code 47562 open to ASCs at its current rate of $1,668.35. This procedure will now be listed in Grouper 10. All other procedures will be moved back into their original ASC groupers. Please see the codes below for the applicable groupers.

ASC Group 10 (Reimbursement Rate $1,668.35)
47562 - Laparoscopic Cholecystectomy

ASC Group 11-deleted

ASC Group 12-deleted

ASC Group 3 (Reimbursement Rate $383.11)
42820 - Tonsillectomy and Adenoidectomy; younger than age 12
69436 - Tympanostomy General Anesthesia

ASC Group 5 (Reimbursement rate $538.61)
42821 - Tonsillectomy and Adenoidectomy; age 12 or over
42825 - Tonsillectomy, Primary or Secondary; younger than age 12
42826 - Tonsillectomy, Primary or Secondary; age 12 or over
42830 - Adenoidectomy, Primary; younger than age 12

Please contact Dana Batey at Dana.Batey@state.co.us or at 303-866-3852 with questions.

Durable Medical Equipment (DME)/Supply Providers

Billing Shared Liquid Oxygen Systems at Nursing Facilities

In order to be reimbursed for shared oxygen systems used in nursing facilities, the supplier must bill procedure code E0439 or E0440 along with modifiers TT and RR. The claim must include the number of clients using the reservoir by noting the number of clients in the notes/comments section of the claim. Only bill one unit per month for each client sharing the system. For example, if four (4) clients use one system in a month, bill four (4) separate claims.

If a claim is submitted for E0439 or E0440 along with modifiers TT and RR and the notes do not identify the number of individuals using the system or the number of individuals identified in the notes/comments section is one (1), the claim will deny. When only one client is using the system, the claim should be submitted with the RR modifier only. In this case, only one claim will be processed. If a claim includes more than one unit per month using modifiers TT and RR, the claim will deny.

Please contact Richard Delaney at 303-866-3436 or at Richard.Delaney@state.co.us with any questions or concerns.

Home Health Providers

Home Health Pediatric Assessment Tool Implementation

As a result of working with clients, advocates, home health providers, and the ColoradoPAR Program, the Pediatric Assessment Tool (tool) has been developed. This tool defines medical necessity review criteria for pediatric long-term home health (LTHH) services. The Pediatric Assessment Tool can be found on the Department's Web site in the Provider Services section →Forms →Home Health Forms.

Providers must use the Pediatric Assessment Tool to evaluate all existing pediatric long-term home health clients at their next scheduled re-certification review beginning February 1, 2013.

Providers must complete the tool two (2) months before the client's current home health certification expires.

This will allow ample time for the ColoradoPAR Program to review the tool, obtain additional information if needed and notify clients and agencies if the level of authorized home health services will change.

The Pediatric Assessment Tool must be used for all new pediatric long-term home health clients at the first certification for long-term home health.

Please work closely with these clients and the clients' families to ensure that all supporting information is submitted with the initial tool submission. This is imperative if the provider or family thinks the client's needs exceed the amount of services indicated on the tool.

The ColoradoPAR Program provides training on how to complete the tool and submit Home Health prior authorization requests (PARs). More information is available on the ColoradoPAR Program's Web site.

Long-Term Home Health PAR Start Date	Date PAR is due to the Colorado PAR Program
April 2013	February 2013
May 2013	March 2013
June 2013	April 2013
July 2013	May 2013

Please contact the ColoradoPAR Program at 1-888-454-7686 with any questions.

Feedback Opportunities

The Department will conduct monthly meetings to evaluate the Pediatric Assessment Tool and accept feedback. Providers, clients, family members, and any other interested parties are welcome to attend.

Fourth Wednesday of every month
10:00 a.m. – 12:00 p.m.
225 E. 16th Ave, Denver, CO 80203
1st Floor Conference Room

Participants may also call in:

1. Dial 1-877-820-7831
2. Enter conference number 977000# (be sure to enter the pound key after the 6-digit number)

Home Health Rule Update & Benefit Coverage Standard Effective as of January 1, 2013

The Benefit Coverage Standard and Home Health prior authorization request changes were effective as of January 1, 2013.

The covered services rule incorporated the newly adopted Home Health Services Benefit Coverage Standard. Agencies must comply with the entire Benefit Coverage Standard in order to be compliant with the Home Health rules and regulations. There were two changes to the Prior Authorization section:

1. Removal of the specifically named utilization review entities and replaced with "Designated Review Entities."
2. Provider requirements have been removed to request extraordinary home health requests when the client was identified as Early and Periodic Screening, Diagnosis and Treatment (EPSDT).

Providers will request all pediatric home health requests through a single process and the designated review entity will determine if the pediatric long-term home health request falls under EPSDT regulations.

Pediatric Home Health Prior Authorization Request Certification Period

As of January 1, 2013, all pediatric **therapy** only PARs may be requested for up to a one (1) year period.

The first time a pediatric Long-Term Home Health PAR is requested for skilled nursing or certified nurse aide skilled tasks, utilizing the Pediatric Assessment Tool, the PAR shall be requested for no more than a (6) six month period. All subsequent pediatric long-term home health PARs that include pediatric nursing and/or certified nurse aide services may be requested for up to a (1) one year period.

Long-Term Home Health pediatric PAR for physical therapy, occupational therapy, and/or speech therapy ONLY, may be requested for up to a (1) one year period.

Change of Provider Letter – Home Health Agencies

When an LTHH client changes providers during an active PAR certification, the receiving Home Health Providers shall complete a Change of Provider Form in order to transfer the client's care from the previous provider to the receiving agency.

Once the receiving agency completes the Change of Provider form, the form must include the client's signature to indicate that the client is in agreement with the change of provider request. The completed Change of Provider form must accompany a new Home Health PAR from the receiving agency.

The agency must submit the Change of Provider form along with a new PAR to the appropriate reviewing agency. The new PAR start date should coincide with the first day that the new agency plans to provide LTHH care. The provider should not include dates for acute home health or any lapses in care between the last date of service provided by the previous home health agency and the receiving agency.

The previous provider's PAR end date will be revised to match the information provided in the "last date of service" box, and a new PAR will be entered for the receiving agency. The Change of Provider letter authorizes Department's fiscal agent to end the current PAR so that a new Home Health PAR may be entered.

Single Entry Points (SEPs) and Community Centered Boards (CCBs) must include the Case Management Agency's (CMA) identification number on the PAR form.

If the receiving agency is unable to obtain the necessary PAR information from the previous agency, the receiving agency may call the Department's fiscal agent at 1-800-237-0044 to find out whether there is a current Home Health PAR in the system. If a current PAR does exist, the Department's fiscal agent will provide the name and phone number of the Home Health Agency who currently has the approved PAR, but will not be able to provide any of the details for the PAR.

The receiving agency should contact the previous agency, when possible, and notify the agency that the client is transferring agencies and the effective date of the change. The Change of Provider Form is located on the Department's Web site →Provider Services →Forms→ Update Forms section.

Next Home Care Information Exchange Meeting

February 6, 2013 from 1:00 p.m. – 3:00 p.m.
Colorado Department of Public Health and Environment (CDPHE)
4300 Cherry Creek Drive South
Denver, CO 80246
Building A
Sabin-Cleere Conference Room

Attendees may also choose to attend the meeting via telephone:

1. Dial 1-218-936-7930
2. Enter the pin number: 6922901 followed by # key (be sure to enter the pound key after the 7-digit number)

Topics will include:

- Updates from the Department regarding:
  - Medicaid Home Health
  - Medicaid Private Duty Nursing (PDN)
  - The Department's Waivers
- Updates from CDPHE include:
  - Home Care licensure and surveys
  - Outcome and Assessment Information Set (OASIS)

All Class A and Class B Home Care Agencies and PDN agencies are invited to attend this informational meeting. Participants are encouraged to submit recommended agenda items or questions that may be addressed prior to the meeting as well as any recommended in-service topics and/or offers to provide informational in-services.
To be added to the e-mail reminder list or to submit suggested topics or questions please email Guinevere Blodgett at Guinevere.Blodgett@state.co.us.

Future meeting dates are May 1, 2013, (Sabin-Cleere Room at CDPHE); August 7, 2013 (Sabin-Cleere Room at CDPHE); and November 6, 2013 (Room C1E in Building C at CDPHE).

Waiver Providers

Colorado Choice Transitions (CCT) Program Launch

The Colorado Choice Transitions (CCT) Program will launch on March 1, 2013. Provider enrollment began in November 2012 and continues on an ongoing basis throughout the program. For more information on this program or provider enrollment please visit the CCT Web page.

Pharmacy

Indian Health Services (IHS) Pharmacies Billing Updates

It had been previously reported that effective January 1, 2013, the pharmacy claim system would be moving to an encounter based reimbursement for claims submitted from Indian Health Services pharmacies. Due to unforeseen circumstances, this implementation has been temporarily delayed. Upon full implementation, the Department will work with the individual entities currently registered as IHS billing pharmacies with Colorado Medical Assistance Program to adjust claims as necessary. Please contact Jim Leonard at Jim.Leonard@state.co.us with questions.

Updated Pharmacy Reimbursement Methodology

Effective February 1, 2013, the Department will be moving to its new pharmacy reimbursement methodology. This methodology uses data from surveys of Colorado pharmacies to determine a professional dispensing fee and actual acquisition costs for drugs dispensed to Colorado Medicaid clients. The professional dispensing fees shall be tiered based upon the pharmacy's total prescription volume. The Medicaid prescription volume and the associated dispensing fees are listed below.

Number of Prescriptions	Professional Dispensing Fee
Less than 60,000	$13.40
60,000 and 89,999	$11.49
90,000 and 109,999	$10.25
More than 110,000	$9.31

More details are available in the *For Our Providers* section under *Provider Services*, *Training* in the Department's Web page.

Drug Utilization Review (DUR) Board Meeting

Tuesday, February 19, 2013
7:00 p.m. - 9:00 p.m.
225 E 16th Avenue
Denver, Colorado
1st Floor Conference Room

Preferred Drug List (PDL) Update

For the long-acting opiates class on the PDL, the Department plans to phase-out grandfathering prior authorizations for non-preferred medications. This proposed phase-out is planned for the spring of 2013 and will include educational materials for provider reference. Please monitor the PDL Web page or the Pharmacy Web page for updates.

February and March 2013 Provider Workshops

Provider Billing Workshop Sessions and Descriptions

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

The current and following month's workshop calendars are included in this bulletin.

Class descriptions and workshop calendars are posted in the Provider Services Training section of the Department's Web site.

Who Should Attend?

Courses are intended to teach, improve, and enhance knowledge of Colorado Medical Assistance Program claim submission.

Staff who submit claims, are new to billing Medicaid services, need a billing refresher course, or administer accounts should consider attending one or more of the Provider Billing Workshops listed below.

February 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10	11	12 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM Substance Abuse 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 P Dialysis 1:00 PM-3:00 PM	14 DME/Supply Billing 9:00 AM-11:00 AM Pharmacy 1:00 PM-2:00 PM	15 Basic Billing – Waiver Providers 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM *WebEx – FQHC/RHC 1:00 PM-3:00 PM	16

March 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10	11	12 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM OT/PT/ST 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 P IP/OP Hospital 1:00 PM-3:00 PM	14 Provider Enrollment 9:00 AM-11:00 AM Home Health 1:00 PM-3:00 PM *WebEx – Vision 1:00 PM-3:00 PM	15 *WebEx – Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM Transportation 1:00 PM-3:00 PM	16

Reservations are required for all workshops

Email reservations to:
workshop.reservations@xerox.com

Or Call the Reservation hotline to make reservations:
1-800-237-0757 or 1-800-237-0044 Extension 5

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 the information noted above is necessary to process reservations successfully. Look for a confirmation by e-mail within one week of making a reservation.

Reservations will only be accepted until 5:00 p.m. the Friday prior to the training workshop to ensure there is adequate space available.

If a confirmation has not been received at least two business days prior to the workshop, please contact the Department's fiscal agent 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

***Please note:** *For WebEx training, a meeting notification containing the Web site, phone number, meeting number and password will be emailed or mailed to those who sign up.*

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).

Free parking is not provided and is limited in the downtown Denver area. Commercial parking lots are available throughout the downtown area. The daily rates range between $5 and $20. Carpooling and arriving early are recommended to secure parking.

Whenever possible, public transportation is also recommended. Some forms of public transportation include the following:

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 on 16th St. at every intersection between Civic Center Station and Union Station.

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