colorado.gov/hcpf

Provider Bulletin

Reference: B1300345   **December 2013**

Did you know...?
An early financial cycle will occur in December on Thursday, December 26, 2013 rather than Friday, December 27, 2013. This is to accommodate the necessary programming changes required for 2014.

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

Contacts

Billing and Bulletin Questions
1-800-237-0757

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

All Providers

Update on Medicaid Benefits for Newly Eligible

Beginning January 1, 2014, more Coloradans will be newly eligible for free or low cost coverage through the Colorado Medical Assistance Program. Currently, Medicaid offers primary care, behavioral health, hospitalization, rehabilitative services, laboratory services, outpatient care, prescription drugs, emergency care, dental care, maternity care and newborn care.

The benefit package for newly eligible Medicaid clients will be largely the same as the current Medicaid benefits, including the new dental benefit and enhanced mental health and substance use disorder benefit that must be approved by the Centers for Medicare and Medicaid Services (CMS). The Department of Health Care Policy and Financing (the Department) will continue to provide updates on the approval process.

In accordance with federal law, the newly eligible Medicaid clients will receive preventive and wellness services as defined by the U.S. Preventive Services Task Force. In an effort to align Medicaid benefits, the current Medicaid benefit package will be expanded to include these preventive and wellness services.

Additionally, the newly eligible Medicaid clients will receive habilitative services, which are intended to help individuals maintain skills necessary for daily living.

Please view the following fact sheets for additional information: CICP and the Affordable Care Act, PEAK Real Time Eligibility, and Alternative Benefit Package. For questions regarding the Department's implementation of the Affordable Care Act (ACA), please review the Frequently Asked Questions (FAQs) at Colorado.gov/Health, Colorado.gov/HCPF/ACAResources or email questions to ACAImplementation@hcpf.state.co.us.

The Department encourages all health care providers to view the Department's new ACA resources page specifically developed for providers. Visit colorado.gov/hcpf/ACAProviderInfo for key information about health care reform, the Medicaid expansion and Connect for Health Colorado.

Find a Health Care Provider

The Department has revamped the Find a Provider web page located on the Department's website (colorado.gov/hcpf)→ Clients & Applicants→ Find a Provider. Clients now have the ability to locate Medicaid, Medicaid Accountable Care Collaborative (ACC), Child Health Plan Plus (CHP+), Behavioral Health, Long Term Care, and Colorado Indigent Care Program (CICP) providers.

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. With the exception of updating provider licenses and NPI information, the updates noted above may also be made through the Colorado Medical Assistance Web Portal (Web Portal).

Clarification on Use of Eligibility Inquiry to Verify Dates of Service

As of October 25, 2013, the Department implemented certain changes to be compliant with the Health Insurance Portability and Accountability Act (HIPAA) Operating Rules. One of these changes is to allow future dates of service (up to the end of the current month) to be verified in a 270 Eligibility Inquiry. Providers should be aware that, because a client's eligibility can change daily, these future dates of service are not guaranteed even though they may be returned in the 271 Eligibility Response. There is no guarantee number emailed for eligibility checks on future dates of service. Please contact the Department's fiscal agent, Xerox State Healthcare, with questions at 1-800-237-0757.

Colorado Medicaid Provider Claim Report (PCR) Opt-Out Form

Beginning January 1, 2014 the Colorado Medicaid Provider Claim Report (PCR) Opt-Out form will be available on the Department's website→ Provider Services→ Forms→ Other Forms. The new form has been added in order to be compliant with the HIPAA Operating Rules. This form allows providers the option to no longer receive a paper version of the Colorado Medicaid PCR. The option will cease dual delivery of duplicative information that is currently being received electronically. Please contact the Department's fiscal agent with questions at 1-800-237-0757.

2013 Rate Increases and Fee Schedule

The Department has completed work on the July 1, 2013 rate increases and the fee schedule has been updated. The Colorado Medical Assistance Program fee schedule is located at the bottom of the Provider Services home page.

2014 Healthcare Common Procedure Coding System (HCPCS) and Fee Schedule

The Department's implementation of the 2014 HCPCS and fee schedule will be delayed and will not be effective in the Medicaid Management Information System (MMIS) on January 1, 2014 due to the federal government shut down, which affected CMS. Please continue to check the Department's website and future Provider Bulletins for the 2014 HCPCS implementation date.

Planning Update and Survey for International Classification of Diseases Tenth Revision (ICD-10)

The health care industry's payers, providers, vendors, and all HIPAA covered entities are required to use ICD-10 diagnosis and inpatient procedure code sets beginning October 1, 2014. Please visit the Department's website→ Provider Services→ International Classification of Diseases - 10th Edition (ICD-10) web page containing helpful information and links for Medicaid Providers.

The Department's ICD-10 Project Team is surveying the Colorado Medicaid provider community to assess general readiness for the ICD-10 transition on October 14, 2014. The Department will use this information to determine ICD-10 communication enhancements for providers and trading partners. Responses are confidential and aggregate survey results will be posted on the Department's ICD-10 web page in January 2014. To access the survey please click here or visit the Department's website→ Provider Services→ International Classification of Diseases - 10th Edition (ICD-10)→ Take the ICD-10 Readiness Survey. *The survey closes on December 31, 2013*.

Are providers ready for ICD-10? Per a six (6) month evaluation of clinical documentation practices with hundreds of coders and physicians, the American Association of Professional Coders (AAPC) recently reported that only "63% of provider's current documentation is sufficient to support the more rigorous ICD-10 requirements". Please review the AAPC Releases Results of 20,000-Record ICD-10 Study article for further information.

National Correct Coding Initiative (NCCI) Quarterly Update

Providers are encouraged to monitor the CMS website for updates to the NCCI rules and guidelines. The updates are completed quarterly, with the next update available in January 2014.

A link to the CMS NCCI website is also available on the NCCI web page on the Department's website.

The ColoradoPAR Program

CareWebQI (CWQI) Passwords

Health Insurance Portability and Accountability Act standards require that each individual submitting a Prior Authorization Request (PAR) on behalf of a provider must have their own individual account in CWQI. Username and password sharing will result in the ColoradoPAR Program suspending or deleting access to CWQI for any user who does not follow the correct procedures when accessing CWQI. The ColoradoPAR Program will report any instance of inappropriate sharing of user accounts to the Department for review.

The CWQI User Access Form is available at coloradopar.com/CareWebQI. Once the form is completed, please email to Res_ColoradoPAR@apshealthcare.com or fax to 1-866-492-3176. All signatures are required for processing. The process may take up to five (5) business days to complete. Login information will be emailed to the email address listed on the form. Please contact the ColoradoPAR Program at 1-888-454-7686, option 1 for technical assistance.

Tax Season and 1099s

Reminder: Please ensure all addresses (billing, location, mail-to) on file with the Department's fiscal agent are current. 1099s returned for an incorrect address cause the account to be placed on hold and **all** payments are suspended pending a current W-9. Payments that are held can be released once the W-9 is processed. Payments not released are voided from the system at two different times during the year, once on June 30th and again on December 31st.

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 on the Department's website→ Provider Services→ Forms→ Update Forms. With the exception of updating provider licenses and NPI information, the updates noted above may also be made through the Colorado Medical Assistance Web Portal (Web Portal). Submission of a Provider Enrollment Update form is necessary for providers who do not have the capability to make updates through the Web Portal. All updates related to the provider license and NPI information must be made using the Provider Enrollment Update Form.

December 2013 and January 2014 Holidays

Christmas Day Holiday

The Christmas Day holiday on Wednesday, December 25, 2013 will delay the receipt of paper warrants by one (1) or two (2) days. State, the ColoradoPAR Program and the Department's fiscal agent offices will be closed on Wednesday, December 25, 2013. The Department's fiscal agent offices will close at 12:00 p.m. on Tuesday, December 24, 2013.

New Year's Day Holiday

The New Year's Day holiday on Wednesday, January 1, 2014 will delay the receipt of paper warrants by one or two days. State, ColoradoPAR Program and the Department's fiscal agent offices will be closed on Wednesday, January 1, 2014. The Department's fiscal agent offices will close at 3:00 p.m. on Tuesday December 31, 2013.

Martin Luther King Day Holiday

Due to the Martin Luther King Day holiday on Monday, January 20, 2014, claim payments will be processed on Thursday, January 16, 2014. The processing cycle includes claims accepted before 6:00 p.m. Mountain Time (MT) on Thursday, January 16, 2014. The receipt of warrants and EFTs will be delayed by one or two days. Although State and ColoradoPAR Program offices will be closed on Monday, January 20, 2014, the Department's fiscal agent office will be open during regular business hours.

Dental Providers

Upcoming Benefits Collaborative

On December 6, 2013 the Department will host another Dental Benefit Collaborative meeting to discuss services offered under the current Medicaid Dental policies, which include both the newly created Adult Dental Benefit (SB13-242) and a review of the Children's Dental Benefit.

The Department welcomes all stakeholder input. Please visit the Department's website→ Boards & Committees→ Benefits Collaborative for a meeting schedule and additional information.

Hospital Providers

All Patient Refined Diagnosis Related Group (APR-DRG) Implementation

During the state fiscal year 2012-2013, the Department worked in collaboration with the Colorado Hospital Association (CHA) and hospital representatives in the completion of the APR-DRG statistics and financial impact analysis for the new grouper implementation. The meeting minutes and other reference materials are located on the Department's website→ Provider Services→ Diagnosis Related Group (DRG) Relative Weights→ Provider Outreach Calendar.

The effective date of implementation of the APR-DRG is scheduled for January 1, 2014. Inpatient hospital claims with discharge date prior to January 1, 2014 will be processed using the following grouper versions from CMS:

Discharge Date	Grouper
October 1, 2006 to December 31, 2013	Version 24.0
October 1, 2005 to September 30, 2006	Version 23.0
October 1, 2004 to September 30, 2005	Version 22.0
October 1, 2003 to September 30, 2004	Version 21.0
October 1, 2002 to September 30, 2003	Version 20.0

Inpatient hospital claims with a discharge date on or after January 1, 2014 will be processed using the APR-DRG version 30. During the first week of January 2014, the Department will perform additional verification that inpatient hospital claims affected by the APR-DRG implementation are adjudicating correctly before final processing. This may result in a slight delay in the claims processing timeline.The APR-DRG table with a list of the DRGs, severity of illness (SOI), description, weights, average length of stay (ALOS), and trim point day is available on the Department's website → Provider Services→ Diagnosis Related Group (DRG) Relative Weights→ January 1, 2014 –APR-DRG.

For the APR-DRG implementation date, the payment policies (outlier days, transfers, interim payment, well baby/sick baby and mother's discharge) remain the same. Please refer to the IP/OP Hospital billing manual located on the Department's website→ Provider Services→ Billing Manuals→ UB- 04 for further detail.

Please contact the Department's fiscal agent at 1-800-237-0757 for general questions. Please contact Chris Acker at Chris.Acker@state.co.us or Ana Lucaci at Ana.Lucaci@state.co.us for questions related to hospital policy. Please contact Luisa Sanchez de Tagle at Luisa.Sanchezdetagle@state.co.us or Elizabeth Lopez at Elizabeth.Lopez@state.co.us for questions related to rates or reimbursement.

Web Portal Updates

In addition to changes in the claims processing as a result of the implementation of APR-DRG, users will also see several changes in the Web Portal for 837 Institutional (837I) claims detailed below. All of the upgrades are designed to allow users to submit claims with more accurate information.

On the 837I claim Client's Info tab, new valid values have been added to the Facility Type Code drop-down field. A list of the available values for this field is accessible through the Web Portal Help screen for 837I claims.

On the 837I Claim Info tab, new valid values have been added to the Admission Source Code and the Patient Status drop-down fields, and some existing valid values have been updated with new descriptions. Additionally, some values have been deleted from the Admission Source Code field. A list of the available values for these fields are accessible through the Web Portal Help screen for 837I claims.

On the Diag/Occur/Val/Condition Codes tab of the 837I claim:

- Up to 24 Other Diagnosis Codes can now be added. These Other Diagnosis Codes all should have Present on Admission Indicators, if appropriate.
- The field label for Diagnosis Code E-Codes has been updated to External Cause of Injury Codes for clarification, and users will still be allowed to indicate up to 12 External Cause of Injury Codes.
- A new Patient Reason for Visit Codes has been added to the tab, and will allow users to enter up to three (3) Patient Reason for Visit Codes. These codes can be up to six (6) alphanumeric characters, and the field is tied to the user's Diagnosis Code Set Maintenance database in the Web Portal. This allows users to add and save codes for easy retrieval in the Patient Reason for Visit Codes field when entering the claim.
- Users will be able to enter up to 24 Occurrence Codes and Occurrence Dates.

On the Procedure Code Info tab of the 837I claim, the Procedure Codes which are ICD-9 surgical procedure codes, not Current Procedural Terminology (CPT) or HCPCS, and Procedure Dates are now expanded to allow up to 25 codes. Users can still only indicate that one code is the Principal Procedure. Web Portal user materials have been updated to reflect these improvements to the 837I claims screens, including the User Guide, Help screens, and web-based training module. These updated materials will be available with the implementation of APR-DRG in the Web Portal.

Please contact the CGI Help Desk at HelpDesk.HCG.central.us@cgi.com or 1-888-538-4275, option 1 with questions on how to use the Web Portal, any new field values, or added codes. Please contact the Department's fiscal agent at 1-800-237-0757 with questions on proper billing procedures.

Inpatient Medicaid Base Rates Effective July 1, 2013

On November 13, 2013, the Department received approval from CMS for hospital-specific Medicaid Inpatient base rates effective as of July 1, 2013. Currently, the Department is in the process of updating the MMIS for reimbursement. 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, 2013 inpatient base rate. Information regarding each facility's July 1, 2013 hospital-specific inpatient base rate was mailed to the hospital's Chief Financial Officer (CFO) using the most current information on file. Additional copies of this letter may be requested by contacting Luisa Sanchez de Tagle at Luisa.Sanchezdetagle@state.co.us.

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 Colorado Medical Assistance Program fee schedule 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) 70.2 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 70.2% or billed charges less 70.2%.

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, 2014 effective date.

If the hospital fails to provide the Department with this information by December 15, 2013, the Department may institute a default reduction in the hospital's cost-to-charge ratio. Please contact Marguerite Richardson at Marguerite.Richardson@state.co.us or at 303-866-3839 with questions about the process or how to submit the Medicare outpatient cost-to-charge ratios.

Screening, Brief Intervention & Referral to Treatment (SBIRT) Providers

SBIRT Code Update

Screening, Brief Intervention & Referral to Treatment is a tool used in the primary care setting to identify substance use risk and to briefly counsel and intervene as needed. Referrals to treatment centers should be made when necessary. Training is required to provide SBIRT services. More information can be found in the SBIRT **billing manual**.

Beginning January 1, 2014, SBIRT claims must have one (1) of five (5) screening/counseling ICD-9 diagnosis codes present on the claim. The screening/counseling diagnosis codes can be used inconjunction with most other diagnosis codes. Screening, Brief Intervention & Referral to Treatment claims containing a substance use disorder or mental health diagnosis code will no longer be paid, effective January 1, 2014.

The required codes outlined below can be found in the SBIRT **billing manual**.

Required ICD-9 Diagnosis Codes for SBIRT	
V82.9	Screening for Unspecified Condition
V28.9	Unspecified Antenatal Screening
V65.40	Other Counseling, Not Otherwise Specified (NOS)
V65.42	Other Counseling, Substance Use and Abuse
V65.49	Other Specified Counseling

Please contact Alex Stephens at Alex.Stephens@state.co.us with questions.

Substance Use Disorder (SUD) Providers

SUD Integration into Behavioral Health Organization (BHO)

Beginning January 1, 2014, the substance use disorder benefit currently available as Medicaid fee-for-service (FFS) will be integrated to an existing managed care delivery system currently operated by the Behavioral Health Organizations (BHOs). The BHOs are responsible for administering the Community Mental Health Services program and provide or arrange for the medically necessary mental health care for their members. All Medicaid eligible clients are automatically enrolled into a BHO depending on their geographic region, and must receive their mental health care and SUD treatment services from a contracted BHO provider.

As a result of SUD integration on January 1, 2014, providers seeking to render SUD treatment services to Medicaid clients must enroll with the BHO in their service area. Please refer to the following table to determine which BHO or BHO(s) serve(s) your area.

Please contact Alex Stephens at Alex.Stephens@state.co.us with questions and concerns.

County	BHO	Provider Relations Contact Information
Denver	Access Behavioral Care (ABC) coaccess.com	Main Number: 303-751-9030 pns@coaccess.com or Ellen Koontz 720-744-5212 ellen.koontz@coaccess.com
Adams, Arapahoe, Douglas	Behavioral Healthcare Inc. (BHI) bhicares.org	BHI Director of Provider Relations Teresa Summers 720-490-4413

County	BHO	Provider Relations Contact Information
Alamosa, Archuleta, Baca, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, Delta, Dolores, Eagle, El Paso, Fremont, Garfield, Grand, Gunnison, Hinsdale, Huerfano, Jackson, Kiowa, Lake, La Plata, Las Animas, Mesa, Mineral, Moffat, Montezuma, Montrose, Ouray, Otero, Park, Pitkin, Prowers, Pueblo, Rio Blanco, Rio Grande, Routt, Saguache, San Juan, San Miguel, Summit, Teller	Colorado Health Partnerships (CHP) coloradohealthpartnerships.com	ValueOptions Provider Relations 719-538-1430 or 800-804-5040 coproviderrelations@valueoptions.com
Boulder, Broomfield, Clear Creek, Gilpin, Jefferson	Foothills Behavioral Health Partners (FBHP) fbhpartners.com	Eric Stone 720-263-4853 estone@signalbhn.org or Ann Noonan 303-441-1275 anoonan@bouldercounty.org
Cheyenne, Elbert, Kit Carson, Larimer, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld, Yuma	Northeast Behavioral Health Partnership (NBHP) northeastbho.org	ValueOptions Provider Relations 719-538-1430 or 800-804-5040 coproviderrelations@valueoptions.com

Waiver Providers

Children with Autism Waiver (CWA) Service Additions

Effective January 1, 2014, the CWA waiver will add the following two additional services.

Procedure Code	Description	Total CO Medicaid Allowable	Maximum Allowable Units Per Date of Service
H2000	Initial/Ongoing Treatment Evaluation means an evaluation conducted using a standardized norm-referenced assessment. The evaluations will be conducted upon entrance to the waiver and every six months while the client is on the waiver. The evaluations will inform the provider and family of the client's progress and assist with designing and implementing a treatment plan.	$20.08	6

Procedure Code	Description	Total CO Medicaid Allowable	Maximum Allowable Units Per Date of Service
H2000 TS	Post Service Evaluation means an evaluation conducted using a standardized norm-referenced assessment at the end of the child's time on the waiver. The evaluations will be conducted prior to the child aging out of the program to provide information on the child's overall progress while on the waiver.	$20.08	6

The Home and Community Based Services (HCBS) Children's billing manual and Prior Authorization Request (PAR) will be updated to reflect the additional services. Please refer to 10 C.C.R. 2505-10 § 8.519.7 for additional information on the requirements of providing the above new services. Please contact Candace Bailey at Candace.Bailey@state.co.us with questions.

Expansion of Consumer Directed Attendant Support Services (CDASS)

The Department is expanding the provision of CDASS into the Home and Community Based Services – Brain Injury (HCBS-BI) waiver effective January 1, 2014, pending approval from CMS. The HCBS Adult billing manual and PAR will be updated to reflect the addition of CDASS by January 2014 with the following services:

Procedure Code	Modifier	Service Description
T2025	U6	Consumer Directed Attendant Support Services
T2040	U6	CDASS Per Member/Per Month (PMPM)

Please contact Colin Laughlin at Colin.Laughlin@state.co.us with HCBS-BI waiver questions or Candie Dalton at Candie.Dalton@state.co.us with CDASS questions.

Psychological Testing for Individuals Seeking Services from Community Centered Boards (CCB)

Community Centered Boards (CCBs) are the designated case management agencies for and provide additional services to individuals with developmental disabilities. Among other requirements, in order to access services coordinated and/or provided by CCBs, the individual seeking services must provide an assessment of intellectual functioning or adaptive behavior.

This assessment may be determined through psychological testing. Please refer to the table below for the two (2) covered procedure codes which may be used for the testing.

Procedure Code	Description	Total CO Medicaid Allowable	Maximum Allowable Units Per Date of Service
96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	$61.67	5
96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	$28.35	8

- Psychological testing may be provided only when *medically necessary* for evaluation, diagnostic, or therapeutic purposes, and when prescribed by a physician, physician assistant, or advanced practice nurse.
- Providers may bill fee-for-service (FFS) Medicaid for medically necessary psychological testing for a diagnosis not covered by the BHO, such as autism spectrum disorder, developmental disability, etc.
- Providers may bill the BHO for psychological testing in instances where the client presents with a co-occurring covered mental health diagnosis, and the need for the testing is driven from the BHO covered diagnosis.

For the purposes of developmental disability determination, most clients will access psychological testing on an FFS basis. Please refer to the Department's website→ Provider Services→ Billing Manuals→ Colorado 1500→ Colorado 1500 Specialty Billing Information for detailed Mental Health Program information, and for mental health FFS billing information. Please refer to 2 C.C.R. 503-1 §§16.120 and 16.420 for additional information on the determination of developmental disability. Please contact Tyler Deines at Tyler.Deines@state.co.us or Alex Stephens at Alex.Stephens@state.co.us with questions.

Women's Health Providers

Documenting the Purpose/Intent for All Contraception Prescriptions

The Colorado Medical Assistance Program family planning services are eligible to receive a higher rate of federal reimbursement than most other services. To ensure that the Colorado Medical Assistance Program receives the appropriate level of federal reimbursement, the Department is reminding providers who prescribe contraception to include the intended purpose or diagnosis associated with the prescription in the clients' medical record.

For example, if a contraceptive method such as the birth control pill is prescribed specifically to prevent pregnancy, or if the contraceptive is prescribed to treat a medical condition (such as excess bleeding), that information must be clearly documented in the client's medical record.

Clearly documenting the purpose or intent associated with all contraception prescriptions will protect the Department from having to return money to the federal government when medical records are audited.

Please contact Kirstin Michel at Kirstin.Michel@state.co.us with questions.

Pharmacy Providers

Pharmacy and Therapeutics (P&T) Board Meeting

Tuesday, January 7, 2014
1:00 p.m. - 5:00 p.m.
225 E 16th Avenue
Denver, CO 80203
1st Floor Conference Room

Preferred Drug List (PDL) Update

Effective January 1, 2014, the following will be preferred agents on the Colorado Medicaid PDL and will be covered without a prior authorization (unless otherwise indicated):

Oral Fluoroquinolones: ciprofloxacin tablets, levofloxacin tablets, Cipro suspension (for clients under the age of five (5))

Oral Antiherpetic Agents: acyclovir

- non-preferred products will not be grandfathered

Pancreatic Enzymes: Creon and Zenpep

Antiplatelets: Aggrenox, Effient, Plavix, clopidogrel, ticlopidine

Targeted Immune Modulators for RA (self-administered): Humira and Enbrel

Antidepressants: buproprion IR, SR and XL, citalopram, fluoxetine, fluvoxamine, mirtazipine, nefazodone, paroxetine, sertraline, venlafaxine IR and XR capsules

PDE-5 Inhibitors: sildenafil (generic Revatio) and Adcirca

Endothelin Antagonists: Letairis
Prostanoids: epoprostenol and Veletri
Antiemetics: ondansetron tablets, ondansetron ODT tablets, ondansetron suspension (for clients under 5 years), Zofran tablets
PPIs: Aciphex, lansoprazole 15mg OTC, Nexium (capsules and packets), omeprazole generic capsules, Prevacid solutabs (for clients under two (2) years)
Triptans and Combinations: Imitrex (tablets, nasal spray and injection), sumatriptan tablets, Maxalt MLT, naratriptan tablets

The complete PDL and prior authorization criteria for non-preferred drugs are posted on the PDL web page.

Rx Review Program

The Rx Review Program provides medication reviews between contracted pharmacists and participating Medicaid clients. Upon completion of the review, clients and their providers will receive a recommendation letter drafted by the pharmacist. The consultations are intended to educate clients concerning their medications (including OTCs and nutritional supplements), identify drug to drug interactions and drug duplication, review utilization of multiple providers and evaluate adherence to the Colorado Medicaid PDL. Client participation is voluntary and does not affect the client's pharmacy benefits in any way. Interested pharmacists, who wish to participate in this program, should contact Eskedar Makonnen at Eskedar.Makonnen@state.co.us or visit the Pharmacist Resources section of the Department's website to see the pharmacist requirements and submit an application.

Rixubis

Over the last month, several pharmacies have contacted the Department and the Department's fiscal agent inquiring about Rixubis 250 unit (National Drug Code [NDC] 00944302602) and 2,000 unit (NDC 00944303202). Currently, Rixubis is a Colorado Medicaid covered pharmaceutical product requiring a Prior Authorization (PA).

Due to the limited available invoice data for the pharmaceutical product, the Department has not established an Average Acquisition Cost (AAC) rate. Instead, the Department is reimbursing for Rixubis using the prevailing Wholesale Acquisition Cost (WAC) rate of $1.400/unit. Please contact Jeff Wittreich at Jeff.Wittreich@state.co.us with questions.

December 2013 and January 2014 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 also posted in the Provider Services Training & Workshops section of the Department's website.

Who Should Attend?
Staff who submit claims, are new to billing Colorado Medicaid services, need a billing refresher course, or administer accounts should consider attending one or more of the following Provider Billing Workshops. Courses are intended to teach, improve, and enhance knowledge of Colorado Medical Assistance Program claim submission.

December 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3 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	4 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	5 Provider Enrollment 9:00 AM-11:00 AM Audiology 1:00 PM-3:00 PM	6 ***WebEx –** Basic Billing – Waiver 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM	7

January 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
5	6	7 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM Audiology 1:00 PM-3:00 PM	8 Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 PM ***WebEx –** Hospice 1:00 PM-3:00 PM	9 ***All WebEx:** Practitioner 9:00 AM-11:30 AM Dental 1:00 PM-3:00 PM Web Portal 837D 3:15 PM-4:00 PM	10 ***All WebEx:** Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM Provider Enrollment 1:00 PM-3:00 PM	11

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, 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 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 website, 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 – 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 the 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 Provider Services at 1-800-237-0757.

Please remember to check the Provider Services section of the Department's website at colorado.gov/hcpf for the most recent information.