COLORADO
Department of Health Care Policy & Financing

Provider Bulletin

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In this issue:

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

Contacts

Billing and Bulletin Questions
800-237-0757

Claims and PARs Submission
P.O. Box 30
Denver, CO 80201

Correspondence, Inquiries, and Adjustments
P.O. Box 30
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…?

In order to obtain a prior authorization, the requesting, ordering, referring, or prescribing provider must be enrolled with an active 8-digit Colorado Medicaid provider identification number.

All Providers

Medicaid Provider Revalidation Update

Many Colorado Medicaid providers have not yet begun the Provider Revalidation process. Although the Centers for Medicare & Medicaid Services (CMS) has extended its deadline for states to complete provider revalidation, it is important that providers **complete enrollment and/or revalidation as soon as possible**. By completing the enrollment/revalidation process as soon as possible through the Online Provider Enrollment (OPE) tool, providers will not experience any delay in payment when the new enrollment and claims management system, Colorado interChange, launches on **October 31, 2016**. Starting on that date, claims and encounters submitted by providers who have not enrolled and/or revalidated will be denied.

Please **do not** begin the application before reviewing all of the training resources available online. An incorrect or incomplete application requires additional review, which may add weeks to the processing time. Enrollment and Revalidation Instructions are available online. Be sure to review the Information by Provider Type before you begin the online training, as it will help you select the correct training. The Provider Enrollment Manual also includes valuable information to help providers complete applications correctly.

Got Enrollment or Revalidation Questions? We've Got Answers

To aid providers with enrollment and revalidation questions, the Department is pleased to announce that Xerox State Healthcare, the current Fiscal Agent, is opening the Colorado Medicaid Enrollment and Revalidation Information Center! Whether you have general enrollment questions, questions about the status of your application, or simply want help getting started, provider enrollment specialists are here to help. Starting May 1, 2016, provider may call:

Colorado Medicaid Enrollment and Revalidation Information Center
800-237-0757, option 5.
Available Monday through Friday from 8:00 a.m. to 5:00 p.m.
Closed between 12:00 p.m. to 1:00 p.m.

While questions can still be submitted to the Provider.Questions@state.co.us email, the Center gives providers the added ability to speak with a live provider enrollment specialist. If a specialist is unavailable, providers may leave a voicemail and include their name, a brief message, application tracking number, and a phone number so that a specialist may promptly address their questions and call back.

Provider Address Reminder

The Department stresses the importance of having accurate information from providers regarding their address. The Medicaid Management Information System (MMIS) stores three addresses for each provider including Billing, Location, and Mail-To. All addresses should include the entire nine-digit zip code. Please visit USPS.com to verify your complete nine-digit zip code.

Providers have two methods to update their address:

1. Via Web Portal.
    - Additional information is available in the MMIS Provider Data Maintenance User Guide.
2. Via mail utilizing the Provider Enrollment Update Form.

Please contact Xerox State Healthcare at 800-237-0757 with questions.

ACC Phase II Update: New Stakeholder Resources

The Department is committed to creating a high-performing, cost-effective Medicaid system that delivers quality services and improves the health of Coloradans. The next iteration (Phase II) of the Accountable Care Collaborative (ACC) seeks to leverage the proven successes of Colorado Medicaid's programs to enhance the Medicaid client and provider experience. Learn more about ACC Phase II.

New ACC Phase II Overview & Behavioral Health Framework Resources

For the next few months, the Department is focused on finalizing policy decisions based on stakeholder feedback gathered over the past year and writing the draft request for proposals (RFP). Following an intensive internal review process, the Department will post the draft RFP later this fall for public comment. The public review of the draft RFP is an essential part of the process and an opportunity for stakeholders to provide comments and recommendations that can improve the program.

As a result of this commitment of ACC Phase II staff resources to writing the RFP, the Department is unable to accommodate all stakeholder requests for meetings or presentations. In the meantime, we have recorded two brief presentations about Phase II to deliver consistent information to the community. We encourage you to share theses resources and others available on our ACC Phase II page with your networks.

ACC Phase II Overview Recording:

- History of ACC
- Goals and Objectives
- Key Concepts

- Procurement Timeline
- How to Stay Informed

ACC Phase II Behavioral Health Framework Recording:

- ACC Phase II Overview
- Behavioral Health Key Concepts
- Procurement Timeline
- How to Stay Informed

March PIAC Meeting

Last month, the ACC Phase II team had productive conversations with the ACC Program Improvement and Advisory Committee (PIAC) on the following topics:

- Linking members to a provider for the length of enrollment
- Behavioral health payment framework
- Pay for performance strategy

We received valuable feedback that has guided our decisions. A meeting summary is available online now.

Reminder: Stay informed

Please continue to encourage members of your networks to sign up for the ACC Phase II Stakeholder Updates list and check out the ACC Phase II website.

Attention All Providers

In an effort to ensure comparable access to medical services provided to non-Medicaid enrollees, and in accordance with 42 CFR 447.203, Colorado Medicaid developed an Access Monitoring Review Plan (AMRP). The plan outlines the processes used to monitor and act upon access issues. The following service categories provided under a fee-for-service (FFS) arrangement are analyzed under the AMRP:

- Primary Care Services
- Physician Specialist Services
- Behavioral Health Services
- Pre and Post Natal Obstetric Services (including labor and delivery)
- Home Health Services

The plan will be posted on the Access Monitoring Review Plan website in May 2016 for a 30-day public input/comment period. Input may be sent via the survey link on the website or emailed directly to AMRP@state.co.us. Public input will inform the overall content and final recommendation concerning the sufficiency of access to care for Medicaid members as of 2016.

What is Payment Error Rate Measurement?

The Payment Error Rate Measurement (PERM) is a federally mandated audit that occurs once every three (3) years. This audit reviews claim payments and eligibility determination decisions made for the Medicaid and Child Health Plan *Plus* (CHP+) programs to ensure accuracy and appropriate claim payment.

2016 PERM Cycle

CMS will randomly select a set number of paid or denied claims from October 1, 2015 to September 30, 2016 to review for Colorado's 2016 PERM audit cycle. Starting this summer, Chickasaw Nation Industries (CNI) Advantage, a CMS contractor, will request medical records from providers corresponding to those claims. Providers will have 75 calendar days to provide documentation to CNI Advantage. If initially submitted documentation is not sufficient, CNI Advantage will request additional documentation and providers will have 15 calendar days to provide the additional documentation. If documentation is not provided or is insufficient, the provider's claim(s) will be considered in error, and the Department will recover the money associated with the claim from the provider. The Department will also investigate the reasons why the provider did not submit proper documentation.

The collection and review of protected health information (PHI) contained in medical records for payment review purposes is authorized by the U.S. Department of Health and Human Services by regulation 45 C.F.R. 164.512(d), as a disclosure authorized to carry out health oversight activities, pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA); CMS PERM Review Contractor activities are performed under this regulation.

Provider Education Calls

CMS will host provider education calls in June and July of this year so that providers can learn more about PERM, provider responsibilities, and best practices. Please visit the CMS PERM website and the Department's PERM website to check for specific dates and times.

Please email CMS at PERMProviders@cms.hhs.gov or contact Matt.Ivy@state.co.us or 303-866-2706 with PERM questions.

Rendering, Referring, and Prescribing Providers

Attention Practitioners & Pharmacies

Pursuant to federal requirements that State Medicaid Agencies ensure correct rendering, referring, and prescribing National Provider Identifier (NPI) numbers be on the claim form, the following changes will be made:

- Effective May 1, 2016, all practitioner and pharmacy claims must contain a valid NPI number for the referring, rendering, or prescribing provider.
- The term "valid NPI number" means the NPI number registered to the provider in the National Plan & Provider Enumeration System (NPPES). If you do not currently have an NPI, please visit the NPPES website to apply.
- Claims without a valid NPI number may be subject to denial or recovery.

Technical Details:

CMS 1500

Electronic claims:

- Must enter the rendering NPI.
- Must enter the referring NPI.

Paper claims:

- Must enter the rendering NPI in field #24J in addition to the 8-digit Medicaid Provider ID in field #24J.

- When applicable, enter the referring NPI in field #17B in addition to the 8-digit Medicaid Provider ID in field #17A.

Pharmacy

Electronic Claims:

- Prescriber's ID field (411-DB) must be completed with a valid NPI, State License Number, or Drug Enforcement Administration (DEA) number.
- Prescriber's ID Qualifier field (466-EZ) must be completed with one of the following:

  01 = NPI

  08 = State License #

  12 = DEA #

Paper Claims:

- Prescriber's ID field must be completed with a valid NPI, State License Number, or Drug Enforcement Administration (DEA) number.
- Prescriber's ID Qualifier field must be completed with one of the following:

  01 = NPI

  08 = State License #

  12 = DEA #

Please contact Provider Services at 800-237-0757 with further questions.

ColoradoPAR Program Updates

Peer-to-Peer Process

The Peer-to-Peer (P2P) process offers the ordering, rendering/billing, or treating physician an opportunity to discuss a medical necessity denial determination with eQHealth Solutions' physician reviewer. A P2P consult may be requested following a prior authorization request (PAR) denial or partial denial. A P2P consult may be requested by either:

1. The ordering or treating physician's office, or
2. The rendering/billing provider on behalf of the physician.

Please follow these steps to request a P2P consult:

- Use the Letters tab in eQSuite® to view and print an electronic memo with the clinical rationale for the denial. Provide this information to the ordering or treating physician.
- Submit the P2P request via:
  a) Helpline Ticket through eQSuite®
  b) eQHealth Solutions customer service at 888-801-9355
  c) Fax to 866-940-4288.
- The request for a P2P must be submitted within five calendar days from the date of the medical necessity denial.

When requested by the ordering or treating physician's office, please provide:

- The P2P requestor's name and contact information, including phone and email
- The PAR Review ID or Member ID
- Date(s) of service

- Dates and times the physician is available for a P2P
- Physician's name and contact information

When requested by the rendering/billing provider on behalf of the physician, please provide:

- The P2P requestor's name and contact information, including phone and email
- **A confirmation statement that you are requesting a P2P on behalf of the physician and that the physician confirmed that they have agreed to a P2P**
- The PAR Review ID or Member ID
- Date(s) of service
- Dates and times the physician is available for a P2P
- Physician's name and contact information
- Point of contact in the physician's office who will assist in scheduling the P2P

Updated PAR Revision Process

eQHealth Solutions updated the PAR revision guides by service type for:

- eQHealth PARs issued on and after September 1, 2015
- APS PARs issued by the previous vendor prior to September 1, 2015

The new desktop revision guides provide clear instructions to accurately process revision requests, including:

- The types of requests that can be easily requested through the online helpline
- Revisions that require a Modify Authorization, Continued Stay, or Admission review type
- Definitions for review types

Revision Guides are available at ColoradoPAR.com on the PAR Revisions website.

eQSuite® Training Opportunities

New and updated eQSuite® webinars are coming soon and will include:

- eQSuite® New Users Training
- eQSuite® Revisions Training

New and current eQSuite® webinars, along with recordings of past webinars, are available at ColoradoPAR.com on the Provider Education/Training page.

Please contact eQHealth Solutions Customer Service at 888-801-9355 with questions.

Free Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training for Medicaid Providers

The Department offers free SBIRT training for Colorado health professionals who provide care to members enrolled in Medicaid through our partnership with Peer Assistance Services (PAS). Training on substance abuse screening and brief intervention aids in assessing members. The process serves as a quick and easy way to identify and intervene with members whose substance use puts them at risk for health issues.

Upcoming training sessions are conducted at the PAS Training Center.

Peer Assistance Services
2170 South Parker Road
Suite 229

Denver, Colorado 80231

Interested providers may register for one of the training sessions or contact Kevin Hughes at khughes@peerassist.org or 303-369-0039 ext. 226 to schedule an onsite training.

Discontinued Codes

01999	36299	64999
17999	38999	69399
20999	42299	69799
23929	43499	76499
26989	43999	78099
27599	46999	78399
27899	47379	78499
28899	47579	87999
29799	49999	93799
30999	51999	94799
31599	58578	96379
31899	58679	99199
33999	58999	99499

Please note: Effective May 1, 2016, the procedure codes listed in the table above will no longer be covered services under Colorado Medicaid. These rarely used procedure codes are for nonspecific services. Please contact Richard.Delaney@state.co.us with questions.

May 2016 Holiday

Memorial Day Holiday

Due to the Memorial Day holiday on Monday, May 30, 2016, State offices, Xerox State Healthcare, DentaQuest, and the ColoradoPAR Program offices will be closed. The receipt of warrants and Electronic Funds Transfers (EFTs) may potentially be delayed due to the processing at the United States Postal Service or providers' individual banks.

Ambulatory Surgery Center (ASC) Providers

Ambulatory Surgery Center Rates Update

In April 2016, CMS approved the Department's request for a .5 percent across-the-board rate increase for clinical services, which includes ambulatory surgery center rates. The Department will perform mass adjustments on all affected claims payments back to July 1, 2015. The new reimbursement for the 10 ASC groupers are:

ASC Grouper Number	Begin Date	End Date	Amount
01	07/01/2015	12/31/9999	$261.54
02	07/01/2015	12/31/9999	$350.27
03	07/01/2015	12/31/9999	$400.58
04	07/01/2015	12/31/9999	$494.81

05	07/01/2015	12/31/9999	$563.16
06	07/01/2015	12/31/9999	$648.77
07	07/01/2015	12/31/9999	$781.51
08	07/01/2015	12/31/9999	$764.24
09	07/01/2015	12/31/9999	$1,051.72
10	07/01/2015	12/31/9999	$1,744.42

Please note: Mass adjustment made by the Department can only be performed if the originally submitted charge on a claim is greater than the newly revised rate. Any claim on or after the date that new rates become effective, with a submitted charge lower than the revised rate, must be adjusted by the provider. It is recommended that providers submit charges based on Usual & Customary rates when applicable.

Please contact Rebecca.Kurz@state.co.us with questions.

Behavioral Therapy Providers

Behavioral Therapy Update

As a reminder, the following behavioral therapy codes require a prior authorization.

H0036 COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MINUTES

H0031 MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN

H2015 COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES

If you are an approved behavioral therapy provider and need to submit a prior authorization, please contact eQHealth Solutions at 888-801-9355.

Please contact EPSDT@hcpf.state.co.us with questions.

Pharmacy Providers

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Billing Manual Updates

Incontinence Supplies

Chux pads, which are billable under code **A4554** (Underpads, disposable, each), are **not** included in the 240 incontinence supply Combination Limit. The notation in the comments for **A4554** that stated it was a part of the Combination Limit has been removed.

Two Codes Removed from the Billing Manual

L3616: Wrist hand orthosis, includes one (1) or more nontorsion joint(s), elastic bands, turnbuckles, and may include soft interface, straps, prefabricated, off-the-shelf.

- This code was deleted by CMS many years ago, but never removed from the billing manual. As no providers have been able to bill this code for over 10 years, its removal will not impact access, service, or billing practices.

A9606: Radium ra-223 dichloride, therapeutic, per microcurie

- This code is not billable by Supply providers, so it has been removed. The code is not being closed or altered in any way, only removed from this reference source, as it does not apply to the DMEPOS benefit.

Description Update

K0901 currently has a description in the billing manual as "Radium ra-223 dichloride, therapeutic, per microcurie." This is incorrect and has been updated to the correct description of "Knee orthosis (ko), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf."

Reminder to Providers

Prior Authorization Requests (PARs) for Additional Units

As a reminder to providers, if the prescribed units requested on a PAR exceed the posted unit limit(s) in the DMEPOS billing manual, the request should be for the full quantity, not just the additional units.

Example:

T4521 Adult sized disposable incontinence product, brief/diaper, small, each

Posted Unit Limit	240	Prescribed Units	300
Incorrect units on PAR		60	
Correct units on PAR		**300**	

Speech Therapy Providers

Attention Speech-Language Pathology Providers

As a follow up to the March 22, 2016 webinar on National Correct Coding Initiative (NCCI) Claim Edits for Speech-Language Pathology, the Department is hosting a forum to discuss how the Medicaid Outpatient Speech-Language Pathology benefit is working. Information about the benefit and its utilization will be available, followed by an open stakeholder-driven discussion. All providers, stakeholders, and members are invited.

Wednesday, May 4, 2016
8:30 a.m. – 10:00 a.m.
COPIC – Large Meeting Room
7351 E. Lowry Blvd., Ste. 400
Denver, CO 80230

Please contact Alex.Weichselbaum@state.co.us with questions.

Transportation Providers

Total Transit Has Revised Non-Emergency Medical Transportation (NEMT) Forms

Total Transit has implemented two revised forms that impact providers. The Medical Certification of Transportation Services (MCTS) form and MCTS Beyond 25 Miles form. The revised forms are available on Total Transit's Forms website. Major changes include:

- More than one mode of transportation can be selected within the MCTS form.
- MCTS form is not required for public transit or mileage reimbursement.
- Medical facility staff can sign the form on behalf of the licensed medical provider.
- The expiration date can be entered or indefinite expiration date selected.
- Medical facility staff can now call in with the information, in addition to online submission, mail, email, or fax; MCTS forms for ambulance transportation cannot be called in.

Total Transit is the transportation broker responsible for coordinating Non-Emergency Medical Transportation (NEMT) for eligible members residing in Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, Larimer, and Weld counties.

For additional information, please review the Colorado NEMT website or contact Total Transit at 855-264-6368 with questions.

May and June 2016 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 Training 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.

May 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8	9	10 CMS 1500 9:00 a.m.-11:30 a.m. Web Portal 837P 11:45 a.m.-12:30 p.m. ***WebEx*** Vision 1:00 p.m.-3:00 p.m.	11 UB-04 9:00 a.m.-11:30 a.m. Web Portal 837I 11:45 a.m.-12:30 p.m. FQHC 1:00 p.m.-3:00 p.m.	12 Waiver 9:00 a.m.-11:30 a.m. Web Portal 837P 11:45 a.m.-12:30 p.m. Personal Care 1:00 p.m.-3:30 p.m. Web Portal 837I 3:45 p.m.-4:30 p.m.	13 ***WebEx*** CMS 1500 9:00 a.m.-11:30 a.m. Web Portal 837P 11:45 a.m.-12:30 p.m. DME/Supply 1:00 p.m.-3:00 p.m.	14

June 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12	13	14 ***WebEx*** CMS 1500 9:00 a.m.-11:30 a.m. Web Portal 837P 11:45 a.m.-12:30 a.m. ***WebEx*** Audiology 1:00 p.m.-3:00 p.m.	15 ***WebEx*** UB-04 9:00 a.m.-11:30 a.m. Web Portal 837I 11:45 a.m.-12:30 p.m. ***WebEx*** IP/OP 1:00 p.m.-3:00 p.m.	16 ***WebEx*** Dialysis 9:00 a.m.-11:00 a.m.	17 Home Health 9:00 a.m.-11:00 a.m. ***WebEx*** Nursing Facility 1:00 p.m.-3:00 p.m.	18

Reservations are required for all workshops by:

Emailing reservations to: workshop.reservations@xerox.com

Or

Calling the Reservation hotline to make reservations: 800-237-0757, extension 6, option 4.

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 email 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 a Provider Relations Representative at 800-237-0757.

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:

Light Rail

Free MallRide

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

Xerox State Healthcare Provider Services at 800-237-0757.

Please remember to check the Provider Services section of the Department's website for the most recent information.

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