Provider Bulletin

COLORADO Department of Health Care Policy & Financing

colorado.gov/hcpf

Reference: B1600390   December 2016

**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...?

If you share a National Provider Identifier (NPI) with more than one (1) group provider type or location address, additional steps are needed to ensure proper claims adjudication. A unique nine (9) digit zip code or taxonomy code is required to identify the Health First Colorado (Colorado's Medicaid Program) billing provider ID. Providers are strongly encouraged to obtain a unique billing NPI for every location address and provider type. To obtain a separate NPI, contact NPI at 800-465-3203. For more information about NPI claims matching, contact Xerox at 800-237-0757 Option 6, Option 1 for EDI.

All Providers

Revised Go Live Date for the New Colorado interChange, Provider Web Portal, and Pharmacy Benefits Management System

In October, the Department of Health Care Policy & Financing (the Department) announced its decision to postpone the Go Live date of the new Colorado interChange and the transition of the Pharmacy Benefits Management System (PBMS) to Magellan Rx Management.

The new Go Live date for the Colorado interChange is March 1, 2017.

The Department is exploring a possible Go Live date for the PBMS of February 25, 2017, however this date has not been finalized. The Department will provide another update when the new Go Live date for the PBMS is finalized.

For more information about the postponement, please visit the Department's Provider Resources web page, watch this recorded webinar, or review these frequently asked questions (FAQs).

Clearinghouse Enrollment & Testing

Your Clearinghouse **MUST** apply for an interChange Trading Partner ID (TPID) and pass test transactions for HIPAA compliance. Clearinghouses without an interChange TPID **will not be able to submit batch claims** or receive reports beginning March 1, 2017. If your Clearinghouse hasn't started the enrollment and testing process

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Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources
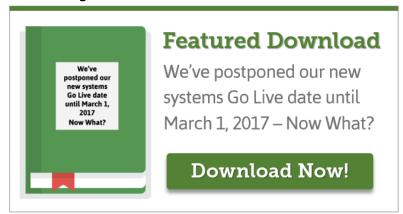*colorado.gov/hcpf*
December 2016

by **January 15, 2017**, it is **UNLIKELY** the process will be complete by Go Live on March 1, 2017.

Is YOUR Clearinghouse Ready?

If your Clearinghouse hasn't started the enrollment and testing process by **1/15/17**, it's **UNLIKELY** the process will be complete by Go Live (3/1/17).
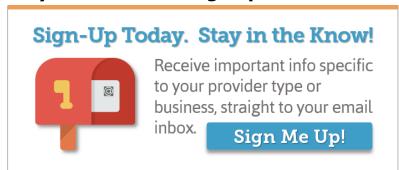
Check the List Now!

Please check this list to see if your Clearinghouse has enrolled and passed testing. If your Clearinghouse has not started or has not completed their testing, we recommend that you reach out and **remind them to do so immediately**. Your Clearinghouse can learn more information about applying for a new TPID at Colorado.gov/HCPF/EDI-support.

What Should You Do Now? Review This Guide to Go Live Postponement!

The Department is in the process of reassessing all deadlines. Please disregard deadlines that have been previously communicated. New deadlines will be announced and communicated in the coming weeks.

Featured Download

We've postponed our new systems Go Live date until March 1, 2017 — Now What?

We've postponed our new systems Go Live date until March 1, 2017 Now What?

Download Now!

Stay in the Know – Sign up for Our Emails!

Sign-Up Today. Stay in the Know!

Receive important info specific to your provider type or business, straight to your email inbox.

Sign Me Up!

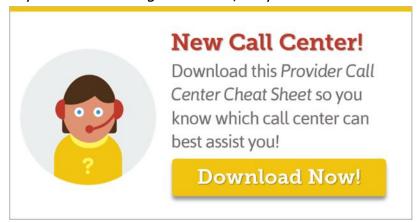# New Call Center for Revalidation and Enrollment Assistance

On October 31, 2016, Hewlett Packard Enterprise (HPE) assumed operation of the Health First Colorado Enrollment & Revalidation Information Center.

The phone number is 844-235-2387. Standard operating hours are 8:00 a.m. – 5:00 p.m. MT, Monday through Friday.

Note: For billing, claims, and Provider ID questions regarding the **current** Xerox system, please continue to call Xerox State Healthcare at 800-237-0757.

Please take a minute to review this sheet before calling.

If you call the wrong call center, they will be unable to help you or transfer your call.

New Call Center!
Download this *Provider Call Center Cheat Sheet* so you know which call center can best assist you!

Download Now!

Reminder About New Ordering, Prescribing, or Referring (OPR) Provider Regulations

All OPR providers must be enrolled in the new Colorado interChange.

The Affordable Care Act (ACA) now requires physicians and other eligible practitioners to enroll in the Medicaid program to order, prescribe, and refer items or services for Medicaid members, even when they do not submit claims to Medicaid. **Claims that include an OPR provider who is not enrolled cannot be paid**. Visit Colorado.gov/HCPF/OPR for more information.

If you need provider enrollment assistance, please call the new Health First Colorado Enrollment and Revalidation Information Center at 1-844-235-2387.

Revalidation/Enrollment Application Fee – Increase Effective January 1, 2017

On November 7, 2016, the Centers for Medicare and Medicaid Services (CMS) announced a $560.00 calendar year 2017 application fee. This is a $6 increase from the 2016 fee amount of $554. The application fee is payable per applicable service location once every revalidation cycle (three (3) to five (5) years).

In addition to the application fee, there is also a credit card processing fee of 2.95 percent and/or an Electronic Funds Transfer (EFT) processing fee of $2.50.

Submit your application before January 1, 2017 to lock in the 2016 fee amount!

Accountable Care Collaborative (ACC) Phase II Update

The Department has released the ACC Phase II draft request for proposals (RFP) for stakeholder and potential bidder comment.

The draft RFP is available at Colorado.gov/HCPF/ACCPhase2.

The Department is looking for targeted comments from the stakeholder community to help refine and clarify the draft language in the RFP. We encourage stakeholders to utilize the opportunities listed below to identify areas in the draft RFP where clarification is needed.

Stakeholder Engagement Webinars

The Department will host a final webinar for those unable to attend in-person stakeholder engagement meetings. The purposes of the stakeholder webinar are to:

- Share key concepts of the draft RFP
- Identify operational concerns and areas of the draft RFP that need additional clarification
- Explain how to provide feedback on the draft RFP

The webinar will mirror the purpose, agenda, and content of the stakeholder meetings. A recorded version of the webinar is available at Colorado.gov/HCPF/ACCPhase2.

December 15, 2016

9:30 a.m. – 11:00 a.m.
Register Here

To help ensure ample phone lines are available, please register to attend. Registration information can be found at Colorado.gov/HCPF/ACCPhase2.

Stakeholder Engagement In-Person Meetings

The Department is hosting the final in-person meetings on the draft RFP. The purposes of the stakeholder meetings are to:

- Share key concepts of the draft RFP
- Identify operational concerns and areas of the draft RFP that need additional clarification
- Explain how to provide feedback on the draft RFP

The purpose, agenda, and content for each of the stakeholder meetings will be the same.

Alamosa

December 1, 2016
9:00 a.m. – 11:00 a.m.
Register Here

Colorado Springs

December 1, 2016
9:00 a.m. – 11:00 a.m.
Register Here

Durango

December 2, 2016
9:00 a.m. – 11:00 a.m.
Register Here

To help ensure ample meeting space, please register to attend. Registration information can be found at Colorado.gov/HCPF/ACCPhase2.

Written Comments

The Department is looking for targeted comments on the draft RFP to help refine the content for the formal release of the RFP in the spring 2017. All stakeholders can submit comments to the Department using an online form. Upon submission of the form, your comments will be posted publicly.

The deadline for comments is January 13, 2017.

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colorado.gov/hcpf   December 2016

Staying Informed

We encourage all interested parties to check out our ACC Phase II site for the latest information and to sign up for our newsletter at Colorado.gov/HCPF/ACCPhase2.

Reminder: National Provider Identifier (NPI) Number Needed for Rendering and Referring Providers on Professional Claims

Since May 1, 2016, all practitioner and pharmacy claims have been required to contain a valid NPI number for the referring, rendering, or prescribing provider. The NPI must also be enrolled with the Colorado Medical Assistance Program. Notifications were published in the April 2016 and May 2016 provider bulletins.

If using the web portal for claims submission, the qualifier for the referring, rendering, or prescribing provider must be "NPI" in order for the NPI to be included in the claim. If the qualifier is the individual's social security number (SSN), the claim will only include the provider ID and will deny for a missing NPI. Please go to "Data Maintenance" and then "Provider Maintenance" to ensure the qualifier is saved as NPI. A brand new claim is required for the update to take effect on the claim. Copying and editing, or resubmitting a previous claim, will result in a claim denial.

For more information, contact Xerox State Healthcare at 800-237-0757.

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

Unit Limit and Prior Authorization Review

The Department has published suggested new and revised unit limits and is actively soliciting public comment.

In order to demonstrate sound stewardship of state resources and ensure that Medicaid members have access to and receive appropriate care, the Department sets reasonable limits on the type and amount of durable medical equipment and supplies that may be obtained without a prior authorization request (PAR). The Department has been reviewing the criteria with the help of the Colorado Association for Medical Equipment Services (CAMES) and would like your feedback prior to our final decisions.

For administrative ease, the codes that CAMES has made recommendations for have been broken into three (3) sections. The sections will remain posted through the end of December 2016 and can be found on the Provider Forms page, under DMEPOS forms.

Comments may be emailed to DMEPOS.BMReview@state.co.us.

For a complete list of all codes reviewed by CAMES, please reference the DMEPOS Billing Manual.

Enteral Pumps – B9000/B9002

Enteral pump rentals will now cap at their purchase price. Prior authorization requests for their rental will not be authorized beyond 16 months. Once the pump has been rented for the full duration, ownership of the pump will transfer to the member.

The rental reimbursement for the enteral pump codes is under review. Currently, the Department is allowing the billing of daily supplies (B4034, B4035 or B4036) in conjunction with the pump codes during the rental period. Once the rates have been adjusted to accommodate

the inclusion of the daily supplies, concurrent billing of the pump and daily supplies will not be authorized.

National Correct Coding Initiative (NCCI) and Medically Unlikely Edits (MUEs)

Unit limits have been added to the following codes to reflect their NCCI MUEs. These unit limits cannot be overridden with a Prior Authorization and the billing of units higher than the MUE may result in a line item denial.

Code	MUE	Notes
A4311	2	Per month
A4312	2	Per month
A4314	2	Per month
A4315	2	Per month
A4331	2	Per month
		Previous Limit: 15
A4334	2	Per month
		Previous Limit: 30
A4340	2	Per month
A4344	2	Per month
A4354	2	Per month
A4356	1	Per month
A4557	2	Per month
A4623	62	Per month
A4625	31	Per month
A5056	40	Per month
A5057	40	Per month

Code	MUE	Notes
A5120	50	Per month
A5131	1	Per month
A7048	10	Per month
A7504	62	Per month
A7506	62	Per month
A7507	62	Per month
A7508	62	Per month
A7509	62	Per month
B4168	124	Per month
B4172	124	Per month
B4176	124	Per month
B4178	124	Per month
B4180	124	Per month
B9006	1	Per month
A7038	2	Per month
		Previous Limit: 1

For additional information on NCCI and MUEs, please visit our NCCI webpage or the National Correct Coding Initiative on the Medicaid website.

The Rules regarding the Department's use of NCCI edits may be found at 10 CCR 2505-10, §8.041.

Recovery Audit Contractor (RAC)

The Department is pleased to announce that it has awarded Health Management Systems, Inc., (HMS) a contract to act as its Recovery Audit Contractor (RAC). In November 2009, President Barack Obama signed Executive Order 13520 that aimed to reduce improper payments by increasing transparency in government and holding agencies accountable for reducing improper payments. A year later, Section 6411 of the Affordable Care Act was enacted, directing each state Medicaid program to establish a program in which it contracts "with 1 or more recovery audit contractors for the purpose of identifying underpayments and overpayments and recouping overpayments." To learn more about the final rules established for the Medicaid RAC program, click here.

The purpose of the RAC is to reduce improper Medicaid payments while also presenting billing education opportunities to providers to improve the accuracy of claims submitted to the Department for reimbursement. Under the RAC, all provider types will be audited.

While developing a new RAC agreement, the Department took many lessons learned from the previous contracts and incorporated them into the request for proposals (RFP). In addition, the

Department contacted multiple stakeholder groups and professional associations for comment and input on the RFP through an RFI that was posted in the fall of 2013. The result of these efforts led to the following changes in the new RAC agreement:

- Stronger quality assurance and control measures to improve the accuracy and quality of audits that are conducted
- Additional contract language to ensure consistent, meaningful training and education opportunities for providers
- Clarity in vendor responsibilities and obligations to the Department and to providers when conducting audits and presenting provider education

The RFP was posted in early 2014; unfortunately, no bids were received. At the end of 2015, the Department posted a second RFP that included the addition of inpatient hospital DRG claims within the audit scope of the RAC. The Department received two (2) vendor responses to its RFP, including HMS.

HMS serves as a RAC vendor in several other states around the nation. In addition, the Department is currently contracted with HMS to conduct third-party liability reviews to determine if another party is legally responsible for claims payment. The Department and HMS are now working to create a provider outreach plan on the RAC and what providers can expect.

Please contact Kim Nguyen for any questions regarding RAC.

National Correct Coding Initiative (NCCI) Notification of Quarterly Updates

Providers are encouraged to monitor CMS for updates to NCCI rules and guidelines. Updates to the procedure-to-procedure (PTP) and MUE files are completed quarterly with the next file update available January 2017. Please find more information on the CMS NCCI website.

Tax Season and 1099s

Reminder: Please ensure all addresses (billing, location, mail-to) on file with the Department's fiscal agent, Xerox State Healthcare, are current. 1099s returned for an incorrect address cause the account to be placed on hold and all payments to be suspended, pending a current W-9. Held payments can be released once the W-9 is processed. Claims for payments not released are voided out of the Medicaid Management Information System (MMIS) twice during the year, once on June 30 and again on December 31. Please contact the State Controller's office at 303-866-4090 if you have not received a 1099.

Attention Providers: Please Keep Your Information Up-to-Date

Updating provider information is **critically important**. Keeping the information updated assures that payments and communication are sent in a timely and appropriate manner, and that the information in the provider directory is current.

Legacy MMIS

If you need to update your information (for billing purposes) prior to the March 1, 2017 Go Live date, you will need to do so by completing the appropriate update form:

- Change of Ownership or EIN
- EDI Update Form
- EFT Update Form

- [General Provider Information Update Form](#)

Please be aware that changes made using the forms above will only update your information with Xerox State Healthcare in the legacy MMIS.

interChange

In order to make these same changes in the Colorado interChange, you will need to create a new Web Portal account and update your information online; this cannot be done until the new Web Portal goes live (closer to March 2017).

Holiday Schedule 2016-17

Christmas Day Holiday

In observance of the Christmas Day holiday, State offices, Xerox State Healthcare, Hewlett Packard Enterprise (HPE), DentaQuest, and the ColoradoPAR Program will be closed **Monday, December 26, 2016**. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United States Postal Service or providers' individual banks.

New Year's Day Holiday

In observance of the New Year's Day holiday, State offices, Xerox State Healthcare, HPE, DentaQuest, and the ColoradoPAR Program will be closed **Monday, January 2, 2017**. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United States Postal Service or providers' individual banks.

Martin Luther King, Jr. Day Holiday

In observance of the Martin Luther King Day holiday, State offices, DentaQuest, and the ColoradoPAR Program will be closed **Monday, January 16, 2017**. Xerox State Healthcare and HPE are conducting business during regular business hours. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United States Postal Service or providers' individual banks.

<u>Pharmacy Providers</u>

Rx Review Program – Update

January Montaño now oversees the Rx Review Program, replacing Sara Haynes. We would like to thank Sarah for her wonderful work, time, and effort.

All Rx Review inquiries should be addressed to January Montaño at January.Montano@state.co.us.

If you, or a pharmacist you know, is interested in providing Medication Therapy Management (MTM) to members with Health First Colorado please visit the Department website at https://www.colorado.gov/hcpf/provider-forms and click "Rx Review Program" for more information.

January Preferred Drug List (PDL) Announcement

Effective January 1, 2017, the following will be preferred agents on the PDL and will be covered without a prior authorization request (PAR), unless otherwise stated.

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

Oral Antiherpetic Agents: acyclovir tablets, capsules, and suspension

Pancreatic Enzymes: Creon and Zenpep

Antiplatelets: Aggrenox, clopidogrel, cilostazol, and Brilinta

Epinephrine Products: generic epinephrine auto-injector

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

Antidepressants: bupropion IR, SR and XL, citalopram, escitalopram, fluoxetine capsules and solution, mirtazapine, paroxetine IR tablets, sertraline, venlafaxine IR tablets, and XR capsules

PDE-5 Inhibitors: sildenafil (with PAH diagnosis)

Endothelin Antagonists: Letairis

Prostanoids: generic epoprostenol, Ventavis, and Orenitram

Antiemetics: ondansetron tablets, ondansetron ODT tablets, ondansetron suspension (for clients under five (5) years), Diclegis

PPIs: Nexium (capsules and packets), omeprazole generic capsules, pantoprazole tablets, Prevacid solutabs (for clients under two (2) years)

Triptans and Combinations: Imitrex nasal spray and injection, sumatriptan tablets, rizatriptan MLT tablets, naratriptan tablets, Relpax

The January 1, 2017 PDL is posted on the Department's website. The PDL can be found by going to https://www.colorado.gov/pacific/hcpf/provider-forms, and selecting the Pharmacy tab. Please refer to this document for all detailed prior authorization criteria.

Until Magellan Rx Management takes over, please continue to contact Xerox State Healthcare for prior authorizations by phone at 800-365-4944 or by fax at 888-772-9696.

Pharmacy and Therapeutics Committee Meeting

The next Pharmacy and Therapeutics Committee Meeting will be held on Tuesday, January 10, 2017, from 1:00 p.m. to 5:00 p.m. in the 11th floor conference rooms at 303 E. 17th Avenue.

New Plan Information

Magellan Rx Management will assume administrative operation of the PBMS on behalf of Health First Colorado. This transition has been delayed until 2017. Please stay tuned for more updates.

You must be enrolled in the new Colorado interChange. All pharmacy providers and suppliers must be enrolled in the Colorado interChange system. Those who are not approved and enrolled will not be able to submit claims or receive payments. Visit Colorado.gov/HCPF/Provider-Resources for more information.

Your BIN, PCN, and Group number will be changing. This transition requires that you update you claim submission software with the Magellan Rx Management BIN and PCN. **You will receive new BIN, PCN, and Group numbers along with additional information on the transition in a subsequent notice.**

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