



colorado.gov/pacific/hcpf

Provider Bulletin

Reference: B1000281

March 2010



Did you know...?

- h Providers must have an active Colorado Medical Assistance Program provider number related to the services being provided before claims and PARs can be submitted.
- h The fiscal agent, ACS, does not have final provider application approval for all provider types.

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All Providers

Incorrect Benefit Message for Presumptive Eligibility Benefits for Children

Presumptive Eligibility (PE) allows children age 18 and under and pregnant women to be enrolled in either Medicaid or CHP+ as presumptively eligible. Medicaid PE for children includes coverage of all Medicaid covered services. However, Medicaid PE for pregnant women only covers outpatient services. Providers who verify PE eligibility through the Colorado Medical Assistance Program Secure Web Portal (Web Portal), CMERS, or Faxback will receive an incorrect provider benefit message for children with Medicaid PE. The message incorrectly states that Medicaid PE for children receive only outpatient services. Children receiving Medicaid PE are eligible for inpatient benefits in addition to all other regular Medicaid benefits. The Department of Health Care Policy and Financing (the Department) will correct the provider benefit message in the future.

The following chart depicts the benefits for each Presumptive Eligibility group:

Medicaid PE Pregnant Women	Medicaid PE Children	CHP+ PE Pregnant Women and Children
¾ Outpatient Services ¾ Prenatal Care Inpatient care, labor and delivery are NOT covered for pregnant women during the PE period.	¾ Full Medicaid Benefits include, but are not limited to: - Outpatient services - Inpatient care - Mental health services - Prescriptions - Dental services	¾ Outpatient services ¾ Inpatient care ¾ Mental health services ¾ Glasses and hearing aids ¾ Prescriptions ¾ Pregnancy care ¾ Labor and delivery Dental services are NOT covered

Direct Medicaid PE billing questions to ACS Provider Services at 303-534-0146 or 1-800-237-0757. Direct CHP+ PE billing questions to the State Managed Care Network at 1-800-414-6198.

Verifying Client Eligibility

The fiscal agent, ACS, and the Department's Client Contact Center are unable to provide you with the guarantee number used to assure client eligibility and coverage.



Denver Club Building
518 17th Street, 4th floor
Denver, Colorado 80202

ACS Contacts
Billing and Bulletin Questions
303-534-0146
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

You can verify eligibility through one of the electronic methods and if the client is eligible for the date span provided, you will receive an eligibility guarantee number.

This means that the claims for those dates of service will be exempt from eligibility edits.

Electronic methods include:

¾ **Web Portal (Batch or Interactive):** X12N 270 - Eligibility Inquiry

¾ **Fax-Back:** 1-800-493-0920 Toll free

¾ **CMERS:** 303-534-3500 Denver Metro; 1-800-237-0044 Toll free Colorado



Batch eligibility verifications may be made through other vendors such as WebMD, Envoy, Passport Health, etc.

Note: If a client is not eligible for the entire date span of your inquiry, you will not get a guarantee number. If the client is eligible for a portion of the requested date span, submit another request for just the eligible period. For example, if you ask for eligibility for 7/15/09 through 9/30/09 and the response says the client was eligible for the period 8/1/09 through 9/30/09, a guarantee number is not issued. Re-verify the period 8/1/09 through 9/30/09 and you will receive a guarantee number.

Colorado Health Care Affordability Act Program Implementations

We are pleased to announce that the first two programs made possible through the Colorado Health Care Affordability Act will be implemented on May 1, 2010. It is important to remember that all program implementations are dependent upon the Centers for Medicare and Medicaid Services (CMS) approval of the provider fee. We expect approval by April 1, 2010. If the approval is delayed, we will need to delay implementations.

The first expansion will increase coverage for low-income adults by increasing Medicaid to 100% of the federal poverty level (FPL) for the parents of Medicaid eligible children through the Medicaid Parent Expansion. Currently, Medicaid covers parents with dependent children living in the household up to 60% of the FPL. The second expansion will increase coverage for children and pregnant women under CHP+ to 250% of the FPL.

The Department expects to bring rules authorizing these program expansions to the Medical Services Board in March 2010. We will begin training the beginning of April that will include policy guidance.

Please contact Corinne Lamberson at 303-866-6587 for more information on the Medicaid Parent Expansion. For more information on the CHP+ expansion, please contact Annie Lee at 303-866-3663.

A New Look for Medical Identification Cards

In the spring of 2010, the Department anticipates a new look for the Medical Identification Card. First and foremost, it will be bilingual (English and Spanish). Please watch for more details in future provider bulletins. If you have questions, you may contact Roberta Lopez at 303-866-6114 or roberta.lopez@state.co.us.

Colorado Access Health Plan Transitions to New Contract Model

Effective March 1, 2010, members that are currently enrolled in Colorado Access Health Plan – Enhanced Care Management will transition to the new plan that is based upon a Primary Care Case Management (PCCM) model. In this new plan, members of Colorado Access Health Plan will receive regular Medicaid benefits and providers will need to collect applicable Medicaid copayments. Colorado Access will continue to provide care management services to members in this program. Providers must bill the Colorado Medical Assistance Program directly for services rendered to these patients for dates of service March 1, 2010 and after. The Colorado Medical Assistance Program will reimburse covered services according to the Medicaid benefits and fee schedule.

If you have questions or concerns regarding this change, please contact Rick Dawson, Department Contract Manager at 303-866-2416 or rick.dawson@state.co.us. You may also contact April Abrahamson, Colorado Access Plan Director at 720-744-5410 or April.Abrahamson@coaccess.com.



Prior Authorization When Medicaid Is the Secondary Payer

Medicaid, as required by federal regulation, is the payer of last resort. The chart below applies to services and supplies that require prior authorization for Colorado Medical Assistance Program reimbursement. For a list of these items, please refer to the Healthcare Common Procedure Coding System (HCPCS) bulletins published each January in the Provider News [Bulletins](#) section of the Department's Web site.

Primary	Secondary	Item is covered by Primary Insurer?	Medicaid PAR required for secondary payment
Traditional Medicare	Medicaid	Yes	No
Traditional Medicare	Medicaid	No	Yes
Medicare Advantage	Medicaid	Yes	No
Medicare Advantage	Medicaid	No	Yes
Commercial Plan	Medicaid	Yes	No
Commercial Plan	Medicaid	No	Yes

Note: Third party physicians may prescribe services for Medicaid clients, but Medicaid requires that both the rendering provider and billing provider be enrolled as Medicaid providers. Clients receiving services must be eligible and enrolled at the time of both the service request and service delivery.



When requesting prior authorization for secondary from Medicaid, providers must include the primary insurance's explanation of benefits noting denial or item not covered. Submit the documentation to the fiscal agent, ACS. The Colorado Foundation for Medical Care reviews PARs when Medicaid is the only payer.

Please contact the Department's Program Administration Section at 303-866-5571 with questions.

Report Suspicion of Provider Fraud

Program Integrity has established an easy way to report suspicion of provider fraud, waste and/or abuse of Medicaid and CHP+ funds. Anyone can make a report through the confidential email address: ReportProviderFraud@hcpf.state.co.us. All reports are investigated by Program Integrity staff. Please contact Sandi Barnes at 303-866-3535 if you have any questions.

ACS Provider Services Call Center Assistance

As a Colorado Medical Assistance Program provider, you have access to a wealth of information online at colorado.gov/pacific/hcpf and through the Department's fiscal agent's Provider Services Call Center (Call Center) at 303-534-0146 or 1-800-237-0757. Please feel free to contact the Call Center for questions about billing, EDI support, provider enrollment, provider training, etc. The Call Center is available 8:00 a.m. to 5:00 p.m. (MT) to answer your questions thoroughly and accurately.

All Medicaid and CHP+ Managed Care Providers Capitation Payment Delay and Schedule Change

Capitation payments for managed care contractors are currently disbursed concurrently or prospectively for current and new enrollees. Due to State budget constraints and legislative mandate S.B. 09-265, effective June 2010, managed care capitation payments will be disbursed retrospectively. This is expected to be a permanent change in the way capitations are paid. The Department does not anticipate returning to a prospective payment schedule.

The Department reviewed several options for compliance with the statute; however, most alternatives were associated with an unacceptable level of risk for unpredictable systems problems that could have even more serious financial impacts on our contractors. Therefore, starting in June 2010, managed care providers/contractors will receive capitation payments based on the client enrollment for the *prior* month. It is our hope that providing notice of this change now will permit our contractors to make the necessary internal cash flow adjustments for the change in June.

Please note: For the month of June 2010, capitation payments will be delayed until the next capitation cycle in July 2010. Prior to S.B. 09-265, payments for June capitations would have been made on June 18.

In order to mitigate the length of time providers will go without payment, the Department will make the June 2010 capitation on July 7, 2010. This represents a 2.5 week delay from the original payment date; the time elapsed between the May payment and the June payment will be 7.5 weeks.

The Department will transition to the new permanent schedule for the August payment; the time elapsed between the July payment and the August payment will be 6 weeks. Going forward, providers will normally be paid on the third Friday of each month. Please refer to the following table for May-December 2010 payments. A payment schedule of payment dates for the remaining months of FY 2010-11 will be provided in the April Provider Bulletin. Please contact your plan's Contract Manager with any questions.



Event	Date
May 2010 Dates of Coverage: EFT Deposit	5/14/2010
*** No Payment in June ***	
June 2010 Dates of Coverage: EFT Deposit	7/7/2010
July 2010 Dates of Coverage: EFT Deposit	8/20/2010
August 2010 Dates of Coverage: EFT Deposit	9/17/2010
September 2010 Dates of Coverage: EFT Deposit	10/15/2010
October 2010 Dates of Coverage: EFT Deposit	11/19/2010
November 2010 Dates of Coverage: EFT Deposit	12/17/2010
December 2010 Dates of Coverage: EFT Deposit	1/14/2011

Please watch for additional details relating to this change in upcoming Provider Bulletins.

Orthodontists

New Orthodontic Bulletin and Assessment Form

The new orthodontic bulletin ([B1000279 - 02/10](#)) has been posted in the Provider Services [Bulletins](#) section of the Department's Web site. The [2009 Handicapping Malocclusion Assessment Form](#) may now be completed on line. Please refer to the Provider Services [Forms](#) section of the Department's Web site for more details.

Outpatient Hospitals and Practitioners

Notice to All Providers Billing Physician-Administered Drugs

All physician, outpatient hospital, EPSDT, and Medicare Part B crossover claims for physician-administered single-source and the 20 multiple-source drugs, as identified by the CMS, must be submitted using both HCPCS codes and National Drug Code (NDC) numbers when using the electronic 837P (Professional) and 837I (Institutional) claim formats.

The Department posts a list of the single-source and top 20 multiple-source drugs, and their corresponding NDCs and HCPCS, in the [Billing Manuals](#) section of the Department's Web site. Claims submitted for these drugs using only HCPCS codes or only NDC numbers will be denied. Claims submitted with NDC numbers that do not correspond to the correct HCPCS codes will also be denied.

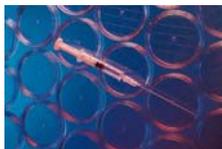
The Department intended to significantly expand the list effective February 1, 2010; however, the effective date of this update has been delayed until spring 2010. Since the list will be regularly updated, providers are encouraged to routinely submit both HCPCS and NDC numbers on all claims for physician-administered drugs, regardless of whether the drug is a single-source drug or is included on the list of top 20 multiple-source drugs.

Please contact Tom Leahey at thomas.leahey@state.co.us or 303-866-2519 with questions.



Practitioners

Reimbursement Rate Updates for Injectable Drugs in the Office Setting Effective February 15, 2010, reimbursement rates were updated for the majority of injectable drugs administered in the office setting. The updates included HCPCS procedure codes that previously had an established Medicaid fee schedule rate as well as those that were being manually priced on a claim-by-claim basis by ACS.



These updates were implemented to address outdated reimbursement rates and reduce the number of claims that were suspended and manually priced by ACS staff.

The new rates were calculated based on the 2009 Medicare fee schedule and average Medicaid payments over the past fiscal year.

Please see the February 2010 fee schedule on the [Provider Services](#) home page for information regarding specific rate updates. Procedure codes included in the rate updates are noted on the fee schedule.

Please contact Teresa Knaack at 303-866-3064 or Teresa.Knaack@state.co.us if you have any questions.

Reimbursement Rate Updates for Selected Medical Services Codes

Effective February 15, 2010, reimbursement rates were updated for selected medical services CPT and HCPCS procedure codes that were previously priced on a claim-by-claim basis by ACS. These updates were implemented to reduce the number of claims that were suspended and manually priced by ACS staff. The new rates were calculated based on the 2009 Medicare fee schedule and average Medicaid payments over the past fiscal year.

Please see the February 2010 fee schedule on the [Provider Services](#) home page for information regarding specific rate updates. Procedure codes included in the rate updates are noted on the fee schedule.

Please contact Teresa Knaack at 303-866-3064 or Teresa.Knaack@state.co.us if you have any questions.

Discontinuation of CPT Consultation Codes

Effective April 1, 2010, CPT consultation codes (ranges 99241-99245 for office/outpatient consultations and 99251-99255 for inpatient consultations) will no longer be recognized for payment. This change is being implemented to be consistent with Medicare policy.

Please submit claims for consultation services using another Evaluation and Management (E/M) code that most appropriately represents where the visit occurred and that identifies the complexity of the visit performed.

Please contact Teresa Knaack at 303-866-3064 or Teresa.Knaack@state.co.us if you have any questions.

Pharmacy Providers

Rx Review Program

As a result of legislation passed in 2007, the Department created a medication management therapy program known as the Rx Review Program. The program is for Medicaid fee-for-service clients who are classified as high drug utilizers; those clients prescribed with five or more drugs each month for three months in a row. The Department contracts with pharmacists within the client's community to provide a comprehensive medication evaluation as a means of support for providers and clients by:

- 1) Achieving drug therapy treatment goals
- 2) Minimizing undesirable medication effects
- 3) Improving client medication adherence
- 4) Enhancing medication safety
- 5) Reducing health expenditures.

Upon completion, a recommendation letter will be sent to all prescribers and the client. Since inception, all counseled clients were surveyed and the Department received a 24% response rate. Of those responses:

- ¾ 71% Felt better about their medications
- ¾ 82% Learned something about their medications
- ¾ 85% Thought the Rx Review program was helpful

Please consider promoting the Rx Review program to your Medicaid clients that are taking five or more drugs on a regular basis. Thank you in advance for your support of this program. If you have any questions regarding this program, please contact Megan Wood at megan.wood@state.co.us.



Pharmacy and Therapeutics (P&T) Committee News



The Department would like to welcome three new P&T Committee members, Dr. Elizabeth Hogan, Dr. Jennifer Hyer, and Dr. Lynn Parry. The Department would like to thank all of the experts that submitted CVs for consideration. Selecting members for appointment was extremely difficult due to the wealth of talent in the pool. For a complete list of P&T Committee members please check the [Pharmacy and Therapeutics \(P&T\) Committee](#) Web page in the Committees, Boards, and Collaboration under *For Our Stakeholders* section of the Web site.

The next P&T Committee meeting will be held:

Tuesday, April 6, 2010
1:00 p.m. - 5:00 p.m.
225 E. 16th Ave.
1st Floor Conference Room
Denver, CO 80203



Preferred Drug List (PDL) Update

Effective April 1, 2010, the following medications will be preferred agents on the Medicaid Preferred Drug List (PDL) and will be covered without a prior authorization:

Multiple Sclerosis Interferon Products

Avonex, Betaseron and Rebif

Alzheimer's Agents

Aricept (tab and ODT) and galantamine

***Namenda is non-preferred, but will be available without prior authorization for clients with the diagnosis of dementia of Alzheimer's type. The diagnosis code should be documented on the prescription so that it can be submitted on the pharmacy claim.

Atypical Antipsychotics

Abilify, clozapine, Clozaril, Geodon, Risperdal, risperidone, Seroquel, Seroquel XR and Zyprexa

***Clients stabilized on non-preferred medications in this class will be eligible for grandfathering for two years or until an automated prior authorization system is set up.

Growth Hormones

Norditropin, Omnitrope and Saizen

Leukotriene Modifiers

Singulair

Intranasal Corticosteroids

fluticasone, Nasacort AQ and Veramyst

Sedative/Hypnotics

Lunesta, zaleplon and zolpidem

Ophthalmic Allergy

cromolyn, Patanol, Pataday and Zaditor

Statin/Statin Combinations

Crestor, Lipitor, pravastatin and simvastatin



The complete PDL and prior authorization criteria for non-preferred drugs are posted on the [Preferred Drug List \(PDL\)](#) Web page.

For questions or comments regarding the PDL, contact Jim Leonard at Jim.Leonard@state.co.us.

State Maximum Allowable Cost List

The Department has developed a State Maximum Allowable Cost (State MAC) list that will become effective in March 2010. In February 2010, the Department surveyed pharmacies in order to obtain the prices paid by the pharmacies for a specific list of drugs. The Department reviewed the survey responses and, in accordance with the Department's rules, developed the pricing for the State MAC list by basing the rate on actual acquisition costs paid by pharmacies plus 18%. Once the State MAC list is in effect, it will be available in the [Pharmacy](#) section under *Provider Services, Provider Information* of the Department's Web site.

Please contact Kerri Coffey at kerri.coffey@state.co.us or 303-866-4131 if you have any questions.

Prenatal Care Providers, Pediatricians, Family Practices and Presumptive Eligibility Sites



Free Text Message Program for All Pregnant Women and New Mothers

The National Healthy Mothers Healthy Babies Coalition, the White House Office of Science and Technology, and a broad array of public and private partners have launched a one-of-a-kind program called Text4Baby.

Text4baby is a mobile educational program designed to give pregnant women and new mothers critical health information to help keep themselves and their babies healthy. Mobile phones can play a significant role in health care by delivering information directly to those who need it most. Text messaging will deliver the health information at the right time to pregnant women and new mothers, and can be particularly helpful in reaching underserved populations. While not everyone has access to the Internet, 90% of Americans have a mobile phone.

Here's how it works:

- ¾ Women can sign up for the service by **texting BABY to 511411 (or BEBE for Spanish to the same number)**. Once signed up, they will receive free "Short Message Service" (SMS) text messages each week, timed to their due date or baby's date of birth.
- ¾ These messages focus on a variety of topics critical to maternal and child health: nutrition, mental health, birth defects prevention, oral health and safe sleep, seasonal flu and immunization. Text4baby messages also connect women to prenatal and infant care services.
- ¾ Text4baby is a **free service** for all subscribers and is the first ever free mobile health information service in the U.S. with great potential to reach an enormous audience.

Consider spreading the word about Text4baby to your clients, program participants, and patients.

Additional information can be found at www.text4baby.org. You may dial 703-837-7548 or send an email to info@text4baby.org for more information.

Colorado Medical Assistance Provider Manual Updates

Colorado 1500 Specialty Billing Manual Update

The following Colorado 1500 specialty manuals are now available in the Provider Services [Billing Manuals](#) section of the Department's Web site:

- | | |
|--------------------------------------|--------------------------------------------------------------|
| h Ambulatory Surgical Centers | h Independent Laboratory |
| h Audiology | h Medical/Surgical Services |
| h Nurse Home Visitor Program | h Physical, Occupational, Speech and Language Therapy |

Please continue to check the Provider Services section of the Department's Web site for more specialties.

Appendix T

Please refer to the Appendices located in the Provider Services [Billing Manuals](#) section of the Department's Web site for an update to Appendix T (Community Mental Health Services Program Covered Diagnoses and Procedures).

Supply/DME Providers

Reminder of Pulse Oximeter Rental for Children under Age 3

Pulse Oximeters must be purchased if they are rented for more than two months for clients age 3 and older. Pulse Oximeters for children under the age of 3 can be rented for more than two months until the child reaches the age of 3. A Prior Authorization Request is required for all Pulse Oximeter claims.



Please contact Richard Delaney at 303-866-3436 or richard.delaney@state.co.us if you have any questions.

Updates to Positive Airway Pressure Device HCPCS Codes

Effective March 1, 2010, the maximum allowable reimbursement rate for procedure code A7030, *full face mask used with positive airway pressure device*, will be increased to \$141.48. This procedure code will continue to require prior authorization.



Effective April 1, 2010, procedure code E0561, *humidifier, nonheated, used with positive airway pressure device*, and procedure code E0562, *humidifier, heated, used with positive airway pressure device*, will be limited to one humidifier per client every two years. These procedure codes will continue to require prior authorization.

Please contact Eric Wolf at 303-866-5963 or Eric.Wolf@state.co.us if you have any questions.

March and April 2010 Provider Billing Workshops

Denver Provider Billing Workshops

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

The March and April 2010 workshop calendars are included in this bulletin and are also posted in the Provider Services [Training](#) section of the Department's Web site.

Who Should Attend?

New and experienced receptionists, front desk personnel, admission personnel, office managers, billing services, and other billers should consider attending the appropriate workshops.

Reservations are required

Reservations are necessary for *all workshops*.

Email reservations to:

workshop.reservations@acs-inc.com

Or

Call Provider Services to make reservations:

1-800-237-0757 or 303-534-0146

Press "5" to make your workshop reservation. You must leave the following information:

- | | |
|---------------------------------------------------------------|--------------------------------------------------|
| ¾ Colorado Medical Assistance Program provider billing number | ¾ The number of people attending and their names |
| ¾ The date and time of the workshop | ¾ Contact name, address and phone number |

Without all of the requested information, your reservation cannot be processed successfully. Your confirmation will be mailed to you within one week of making your reservation.

If you do not receive a confirmation within one week, please contact Provider Services and talk to a Provider Relations Representative.

All Workshops held in Denver are located at:

**ACS
Denver Club Building
518 17th Street, 4th floor
Denver, Colorado 80202**



Beginning Billing Class Description



These classes are for new billers, billers who would like a refresher, and billers who would like to network with other billers about the Colorado Medical Assistance Program.

Currently the class covers in-depth information on resources, eligibility, timely filing, reconciling remittance statements and paper claim completion for the UB-04 and the Colorado 1500. *These classes do not cover any specialty billing information.* The fiscal agent provides specialty training throughout the year in their Denver office.

The classes do not include any hands-on computer training.

March and April 2010 Specialty Workshop Class Descriptions

Dental

The class is for billers using the 2006 ADA/837D claim format. The class covers billing procedures, claim formats, common billing issues and guidelines specifically for the following provider types: Dentists, Dental Hygienists

FQHC/RHC

This class is for billers using the UB-04/837I and CO1500/837P format. The class covers billing procedures, Encounter Payments, common billing issues and guidelines specifically for FQHC/RHC providers.

HCBS-BI

This class is for billers using the CO1500/837P claim format for the following services: adult day care, non-medical transportation, home electronics, home modifications and personal care. The class covers billing procedures, common billing issues and guidelines specifically for HCBS-BI providers

HCBS-EBD

This class is for billers using the CO1500/837P claim format for the following services: adult day care, non-medical transportation, home electronics, home modifications and personal care. The class covers billing procedures, common billing issues and guidelines specifically for the following provider types:

HCBS-EBD HCBS-PLWA HCBS-MI

HCBS-DD

This class is for billers who bill on the CO1500/837P claim format for the following: Comprehensive Services (HCBS-DD), Supported Living Services (SLS), Children's Extensive Support (CES), Children's Residential Habilitation Program (CHRP) and Targeted Case Management (TCM). The class covers billing procedures, common billing issues and guidelines for HCBS-DD providers

Occupational, Physical and Speech Therapy

This class is for billers using the CO1500/837P format for therapies. The class covers billing procedures, common billing issues and guidelines specifically for Occupational, Physical and Speech Therapists providers.

Transportation

This class is for emergency transportation providers billing on the CO1500/837P and/or UB-04/837I format. The class covers billing procedures, common billing issues and guidelines specifically for Transportation provider

Driving directions to ACS, Denver Club Building, 518 17th Street, 4th floor, Denver, CO:**Take I-25 toward Denver**

Take exit **210A** to merge onto **W Colfax Ave (40 E)**, 1.1 miles

Turn **left** at **Kalamath St**, 456 ft.

Continue on **Stout St**, 0.6 miles

Turn **right** at **17th St**, 0.2 miles

ACS is located in the Denver Club Building on the west side of Glenarm Place at 17th Street (Glenarm is a two-way street).

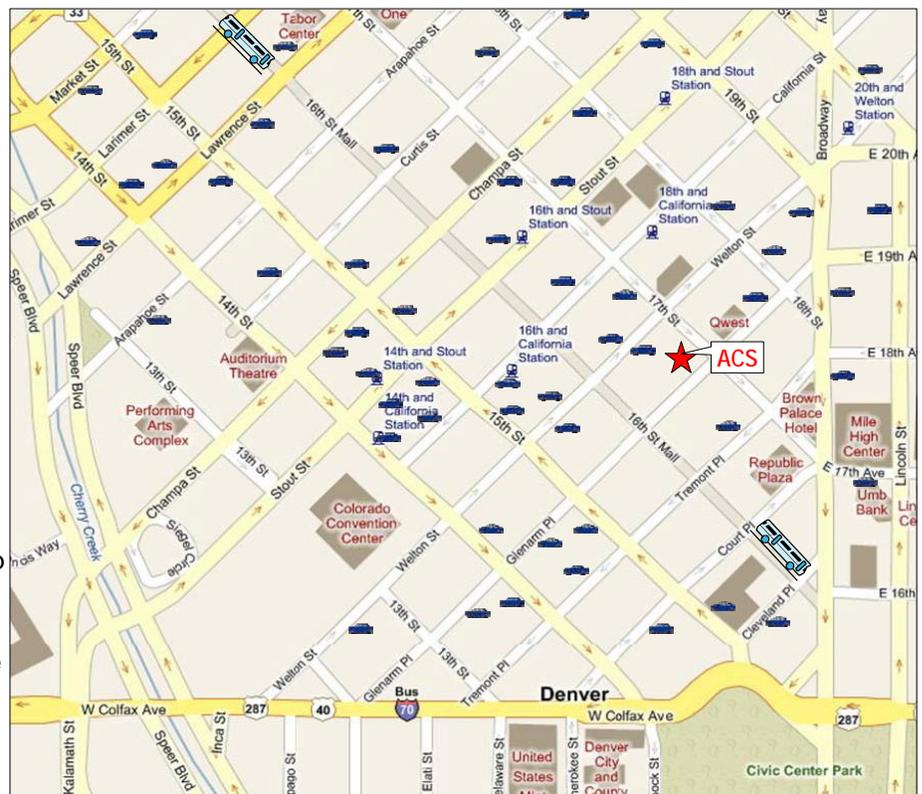
Parking: Parking is not provided by ACS and is limited in the Downtown Denver area.

Providers attending workshops are urged to carpool and arrive early to secure parking or use public transportation.

 = Light Rail Station: A Light Rail map is available at: http://www.rtd-denver.com/LightRail_Map.shtml

 **Free MallRide:** MallRide stops are located at every intersection between Civic Center Station and Union Station.

 **Commercial parking lots:** Lots are available throughout the downtown area. The daily rates are between \$5 and \$20.



Please note: WebEx trainings are **not** for providers on the Front Range.

Email all WebEx training reservations to: workshop.reservations@acs-inc.com

A meeting notification containing the Web site, phone number, meeting number, and password will be emailed or mailed to providers who sign up for WebEx.

March 2010 Workshop Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9 Beginning Billing – CO -1500 9:00 am-11:30 am Web Portal 837P 1:00 pm-2:00 pm OT/PT/ST 3:00 pm-4:30 pm	10 Beginning Billing – UB-04 9:00 am-11:30 am Web Portal 837I 1:00 pm-2:00 pm	11 Provider Enroll 9:00 am-12:00 pm Practitioner (WebEx) 1:00 pm-4:00 pm	12 HCBS-DD (WebEx) 9:00 am-12:00 pm Dental (WebEx) 1:00 pm-3 pm Web Portal 837D	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April 2010 Workshop Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2 <i>State Furlough</i>	3
4	5	6	7	8	9	10
11	12	13 Beginning Billing – CO -1500 9:00 am-11:30 am Web Portal 837P 1:00 pm-2:00 pm Transportation 3:00 pm-4:30 pm	14 Beginning Billing – UB-04 9:00 am-11:30 am Web Portal 837I 1:00 pm-2:00 pm FOHC/RHC 3:00 pm-4:30 pm	15 Dental 9:00 am-12:00 pm Web Portal 837D	16 Beginning Billing – CO -1500/837P 9:00 am-11:30 am HCBS-EBD 11:00 am-1:00 pm HCBS-BI 1:00 pm-2:30 pm HCBS-DD 3:00 pm-4:30 pm	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

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

ACS Provider Services at 303-534-0146 or 1-800-237-0757 (toll free).

Please remember to check the Provider Services section of the Department's Web site at

colorado.gov/pacific/hcpf.