



Provider Bulletin

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March 2012

colorado.gov/pacific/hcpf

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

ACS Contacts

Billing and Bulletin Questions
1-800-237-0757 or 1-800-237-0044

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

Correspondence, Inquiries, and Adjustments
P.O. Box 90
Denver, CO 80201

Enrollment, Changes, Signature authorization and Claim Requisitions
P.O. Box 1100
Denver, CO 80201

Did you know...?

The Colorado Registration & Attestation (CO R&A) will be open in March 2012. Eligible healthcare professionals who qualify for incentive payments may now register and attest to the use of the Electronic Health Record (EHR). If you would like more information, please send an email to MedicaidEHR@corhio.org. Watch for more information in future communications.

All Providers

Medicare/Medicaid Crossover Claims

Providers are reminded that if a Medicare crossover claim does not appear on the Medicaid Provider Claim Report (PCR) within 30 days of receiving the Medicare Standard Paper Remit (SPR), the provider is responsible for billing the claim directly to Medicaid. Crossover claims may be submitted on paper or electronically. The SPR is required for paper claim submission.

Please contact ACS Provider Services at 1-800-237-0757 or 1-800-237-0044 with questions.

Adult Buy-In Program

The Medicaid Buy-In Program for Working Adults with Disabilities (WAwD) is set to be implemented March 1, 2012. The program will allow working adults with disabilities whose income is too high or have too many resources to qualify for regular Medicaid to purchase or "buy-in" to obtain coverage. The Medicaid Buy-In Program for WAwD is part of the Colorado Health Care Affordability Act funded by the Hospital Provider Fee. To learn more about the program, click [here](#).



Accountable Care Collaborative (ACC) Update

The ACC is a new Colorado Medical Assistance Program to improve clients' health and reduce costs. Primary Care Providers interested in participating in the ACC are encouraged to contact the Regional Care Collaborative Organization (RCCO) in their area. For contact information, please refer to the [ACC Contact Information sheet](#).

ACC Referral Requirement



- There is currently a grace period in effect for referrals. During this grace period, Primary Care Medical Providers (PCMPs) are expected to provide a referral for their clients to see specialists and other primary care providers; however, claims without a referral submitted by specialists and other Primary Care Providers will be processed for payment.

- The grace period will remain in effect until the policy is fully re-evaluated with stakeholders.
- All providers will be given notice about any change before it occurs.

Next ACC Program Improvement Advisory Committee Meeting

April 18, 2012
10:00 A.M. - 12:00 P.M.
225 E. 16th Avenue
Denver, CO 80203
1st Floor Conference Room

This meeting will focus on the referral requirement within the ACC program. These meetings are open to the public, and there will be time allotted for public comment. More information about the Committee can be found on the Department of Health Care Policy and Financing's (the Department's) [ACC Program Improvement Advisory Committee](#) Web page at colorado.gov/hcpf. Feel free to contact Kathryn Jantz at Kathryn.Jantz@state.co.us or Greg Trollan at Greg.Trollan@state.co.us with questions.

Web Portal Training Materials and User Assistance Documents

There are several training presentations and user guide documents regarding the Colorado Medical Assistance Program Web Portal (Web Portal). These materials are updated regularly to provide users and providers with the most accurate information on using the Web Portal system. Special "quick sheets" or guides are also available to provide information for a specific type of Web Portal user, such as for the Trading Partner Administrator (TPA). Additional information is also provided to users on major system changes, such as for the Health Insurance Portability Accountability Act (HIPAA) 5010 transactions.

The Web Portal training presentations that are given each month by the fiscal agent, at its Denver office, are accessible under "Web Portal Presentations" in the Provider Services [Training](#) section of the Department's Web site, colorado.gov/hcpf. These presentations provide information on how to use the Web Portal to bill Professional, Institutional, and Dental claims. In addition, a link to the [Understanding User Names & Roles](#) quick sheet is provided in this section. This document outlines the differences between a regular user and the TPA user, as well as provides a description of the tasks each of the user roles will allow a person to complete in the Web Portal.

The [Understanding User Names & Roles](#) quick sheet is also available in the Provider Services [Colorado Medical Assistance Program Web Portal](#) section of the Department's Web site. All of the Web Portal [User Guides](#) are published in a PDF format, to allow users to have quick access to the guides without having to log into the Web Portal. The [User Guides](#) are also available via the Main Menu in the Web Portal. These [User Guides](#) provide users and providers with an explanation of all the functionality available in the Web Portal. Steps on how to use this functionality to complete daily work, such as submitting claims, checking client eligibility, or accessing reports are included.

At the beginning of February 2012, a crosswalk document was published for users on the changes that were made to the Web Portal 837 claim data entry fields and screens with the implementation of HIPAA 5010. This document, titled [Colorado Medical Assistance Program Web Portal Changes due to HIPAA 5010](#), is available on the Department's Web site in the Provider Services [Provider Information Colorado Medical Assistance Program Web Portal](#) section. This document only covers the changes that occurred to the claim data entry screens for HIPAA 5010, because this had the largest impact to Web Portal users. Finally, as first discussed in the March 2011 Bulletin ([B1100298](#)), the Web-Based Training (WBT) modules that are available through the Web Portal are being updated and given a new look/feel. Some of these interactive WBT modules have already been completed and published. They are the Basic User Training and the TPA User Training. The WBT modules for Eligibility User Training and File and Report Service (FRS) User Training are currently being finalized, and should be published in the near future. Updates for the remaining WBT modules are planned to be completed by the end of June 2012. These modules are only accessible after logging into the Web Portal and selecting the Training option from the Main Menu. Users who have questions about any of the Web Portal training materials or documents that have been published to assist users with how to use the Web Portal functionality may contact Tanya Chaffee at Tanya.Chaffee@state.co.us. Users who have questions related to billing or any of the billing manuals and training should contact ACS Provider Services at 1-800-237-0757.



Upcoming Benefits Collaborative Meetings

March 2012 Benefits Collaborative Meetings



- March 15 – Home Health: Certified Nursing Assistant (CNA) Services Teleconference
- March 23 – Physician Services
- March 28 – Local Public Health Agencies

April 2012 Benefits Collaborative Meetings

- April 5 – 3rd Meeting: Home Health: CNA Services
- April 11 – 2nd Meeting: Orthodontic Stakeholder Group

For more information about the Benefits Collaborative and meeting details, please visit the [Benefits Collaborative](#) section of the Department's Web site. Should you have any questions or would like additional information, please feel free to contact Sheeba Ibdunni at Sheeba.Ibdunni@state.co.us or 303-866-3510.

Up and Away and Out of Sight

A new educational program is being launched by the Centers for Disease Control and Prevention (CDC) and the Consumer Healthcare Products Association (CHPA) Educational Foundation.

Providers who want to educate parents about medication safety for children can find information and tools from *Up and Away and Out of Sight*.

More than 60,000 children per year end up in the emergency room due to gaining access to medicines that are not safely stored. *Up and Away and Out of Sight* was created to help educate and remind families about safe medicine storage.



For more information, click [here](#). Information in Spanish may be obtained by clicking [here](#).

Up and Away and Out of Sight is in partnership with the CDC, the Health Resources and Services Administration, and the CHPA Educational Foundation, among other organizations, as a part of the PROTECT Initiative. For more information on the PROTECT Initiative, please click [here](#).

ColoradoPAR Program

As of February 1, 2012, the ColoradoPAR Program now processes Prior Authorization Requests (PARs) for the following benefits:

- Audiology
- Durable Medical Equipment (DME)/Supply- All (including repairs)
- Diagnostic imaging– limited to non-emergency Computed Tomography (CT) Scans and Magnetic Resonance Imaging (MRI), and all Positron Emission Tomography (PET) Scans
- Medical/surgical services
- Reconstructive surgery
- Second surgical opinions
- Physical and occupational therapy (PT/OT) services
- Transportation
- Out-of-state non-emergency surgical services
- Organ transplantation
- Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Extraordinary Home Health
- Vision, including contact lenses

Training for CareWeb QI

CareWebQI is a streamlined way to get PARs approved in real time. The ColoradoPAR Program provides CareWebQI training via WebEx every Wednesday at 1:00 P.M. Mountain Standard Time. Please be sure to log on prior to the scheduled online training to ensure the correct software is available for reviewing the presentation. For technical assistance with using the WebEx, please call 1-866-863-3910 or visit the attend-a-meeting Web page at <https://www.webex.com/login/attend-a-meeting> for more information.

Trainers are also available to provide training at the provider's office. If interested, please send an email to the ColoradoPAR Program at RES_ColoradoPAR@apsealthcare.com.

Feel free to visit Coloradopar.com to learn more information including updated training and schedules, register for training, sign up for a username and password and get on board with CareWebQI!

Reminder: PAR letters and PAR numbers used for billing the Colorado Medical Assistance Program can be obtained through the Web Portal FRS within a few days of submission to ColoradoPAR.

PT/OT Prior Authorization Requests

For all PT and OT PARs, continue to attach your paper PAR form as well as submitting on CareWeb QI to ensure that all the data is being reviewed. When submitting through CareWeb QI, please be sure to add the number of requested units and dates of service. PAR reviews will take longer to process when information is missing. Please contact the ColoradoPAR Program at 1-888-454-7686 with questions.

2012 HCPCS/Procedure Codes Bulletins

The 2012 HCPCS/Procedure Codes bulletins for Ambulatory Surgical Centers (ASCs) ([B1200314](#)), Immunization Benefits ([B1200315](#)) and Practitioners ([B1200316](#)) have been published. The bulletins are available in the *For Our Providers, What's New* under [Provider Bulletins](#) section of the Department's Web site.

Appendices and EPSDT Manual Updates

Appendix D (Program/Services and Authorizing Agencies), Appendix N (Prior Authorization Request Denial Reasons), and Appendix R (Provider Claim Report Messages) have been updated. The updated versions are located in the [Appendices](#) of the Provider Services [Billing Manuals](#) section on the Department's Web site.

The new 2012 Immunization schedules have been added to the [EPSDT](#) manual. The manual is also located in the Provider Services [Billing Manuals](#) section on the Department's Web site.

For billing questions, please contact ACS Provider Services at 1-800-237-0757 or 1-800-237-0044.

Dual Eligibles

Providers are reminded that Medicaid is always the payer of last resort, therefore, services for dual-eligible clients - those with coverage from Medicare and Medicaid - must be billed first to Medicare.

Please refer to the July 2011 Provider Bulletin ([B1100303](#)) for an example of exceptions for Home Health services.

Providers must be able to show evidence that claims for dual eligible clients, where appropriate, have been denied by Medicare prior to submission to the Colorado Medical Assistance Program. Per the Provider Participation Agreement, this evidence must be retained for six years following the Medicare denial.

The Colorado Medical Assistance Program requires that a copy of the Medicare SPR accompany any paper claims for dual-eligible clients which are submitted for reimbursement.



Record Retention

Providers must maintain records that fully disclose the nature and extent of services provided. Upon request, providers must furnish information about payments claimed for Colorado Medical Assistance Program services. Records must substantiate submitted claim information. Such records include, but are not limited to:

- Treatment plans
- Prior authorization requests
- Medical records and service reports
- Records and original invoices for items, including drugs that are prescribed, ordered, or furnished
- Claims, billings, and records of Colorado Medical Assistance Program payments and amounts received from other payers

Each medical record entry must be signed and dated by the person ordering and providing the service.



Computerized signatures and dates may be applied if the electronic record keeping system meets Colorado Medical Assistance Program security requirements.

Records must be retained for at least six years, or longer if required by regulation or a specific contract between the provider and the Colorado Medical Assistance Program.

Durable Medical Equipment (DME) Providers

Durable Medical Equipment (DME) Questionnaires

The new DME questionnaires have been published and are available for use effective immediately. The questionnaires are available in the Provider Services [Forms](#) section of the Department's Web site. The Department will allow for a transition period until March 15, 2012, after which providers must use the current questionnaires with a revision date of 02/12.

There are noticeable differences in format as well as new, deleted or revised questions. In addition, the form is an online fillable form that will allow providers as much space as necessary to complete the form. The form will prompt providers to enter demographic information prior to printing to ensure that the information is provided (e.g., Client ID). For any questions, please email HCPF_DME@state.co.us.

Practitioners

Immunization Services Policy

The Department will implement a new Immunization Services policy effective April 2, 2012. This policy clarifies the immunizations that the Department covers and the clients who are eligible for them. To view this policy, please visit the [Boards & Committees](#) section of the Department's Web site, click on [Benefits Collaborative](#), and click on Learn More about the Benefits Collaborative [Approved Policies](#) will be towards the bottom of the page.



An immunization billing manual, which contains information about codes, prior authorization, and other billing instructions, will be issued in the coming months. For any updates on Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) billing codes, please refer to the annual Immunization Benefit Update bulletin ([B1200315](#)).

The Immunization Services policy, which was approved by the State Medicaid Director in February, was developed with the participation of providers and other stakeholders using the Department's Benefits Collaborative process.

If you have questions about the Immunization Services policy, please contact Amanda Belles at Amanda.Belles@state.co.us or 303-866-2830.

Vaccines for Children (VFC) Program

As of March 1, 2012, the VFC Program will no longer be supplying providers with Hiberix® (associated with CPT billing code 90648) and Cervarix® (associated with CPT billing code 90650). For more information and/or questions, please contact:

Debra Zambrano VFC
Clinical Coordinator Vaccine
Management Team
Colorado Department of Public Health and Environment
303-692-2258
Debra.Zambrano@state.co.us

Colorado Immunization Information System (CIIS)

Colorado has an immunization registry, the CIIS, to keep track of immunizations.



Under Colorado law, clients may opt-out of participating, for themselves and/or their children. Under this law, providers are required to notify clients receiving immunizations of their right to opt-out. For more information on these requirements, and tools for communicating opt-out rights to clients, click [here](#).

For questions, please contact: Amanda Belles at Amanda.Belles@state.co.us or 303-866-2830.

Rural Health Centers (RHCs)

Policy of Setting Interim Rates for New Rural Health Centers (RHCs)

New RHCs must file a projected Medicare cost report within 90 days of their designation as an RHC to establish an interim base rate. This cost report will contain the anticipated RHC's reasonable costs to be incurred during the RHC's initial fiscal year.

1. Hospital-Based RHCs with Less than 50 Beds:

The interim base encounter rate will be 80% of the anticipated reasonable per-visit cost.

2. Hospital-Based RHCs with 50 Beds or More:

The interim base encounter rate will be the lower of:

- a. The anticipated reasonable per-visit cost, or;
- b. The Medicare maximum payment rate (federal ceiling).

3. Freestanding RHCs :

The interim base encounter rate will be the lower of:

- a. The anticipated reasonable per-visit cost, or;
- b. The Medicare maximum payment rate (federal ceiling).

Exceptions:

An existing RHC that experiences a change of ownership will continue to receive the same effective rate as the original entity.

Out of state RHCs will receive the Medicare maximum payment rate (federal ceiling).

If a new RHC does not file a projected cost report, the interim base rate will be set at the federal ceiling.

Establishing the Final Rate:

New RHCs must file a Medicare cost report with the Department five months after the RHC's initial fiscal year end. RHC reimbursement rules per 10 C.C.R. 2505-10 Section 8.740.7 will then apply for setting the rate. This rate will be retroactively applied through a mass adjustment of claims if it differs from the interim rate.

Feel free to contact Tiffany Heimbuch-Maybee at Tiffany.Heimbuch-Maybee@state.co.us or 303-866-3596 with questions.

**Transportation Providers****New Transportation Policy Statements**

The Department will publish written Non-Emergent Medical Transportation (NEMT) and Emergency Ambulance Services policies to clarify these services, effective April 2, 2012.

The NEMT policy clarifies the NEMT services reimbursed by the Department and the clients who are eligible for them. The Emergency Ambulance Services policy clarifies ambulance requirements and various methods of emergency transportation services reimbursed by the Department. To view these policies, please visit the [Boards & Committees](#) section of the Department's Web site click on [Benefits Collaborative](#), and click on Learn More about the Benefits Collaborative [Approved Policies](#) will be towards the bottom of the page.



The NEMT and Emergency Ambulance Services policies, which were approved by the State Medicaid Director in February, were developed with the participation of providers and other stakeholders using the Department's Benefits Collaborative process.

For information regarding billing codes, prior authorizations, and other billing instructions, please refer to **Transportation** in [Colorado 1500 Specialty Billing Information](#) and the [Non-Emergency Medical Transportation \(NEMT\) Process, Non-Emergency Medical Transportation Fact Sheet](#), and the [Transportation Rates & PAR Requirements](#) documents in the Provider Services [Billing Manuals](#) section of the Department's Web site.

If you have questions about the NEMT and Emergency Ambulance Services policies, please contact Chris Acker at Chris.Acker@state.co.us or 303-866-3920.

Pharmacy

Attention Pharmacy Providers: Please note that the prescriber's National Provider Identifier (NPI) should be used when billing Medicaid Pharmacy claims.

Next Pharmacy & Therapeutics (P&T) Committee Meeting

Tuesday, April 10, 2012
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 April 1, 2012, the following medications will be preferred agents on the Medicaid PDL and will be covered without a prior authorization:

Alzheimer's Agents

Aricept tabs and ODT (5 and 10mg), donepezil tabs and ODT, galantamine IR and ER and Namenda
***All preferred agents will be available without prior authorization for clients with the diagnosis of dementia of Alzheimer's type.

Atypical Antipsychotics

Abilify, clozapine, Clozaril, Geodon, risperidone, Risperdal, Saphris, Seroquel (IR only) and Zyprexa tabs (Zydis will be non-preferred)

****Grandfathering will be approved for clients currently stabilized on a non-preferred atypical antipsychotic if medically necessary. Please see PDL for individual drug criteria.*

Growth Hormones

Norditropin, Omnitrope and Saizen

Intranasal Corticosteroids

Fluticasone (generic Flonase) and Nasacort AQ

Leukotriene Modifiers

Singulair

Multiple Sclerosis Agents

Avonex, Betaseron, Copaxone and Rebif

Ophthalmic Allergy Agents

cromolyn, Patanol, Pataday and Zaditor

Sedative/Hypnotic Agents

Lunesta, zaleplon and zolpidem tablets (zolpidem CR is non-preferred)

Statins and 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.

**Drug Utilization Review (DUR) Board Updates**

Due to terms expiring in April 2012, the Department is currently looking for qualified applicants to serve on the DUR Board. We are seeking a representative from the pharmaceutical industry, and there may be openings for physicians or pharmacists that wish to serve. The members of the DUR Board shall have recognized knowledge and expertise in one or more of the following:

1. The clinically appropriate prescribing of covered outpatient drugs;
2. The clinically appropriate dispensing of covered outpatient drugs;
3. Drug use review, evaluation, and intervention;
4. Medical quality assurance.

To submit a CV or for additional information, please contact Jim.Leonard@state.co.us or visit the [Drug Utilization Review \(DUR\) Board](#) Web page.

Appropriate use of Proton Pump Inhibitors (PPIs)

PPI Quantity Limits – Prior authorization will be required for proton pump inhibitor therapy beyond 100 days. Please review [Appendix P](#) in the Billing Manuals section under Provider Services.

New Generics in the Preferred Drug List (PDL) Classes

Please remember that newly marketed generic products that are equivalents of PDL preferred products may not be treated as preferred. This occurs when the cost to the State for the brand-name drug is less expensive than the cost of the generic equivalent. This determination will be re-evaluated at the annual PDL review for the drug class.

March and April 2012 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 2012 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 for all workshops

Email reservations to:

workshop.reservations@acs-inc.com

Or Call Provider Services to make reservations:

1-800-237-0757 or 1-800-237-0044

Press "5" to make your workshop reservation. You must 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 this information is necessary to process your reservation successfully. Look for your confirmation by mail within one week of making your reservation.

Reservations will only be accepted until the Friday before the training workshop to ensure there is space available.

If you have not received a confirmation within at least two business days prior to the workshop, please contact Provider Services and talk to a Provider Relations Representative.

All Workshops presented in Denver are held 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 completion of the UB-04 and the Colorado 1500 paper claim forms.



The Beginning Billing classes do not cover any specialty billing information.

The fiscal agent provides specialty training throughout the year in their Denver office.

Classes do **not** include any hands-on computer training.

Provider Enrollment Application Workshop

This workshop focuses on the importance of correctly completing the Colorado Medical Assistance Program Provider Enrollment Application. Newly enrolling providers, persons with the responsibility for enrolling providers within their groups, association representatives, and anyone who wants to better understand the Colorado Medical Assistance Program enrollment requirements should attend.

March and April 2012 Specialty Workshop Class Descriptions

Dental

The class is for billers using the 2006 ADA paper claim form. 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 Colorado 1500/837P format. The class covers billing procedures, Encounter Payments, common billing issues and guidelines specifically for FQHC/RHC providers.

Home Health

This class is for billers using the UB-04/837I format. The class covers billing procedures, common billing issues, and guidelines specifically for Home Health providers.

IP/OP Hospital

This class is for billers using the UB-04/837I format. The class covers billing procedures, common billing issues, and guidelines specifically for In-patient Hospital and Out-patient Hospital providers.

Occupational, Physical and Speech Therapy

This class is for billers using the Colorado 1500/837P claim format for therapies. The class covers billing procedures, common billing issues and guidelines specifically for Occupational, Physical and Speech Therapists providers.

Practitioner

This class is for providers using the Colorado 1500/837P format. The class covers billing procedures, common billing issues and guidelines specifically for the following provider types:

Ambulance	Family Planning	Independent Radiologists	Physician Assistant
Anesthesiologists	Independent Labs	Nurse Practitioner	Physicians, Surgeons

Transportation

This class is for emergency transportation providers billing on the Colorado 1500/837P and/or UB-04/837I formats. The class covers billing procedures, common billing issues, and guidelines specifically for Transportation providers.

Vision

This class is for ophthalmologists, optometrists, and opticians billing on the Colorado 1500/837P claim format. The class covers billing procedures, common billing issues, and guidelines specifically for practitioners providing vision services.

Waiver Programs

HCBS-BI

This class is for billers using the Colorado 1500/837P 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 Colorado 1500/837P 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
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Web Portal

Web Portal classes provide an overview of the Colorado Medical Assistance Program Web Portal, a description of its functions and contact and support information.

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 **Welton St.**, 0.5 miles.

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

The Denver Club Building will be on the right.

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 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 - The 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: 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 2012

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6	7	8	9	10
11	12	13 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	14 Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 PM IP/OP 1:00 PM-3:00 PM	15 Provider Enrollment - 9:00 AM--11:00 AM WebEx - Dental 1:00 PM-3:00 PM Home Health 3:00 PM-4:30 PM	16 Vision 9:00 AM-11:00 AM WebEx - Basic Billing - Waiver Providers 12:00 PM- 2:30 PM Web Portal 2:45 PM-3:30 PM	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

April 2012

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM Transportation 1:00 PM-3:00 PM	11 Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 PM FQHC/RHC 1:00 PM-3:00 PM	12 Home Health 9:00 AM-10:30 PM WebEx - Practitioner 1:00 PM-4:00 PM	13 Basic Billing - Waiver Providers 9:00 AM-11:30 AM Web Portal 11:45 AM-12:30 PM	14
15	16	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 1-800-237-0757 or 1-800-237-0044.

Please remember to check the [Provider Services](#) section of the Department's Web site at:

colorado.gov/pacific/hcpf