



Provider Bulletin

Reference: B1300339

July 2013

colorado.gov/pacific/hcpf



Did you know...?

To begin receiving the 835 via the Web Portal's File and Report Service (FRS), an Electronic Funds Transfer (EFT) payment has to first be deposited into the bank.

In this issue:

All Providers.....	1
ACC Contract Online.....	1
Well Child Key Performance Indicator.....	1
Implementation of New Provider Rates.....	2
ColoradoPAR.....	2
Updated Provider Enrollment Applications.....	3
Nurse Advice Line.....	3
Independence Day Holiday.....	3
ASCs.....	4
Billing Reminder.....	4
DME and Supply Providers.....	4
DME, Prosthetics, Orthotics, and Supply (DMEPOS) and Medicare Crossover Claims.....	4
DME Billing Manual Updates.....	4
Clarification on Qualifying Sleep Studies for CPAP/BIPAP Requests.....	4
FQHCs/RHCs.....	5
Billing Changes.....	5
Immunization/Vaccine and Adolescent Depression Screening Providers.....	5
NCCI Impacts on Immunization & Adolescent Depression Screening.....	5
Mental Health Providers.....	5
Depression Screening.....	5
PRTF/RCCF Providers.....	6
Medicaid Provider Rate Increases Effective July 1, 2013.....	6
Vision Providers.....	6
NCCI Impacts on Vision.....	6
Pharmacy Providers.....	7
P&T Committee Meeting.....	7
Other Drug Coverage Updates.....	7
PDL.....	8
July & August 2013 Provider Workshops.....	8

All Providers

Complete the Accountable Care Collaborative (ACC) Contract Online

Effective immediately, providers can complete a Primary Care Medical Provider (PCMP) contract for the ACC Program through the Colorado Medical Assistance Program Web Portal ([Web Portal](#)).

New providers to the program will need to contact the Regional Care Collaborative Organization (RCCO) for their designated area to complete a separate contract with one or more RCCOs. Please refer to the Department of Healthcare Policy and Financing's (the Department's) website (colorado.gov/pacific/hcpf) → Clients & Applicants → Medicaid Programs → Accountable Care Collaborative → [ACC Provider Information](#) for a complete list of RCCO Contact Information.

Contracted providers in the ACC, please note small changes were made to the PCMP contract. The changes are summarized on the ACC Provider Information web page → [Summary of PCMP Contract Changes](#). Please re-execute the contract with the Department online. To view the revised version of the contract, please refer to the ACC Provider Information web page → [PCMP Contract \(Red Line Version\)](#). Contracted providers will need to re-execute their contract with the Department as soon as possible.



Note: There is no need to re-execute the contract(s) with the designated RCCO(s).

Refer to the ACC Provider Information web page → [PCMP Online Contract Instructions](#).

Please contact Hanna Schum at Hanna.Schum@state.co.us or 303-866-2279 with questions.

Well Child Key Performance Indicator

Since 2011, as a part of the ACC Program, RCCOs and PCMPs have had the opportunity to earn incentive payments based on three (3) Key Performance Indicators (KPIs):

1. 30-day all cause inpatient hospital readmissions,
2. Emergency Room (ER) visits and
3. High-cost imaging.

Effective July 1, 2013, the Department will begin measuring a fourth KPI, Well Child Visits, based on [CMS-416 criteria](#).

To incentivize high performance, a \$1 Per Member Per Month (PMPM) payment is withheld and distributed to RCCOs and PCMPs quarterly based on regional KPI performance. Primary Care Medical Providers and RCCOs that demonstrate between 1% and 4.99% improvement will receive 66% of the PMPM incentive.

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

Contacts

Billing and Bulletin Questions
1-800-237-0757

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

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

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

ColoradoPAR Program PARs
www.coloradopar.com

Those who show improvement at or above 5% will be reimbursed 100% of the PMPM incentive. For more information related to the payout methodology, please see the table below.

The Department remains committed to the ACC program as the predominant program that will lead Colorado Medicaid into the future of better health care. Providers should contact Andrew Shapiro at Andrew.Shapiro@state.co.us or 303-866-4206 with any comments or questions regarding the ACC Incentive Payment Program.

Key Performance Indicator: Payout Methodology

Key Performance Indicators*		Tier 1 :		Tier 2:	
		1% - 4.99% Performance Improvement		> 5% Performance Improvement	
Adults	1. Re-Admissions* (30%)	or	1. \$.20		1. \$.30
	2. ER Visits (30%)		2. \$.20		2. \$.30
	3. High Cost Imaging (30%)		3. \$.20		3. \$.30
	4. Well Child Visits (10%)		4. \$.07		4. \$.10
Children**	1. Re-Admissions* (20%)	or	1. \$.13		1. \$.20
	2. ER Visits (20%)		2. \$.13		2. \$.20
	3. High-Cost Imaging (20%)		3. \$.13		3. \$.20
	4. Well Child Visits (40%)		4. \$.26		4. \$.40
* 30-day all cause inpatient hospital re-admissions					
**For incentive payment calculation purposes, children are defined as 0-20 years old.					

Implementation of New Provider Rates

Medicaid provider rate increases were approved during the 2013-2014 legislative session and are effective July 1, 2013. Please refer to the June 2013 Provider Bulletin ([B1300338](#)) for a list of affected benefits. However, the Department cannot implement the increases until the rates are approved by the Centers for Medicare and Medicaid Services (CMS). In most cases, the Department expects approval from CMS after July 1, 2013. Current rates will continue to be paid until CMS approval is obtained. Once approved, the Department will retroactively adjust all claims with dates of service on or after July 1, 2013 to reflect the new rates. Adjustments will be reflected on future Provider Claim Reports (PCRs).

The Provider Services unit of the Department's fiscal agent, Xerox State Healthcare can be contacted at 1-800-237-0757 with questions.

ColoradoPAR

All Prior Authorization Requests (PARs) and revisions processed by the ColoradoPAR Program must be submitted using CareWebQI ([CWQI](#)). Mandatory PAR submission through CWQI became effective April 1, 2013. The ColoradoPAR Program will continue to process PARs submitted by phone for emergent out-of-state, or out-of area inpatient stays (e.g., where the patient is not in their home community and is seeking care with a specialist, and requires an authorization due to location constraints).



As a general practice, the ColoradoPAR Program will not process PAR requests via phone. The ColoradoPAR Program will, however, continue to process PARs submitted by phone or paper for those providers who have been granted an exception, based on the low volume of PARs submitted per month (five [5] or less requests per month).

To submit an urgent PAR into CWQI, check the urgent box; the PAR will be processed in one (1) business day. If a user submits an emergency PAR into CWQI and it is not auto authorized, the user should call the ColoradoPAR Program; this will allow the PAR to be evaluated at that time.

CWQI Help

Please visit the ColoradoPAR Program's website (coloradopar.com) for additional help, such as steps for problem solving common issues, forms, and trainings. Refer to the ColoradoPAR Program's website → "Need CWQI Help? Click Here" or the CareWebQI tab in the red banner across the top of the page to access the following help topics:

CareWebQI Portal Access:

- How to Enable Cookies
- Screens not opening, such as Details
- Permission error message

Trainings:

- Medical Providers
- Dental/Orthodontic Providers
- Pediatric Long Term Home Health (LTHH) Providers
 - Pediatric Assessment Tool
 - FAQs
 - Step Down Process



Forms:

- CareWebQI User Access Form
- CareWebQI User Termination Form
- PAR Exception Form

CWQI User Access and Termination

Each individual entering a PAR must submit a **CareWebQI User Access Form** and will be assigned an individual username and password. Once access has been requested, please allow 5 business days from the date the access request form was submitted to receive appropriate credentials.

An employee with access to CWQI who terminates their employment must submit a CareWebQI Termination form.

Please contact the ColoradoPAR Program by email RES_ColoradoPAR@apshealthcare.com, or call 1-888-454-7686 with questions.

Updated Provider Enrollment Applications

Effective September 1, 2013, providers must submit the updated enrollment applications marked with a revision date of July 2013. Several changes have been made to both the standard and rendering provider applications due to federal rules and regulations. Applications received on or after September 1, 2013 with a revision date other than July 2013, will not be processed and will be subsequently returned to the provider. Applications received prior to September 1, 2013 that have been processed and pended for missing documents will be denied and closed on September 1, 2013, requiring a replacement application with the revision date of July 2013. The new applications can be found on the Department's website → For Our Providers → Provider Services → [Provider Enrollment](#). Please contact the Department's fiscal agent at 1-800-237-0757 with any questions about completing the application.

Nurse Advice Line

Please remind Medicaid clients that the Nurse Advice Line is available 24 hours a day, 7 days a week at 1-800-283-3221. This is a triage call that is answered by a nurse to help clients determine the best level of care needed.

Independence Day Holiday



Due to the Independence Day holiday on Thursday, July 4, 2013, the receipt of warrants will be delayed by one or two days. State, the Department's fiscal agent, and ColoradoPAR Program offices will be closed on Thursday, July 4, 2013. Offices will re-open during regular business hours on Friday, July 5, 2013.

Ambulatory Surgical Centers (ASCs)

Billing Reminder

Ambulatory Surgical Centers are reminded that when billing the Colorado Medical Assistance Program, the billing provider number should be used in both the billing and the rendering provider fields. Ambulatory Surgical Centers are not required to use a different rendering provider number when submitting claims. Please contact the Department's fiscal agent at 1-800-237-0757 with questions.

Durable Medical Equipment (DME)/Supply Providers

Durable Medical Equipment, Prosthetics, Orthotics, and Supply (DMEPOS) and Medicare Crossover Claims

Medicare Ordering and Referring Denial Edits

The Affordable Care Act (ACA) requires physicians and other eligible providers to be enrolled in the Medicare Program to order or refer Medicare beneficiaries to receive DME and supply items. Upon implementation of Medicare's Phase 2 denial edits, [Ordering and Referring Denial Edits](#), suppliers billing DMEPOS that are denied due to the ordering/referring edit shall not be a valid denial for Medicare/Medicaid crossover claim submission. Please visit cms.gov for more information on the denial edits.

DMEPOS Competitive Bidding

Medicare DMEPOS Competitive Bidding contract suppliers for Round 2 of the National Mail-Order program for diabetic testing supplies have been announced. Clients who are Medicare-Medicaid enrollees living in the competitive bidding area (CBA) as well as suppliers providing services to those clients must comply with the Medicare DMEPOS competitive bidding rules. Medicaid will not assume responsibility as the primary payer for any claims or services that have not been properly processed under these rules. Claims submitted in compliance with the competitive bidding rules will still be payable by Medicaid as the payer of last resort. Additionally, non-contract Medicare suppliers should continue to process Medicare-Medicaid crossover claims through Medicare prior to submitting to Medicaid for all items and/or Medicare-Medicaid enrollees excluded in the competitive bidding process. Suppliers are responsible for being in compliance with claims and billing rules.



Please visit the [DMEPOS Competitive Bidding Program](#) website for detailed information on the product categories and competitive bidding areas included in the Round 2 of the National Mail-Order competitive bidding program.

Non-Contract Suppliers Serving Full-Benefit Medicare-Medicaid Enrollees

Information on billing requirements for competitively bid items where Medicare's coverage criteria differs from Medicaid's coverage criteria is not available at this time, however guidance for suppliers will be posted on the Department website→Providers→Pharmacy→[Durable Medical Equipment \(DME\)](#) when the process has been finalized.

DME Billing Manual Updates

The DME billing manual has been updated with the following:

- Billing units and comments for Procedure Code E0600 units were corrected.
- Rental information for Procedure Code E0445 was included to reflect current processes.

Clarification on Qualifying Sleep Studies for Continuous Positive Airway Pressure (CPAP)/Bilevel Positive Airway Pressure (BiPAP) Requests



For suppliers submitting PAP requests, the ColoradoPAR Program will accept and process PARs for both home and lab sleep study reports for CPAP/BiPAP set up. However, physicians should note that sleep studies completed in the home are not currently recognized as an allowable place of service for reimbursement. Please email HCPF_DME@hcpf.state.co.us with questions.

Federally Qualified Health Center (FQHC) and Rural Health Centers (RHC) Providers

Billing Changes

The claims payment system for FQHCs and RHCs has been modified to accommodate the submission of multiple lines identifying the different services provided to the client without creating denials for additional lines. Beginning August 1, 2013, any line on an FQHC electronically submitted claim that does not use Revenue Code 529 and any line on an RHC electronically submitted claim that does not use Revenue Code 521 will process without denying.

Beginning August 1, 2013, FQHCs and RHCs will be able to report all services provided during a visit without creating denied items. The FQHCs and RHCs should use the appropriate revenue code for the services provided during a visit. Appropriate Revenue Codes are identified on the Department's website → For Our Providers → Provider Services

→Billing Manuals→Appendices→[Appendix Q](#). If a claim continues to have multiple lines identified with Revenue Code 529 or

521, the lines will deny as they currently do. The line with Revenue Code 529 or 521 can be in any position; it does not have to be the first line.

Each FQHC claim must have at least one line where the Revenue Code in field 42 is 529 in order to be reimbursed. Each RHC claim must have at least one line where the Revenue Code in field 42 is 521 in order to be reimbursed.

If the entire claim is denied for any other reason (e.g., an exact duplicate of another claim), then all lines will be denied.

Federally Qualified Health Centers are encouraged to begin submitting claims using this new process and include all services provided during a visit.

Please contact Richard Delaney at Richard.Delaney@state.co.us or 303-866-3436 with questions.



Immunization/Vaccine and Adolescent Depression Screening Providers

National Correct Coding Initiative (NCCI) Impacts on Immunization and Adolescent Depression Screening

In reviewing recent claims data, the Department is providing additional guidance and notice regarding some NCCI editing impacts.

Immunization Codes

Following NCCI procedure-to-procedure editing, effective July 1, 2013, preventive medicine counseling codes and behavior change intervention codes will no longer be reimbursed by the Colorado Medical Assistance Program when billed in conjunction with vaccine/immunization administration codes (90460-90474). These codes will only be reimbursed if it is appropriate in each individual circumstance to append the NCCI bypass modifier 25 (see below) to the counseling/intervention code. The preventive medicine counseling/behavior change intervention codes subject to this policy include, among others:

- 99401 (individual preventive medicine counseling; 15 min),
- 99402 (individual preventive medicine counseling; 30 min), and
- 99420 (administration and interpretation of a health risk assessment instrument – used for adolescent depression screening).

The Immunization Billing Manual is in the process of being updated to reflect this change. Please contact Meredith Henry at Meredith.Henry@state.co.us with questions.

Mental Health Providers

Depression Screening



The Colorado Medical Assistance Program covers depression screening for adolescent's ages 11 – 20, using a standardized, validated depression screening tool (e.g., PHQ-9, Columbia Depression Scale, Beck Depression Inventory, and Kutcher Adolescent Depression Scale) at the child's periodic visits.

Limitations:

-
- One (1) screen per year for adolescents ages 11 – 20

- Post-Partum Depression Screening: providers may choose to screen adolescent clients for post-partum depression as part of the client's annual depression screen. However, post-partum depression screening is a non-covered benefit for Medicaid clients ages 21 and older. Providers should report Current Procedural Terminology (CPT) code 99420, "Administration and interpretation of health risk assessment instrument (e.g., health hazard appraisal)" when providing depression screens.
 - To report a positive screen, **use diagnosis code V40.9**
 - To report a negative screen, **use diagnosis code V79.8**

Refer to the Developmental/Depression Screening Policy Statement for more information located on the Department's website→Committees, Boards, and Collaboration→Benefits Collaborative→[Approved Benefit Standards](#). Please contact Alex Stephens at Alex.Stephens@state.co.us or 303-866-5931 with any questions.

Additional information on Depression Screening can be found on the Department's website→Clients & Applicants→Medicaid Programs→[Healthy Living](#). Please contact Jerry Ware at Jerry.Ware@state.co.us or 303-866-2335 with questions regarding depression screening located on the Healthy Living web page.

Psychiatric Residential Treatment Facilities (PRTFs) and Residential Child Care Facility (RCCF) Providers

Medicaid Provider Rate Increases Effective July 1, 2013

Behavioral health rehabilitation services for children residing in an RCCF or PRTF, will receive a 2% rate increase, effective for dates of service on or after July 1, 2013. The fee schedule located on the bottom of the [Provider Services](#) web page of the Department's website will be updated to reflect the rate increases.

Please contact the Department's fiscal agent at 1-800-237-0757 with questions.



Vision Providers

NCCI Impacts on Vision

Vision Codes

Following NCCI procedure-to-procedure editing, effective July 1, 2013, CPT code 99173 (screening test of visual acuity, quantitative, bilateral) will no longer be reimbursed by the Colorado Medical Assistance Program when billed:

- In conjunction with general ophthalmological services procedure codes (92002-92014); or
- With visual function screening or ocular photoscreening (99172 and 99174).

These code combinations are not allowed to be bypassed with an NCCI bypass modifier. In addition, procedure code 99173 will no longer be reimbursed by the Colorado Medical Assistance Program when billed in conjunction with an Evaluation and Management (E&M) codes unless it is appropriate to append the NCCI bypass modifier 25 to the visual acuity screening test code.

In addition to the NCCI "Medically Unlikely Editing" (MUE), effective August 1, 2013, the maximum allowable units per date of service for procedure codes 92341, 92342, and 92340 (fitting of spectacles, except for aphakia – bifocal; and multifocal, other than bifocal) will be one (1) unit.

The Department had previously instructed providers to bill two (2) units in most circumstances (one unit for each eye); however, the Colorado Medical Assistance Program has adjusted the maximum allowable reimbursement rate for these codes now that only one (1) unit will be reimbursable.



Modifier 25

Guidance on the use of modifier 25 from the CMS NCCI Policy Manual for Medicaid Services states: "Modifier 25: The *CPT Manual* defines modifier 25 as a "significant, separately identifiable evaluation and management service by the same physician [practitioner] on the same day of the procedure or other service."

Modifier 25 may be appended to an E&M CPT code to indicate that the E&M service is significant and separately identifiable from other services reported on the same date of service. The E&M service may be related to the same or different diagnosis as the other procedure(s)."

Please contact the Department's fiscal agent at 1-800-237-0757 with questions.

Pharmacy Providers

Pharmacy and Therapeutics (P&T) Committee Meeting

Tuesday, July 9, 2013
 1:00 p.m. - 5:00 p.m.
 225 E. 16th Avenue
 Denver, CO 80203
 1st Floor Conference Room



Other Drug Coverage Updates

Colcrys (colchicine) will have the following quantity limits

- Chronic hyperuricemia/gout prophylaxis: 60 tablets per 30 days
- Familial Mediterranean Fever: 120 tablets per 30 days

Ravicti (glycerol phenylbutyrate)

- Ravicti will only be approved for clients meeting the following criteria:
 - Client must be two (2) years of age or older
 - Client must have a documented diagnosis of urea cycle disorder (UCD)
 - Client must be on a dietary protein restriction (verified by supporting documentation)
 - Client must have tried and failed Buphenyl as evidenced by uncontrolled hyperammonia over the past 365 days
 - Medication must be prescribed by a physician experienced in the management of UCD (e.g., geneticist)

Long-Acting Opiates

- The following language has been added to the PDL:
 - No more than one long-acting oral opioid will be approved at one time.
 - Colorado Medicaid is not mandating that a patient switch from a non-preferred drug to methadone. Methadone requires special training due to its complex pharmacokinetic profile. However, if a patient has tried and failed methadone in the past, it can be considered a trial of one preferred drug.
 - Use of opioid analgesics during pregnancy has been associated with neonatal abstinence syndrome. Providers should counsel women of childbearing age regarding the risks of becoming pregnant while receiving opioids, including the risk of neonatal abstinence syndrome.
 - Phasing out grandfathering will begin two (2) months following implementation of the opiate education program. The Department will notify all providers once effective.



Gattex (teduglutide)

- During the first quarter of 2013, NPS Pharmaceutical launched the pharmaceutical product Gattex. Due to the limited use of this pharmaceutical product, the Department is not able to determine an Average Acquisition Cost (AAC) rate. Until further notice, all future billed claims for Gattex will be paid using Wholesale Acquisition Cost (WAC). Current rates are as follows:

NDC	Drug Name	Generic Drug Name	GPI	Reimbursement Source	Reimbursement Rate
68875010201	GATTEX 5 MG 30-VIAL KIT	TEDUGLUTIDE	2	WAC	\$24,247.00
68875010301	GATTEX 5 MG ONE-VIAL KIT	TEDUGLUTIDE	2	WAC	\$929.00

Preferred Drug List (PDL)

Effective July 1, 2013, the following will be preferred agents on the Medicaid PDL and covered without a prior authorization (unless otherwise indicated):

Antihistamines (newer generation): cetirizine and loratadine generic dosage forms **Angiotensin Receptor Blockers, Combinations and Renin Inhibitors:** Avapro (brand name), Benicar, Diovan (brand name), losartan, Avalide (brand name), Benicar-HCT, Diovan-HCT (brand name), losartan/HCTZ

Anticholinergic Inhalants: ipratropium nebulizer solution, Atrovent HFA and Spiriva

Anticholinergic and Short Acting Beta-2 Agonist Combinations: albuterol/ipratropium nebulizer solution and Combivent inhaler (MDI and Respimat devices)

Corticosteroid Inhalants: Asmanex, budesonide nebulizer solution, Flovent (HFA and diskus) and Qvar inhaler

Corticosteroid and Long-Acting Beta-2 Agonist Combinations: Advair diskus, Advair HFA, Dulera and Symbicort Inhaler

Fibromyalgia Agents: Lyrica and Savella

Short-acting Beta-2 Agonists: albuterol nebulizer solution and ProAir HFA

Long-acting Oral Opiates: methadone and morphine ER, fentanyl patches

Skeletal Muscle Relaxants: baclofen, tizanidine and cyclobenzaprine

Topical Immunomodulators: No preferred products



The complete PDL and criteria for non-preferred medications can be found on the [PDL](#) web page.

July and August 2013 Provider Workshops

Provider Billing Workshop Sessions and Descriptions

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

The current and following month’s workshop calendars are included in this bulletin.

Class descriptions and workshop calendars are also posted in the Provider Services [Training Workshops](#) section of the Department’s website.

Who Should Attend?



Staff who submit claims, are new to billing 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.

July 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
14	15	16 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	17 Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 PM *WebEx – OP Substance Abuse 1:00 PM-3:00 PM	18 *WebEx – Dental 9:00 AM-11:00 AM Web Portal 837D 11:15 AM-12:00 PM Home Health 1:00 PM-3:00 PM	19 *WebEx – Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM WebEx – Practitioner 1:00 PM-3:00 PM	20

August 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
4	5	6 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	7 Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 PM Hospice 1:00 PM-3:00 PM	8 DME Billing 9:00 AM-11:00 AM	9 *WebEx – Beginning Billing – Waiver 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM WebEx – FQHC/RHC 1:00 PM-3:00 PM	10

Reservations are required for all workshops

Email reservations to:

workshop.reservations@xerox.com

Or Call the Reservation hotline to make reservations:
1-800-237-0757, extension 5.

Leave the following information:

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

All the information noted above is necessary to process reservations successfully. Look for a confirmation by e-mail within one week of making a reservation.

Reservations will only be accepted until 5:00 p.m. the Friday prior to the training workshop to ensure there is adequate space available.

If a confirmation has not been received at least two business days prior to the workshop, please contact the Department's fiscal agent and talk to a Provider Relations Representative.

All Workshops presented in Denver are held at:

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

***Please note:** For WebEx training, a meeting notification containing the website, phone number, meeting number and password will be emailed or mailed to those who sign up.

The fiscal agent's office is located in the Denver Club Building on the west side of Glenarm Place at 17th Street (Glenarm is a two-way street).

Free parking is not provided and is limited in the downtown Denver area. Commercial parking lots are available throughout the downtown area. The daily rates range between \$5 and \$20. Carpooling and arriving early are recommended to secure parking. Whenever possible, public transportation is also recommended.

Some forms of public transportation include the following:

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

Free MallRide – The MallRide stops are located on 16th St. at every intersection between Civic Center Station and Union Station.

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

Xerox State Healthcare Provider Services at 1-800-237-0757.

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