



Provider Bulletin

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October 2011

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Did you know...?

Synagis® season will begin soon. The Department of Health Care Policy and Financing (the Department) will be providing information about the process, pricing, and policy in a separate provider bulletin coming out soon. The bulletin will also contain information about the Influenza vaccine and the process for how it will be covered. The Department appreciates your patience as work continues toward completion of the information related to both vaccines.

All Providers

Health Insurance Portability and Accountability Act (HIPAA) 5010 Implementation

The Centers for Medicare and Medicaid Services (CMS) HIPAA 5010 regulations establish standards for electronic health care transactions and the transactions are updating to Version 5010, from Version 4010, on January 1, 2012. These electronic health care transactions include claims, eligibility inquiries, and remittance advices. Though the Department is working diligently towards implementing the HIPAA 5010 regulations, the Department may not be fully compliant on January 1, 2012.

For more information, please refer to the [HIPAA 5010 Implementation Fact Sheet](#) located in the Provider Services [Specifications](#) section of the Department's Web site located at colorado.gov/pacific/hcpf.

New Vendor for Prior Authorization Requests (PARs)

As a reminder, effective August 31, 2011, PARs previously sent to the Colorado Foundation for Medical Care (CFMC) should now be sent to the ColoradoPAR Program.

The [ColoradoPAR Program](#) is the new Utilization Management Program for the Colorado Medical Assistance Program. On August 31, 2011, the ColoradoPAR Program began reviewing PARs that were previously submitted to CFMC for review. This phase of changing to the new vendor requires that all PARs be mailed or faxed to the ColoradoPAR Program. The process and forms for submitting PARs that have been used in the past have not changed.

Please continue to send your ACS PARs to ACS for processing. At this time the change only applies to those PARs that were being sent to CFMC.

The list of PARs to be sent to the ColoradoPAR Program includes:

- Durable Medical Equipment (DME) – Limited to orthotics/prosthetics, communication devices, power wheelchairs and power scooters
- Diagnostic Imaging– limited to non-emergent Computed Tomography (CT) Scans, Magnetic Resonance Imaging (MRIs), and all Positron Emission Tomography (PET) Scans
- Medical/Surgical Services
- Reconstructive Surgery
- 2nd surgical opinions
- Physical and Occupational Therapy
- Transportation
- Out-of-State Non-Emergency Surgical Services
- Organ Transplantation
- EPSDT Home Health



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

Please submit the above PARs via paper or by fax to the ColoradoPAR Program’s servicing center at:

The ColoradoPAR Program
 4545 N. Lincoln Blvd., Suite 103 OR Fax: 1-866-492-3176
 Oklahoma City, OK 73105

The ColoradoPAR Program will soon have the capability to receive PARs electronically to ease the administrative burden on providers for PAR submission. Please visit the [ColoradoPAR](#) Web site for the latest information on the transition, information about Webinars, and regional trainings information. For questions and additional assistance or information, please contact the ColoradoPAR Program information line at 1-888-454-7686.

New International Classification of Diseases, Clinical Modification (ICD-9-CM) Diagnosis and Procedure Codes Crosswalk

The following versions of the Centers for Medicare and Medicaid Services (CMS) Grouper will be used to process Medicaid inpatient hospital claims.

Discharge Date	Grouper
On or after October 1, 2006	Version 24.0
October 1, 2005 to September 30, 2006	Version 23.0
October 1, 2004 to September 30, 2005	Version 22.0
October 1, 2003 to September 30, 2004	Version 21.0
October 1, 2002 to September 30, 2003	Version 20.0

ICD-9 codes are updated every year by October 1. ICD-9 codes that were not part of the original Version 24.0 Diagnosis-related group (DRG) grouper needs to be mapped to the ICD-9 codes used by the DRG Version 24.0 Grouper. This will allow claims billed with new diagnosis and/or procedure codes to appropriately group to the existing Version 24.0 DRGs.

The updated crosswalk table effective October 1, 2011 will be located on the Department’s Web site in the Provider Services [Diagnosis Related Group \(DRG\) Relative Weights](#) section as soon as it is available. It will also appear in Appendix W of the [Appendices](#) in the Provider Services [Billing Manuals](#) section.



Until the crosswalk table is updated and system changes are completed, claims that include new ICD-9-CM codes will not group and may automatically deny. Hospitals **do not** need to resubmit claims denied for this reason. The Department will automatically adjust claims denied with any of the following edits:

0582	DRG record not on database
0583	DRG return code 1-Diagnosis not principal diagnosis
0584	DRG return code 2–No DRG in major diagnostic category for principal diagnosis
0585	DRG pricing span not found
0592	DRG return code 6-Illogical principal diagnosis
0593	DRG return code 7-Invalid principal diagnosis

The Department appreciates your patience as we work toward completion of the annual update. If you have any questions, please contact Dana Batey at Dana.Batey@state.co.us or at 303-866-3852.

Accountable Care Collaborative (ACC) Contact Information

The Department began enrolling Medicaid clients into the Accountability Care Collaborative (ACC) Program in May and June 2011. Medicaid clients in the ACC receive services using the fee-for-service model, but also belong to a regional care organization that helps to coordinate their care.

The ACC Program is made up of seven Regional Care Collaborative Organizations (RCCOs), which operate in different regions across the state. RCCO Customer/ Provider Service Phone Numbers for Individual Client Matters are as follows:

RCCO Region	RCCO Name	Counties where clients are currently enrolled	Local Phone Number	Toll Free Phone Number
1	Rocky Mountain Health Plans	Moffat, Routt, Larimer	Front Range 303-689-7372 Western Slope 970-244-7798	800-667-6434
2	Colorado Access	Weld	303-368-0035	855-267-2094
3	Colorado Access	Adams, Arapahoe	303-368-0037	855-267-2095
4	Integrated Community Health Partners	Pueblo, Otero, Brent, Prowers	NA	855-959-7340
5	Colorado Access	Denver	303-368-0038	855-384-7926
6	Colorado Community Health Alliance	Jefferson, Boulder	303-260-2888	877-919-2888
7	Community Care of Central Colorado	El Paso	719-314-2560	866-938-5091

RCCO Contacts for Providers interested being contracted Primary Care Medical Providers (PCMPs) or learning about the ACC are as follows:

RCCO Region	RCCO Name	Key Contact Name	Title	Phone Number	Email Address
1	Rocky Mountain Health Plans	Leslev Reeder	Senior Manager, Government Programs	303-967-2018	leslev.reeder@rmhp.org
2	Colorado Access	Dave Rastatter	Region 2 Contract Manager	970-350-4665	dave.rastatter@coaccess.com
3	Colorado Access	Molly Markert	Region 3 Contract Manager	720-744-5415	molly.markert@coaccess.com
4	Integrated Community Health Partners	Michelle Denman	Director of Provider Relations	719-538-1430	michelle.denman@valueoptions.com
5	Colorado Access	Julie Holtz	Region 5 Contract Manager	720-744-5427	julie.holtz@coaccess.com
6	Colorado Community Health Alliance	Adam Bean	Contract Manager	303-256-1706	adam.bean@phpmcs.com
7	Community Care of Central Colorado	Barbara Young	Network Manager	719-314-2535	Barbara.Young@aspenspointe.org

Correction to September 2011 Dual Eligibles Bulletin Article (B1100305)

The reference to the December 2008 Provider Bulletin (B080255) was incorrectly published. The July 2011 Provider Bulletin ([B1100303](#)) references the most recent information when submitting claims when certain services and conditions apply for Home Health services. We apologize for any inconvenience this may have caused. Please contact Guinevere Blodgett at Guinevere.Blodgett@state.co.us or 303-866-5927 with questions.

October and November 2011 Holidays

Columbus Day Holiday

Due to the Columbus Day Holiday on Monday, October 10, 2011, the claims processing cycle will include electronic claims accepted before 6:00 P.M. MT on Thursday, October 6, 2011. The receipt of warrants may be delayed by one or two days. State offices and the ColoradoPAR Program offices will be closed on Monday, October 10, 2011. ACS offices will be open during regular business hours.



Veteran's Day Holiday

The Veteran's Day holiday on Friday, November 11, 2011 will delay the receipt of warrants by one or two days. State offices and the ColoradoPAR Program offices will be closed on Friday, November 11, 2011. ACS offices will be open during regular business hours.

New Billing Manuals on the Department's Provider Services Web site

The Department is pleased to announce the newly created [Screening, Brief Intervention and Referral to Treatment \(SBIRT\)](#) Billing Manual. In addition, the [Therapeutic Residential Child Care Facility Program \(TRCCF\)](#) Billing Manual has been separated from the Colorado 1500 Specialty Billing Information manual. Both manuals have been posted and are listed under *Colorado 1500 Specialty Billing Manuals* in the Provider Services [Billing Manuals](#) section of the Department's Web site. New and revised billing manuals are posted as soon as they are completed. The date next to the individual manuals references the Issue/Revision date.

Healthy Living Initiatives: Prevention efforts for Medicaid and CHP+ clients.

The Department is committed to improving the health of our clients, staff and community. The focus on healthy living extends from healthy development during infancy and childhood through the life span to healthy aging. Prevention efforts are based in an understanding of the social determinants of health, and the importance of building healthy communities. Please refer to the [Health Living Initiatives](#) page via the Department's Web site for more information.



New Electronic Verification Systems

Effective August 29, 2011 new electronic verification systems were put into place to make it easier and less expensive for Coloradans to apply for public health insurance. The changes can eliminate the need for some applicants to supply paper documentation to verify income, U.S. citizenship and identity.

The new electronic interfaces include:

- **Income Verification** - The new Income Eligibility Verification System (IEVS) allows the verification of income to be electronically verified by using existing data collected from the Colorado Department of Labor and Employment.
- **U.S. Citizenship & Identity Verification** – The changes will allow identity and U.S. citizenship to be verified electronically through a connection directly with the Social Security Administration. This change reduces the burden of providing birth certificates or other paper documentation to prove U.S. citizenship and identity. Costs to obtain copies of birth certificates alone for a Colorado family of four can be more than \$70.
- **Automatic Reenrollment** – Eligible Coloradans who have had no change in their income or number of household members will be automatically re-enrolled in Medicaid or CHP+ without having to return a renewal form.

Some applicants will still need to provide paper documentation. Applicants who do not provide a Social Security Number will be required to provide proof of their wages; self-employed individuals will still need to provide income verification by filling in the current ledger information on the Application for Medical Assistance or a profit and loss statement. Applicants who cannot be verified through the Social Security Administration interface will still need to submit original documents to verify citizenship and identity. For more information please refer to the New [Electronic Verification Interfaces Fact Sheet](#) located in the [What's New](#) section of the Department's Web site.

Dental Providers

Orthodontic Providers

A clinical oral evaluation (D0120, D0124, D01245, D0150, D0160, D0170 and D0180) should not be billed in conjunction with a pre-orthodontic treatment visit. The *Current Dental Terminology* (CDT) manual defines the pre-orthodontic visit, CDT code D8660, as an evaluation of the client's orthodontic problems prior to treatment. Please contact Marcy Bonnett at Marcy.Bonnett@state.co.us or 303-866-3604 with any questions.

Nursing Facility Providers

Nursing Facility 5615 Form

The Department has created and revised a fillable nursing facility 5615 form. Beginning October 1, 2011, the new form will be required and all other versions of this form will not be accepted.

The 5615 form is used by nursing facilities and county eligibility sites to verify the patient payment to nursing facilities. Nursing facilities complete and submit it to the county to report all admissions, readmissions, insurance changes, discharges, deaths, changes in income and/or patient payment, and leaves of absences of residents. County eligibility sites complete the form and submit it to the nursing facility when long-term care services are denied or discontinued.



The newly revised 5615 includes an additional field for LTC Insurance Payment within the Financial Arrangement section. This will allow for Long-Term Care (LTC) Insurance payments to be considered when determining the patient payment amount. The patient payment shall include the client's income after the allowable deductions and any LTC insurance payments for the month. In the event that the patient payment is greater than the cost of care, the LTC insurance payment shall be applied before the client's income. The patient payment shall never be more than the total cost of care.

In order to incorporate the LTC Insurance Payment into the Patient Payment, the LTC Insurance Payment amount to the Total Income after subtracting Total Deductions will need to be added.

$$\text{Total Income} - \text{Total Deductions} + \text{LTC Insurance Payment} = \text{Patient Payment}$$

The form can be completed online and submitted via email, regular mail, or by fax. If submitted by email, the transmission requires the preparer of the document to encrypt the email message and 5615 attachment in compliance with Health Insurance Portability and Accountability Act (HIPAA) requirements. If you cannot encrypt the email, send the 5615 via fax or regular mail.

The [5615 Form](#) is located in Provider Services section under *Other Forms* of the Department's Web site through the

If you have questions about how to use the forms, please contact Kathy Snow at Kathy.Snow@state.co.us.

Pharmacy Providers

Rx Review Program

Metro area pharmacists needed for participation! Areas include Arvada, Aurora, Brighton, Castle Rock, Centennial, Commerce City, Denver, Englewood, Highlands Ranch, Lakewood, Littleton, Northglenn, Thornton, Wheat Ridge and Westminster.



The Rx Review Program is a voluntary participatory medication review for Medicaid clients who have been identified as high drug-utilizers. Criteria for inclusion in this round of consultations comprise those that have claims for five or more drugs totaling more than \$2,000 per month each month or those having six or more narcotics claims each month for three consecutive months. Evaluations consist of educating the patient and a review of all prescription medications, over-the-counter drugs and nutritional supplements; identifying drug-to-drug interactions, drug duplication or use of multiple providers as well as conformity with the Preferred Drug List (PDL).

Since patient participation is voluntary, their pharmacy benefits will not be affected in any way.

If you are a pharmacist interested in participating, please contact:

Tammie Ruiz by email at Tammie.Ruiz@state.co.us or visit the [Pharmacist Resource](#) Web page to see the qualifications and to submit an application.

Pharmaceutical Reimbursement Calculation

On October 1, 2011, the Department implemented a new pharmaceutical reimbursement methodology. Please visit the [State MAC](#) Web page to find more information regarding the changes. The page consists of State MAC Facts, Frequently Asked Questions, Current and Previous State MAC lists.



Pharmacy Billing Manual

Interactive claim submission is a real-time exchange of information between the provider and the Colorado Medical Assistance Program. Interactive claim submission must comply with the National Council for Prescription Drug Programs version 5.1 Payer Sheet – B1/B3 and B2 transactions through December 31, 2011.

Effective January 1, 2012, interactive claim submission must comply with D.0 requirements. The D.0 Payer Sheets to begin coding and testing transactions are available in the [Pharmacy Billing Procedures and Forms](#) section of the Department's Web site.

Next Pharmacy & Therapeutics (P&T) Committee Meeting



Tuesday, October 4, 2011
1:00 P.M. - 5:00 P.M.

This meeting will be held at: Anschutz Medical Campus
Education Building # 2 South Room 1102
13001 E. 17th Place
Aurora, CO 80045

Please visit the [Pharmacy and Therapeutics \(P&T\) Committee](#) Web page for full location details.

Attention Potential P&T Committee Members

The Department is currently accepting Curriculum Vitae (CV) from potential P&T Committee members for the January 2012 – December 2013 term. Positions considered include physicians, pharmacists and client representatives. If you are interested in serving or know someone who would be qualified, please submit a CV along with a completed [P&T Committee Conflict of Interest Disclosure Form](#), located on the [P&T Committee](#) section under *Contact Us/Join Us* Web page to:

The Colorado Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203-1818
Attn: Jim Leonard

You may also submit the information by fax to 303-866-3590.

The Department will be selecting new members to begin service beginning with the January 3, 2012 meeting.

Preferred Drug List (PD) Update

Erythropoiesis Stimulating Agents

Procrit – Clients must meet eligibility criteria

Oral Bisphosphonates

Alendronate tabs in 5mg, 10mg, 35mg and 70mg

Meglitinides

None preferred

Biguanides

Generic metformin in 500mg, 850mg and 1000mg immediate-release tablets preferred; generic metformin extended-release 500mg tablets preferred



Hypoglycemic Combinations

Glyburide/Metformin generic products, Kombiglyze, Janumet – Please see PDL for additional information

Thiazolidinediones

Actos

Newer Generation Diabetes Agents

Byetta, Januvia, Onglyza, Tradjenta – Please see PDL for additional information

ADHD and Stimulants

Generic methylphenidate IR and SR, generic dexamethylphenidate, FOCALIN XR, CONCERTA (brand name only), generic mixed amphetamine salts products in IR (generic Adderall), ADDERALL XR (brand name only), STRATTERA, and VYVANSE

Overactive Bladder Agents

Oxybutynin, oxybutynin ER and TOVIAZ

Drug Utilization Reviews (DUR) Board Updates

The Department would like to welcome our newest DUR Board member, Kimberly Eggert. Kim will be serving in the capacity of Industry Representative for the Board. She is currently working for Gilead Pharmaceuticals, and she has previous experience with state Medicaid Drug Utilization Review. The Department is currently looking for qualified applicants to serve in a pharmacist position on the DUR Board.

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 by email at Jim.Leonard@state.co.us or visit the [DUR Board Web page](#).

Prior Authorization Updates

Appendix P has been updated effective October 1, 2011. Please see the new criteria for Benlysta (belimumab), Horizant (gabapentin enacarbil), Implanon, Nexplanon, Protease Inhibitors to treat Hepatitis C and Simvastatin 80mg. [Appendix P \(Prior Authorization Procedures\)](#) is located in the Billing Manuals section under Appendices of the Department's Web site.

Physician Administered Drugs



The Department would like to remind providers that drugs administered in a physician's office, clinic, dialysis unit or hospital are not pharmacy benefits of the Colorado Medical Assistance Program. For office, clinic or dialysis unit administered drugs, please refer to the appropriate service program rules, and if applicable, bill using a Colorado1500 paper claim form or as an 837 Professional (837P) transaction. Drugs administered in a hospital are included as part of the hospital fee. Keep in mind, that drugs such as (but not limited to) Synagis, Zometa, Depo-provera, Implanon and Remicade are not eligible for pharmacy benefit coverage unless they are administered in the client's home or eligible long-term care facility. Please refer to the [Provider Billing Manuals](#) for additional billing details. Additionally, a reminder of this information can be found in [Appendix P \(Effective Oct 1, 2011\)](#) in the Pharmacy [Prior Authorization Procedures and Criteria](#) section.

Physical and Occupational Therapy Providers

Hippotherapy (Equine Therapy)

Hippotherapy (equine therapy) is a covered benefit only for those clients who are enrolled in the Supported Living Services Waiver or the Children's Extensive Support waiver.

Billing information pertaining to waiver services is located in [HCBS Specialty Billing Information](#) in the Provider Services [Billing Manuals](#) section of the Department's Website. Hippotherapy may not be billed under any miscellaneous fee-for-service therapy code because it is not a regular Medicaid benefit. Please contact Marcy Bonnett at Marcy.Bonnett@state.co.us or 303-866-3604 with any questions.



October and November 2011 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.



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

The October and November 2011 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:

Or Call Provider Services to make reservations:
1-800-237-0757 or 1-800-237-0044

workshop.reservations@acs-inc.com

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

- Colorado Medical Assistance Program provider billing number
- The number of people attending and their names
- The date and time of the workshop
- 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. This will ensure that there is space available and enough training materials.

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.



September and October 2011 Specialty Workshop Class Descriptions

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.

HCBS-DD

This class is for billers who bill on the Colorado 1500/837P 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.

Nursing Facility

This class is for billers using the UB-04/837I claim format. The class covers billing procedures, common billing issues, PETI, Medicare Crossovers, and guidelines specifically for Nursing Facility providers.

Outpatient Substance Abuse

This class is for billers using the Colorado 1500/837P claim format for outpatient substance abuse treatment services: substance abuse assessment, individual and family therapy, group therapy, alcohol/drug screening, case management and social/ambulatory detoxification. The class covers billing procedures, common billing issues and guidelines specifically for outpatient substance abuse providers.

Supply/DME

This class is for billers using the Colorado 1500/837P claim format. The class covers billing procedures, common billing issues and guidelines specifically for Supply/DME providers.

Supply/DME PAR

This class focuses on completing the PAR correctly and avoiding common mistakes. This class is for DME/Supply providers who bill procedures requiring prior authorization. *(This class is not for Dental, HCBS, Nursing Facility, Pharmacy or Pediatric Home Health Providers)*

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

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.

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

The **MallRide** shuttle runs on 16th street and stops at every intersection between Civic Center Station and Union Station.

Commercial Parking 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.

October 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5	6	7	8
9	10 <i>Columbus Day</i>	11 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM Vision 1:00 PM-3:00 PM	12 Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 PM Nursing Facility 1:00 PM-3:00 PM	13 Dental 9:00 AM-11:00 AM	14 Beginning Billing for Waiver Providers 9:00 AM-11:30 AM Web Portal 837P 12:00 PM-12:45 PM	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM OP Substance Abuse 1:00 PM-3:00 PM	9 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	10 Supply/DME Billing 9:00 AM-11:00 AM Supply/DME PAR 11:30 AM-1:30 PM	11 WebEx - Beginning Billing – UB-04 9:00 AM-12:00 PM WebEx - HCBS-DD 1:00 PM-4:00 PM <i>Veterans Day</i>	12
13	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