



# Provider Bulletin

Reference: B1300344

November 2013

[colorado.gov/pacific/hcpf](http://colorado.gov/pacific/hcpf)



## Did you know...?

In the past, affected clients were issued a letter known as a "Notice of Action (NOA)". The NOA has been replaced with a "Proof of Medicaid Eligibility" letter. The letter allows Medicaid providers to receive payment for services for eligible clients when eligibility cannot be verified electronically. Please refer to the September 2012 Provider Bulletin ([B1200326](#)) for more information.

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## All Providers

### ColoradoPAR Program

#### Retrospective Review Record Requests and Release of Information

As defined in Program Integrity rule [10 CCR 2505-10 §8.076.2.D](#), "A provider must provide the records to the Department and its designees at the expense of the provider." The [ColoradoPAR Program](#) is a designee of the Department of Health Care Policy and Financing (the Department) and in acting as such cannot be invoiced for the cost of providing the requested records for review.

Per the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, a covered entity is permitted to share protected health information with another covered entity. The covered entity is permitted to make the disclosure directly to a business associate action on behalf of the other covered entity. The ColoradoPAR Program is not required to provide a release of information to the provider in order to obtain the requested records for review.

Please refer to the [U.S. Department of Health Human Services](#) website for more information.

### Tax Season and 1099s

**Reminder:** Please ensure all addresses (billing, location, mail-to) on file with the Department's fiscal agent, Xerox State Healthcare, are current. 1099s returned for an incorrect address cause the account to be placed on hold and **all** payments are suspended pending a current W-9. Payments that are held can be released once the W-9 is processed. Payments not released are voided from the system at two different times during the year, once on June 30<sup>th</sup> and again on December 31<sup>st</sup>.



The [Provider Enrollment Update Form](#) or the [Electronic Provider Enrollment Update Form](#) can be used to update addresses, National Provider Identifiers (NPIs), licenses, and affiliations. In addition, an email address may be added or updated to receive electronic notifications.

The form is available on the Department's website ([colorado.gov/pacific/hcpf](http://colorado.gov/pacific/hcpf)) → Provider Services → [Forms](#) → Update Forms. With the exception of updating provider licenses and NPI information, the updates noted above may also be made through the Colorado Medical Assistance Web Portal ([Web Portal](#)). Submission of a Provider Enrollment Update form is necessary for providers who do not have the capability to make updates through the Web Portal.

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](http://www.coloradopar.com)

All updates related to the provider license and NPI information must be made using the Provider Enrollment Update Form.

### Rate Increase Update

The Centers for Medicare and Medicaid Services (CMS) has approved the Colorado Medical Assistance Program's reimbursement rate increase for some of the services listed in the June 2013 Provider Bulletin ([B1300338](#)) for Fiscal Year (FY) 2013-14. The new rates are currently being loaded into the Medicaid Management Information System (MMIS). Once the Department has approval for all Colorado Medical Assistance Program's benefits and confirmation of the loaded rates, an updated fee schedule will be published at the bottom of the [Provider Services](#) home page of the Department's website.

The new rates were effective as of July 1, 2013. Therefore, the Department's fiscal agent will retroactively adjust all claims with dates of service on or after July 1, 2013 to incorporate the new rate.

Additionally, those providers who have received the Primary Care Provider (PCP) supplemental payment may have some line items that have the PCP Supplemental payment applied to them (office visits and



vaccine administrations by attested PCPs) prior to the implementation of the rate increase. The 2% rate increase amount for these procedures will be applied then recovered to prevent a double payment of that amount. The rate increase is included in the PCP supplemental payment. The Department apologizes, in advance, for any confusion this may cause. The adjustment will only affect claims paid in Quarter 3 (July-September 2013) and only those providers who received the supplemental payment.

Below is a list of CMS approved services that will be retroactively adjusted. Adjustments will be reflected on future Provider Claim Reports (PCRs):

- Physician services;
- Non-Physician practitioner services;
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT);
- Emergency and non-brokered non emergent medical transportation;
- Inpatient hospital services;
- Outpatient hospital services;
- Laboratory and Radiology services;
- Durable medical equipment, supplies, and prosthetics;
- Dialysis
- Federally Qualified Health Centers (FQHC);
- Fee for service mental health;
- Physical, occupational and speech therapy service;
- Outpatient substance abuse services;
- Vision services;
- Drugs administered in the office setting including vaccine administration;
- Home health services;
- Private duty nurse services; Hospice services;
- Dental Surgery;
- Some HCBS waivers including:
  - ✓ HCBS – Elderly, Blind, and Disabled (EBD);
  - ✓ HCBS – Community Mental Health Supports (CMHS);
  - ✓ Children's HCBS (CHCBS);
  - ✓ HCBS – Persons Living with AIDS (PLWA);
  - ✓ HCBS – Brain Injury (BI);
  - ✓ HCBS – Spinal Cord Injury (SCI);
  - ✓ HCBS – Children with Life-Limiting Illness (CLLI);
  - ✓ Colorado Choice Transitions (CCT) Qualified Services;
  - ✓ HCBS – Supported Living Services (SLS);
  - ✓ HCBS – Children's Extensive Support (CES); and
  - ✓ HCBS – Children's Habilitation Residential Program (CHRP).

## Available Colorado Medical Assistance Program Web Portal (Web Portal) User Assistance Resources

As a reminder, several resources are available for [Web Portal](#) users who need assistance with password resets, user profile and account setup or reset questions, billing and report questions, and technical assistance with using the Web Portal functionality.

- **New users who do not have access to the Web Portal:** The Department's fiscal agent Provider Services' call center is available to assist new providers and users who do not currently have access to the Web Portal, but would like access. For questions about enrolling as a Colorado Medical Assistance Program provider and getting set up with a Trading Partner ID (TPID), please contact the Department's fiscal agent at 1-800-237-0757 between 8:00 a.m. and 5:00 p.m. MT.
- **Existing users with user name or password issues:** The CGI Help Desk is the front-line resource for user name or password resets, or if a Trading Partner Administrator (TPA) ID needs to be reassigned. Contact the CGI Help Desk at [HelpDesk.HCG.central.us@cgi.com](mailto:HelpDesk.HCG.central.us@cgi.com) or 1-888-538-4275, option 4. CGI can walk users through the process to submit a TPA re-assignment request letter, how to set up new users in the Web Portal, or to retrieve a user name or password. For users who have forgotten their Web Portal user name or password, the Web Portal has a secure feature that allows a user to self-reset a password or receive an e-mail reminder about their user name. Click "[I forgot my user name](#)" or "[I forgot my password](#)" link on the Web Portal login screen.
- **Questions/Training for billing and reports:** The Department's fiscal agent Provider Services' call center is also available to assist users with questions about the proper billing process and ensure reports are sent to the correct TPID in the Web Portal. The Department's fiscal agent also provides training for providers and office staff on the correct billing procedures for different claim and service types. Information on upcoming training sessions is provided each month in the Provider Bulletin, and also in the Provider Services [Training](#) section. [Provider Bulletins](#) and all [Billing Manuals](#) are located in the Provider Services section of the Department's website.
- **Questions/Training for using the Web Portal:** The CGI Help Desk is available to provide users with technical assistance on how to use the Web Portal and how to navigate from screen to screen to complete daily tasks. There are user guides and screen-level help tools for field data entry in the Web Portal. Finally, all Web-Based Training (WBT) modules for the Web Portal are available for users to review. A feature of the WBTs is the ability to save a Portable Document Format (PDF) version of the training to one's computer. All of the user guides and the WBT modules are available from the left-hand navigation menu on the main screen in the Web Portal. The user guides and other Web Portal information are located on the Department's website → Provider Services → [Colorado Medical Assistance Program Web Portal](#) web page.



### Updated MED-178

**Reminder:** The Department has updated the MED-178 form to include an additional field (Field 24). Field 24 allows an explanation when a different practitioner has to perform the procedure. In addition, the form has been updated with numbers to help determine what information is needed in each field. Instructions have also been updated and can be found with the form. The updated form was effective October 1, 2013. Forms signed prior to November 1, 2013 for dates of services on or after November 1, 2013 will be accepted. Use of the form with the revision date of 10/2004 will not be processed after November 1, 2013. The updated MED-178 is located in Provider Services [Forms](#) section → Sterilization Consent Forms. Please contact the Department's fiscal agent at 1-800-237-0757 with questions.



### New Health Care Reform Resource Page for Providers

The Department has developed a new Affordable Care Act (ACA) resource web page for all health care providers. The Department's [ACA Resources for Health Care Providers](#) web page is designed to provide key information about health care reform, the Medicaid expansion, and the [Connect for Health Colorado](#) marketplace. The web page does not cover billing or payment information, but is designed to help answer patient questions about the health law changes.

The resource web page will be updated as new information becomes available and additional resources are developed for health care providers.

## November 2013 Holidays

### Veterans Day

Due to the Veterans Day Holiday on Monday, November 11, 2013, the claims processing cycle will include electronic claims accepted before 6:00 p.m. MT on Thursday, November 7, 2013. The receipt of warrants may be delayed by one or two business days. State and ColoradoPAR Program offices will be closed on Monday, November 11, 2013. The Department's fiscal agent offices will be open during regular business hours.

### Thanksgiving Day Holiday

The Thanksgiving Day holiday on Thursday, November 28, 2013 will delay the receipt of warrants and Electronic Funds Transfers by one or two business days. State, ColoradoPAR Program, and the Department's fiscal agent offices will be closed on Thursday, November 28, 2013. The ColoradoPAR Program office will be closed Friday, November 29, 2013. The Department's fiscal agent offices will close at 3:00 p.m. on Friday, November 29, 2013.



## Audiology Providers

### Billing for Hearing Aids

**Reminder:** When billing for a pair of hearing aids, each individual hearing aid must be listed on a separate line on the claim form and must have the appropriate modifier attached to indicate the ear for which it is fitted. The "RT" modifier indicates the hearing aid is for the right ear, and the "LT" modifier indicates it is for the left ear. Billing for two units of a hearing aid, on the same line, without the appropriate modifier will result in a denied reimbursement.

Please contact Alex Stephens at [Alex.Stephens@state.co.us](mailto:Alex.Stephens@state.co.us) with questions.

## Dental Providers

### Upcoming Benefits Collaborative

On December 6, 2013 the Department will host another Dental Benefit Collaborative meeting to discuss services being offered in the current Medicaid Dental policies, which include both the newly created Adult Dental Benefit (SB13-242) and a review of the Children's Dental Benefit. The Department welcomes all stakeholder input. Please visit the Department's website → Committees, Boards, and Collaboration → [Benefits Collaborative](#) for a meeting schedule and additional information

## Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Providers

### Developmental Screening

**Reminder:** As of August 1, 2011 the Colorado Medical Assistance Program covers developmental screening for children ages 0-4, using a standardized, validated developmental screening tool (e.g., PEDS, Ages and Stages) at the child's periodic visits. In the absence of established risk factors or parental or provider concerns, the American Academy of Pediatrics (AAP) recommends developmental screens at the 9<sup>th</sup>, 18<sup>th</sup>, and 30<sup>th</sup> month, and three (3) and four (4) year well-child visit.



All developmental screening tools must be validated in order to be paid by the Colorado Medical Assistance Program. Before billing services, validate the screening tool if using an Electronic Medical Record (EHR) system.

Please refer to the [Developmental, Depression, and Autism Screenings Benefits Collaborative Policy Statement](#) for a list of tools located on the Department's website → Our Stakeholders → Committees, Boards, and Collaboration → Benefits Collaborative → Approved Benefit Coverage Standards. For a complete list of available developmental screening tools, please refer to [Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening](#).

## Hospital Providers

### **All Patient Refined-Diagnosis Related Group (APR-DRG) Update**

All Patient Refined-Diagnosis Related Group Version 30 (v30), maintained by 3M™ Health Information Systems, will replace the current CMS-DRG Version 24 system.

Although the CMS-DRGs are used as the basis of the current DRG system, the Department established many additional Medicaid-specific DRGs, such as neonatal, rehabilitation, and psychiatric DRGs. These DRGs were added in order to address the specialized health needs of the Medicaid population, as the Department needed a system of DRGs that best reflected the population they are serving. Since APR-DRGs take into account all patient populations, the DRGs added by the Department are reflected in the APR-DRGs.



Necessary system changes for the successful APR-DRG implementation are still in progress. However, it is anticipated that the transition will be completed by the scheduled date included on the [Implementation Timeline](#) web page, located on the Department’s website→Provider Services→Diagnosis Related Group (DRG) Relative Weights→Implementation Timeline.

It is expected that, by moving to a more refined and appropriate system, payment to providers will align better with improving efficiency, economy, access, quality, and health outcomes. APR-DRG v30 is also equipped to handle the transition to Internal Classification of Diseases 10<sup>th</sup> Edition (ICD-10).

The Department is planning to transition to APR-DRG v30 January 1, 2014. The effective [weights and trimpoints](#) for the implementation are located on the Department’s website→Provider Services→Diagnosis Related Group (DRG) Relative Weights→January 1, 2014 – APR-DRG. The weights and trimpoints reflect the feedback gathered from the provider community over the past eight (8) months.

Please refer to the [Provider Outreach Calendar](#) for presentations and minutes from the stakeholder sessions, as well as additional information regarding APR-DRGs.

### **Immediate Postpartum Long-Acting Reversible Contraception (LARC)**

Effective for dates of service on or after October 1, 2013, the Department updated the Colorado Medical Assistance Program’s policy to include reimbursement for long-acting reversible contraception provided in a hospital. This *temporary* process enables hospital providers to be reimbursed for these devices immediately following delivery. The Department will revert to the normal claims process when APR-DRG is implemented in early January 2014.



From October 1 through December 31, 2013, hospitals MUST include the National Drug Code (NDC) along with the appropriate Current Procedural Terminology (CPT) codes on inpatient claims for LARC in order to receive reimbursement from the Colorado Medical Assistance Program. Claims that do not include the NDC will not be processed. The Department will issue payment for these claims to hospitals in the spring of 2014.

Reimbursement is based upon the fee schedule.

The following table includes the devices, the CPT codes, and the NDCs included in this temporary process:

DEVICE	CPT CODE	NDC
Skyla	Q0090	50419042201
Mirena	J7302	50419042101
Implanon	J7307	00052027201
Nexplanon	J7307	00052027401
ParaGard	J7300	51285020401

Please contact Kirstin Michel at [Kirstin.Michel@state.co.us](mailto:Kirstin.Michel@state.co.us) with any questions.

### **Updates to Outpatient Cost-to-Charge Ratios**

The Department is in the process of updating all hospitals’ outpatient cost-to-charge ratios. Outpatient laboratory, occupational therapy, physical therapy, and hospital based transportation claims are reimbursed based on the Medicaid Fee Schedules located at the bottom of the [Provider Services](#) home page.



Outpatient hospital services are reimbursed on an interim basis at actual billed charges multiplied by 1) the most recent Medicare cost-to-charge ratio that has been sent to the Department, and 2) 70.2 percent (%).

The Department conducts a periodic cost audit, and any necessary retrospective adjustment is made to bring reimbursement to the lower of actual audited cost less 70.2% or billed charges less 70.2%.

It is the hospital's responsibility to notify the Department of changes to their Medicare outpatient cost-to-charge ratio.

## **Nurse Home Visitor Program (NHVP) Providers**

### **NHVP Procedure Codes G9006 and T1017**

The Department has been notified of reimbursement concerns with NHVP procedure codes G9006 and T1017. Services billed under these two procedure codes may have received inappropriate payment during July, August, and September 2013. The Department has identified and corrected the procedure/modifier rate combination payment errors. As of October 30, 2013 all rates for procedure codes G9006 and T1017 have been updated to reflect the correct payment. Adjustments to correct improper payment are being performed by the Department's fiscal agent and will be completed by early December.



To ensure proper reimbursement please confirm that the correct place of service code is entered on the claim. Place of service code 12 (home visit) corresponds to a higher rate. In order to receive the higher rate, providers must include the correct place of service code. Please contact Kirstin Michel at [Kirstin.Michel@state.co.us](mailto:Kirstin.Michel@state.co.us) with any questions.

## **Non-Medical Transportation (NMT) Providers**

### **Accounts Receivable (A/R) Balances**

Payments for the following procedure codes may have been adjusted to ensure proper payment: A0120, A0130, and A0425. Due to mass adjustments for claims with end dated Prior Authorization Requests (PAR) and rate adjustments, several providers now have an Accounts Receivable (A/R) balance with the Department. The Department has set all collections on these balances to zero (0) to ensure providers will continue receiving payment for services provided. The Department will review each of the denied claims as a result of PAR and adjustment complications, and process payments immediately.

Accounts Receivable balances resulting from improper billing practices will be collected from providers. The Department will contact all providers who have an A/R balance resulting from overbilling and overpayment. To prevent significant hardship to providers, the Department will work with individual providers to determine an appropriate payment plan to resolve the A/R balance. Please contact Randie Wilson at [Randie.Wilson@state.co.us](mailto:Randie.Wilson@state.co.us) with questions and concerns.

## **Substance Use Disorder (SUD) Providers**

### **SUD Integration into Behavioral Health Organization (BHO)**

Beginning January 1, 2014 the substance use disorder benefit currently available as Medicaid fee-for-service (FFS) will be integrated to an existing managed care delivery system currently operated by the Behavioral Health Organizations (BHOs). The BHOs are responsible for administering the Community Mental Health Services program and provide or arrange for the medically necessary mental health care for their members. All Medicaid eligible clients are automatically enrolled into a BHO depending on their geographic region, and must receive their mental health care and SUD treatment services from a contracted BHO provider.

As a result of SUD integration on January 1, 2014, providers seeking to render SUD treatment services to Medicaid clients must enroll with the BHO in their service area. Please refer to the following table to determine which BHO (or BHOs) serve(s) your area.

Please contact Alex Stephens at [Alex.Stephens@state.co.us](mailto:Alex.Stephens@state.co.us) with questions and concerns.



County	BHO	Provider Relations Contact Information
Denver	Access Behavioral Care (ABC) <a href="http://coaccess.com">coaccess.com</a>	Main Number: 303-751-9030 <a href="mailto:pns@coaccess.com">pns@coaccess.com</a> or Ellen Koontz 720-744-5212 <a href="mailto:ellen.koontz@coaccess.com">ellen.koontz@coaccess.com</a>
Adams, Arapahoe, Douglas	Behavioral Healthcare Inc. (BHI) <a href="http://bhicares.org">bhicares.org</a>	BHI Director of Provider Relations Teresa Summers 720-490-4413
Alamosa, Archuleta, Baca, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, Delta, Dolores, Eagle, El Paso, Fremont, Garfield, Grand, Gunnison, Hinsdale, Huerfano, Jackson, Kiowa, Lake, La Plata, Las Animas, Mesa, Mineral, Moffat, Montezuma, Montrose, Ouray, Otero, Park, Pitkin, Prowers, Pueblo, Rio Blanco, Rio Grande, Routt, Saguache, San Juan, San Miguel, Summit, Teller	Colorado Health Partnerships (CHP) <a href="http://coloradohealthpartnerships.com">coloradohealthpartnerships.com</a>	ValueOptions Provider Relations 719-538-1430 or 800-804-5040 <a href="mailto:coproviderrelations@valueoptions.com">coproviderrelations@valueoptions.com</a>
Boulder, Broomfield, Clear Creek, Gilpin, Jefferson	Foothills Behavioral Health Partners (FBHP) <a href="http://fbhpartners.com">fbhpartners.com</a>	Eric Stone 720-263-4853 <a href="mailto:estone@signalbhn.org">estone@signalbhn.org</a> or Ann Noonan 303-441-1275 <a href="mailto:anoonan@bouldercounty.org">anoonan@bouldercounty.org</a>
Cheyenne, Elbert, Kit Carson, Larimer, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld, Yuma	Northeast Behavioral Health Partnership (NBHP) <a href="http://northeastbho.org">northeastbho.org</a>	ValueOptions Provider Relations 719-538-1430 or 800-804-5040 <a href="mailto:coproviderrelations@valueoptions.com">coproviderrelations@valueoptions.com</a>

## Waiver Providers

### Claim Adjustments due to Rate Increases

Several Home and Community Based Services (HCBS) waiver programs received a rate increase effective July 1, 2013. Refer to the June 2013 Provider Bulletin ([B1300338](#)) to see a list of affected benefits. The Department informed providers in the September 2013 Provider Bulletin ([B1300341](#)) that rate increases would not require any action from the providers. However, all providers who continued billing the prior years' rate on or after July 1, 2013 will have to submit adjustments to the claims in order to receive the correct payment reflecting the July 1, 2013 rate increases.

Please refer to the [How to Adjust a Claim through the Web Portal](#) instructions or [Directions for Completing the Adjustment Transmittal](#) for paper claims. Providers who submitted their claims on or after July 1, 2013 with the new increased rates will not have to submit an adjustment, as these claim adjustments were performed by the Department's fiscal agent. Please contact Randie Wilson at [Randie.Wilson@state.co.us](mailto:Randie.Wilson@state.co.us) with questions.

## Pharmacy Providers

### Pharmacy & Therapeutics (P&T) Committee Open Positions Beginning 2014

The Department is currently accepting curriculum vitae (CV) for the following P&T Committee positions:



- Four (4) Physicians
- Two (2) Pharmacists
- One (1) Client Representative

These positions will serve a two year term from January 2014 through December 2015. If interested in serving or know someone who would with the required qualifications, please submit a CV along with a completed Conflict of Interest form to:

Colorado Department of Health Care Policy and Financing

Attn: Robert Lodge

1570 Grant Street

Denver, CO 80203-1818

Fax: 303-866-3590

[Robert.Lodge@state.co.us](mailto:Robert.Lodge@state.co.us)

The [Conflict of Interest form](#) can be found on the [Pharmacy & Therapeutics](#) web page. Submission deadline is November 15, 2013. Please contact Robert Lodge by email or at 303-866-3105 with questions.

### Next Drug Utilization Review (DUR) Board Meeting

Tuesday, November 19, 2013

7:00 p.m. - 9:00 p.m.

225 E. 16<sup>th</sup> Avenue

Denver, CO 80203

1<sup>st</sup> Floor Conference Room



## November and December 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](#) section of the Department's website.

### Who Should Attend?

Staff who submit claims, are new to billing Colorado 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.

### November 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10	11 Veteran's Day Holiday	12 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM	13 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	14 DME Billing 9:00 AM-11:00 AM Home Health 1:00 PM-3:00 PM	15 <b>*WebEx –</b> Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM Transportation 1:00 PM-3:00 PM	16

### December 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3 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	4 Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 PM IP/OP Hospital 1:00 PM-3:00 PM	5 Provider Enrollment 9:00 AM-11:00 AM Audiology 1:00 PM-3:00 PM	6 <b>*WebEx –</b> Basic Billing – Waiver 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM	7

### Reservations are required for all workshops

Email reservations to:

[workshop.reservations@xerox.com](mailto: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 number of people attending and their names
- The date and time of the workshop
- Contact name, address and phone number

All the information noted above is necessary to process reservations successfully. Look for a confirmation 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 17<sup>th</sup> Street, 4<sup>th</sup> 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 17<sup>th</sup> 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** – A Light Rail map is available at: [http://www.rtd-denver.com/LightRail\\_Map.shtml](http://www.rtd-denver.com/LightRail_Map.shtml).

**Free MallRide** – The MallRide stops are located on 16th St. at every intersection between the 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/pacific/hcpf](http://colorado.gov/pacific/hcpf) for the most recent information.**

