



# Provider Bulletin

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December 2011

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

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

## All Providers

### HIPAA 5010 Implementation Update

Since the HIPAA 5010 update dated September 2011, the Department of Health Care Policy and Financing (the Department) has made significant changes to the implementation timeline. Due to the Department's efforts, all dates have been moved closer to the January 1, 2012 compliance date.

For updated implementation information, please refer to the current [HIPAA 5010 Implementation Fact Sheet \(11/11\)](#) located in the Provider Services [Specifications](#) section of the Department's Web site located at [colorado.gov/pacific/hcpf](http://colorado.gov/pacific/hcpf).

### Colorado Medical Assistance Program Web Portal (Web Portal) Reminders

#### Billing Agents Enrolling for Access to the Web Portal

The Department requires that billing agencies/agents enroll for access to the Web Portal using their own information. Billing agencies/agents are granted their own Trading Partner ID, which requires them to have a Trading Partner Administrator (TPA) assigned to the Department-issued TPA ID (COTPxxxxxA), and create unique, individual user names for each additional staff member that accesses the Web Portal. In order to do this, billing agencies/agents must fill out their own Electronic Data Interchange ([EDI Submitter Enrollment Form](#)) to have a Trading Partner ID assigned.

Colorado Medical Assistance Program providers who choose to use a billing agency/agent should inform the agency/agent that an agreement is required by way of the [Provider Application for EDI Enrollment](#) or the [Provider EDI Update Form](#). The agreement is needed in order to approve an agency/agent to submit claims, check eligibility, submit prior authorizations, retrieve reports, etc., on their behalf. Any other security protocol used by providers or their affiliate organizations are not recognized as legitimate when assigning user names and accessing the Web Portal. Ensure that all security protocols based around access to the Web Portal follow the security requirements of the Department.



#### Web Portal Trading Partner Audit

The Department is currently conducting its annual audit of user names and Trading Partner IDs in the Web Portal and verifying this information against the provider enrollment information in the Medicaid Management Information System (MMIS). Inconsistencies in user names or Trading Partner IDs affiliated with Provider IDs that have been terminated in the MMIS will result in the deletion of the Provider ID from the Web Portal records.

Trading Partner IDs that are only affiliated with terminated Provider IDs will also be removed from the Web Portal system.

Any users continuing to access the Web Portal through a Trading Partner ID that is affiliated with a terminated Provider ID is in violation of the Department's security protocols and will be deleted immediately. Providers and billing agencies/agents which comply with the Department's security protocols for accessing the Web Portal, and which maintain accurate information on file with the Department, will not be affected by this audit.

User name and password sharing will also result in the Department suspending or deleting access to the Web Portal for any user who does not follow the correct procedures when accessing the Web Portal.

### **Updating Provider / Web Portal Contact Information**

It is imperative that Web Portal users and Trading Partner Administrators ensure their user and contact information in the Web Portal is up-to-date for this audit process. Users with the proper roles can update their provider contact information through the Web Portal by selecting the (MMIS) Provider Data Maintenance option from the main menu, and then entering the required information. Changes in provider or contact information must also be documented on the [Provider EDI Update Form](#) and submitted to ACS Provider Services, as instructed on the form.

### **Updating Contact Information vs. Updating the TPA – Two Different Processes**

Updating provider or contact information (as described above) is a different process from updating the TPA. It is very important that Web Portal users and providers are aware of this. Completing the EDI Update Form will only update the contact information a provider has on record at ACS and in the Web Portal. It will not re-assign the TPA ID to a new individual. Providers or current TPAs who wish to transfer the TPA ID to a new individual must submit a letter (on the organization's letterhead) to the CGI Help Desk or to the Department's Security Administrator. This letter must be signed by the provider, organization owner, CFO, or CEO. No other signatories will be allowed or accepted. This letter must contain all of the following pieces of information:



- Colorado Medicaid Provider Number
- Trading Partner ID
- Trading Partner Administrator ID (the COTP ID)
- NPI (if the provider is required to have one to bill)
- Tax ID number/SSN
- Exact first and last name of the individual to be reassigned the COTP ID
- Direct contact telephone number for the individual being reassigned the COTP ID

This qualifying letter to reassign the TPA ID can be submitted via e-mail (PDF format) to the CGI Help Desk at [helpdesk.hcg.central.us@cgi.com](mailto:helpdesk.hcg.central.us@cgi.com) or by fax to the Department's Security Administrator, 303-866-2422.

### **Where to Access Update Forms**

All of the forms mentioned above may be accessed via the Department's Web site. Questions regarding proper enrollment to access the Web Portal as either a provider or a billing agent/clearinghouse can be directed to ACS Provider Services at 1-800-2237-0757. Questions about the security procedures for the Web Portal can be directed to Tanya Chaffee at [Tanya.Chaffee@state.co.us](mailto:Tanya.Chaffee@state.co.us) or the Department's Security Administrator at [hcpfsecurity@state.co.us](mailto:hcpfsecurity@state.co.us).

### **Handouts for Provider Billing Workshops**

As a reminder, beginning with the January 2012 workshops, providers will be responsible for printing and bringing copies of the handouts and presentations previously distributed by the fiscal agent (ACS) at training workshops. The handouts are located under Provider Billing Workshop Handouts right below the Workshop Calendar in the Provider Services [Training](#) section of the Department's Web site. All presentations may also be found in this section of the Web site.

For questions about workshop handouts, please contact Provider Services at 1-800-237-0757 or 1-800-237-0044.

### Elimination of the CHP+ Pre-HMO Period

Beginning in February 2012, clients who are determined to be CHP+ eligible will no longer receive CHP+ pre-HMO benefits. The pre-HMO period is the span of time from a member's original enrollment until the member is enrolled in a CHP+ participating HMO.

Eligible CHP+ clients are currently being retroactively enrolled back to the date of application into the State Managed Care Network and are receiving covered services before enrollment into an HMO.

Beginning in February 2012, CHP+ members will enroll directly into the HMO of their choice prospectively based on their eligibility determination date.

CHP+ will continue to cover eligible CHP+ clients requiring emergency care prior to enrollment in their HMO.

This change impacts children 18 and under only and does not impact pregnant woman.

Look for more information in future provider bulletins. Please contact Alan Kislowitz at [Alan.Kislowitz@state.co.us](mailto:Alan.Kislowitz@state.co.us) or 303-866-3646 with questions.

### Non-Emergent Medical Transportation (NEMT) Broker

Seven proposals were received for the NEMT Request-For-Proposal; and the Department is pleased to announce that First Transit has been chosen as the new NEMT broker for Colorado Medicaid clients residing in the counties of Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, Larimer and Weld.

The new NEMT contract is effective on January 1, 2012, and contains several improvements, including the following:

- Enhancing vehicle safety requirements, such as having a safety expert inspect all transportation vehicles;
- Enforcing strict driver requirements, including ongoing driver training and safety monitoring;
- Using a clinical specialist to determine the most appropriate mode of transportation for elderly and disabled clients;
- Reducing NEMT trip booking requirements from 72 hours to 48 hours prior to the appointment time;
- Providing trip scheduling 24 hours per day, 7 days a week; and
- Using a computer monitoring system to assist transportation providers with last-minute routing and scheduling changes to ensure clients are delivered to their appointments on time.



This new NEMT contract simplifies transportation for Medicaid clients to get to and from their medical appointments, thereby reducing clients' use of hospital emergency rooms for their primary health care needs.

Please contact Doug Van Hee with any questions at [Doug.Vanhee@state.co.us](mailto:Doug.Vanhee@state.co.us) or by phone at 303-866-4986.

### Tax Season and 1099s

Please do not forget to update current provider enrollment information with the fiscal agent. 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 in [Enrollment for Existing Providers](#) in the Provider Services Enrollment section and under Update Forms in the Provider Services [Forms](#) section of the Department's Web site. With the exception of provider license and NPI information, the updates noted above may also be made through the Web Portal. Updated provider license and NPI information must be made using the Provider Enrollment Update Form.



### Updated Companion Guides

Updated Companion Guides for the 270/271, 820, and 834 have been posted in the Provider Services [Specifications](#) section of the [Department's Web site](#). These revised Companion Guides are available in draft format to assist our trading partners. Updated versions, which will include the addition of examples will be posted as soon as they become available.

## Healthy Living Initiatives: Prevention Efforts for Medicaid and CHP+ Clients

The Department has identified four priority areas for health promotion and disease prevention; these are our Healthy Living Initiatives. The four priority areas include oral health, behavioral health (with a focus on depression), nutrition and fitness (with a focus on obesity), and tobacco cessation.



The Department has released tool kits which provide guidance on how to document and address health promotion in the primary care setting.

The tool kits provide information on coding and reimbursement for screening, diagnosis, treatment and referral in the following areas:

- Preventive oral health for children at well-child visits
- Addressing depression in the primary care setting
- Focusing on issues of overweight and obesity
- Reducing tobacco use

The tool kits are available on the [Healthy Living Initiatives](#) web page. Contact Lisa Waugh with any questions at [Lisa.Waugh@state.co.us](mailto:Lisa.Waugh@state.co.us) or 303-866-2029.

## December 2011 and January 2012 Holidays

### Christmas Day Holiday

The Christmas Day holiday will be observed on Monday, December 26, 2011. Claim payments will be processed on Thursday, December 22, 2011. The processing cycle includes claims accepted before 6:00 P.M. Mountain Time (MT) on Thursday. The receipt of warrants will be delayed by one or two days.



### New Year's Day Holiday

The New Year's Day holiday will be observed on Monday, January 2, 2012. Claim payments will be processed on Thursday, December 29, 2011. The processing cycle includes claims accepted before 6:00 P.M. Mountain Time on Thursday. The receipt of warrants will be delayed by one or two days.

The State, ACS and the ColoradoPAR Program offices will be closed on Monday, December 26, 2011 and Monday, January 2, 2012.

All offices will be open during regular business hours on December 23 & 27, 2011 and January 3, 2012.

### Martin Luther King Day Holiday

Due to the Martin Luther King Day holiday on Monday, January 16, 2012, claim payments will be processed on Thursday, January 13, 2011. The processing cycle includes claims accepted before 6:00 P.M. Mountain Time on Thursday. The receipt of warrants and EFTs will be delayed by one or two days.

The State and ColoradoPAR offices will be closed on Monday, January 16, 2012. ACS offices will be open during regular business hours.

The complete 2012 Holiday Payment Processing Schedule is located in Attachment A of this bulletin.

## Home Health Providers

### Face-to-Face Encounter

The Center for Medicare and Medicaid Services (CMS) requires that a patient's provider must document a face-to-face encounter between a physician and the patient who they refer to home health care. This requirement has created some additional responsibilities for both the patients' providers and the Home Health Agencies.

### What Does Face-to-Face Mean?

The face-to-face encounter requirements may be satisfied by simply supplying copies of the client's providers' progress notes, discharge summaries, or can be included in the orders for home health, if the above includes the following information:

- Patient name

- Date of face-to-face encounter with the patient
- Aspects of the patient's condition that necessitate skilled services by home health
- Provider signature and date



In an effort to decrease the documentation burden on providers, some Home Health Agencies have created a form that includes all of the information that must be included in the face to face documentation.

The face-to-face encounter must occur between 90 days prior and 30 days after the start of home health care, and must be related to the reason for home health services.

CMS allows additional flexibility associated with the plan of care (POC) when a patient is admitted to home health from an acute or post-acute setting.

The physician or hospitalist who attends to the patient in acute and post-acute settings may:

- Certify the need for home health care based on their face-to-face contact with the patient (which includes documentation of the face-to-face encounter),
- Initiate the orders for home health services (POC), and
- “Hand off” the patient to his or her community-based physician to review and sign off on the POC.

Please contact Guinevere Blodgett with any questions at [Guinevere.Blodgett@state.us.co](mailto:Guinevere.Blodgett@state.us.co) or 303-866-5927.

## **Nursing Facility Providers**

### **Pre-Admission Screening and Resident Review (PASRR) Level II Evaluation and Determination**

Federal regulation 42 CFR 483.122 (b) prohibits Medicaid payment for care of nursing facility residents for days prior to the completion and authorization date of the PASRR Level II Evaluation and Determination. This applies only to clients who require the PASRR Level II. As a reminder, as of July 1, 2011, payments submitted prior to PASRR Level II evaluation completion will be recovered by the Department. Please contact Nora Brahe at [Nora.Brahe@state.co.us](mailto:Nora.Brahe@state.co.us) or 303-866-3566 with any questions.



### **Late Bill Override Date (LBOD)**

The LBOD allows providers to override compliance with timely filing requirements when the initial or resubmission timely filing period has expired. Nursing facility providers have 120 days from the date of service to submit an initial nursing facility claim and 60 days to submit denied/rejected nursing facility claims. For more information on LBOD, especially the criteria for provider assignment of a LBOD, see the [Nursing Facility Billing Manual](#) in the Provider Services [Billing Manuals](#) section of the Department's Web site. For more information on timely filing, see the [General Provider Information Manual](#). Nursing facility auditors plan to review facility documentation supporting LBODs for accuracy and compliance. Please contact Sandra Lopez at [Sandra.Lopez@state.co.us](mailto:Sandra.Lopez@state.co.us) or 303-866-5409 with any questions.

### **Nursing Facility Billing**

Nursing facilities are responsible for assuring that the patient payment, as shown on the AP-5615 and approved by the County Department, are identical to that claimed on the monthly nursing facility, billing form per 10 C.C.R. 2505-10, Section 8.482.34.A.4. The Provider Participation Agreement requires the provider to maintain records that fully and accurately disclose benefits provided to eligible clients. Providers must file claims for all Medicaid room and board days even when the patient payment amount will result in a reimbursement of zero dollars.

Therefore, the provider must not reduce the patient payment even if that amount would offset census days not claimed. Nursing facility auditors will review for compliance, as failure to file claims for all census days and full patient payment creates unintended impact on the new rate methodology established by Senate Bill 09-263. Please contact Cathy Fielder at [Cathy.Fielder@state.co.us](mailto:Cathy.Fielder@state.co.us) or 303-866-2913 with any questions.

## Pharmacy

### Next Pharmacy & Therapeutics (P&T) Committee Meeting

Tuesday, January 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

Please note that for Concerta and Adderall XR, preferred status has been granted to the brand name products only. The generic products will be subject to prior authorization criteria. For ease in processing, please consider requesting the brand name products without substitution in these instances.

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

- Antiplatelets
  - Aggrenox, Effient, Plavix, ticlopidine
- Targeted Immune Modulators for RA
  - Enbrel and Humira
- Newer Generation Antidepressants
  - Bupropion (IR, SR, XL), citalopram, fluoxetine, fluvoxamine, mirtazapine, nefazodone, paroxetine, sertraline, venlafaxine IR, ER (tab), XR (caps)
- Phosphodiesterase Inhibitors
  - Adcirca and Revatio are preferred, but an indication of Pulmonary Hypertension must be documented
- Endothelin Antagonists
  - Letairis
- Prostanoids
  - Veletri and generic epoprostenol
- Antiemetics
  - Ondansetron and Zofran (brand) tablets (including ODT)
  - Ondansetron suspension for children under 6



Please see PDL for criteria specific to Emend.

- Proton Pump Inhibitors
  - Aciphex, lansoprazole 15mg OTC (currently available as Prevacid 24hr), Nexium Packets, generic omeprazole capsules (RX), Prevacid Solutab (Please note: only brand name Solutabs will be covered) (for children under 6) and Prilosec OTC
- Triptans and Combinations
  - Imitrex (brand) injection/nasal spray/tablets, generic sumatriptan tablets and Maxalt MLT

The complete PDL and prior authorization criteria for non-preferred drugs are posted on the [PDL](#) web page.

### Drug Utilization Review (DUR) Board Updates

Please check the [DUR Board](#) page of the Department's Web site to access the current [Colorado Evidence Based DUR Program Newsletter 11/01/2011](#). If interested in receiving future DUR Newsletters by email, please send an email to Jim Leonard at [Jim.Leonard@state.co.us](mailto:Jim.Leonard@state.co.us) with "DUR Newsletter" in the subject line.

### Appropriate use of Proton Pump Inhibitors (PPI)

PPI Quantity Limits – Prior authorization will be required for proton pump inhibitor therapy beyond 100 days. Prior authorization will be approved for clients with Barrett's Esophagus, Erosive Esophagitis, GI Bleed, Hypersecretory Conditions (Zollinger Ellison), or Spinal Cord Injury clients with any acid reflux diagnosis.

In addition, clients with documented continuation of symptomatic gastroesophageal reflux disease (GERD) or recurrent peptic ulcer disease who have documented failure on step down therapy to an H2-receptor antagonist (of at least two weeks duration) will be approved for up to one year of daily PPI therapy.

For questions or comments contact Jim Leonard at [Jim.Leonard@state.co.us](mailto:Jim.Leonard@state.co.us).

## **December 2011 and January 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.

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

The December 2011 and January 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**

Reservations are necessary for *all workshops*.

Email reservations to:

[workshop.reservations@acs-inc.com](mailto: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 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.

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 17<sup>th</sup> Street, 4<sup>th</sup> 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.

## December 2011 and January 2012 Specialty Workshop Class Descriptions

### Hospice

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

### 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

## 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 17<sup>th</sup> 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 17<sup>th</sup> 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](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](mailto: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.

**December 2011**

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  Practitioner 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 Hospital 1:00 PM-3:00 PM	15 Provider Enrollment 9:00 AM-11:00 AM	16 WebEx - HCBS-EBD 9:00 AM-12:00 PM	17
18	19	20	21	22	23	24
25	26 <i>Christmas Holiday</i>	27	28	29	30	31

**January 2012**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2 <i>New Years Day Observed</i>	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	11 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	12 WebEx - Practitioner 9:00 AM-12:00 PM  WebEx - IP/OP 1:00 PM-3:00 PM	13 Basic Billing - Waiver Providers 9:00 AM-11:30 PM  Web Portal 837I 11:45 AM-12:30 PM	14
15	16 <i>Martin Luther King Day</i>	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

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

## 2012 Holiday Payment Processing Schedule

For some State and Federal holidays, payment processing dates are changed to minimize provider payment delays. When the holiday falls on a Monday, claim payments are processed on Thursday instead of Friday. The processing cycle includes electronic claims accepted before 6:00 P.M. on the previous Thursday.

The schedule below shows the holiday payment processing dates for 2012.

Holiday	Date of Holiday	Payment Processing Date
New Year's Day	Monday, January 2	Thursday, December 29
Martin Luther King Day	Monday, January 16	Thursday, January 12
Presidents' Day	Monday, February 20	Thursday, February 16
Memorial Day	Monday, May 28	Thursday, May 24
Labor Day	Monday, September 3	Thursday, August 30
Columbus Day	Monday, October 8	Thursday, October 4
Veterans Day	Monday, November 12	Thursday, November 8

**When the holiday falls during the week, the receipt of warrants and EFT are delayed.**

The following holidays will affect the receipt of warrants and EFT:

Holiday	Date of Holiday
Independence Day	Wednesday, July 4
Thanksgiving Day	Thursday, November 22
Christmas Day	Tuesday, December 25

***Please retain this 2012 holiday processing schedule for future reference.***