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Did you know...?

If you are a provider in one (1) of the following counties: Alamosa, Conejos, Costilla, Chaffee, Custer, El Paso, Fremont, Huerfano, Lake, Las Animas, Park, Pueblo, Rio Grande, Saguache, or Teller, revalidation and enrollment begins Tuesday, December 1, 2015. Providers may utilize the new [Online Provider Enrollment \(OPE\) tool](#). Please refer to the [revalidation and enrollment wave schedule](#) to find your county's assigned wave.

All Providers

Accountable Care Collaborative Phase II: Upcoming Feedback Opportunities & Concept Paper

The Department of Health Care Policy and Financing (the Department) is looking to consult stakeholders on the future of the Accountable Care Collaborative (ACC). The ACC is the Department's delivery system for health care services and is responsible for supporting the health of our members. The Department is committed to creating a high-performance delivery system that is cost-effective, delivers quality services, and improves the health of Coloradans. [Learn more about the ACC.](#)



Upcoming Feedback Opportunities

The Department is seeking diverse consultation on key topics related to the development of Phase II of the ACC and encourages all interested parties to participate in our stakeholder opportunities.

The Department has scheduled a series of meetings to discuss Phase II and its components. We anticipate adding additional opportunities in the near future, so visit the [ACC Phase II page](#) often. The upcoming December meetings include:

December 7, 2015 – Behavioral Health Community Meeting

Colorado Department of Health Care Policy and Financing
303 East 17th Avenue, 7th floor, Room ABC
Denver, CO 80203
10:00 a.m. – 2:00 p.m.

Discussion topic: Behavior health services as part of Phase II of the ACC

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

Contacts

Billing and Bulletin Questions
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

December 8, 2015 – Colorado Medical Home Forum

Colorado Department of Public Health and Environment

4300 Cherry Creek Drive South, DOC Room

Denver, CO 80246

Time: 4:30 p.m. – 6:30 p.m.

Discussion Topics: ACC Phase II Overview, Program Oversight, Health Information Technology, and Payment

December 10, 2015 – Provider and Community Issues – PIAC Subcommittee Meeting

Host: Colorado Department of Public Health and Environment

Location: 4300 Cherry Creek Drive South, Denver, CO 80246

Time: 8:00 a.m. – 9:30 a.m.

December 16, 2015 – Program Improvement Advisory Committee (PIAC) Meeting

Host: Colorado Department of Health Care Policy and Financing

Location: 303 E 17th Avenue, Denver, CO 80203, 11th Floor

Time: 9:30 a.m. – 12:00 p.m.

Discussion Topic: Health Team Support and Payment

How to Stay Informed

Stay informed on ACC Phase II development by [signing up](#) for regular updates. Please encourage your colleagues to [subscribe](#).

Colorado Medicaid 2015 Diabetes Self-Management Education (DSME)

Diabetes in Colorado – Medicaid Members are Disproportionately Affected

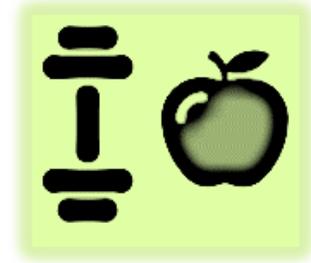
- Approximately 7% of Coloradans have diabetes, but 53,600 Colorado Medicaid members, or 11% of Accountable Care Collaborative (ACC) members with a claims history, have a diagnosis of diabetes.
- Type 2 diabetes is more prevalent in populations with lower socioeconomic status.
- The average annual dollar amount spent on each Colorado Medicaid member with diabetes is \$12,291 more than on a member without diabetes.
- The total annual spending related to diabetes for Colorado Medicaid is \$658,813,144.
- Members who receive DSME cost, on average, 5.7% less than members who do not receive the education.
- At 100% participation, Colorado Medicaid stands to save \$27,658,135 in a single year from DSME coverage.



What is the DSME Program?

- The DSME team includes at least one (1) Registered Nurse (RN), Registered Dietician (RD), Pharmacist, Certified Diabetes Educator (CDE), or Board-Certified Advanced Diabetes Management professional (BC-ADM).

- Diabetes Self-Management Education is an evidence-based program for people with diabetes and is proven to lower members' blood sugar.
- The overall objectives of DSME are to support informed decision-making, self-care behaviors, problem-solving, and active collaboration with the health care team to improve clinical outcomes, health status, and quality of life.
- Specific self-care behaviors include:
 - Healthy eating and being active
 - Monitoring and taking medication
 - Problem solving and healthy coping
 - Reducing risks



Benefit for Colorado Medicaid Members

This benefit* provides up to 10 hours of diabetes-related training within a consecutive 12-month period following the submission of the first claim for the benefit that includes:

- One (1) hour for either a group or individual assessment
- Nine (9) hours for group-only diabetes education
- Up to two (2) hours of follow-up training each year after the initial 12-month period
- The training can be performed in any combination of 30 minute increments.

*To bill for these services, you must be an American Diabetes Association (ADA) recognized or American Association of Diabetes Educators (AADE) accredited program. This program is managed by the Department of Health Care Policy & Financing and the Department of Public Health & Environment.

Eligibility

Members that have a diagnosis of type 1, type 2, or gestational diabetes.

Diagnostic Criteria

According to national coding and diagnostic standards, diabetes is defined as a condition of abnormal blood glucose metabolism using the following diagnostic criteria:

- A1C \geq 6.5% **OR**
- Fasting glucose \geq 126 mg/dL **OR**
- Two (2)-hour post glucose challenge \geq 200 mg/dL **OR**
- A random glucose test \geq 200 mg/dL for a person with symptoms of uncontrolled diabetes.

More Information

Please consult the [July 2015](#) provider bulletin for additional program and billing information.

If interested in referring Medicaid members to an accredited DSME program, please visit the [ADA Accredited DSME program](#) website or the [AADE Accredited DSME program](#) website to find DSME programs in your area.

If interested in setting up an accredited DSME program at a clinic or office, please read the [Colorado DSME Reimbursement Toolkit](#) or contact Christine Fallabel at Christine.Fallabel@state.co.us or Kelly McCracken at Kelly.McCracken@state.co.us.

2016 Health Care Procedural Coding System (HCPCS) Codes Annual Update

The Department is updating the Medicaid Management Information System (MMIS) with 2016 HCPCS billing codes. Once the updates are completed, notification will be sent to providers. Please contact the Department’s fiscal agent, Xerox State Healthcare, at 800-237-0757 with questions.

Reminder: Medicaid Billing Provider ID on CMS 1500 Paper Claim Forms

When submitting CMS 1500 paper claims, it is required for providers to use their eight (8) digit Colorado Medical Assistance Program provider number. The Medicaid provider number is different from a national provider identification (NPI) number.

The Medicaid billing ID is required.

- Field 33B – Billing Provider Number

28. TOTAL CHARGE \$ 30 08	29. AMOUNT PAID \$	30. Rsvd for NUCC Use
33. BILLING PROVIDER INFO & PH # ()		
HCBS EBD Provider 100 Any Street Any City		
a.	b. 04567890	

APPROVED OMB-0938-1197 FORM CMS-1500 (02-12)

When using the rendering provider, please use the eight (8) digit Medicaid ID in the following field:

- Field 24J – Rendering Provider Number

F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
903 90	30		NPI	
			NPI	

When using the referring provider please use the eight (8) digit Medicaid ID in the following field:

- Field 17A – Referring Provider Number

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL	15. OTHER DATE QUAL MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.
17b. NPI	

Note: If the NPI is the only provider ID used, the paper claim will not process and it will be returned to the provider.

National Correct Coding Initiative (NCCI) Notification of Quarterly Updates

Providers are encouraged to monitor the Centers for Medicare and Medicaid Services (CMS) for updates to NCCI rules and guidelines. Updates to the procedure-to-procedure (PTP) and medically unlikely edit (MUE) files are completed quarterly, with the next file update available January 2016. Please find more information on the [CMS NCCI](#) website.

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 will cause the account to be placed on hold and **all** payments to be suspended, pending a current W-9. Payments that are held can be released once the W-9 is processed. Claims for payments not released are voided out of MMIS twice during the year, once on June 30th and again on December 31st.

The [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 [Provider Forms](#) section of the website in the Update Forms section. 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](#)), via the Medicaid Management Information System (MMIS) Provider Data Maintenance option. If a provider does not receive a 1099, please call the State Controller's office at 303-866-4090 for assistance.

Christmas Day Holiday

Due to the Christmas Day holiday on **Friday, December 25, 2015**, State offices, Xerox State Healthcare, DentaQuest, and the ColoradoPAR Program will be closed. The receipt of warrants and Electronic Funds Transfers (EFTs) may potentially be delayed due to the processing at the United States Postal Service or providers' individual banks. Additionally, Xerox State Healthcare will have limited business hours on **Thursday, December 24, 2015** and will be closing at 12:00 p.m. MT.

New Year's Day Holiday

Due to the New Year's Day holiday on **Friday, January 1, 2016**, State offices, Xerox State Healthcare, DentaQuest, and the ColoradoPAR Program will be closed. The receipt of warrants and Electronic Funds Transfers (EFTs) may potentially be delayed due to the processing at the United States Postal Service or providers' individual banks. Additionally, Xerox State Healthcare will have limited business hours on **Thursday, December 31, 2015** and will be closing at 3:00 p.m. MT.



Martin Luther King, Jr. Day Holiday

Due to the Martin Luther King Day holiday on **Monday, January 18, 2016**, State offices, DentaQuest, and the ColoradoPAR Program will be closed. Xerox State Healthcare will be conducting business during regular business hours. The receipt of warrants and Electronic

Funds Transfers (EFTs) may potentially be delayed due to the processing at the United States Postal Service or providers' individual banks.

Dental Providers

"Take 5" Pay for Performance Program – Update



DentaQuest has processed the first two (2) payments for the "Take 5" Pay for Performance Program and will continue making payments on a monthly basis moving forward. As a reminder, the "Take 5" Program payments will be made by DentaQuest via paper checks that **will be mailed to the billing entities on behalf of the rendering providers**. DentaQuest wants to ensure that all providers are compensated appropriately based on whether or not the program's metric(s) are met. Due to the complexity of the federal reporting requirements associated with the data being reviewed, providers who did not receive payment in the first check run may receive payment in a future run. DentaQuest has posted individualized reports that outline each provider's payments and progress on the [provider portal](#). These reports will be updated monthly. Instructions on how to locate provider reports are in the most recent version of the [Colorado Summit](#), the DentaQuest quarterly e-newsletter for Colorado's Medicaid dental providers, and is available on the DentaQuest Colorado Providers website. Providers may contact their DentaQuest Provider Relations representative or contact DentaQuest Provider Services at 855-225-1731 with questions.

Qualified Medical Personnel – Billing Procedures Guidance

Reminder: Qualified Medical Personnel who submit claims for reimbursement for limited Current Dental Terminology (CDT) codes, please refer to section 16.00 of the Office Reference Manual ([ORM](#)) regarding "Billing Procedures for Medical Personnel" (pg. 65-66) for further information.

Family Planning Clinics and Other Providers of Family Planning Services

Family Planning Services Legislative Rate Increases Effective September 26, 2015

The Department has received approval for the Fiscal Year 2015-16 legislative rate increase of .5 percent for the Family Planning Services State Plan Amendment (SPA). The Family Planning Services rate increases are effective for dates of service on or after September 26, 2015. Providers whose usual and customary charges are greater than the increased Family Planning rates will not have to take action to receive the rate increase. Providers whose usual and customary charges are less than the Family Planning rates will have to make adjustments to all claims with dates of service on or after September 26, 2015 to receive the rate increase.



The Department has created a Family Planning fee schedule that can be accessed on the Department's [Provider Rates & Fee Schedule](#) website. Please contact Randie DeHerrera at Randie.DeHerrera@state.co.us for questions concerning rates or Melanie Reece at Melanie.Reece@state.co.us for policy questions.

Hospital Providers

Inpatient and Outpatient Rate Increase Update



The Department recently received approval from the Centers for Medicare & Medicaid Services (CMS) to increase rates for fee-for-service inpatient and outpatient hospital services. The hospital facility inpatient base rates are in the process of being loaded in the Medicaid Management Information System (MMIS). Once the inpatient rates are loaded, the Department will retroactively adjust claims with dates of service on or after July 1, 2015 to reflect the rate increase. The outpatient Medicaid percentage of costs has been updated to 72.0%, and all claims dating back to July 1, 2015 have already been retroactively adjusted. Adjustments for inpatient claims will be reflected on future Provider Claim Reports (PCRs). Please contact Marguerite Richardson at Marguerite.Richardson@state.co.us with questions.

Effective January 1, 2016, All Hospital Cost-to-Charge Ratios will be Updated

If a hospital fails to provide the Department with updated cost-to-charge ratio information by December 15, 2015, the Department will institute a default reduction in the hospital's cost-to-charge ratio as needed for Outpatient Hospital claims. The goal is to reduce the magnitude of future cost settlement amounts. Hospitals that have already provided the most recent cost-to-charge ratio to the Department may disregard this message.

Please contact Marguerite Richardson at Marguerite.Richardson@state.co.us or 303-866-3839 with questions about the process or to submit the Medicare outpatient cost-to-charge ratios for the facility. Fax requests may be sent to 303-866-4411.



Pharmacy Providers

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Billing Manual Update

Updates to the DMEPOS Billing Manual have been made. Please reference the last page in the manual for a list of the updates.

New Healthcare Common Procedure Coding System (HCPCS) for 2016

Effective January 1, 2016, new DMEPOS HCPCS codes will be available for billing. Of particular interest, the Centers for Medicare & Medicaid Services (CMS) has decided to delete the five (5) ventilator codes and replace them with two (2).

Ventilator codes being deleted:

E0450	Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube)
E0460	Negative pressure ventilator; portable or stationary

E0461	Volume control ventilator, without pressure support mode, may include pressure control mode, used with non-invasive interface (e.g., mask)
E0463	Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube)
E0464	Pressure support ventilator with volume control mode, may include pressure control mode, used with non-invasive interface (e.g., mask)

Ventilator codes being added:

E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)
E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)

Additional information, as well as other coding changes and updates, will be available in the 2015 December Special Bulletin and on ColoradoPAR.com.

Morphine Equivalent Limitations Update

Implementation of the morphine equivalent limitations policy is anticipated to begin **February 1, 2016**. The Department is continuing to develop a policy for opioid-containing products that will limit the total daily milligrams of opioids that can be dispensed using morphine equivalents conversion calculations. Under this new policy, the daily milligrams of morphine equivalents for each opioid containing agent (including both long-acting and short-acting) that a member is currently taking will be added together. Prescriptions that exceed the maximum daily limit of 300 milligrams of morphine equivalents will be denied. In addition, the current policy that limits short-acting opioids to four (4) per day, except for acute pain situations, will continue to be in effect. More details will be provided in future announcements.



The Department provides guidance on various topics on the treatment of pain on our [Pain Management and Opioid Use](#) website.

Rx Review Program – Update

The Department is excited to announce that the Rx Review Program has started a new round of consultations. The Department is accepting applications for pharmacists interested in participating in this program. The deadline for the current round is February 2, 2016 so there is still plenty of time if you haven't applied yet.

Please note that the Department has chosen to increase the reimbursement rate for participating pharmacists in the Rx Review Program. Face-to-face consultative services will be reimbursed at a rate of \$150 per consultation. When meeting in-person is not possible, the pharmacist will be compensated \$90 per phone consult.

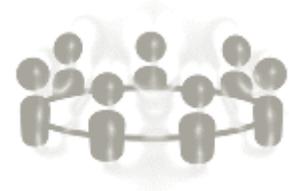
If you, or a pharmacist you know is interested in supporting the Colorado Medicaid community, please contact Sara Haynes at Sara.Haynes@state.co.us for more information and to apply.

Pharmacy and Therapeutics Committee

The Department is currently accepting curriculum vitae (CV) for the following positions on the Colorado Medicaid Pharmacy and Therapeutics Committee:

- Four (4) openings for physicians
- Three (3) pharmacists
- One (1) Medicaid member representative

If interested in serving or know someone who would be qualified, please submit a CV along with a completed [Conflict of Interest](#) form to:



Colorado Department of Health Care Policy and Financing
 Attn: Kelli Metz
 1570 Grant Street
 Denver, CO 80203

Or fax to 303-866-3590, Attn: Kelli Metz.

January Preferred Drug List (PDL) Announcement

Effective January 1, 2016, the following will be preferred agents on the PDL and will be covered without a prior authorization (unless otherwise indicated with an *):

Oral Fluoroquinolones: ciprofloxacin tablets, levofloxacin tablets, Cipro suspension (for clients under the age of 5)

Oral Antihherpetic Agents: acyclovir tablets, capsules and suspension

Pancreatic Enzymes: Creon and Zenpep

Antiplatelets: Aggrenox, clopidogrel, and Brilinta*

Targeted Immune Modulators (self-administered): Humira and Enbrel

Antidepressants: bupropion IR, SR and XL, citalopram, escitalopram, fluoxetine, mirtazipine, paroxetine, sertraline, venlafaxine IR tablets and XR capsules

PDE-5 Inhibitors: sildenafil

Endothelin Antagonists: Letairis

Prostanoids: generic epoprostenol and Ventavis

Antiemetics: ondansetron tablets, ondansetron ODT tablets, ondansetron suspension (for clients under 5 years), Diclegis*

PPIs: Nexium (capsules and packets), omeprazole generic capsules, pantoprazole tablets, Prevacid solutabs (for clients under 2 years)

Triptans and Combinations: Imitrex nasal spray and injection, sumatriptan tablets, rizatriptan MLT tablets, naratriptan tablets, Relpax

Prior Authorization (PA) Reminder

As a reminder, a pharmacy should only dispense medication that requires a prior authorization after obtaining the prior authorization. In an emergency, when a PAR cannot be obtained in time to fill the prescription, pharmacies may dispense a 72-hour supply (3 days) of covered outpatient prescription drugs to an eligible member by calling the Department's PA Helpdesk for approval at 800-365-4944. An emergency situation is any condition that is life threatening or requires immediate medical intervention.

Psychiatric Consultation for Children

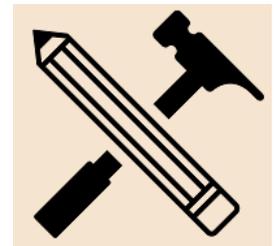


The Department is pleased to announce a valuable service to help providers manage psychiatric medications for children. The Department's Drug Utilization Review (DUR) provider, the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences, in collaboration with Colorado Behavioral Health Systems, specifically the Colorado Psychiatric Access and Consultation for Kids (C-PACK) program, has child psychiatrists available to provide consultation to Medicaid providers. The service includes phone or email consultations to optimize pharmacotherapy. Please contact Nila Mahyari, PharmD, DUR Clinical Specialist at Nila.Mahyari@state.co.us for additional information or to be connected with a child psychiatrist. Child psychiatrist responses are usually provided within a few days of the initial request. Care coordination is not a service provided by DUR.

Waiver Providers

Home and Community Based Services (HCBS) Home Modification Billing and Stakeholder Meeting Update

Effective October 1, 2015, Home and Community Based Services home modification projects under \$1,500 may be approved by Single Entry Point (SEP) case managers without prior authorization (PAR) from the Department. Projects under \$1,500 also do not require a home evaluation by an occupational or physical therapist. These changes are an increase from the previous threshold amount of \$1,000. Increases to the lifetime cap available to members are pending federal approval. The lifetime cap remains \$10,000 per member until federal approval is secured.



December Home Modification Stakeholder Workgroup

The December Home Modification Stakeholder Workgroup is rescheduled from its regular meeting time due to the holidays. The meeting will be:

Wednesday, December 16, 2015

10:00 a.m. to 12:00 p.m.

303 E. 17th Ave., Denver, CO 80203

Conference room 11C

Note: Future meetings will return to the normal schedule, the fourth Thursday of each month, 10:00 a.m. to 12:00 p.m. Please contact Diane Byrne at 303-866-4030 or Diane.Byrne@state.co.us with questions.

Colorado Choice Transitions (CCT)

The Department's Colorado Choice Transitions (CCT) program is discontinuing four (4) CCT Demonstration Services. The following are the service names, definitions, and rationale for each discontinued service:

- **DENTAL, EXTENDED:** Dental services that are inclusive of diagnostic, preventive, periodontal, and prosthodontic services, as well as basic restorative and oral surgery procedures to restore the client to functional dental health. Services are available for

members 21 and over and may not duplicate services available through the Medicaid State Plan.

The Department's decision to remove the extended dental benefit is based on the recent implementation of dental benefit in the Medicaid state plan for adults age 21 and over. Currently, the dental benefit provides Medicaid members up to \$1,000 in dental services per state fiscal year.

- **ENHANCED NURSING:** Medical care coordination provided by a nurse for medically complex members who are at risk for negative health outcomes associated with fragmented medical care and poor communication between primary care physicians, nursing staff, case managers, community-based providers and specialty care providers. This benefit was designed to better coordinate care for medically complex clients. The state's decision to remove this service is due to low utilization during the demonstration program. Moreover, as coordination and collaboration between Regional Care Collaborative Organizations (RCCOs) and case management agencies becomes stronger through Colorado's Medicare Medicaid Program, a duals demonstration project and as the Department further refines approaches to working with complex members, the state will be able to better address the needs of these members.
- **HOME MODIFICATIONS, EXTENDED:** Physical adaptations to the home, required by the member's plan of care, necessary to ensure the health, welfare, safety and independence of the member above and beyond the cost of caps that exist in applicable Home and Community-Based (HCBS) waivers.

The State's decision to remove this extended benefit is due to zero (0) utilization and to a recent increase in the home modification lifetime maximum allocation available to HCBS waiver members which will help to ensure members are able to receive the modifications they need to safely live in the community.

- **VISION:** Services that include eye exams and diagnosis, glasses, contacts, and other medically necessary methods to improve specific vision system problems when not available through the Medicaid State Plan. Services available through Medicare are not covered.

An eye care benefit exists in the state plan; however, it is limited. To date, the Department has not had any CCT members access the vision benefit during the demonstration.

Since July 1, 2015, the CCT program has successfully transitioned 20 individuals from an institutional setting to the appropriate community setting, bringing total numbers to 132 individuals to-date.

Targeted Case Management Legislative Rate Increases Effective September 1, 2015

The Department has received approval for the Fiscal Year 2015-16 legislative rate increase of .5 percent for the Targeted Case Management State Plan Amendment (SPA). The Targeted Case Management rate increases are effective for dates of service on or after September 1, 2015. Providers whose usual and customary charges are greater than the increased Targeted Case Management rates will not have to take action to receive the rate increase. Providers whose usual and customary charges are less than the Targeted Case Management rates will have to

make adjustments to all claims with dates of service on or after September 1, 2015 to receive the rate increase.

Rates for Targeted Case Management can be accessed on the Department’s [Provider Rates & Fee Schedule](#) website. Please contact Randie DeHerrera at Randie.DeHerrera@state.co.us for questions concerning rates or Nancy Fritchell at Nancy.Fritchell@state.co.us for policy questions.

December and January 2015-16 Provider Workshops

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 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.

December 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
13	14 *WebEx* OT/PT/ST 1:00 p.m.-3:00 p.m.	15 CMS 1500 9:00 a.m.-11:30 a.m. Web Portal 837P 11:45 a.m.-12:30 p.m. Audiology 1:00 p.m.-3:00 p.m.	16 *WebEx* UB 04 9:00 a.m.-11:30 a.m. *WebEx* Web Portal 837I 11:45 a.m.-12:30 p.m. IP/OP 1:00 p.m.-3:00 p.m.	17	18	19

January 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10	11	12 CMS 1500 9:00 a.m.-11:30 a.m. Web Portal 837P 11:45 a.m.-12:30 p.m. Audiology 1:00 p.m.-3:00 p.m.	13 UB-04 9:00 a.m.-11:30 a.m. Web Portal 837I 11:45 a.m.-12:30 p.m.	14 Waiver 9:00 a.m.-11:30 a.m. Web Portal 837P 11:45 a.m.-12:30 p.m. Personal Care 1:00 p.m.-3:30 p.m. Web Portal 837P 3:45 p.m.-4:30 p.m.	15 *WebEx* CMS 1500 9:00 a.m.-11:30 a.m. Web Portal 837P 11:45 a.m.-12:30 p.m. *WebEx* Hospice 1:00 p.m.-3:00 p.m.	16

Reservations are required for all workshops

Email reservations to:
workshop.reservations@xerox.com

Or Call the Reservation hotline to make reservations:
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 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.

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 – A Light Rail map is available at: 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 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.

Image Attribution:

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Fireworks by Anbileru Adalero

High Five by Elizabeth Smith

Economic Growth by Adriano Gazzellini

Hospice by Aha-Soft

Recession by Aha-Soft

Pills by Michal Czekala

Meeting by Claire Jones

Tools by Scott Baker