



Medical Assistance Program Bulletin

Colorado Title XIX

Fiscal Agent



ACS
Denver Club Building
518 17th Street, 4th Floor
Denver, CO 80202

**Medical Assistance Program
Provider Services**
303-534-0146
1-800-237-0757

Mailing Addresses
Claims & PARs
P.O. Box 30
Denver, CO 80201-0030

Correspondence, Inquiries & Adjustments
P.O. Box 90
Denver, CO 80201-0090

Provider enrollment, Provider information,
Changes, Signature authorization,
and Claim requisitions
P.O. Box 1100
Denver, CO 80201-1100

Medical Assistance Program
Fiscal Agent Information
on the Internet

http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp

Click on the Provider Services tab at the top of the web page

Medical Assistance Program bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medical Assistance Program Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medical Assistance Program Provider Services.

Distribution: All providers

October 2007

Reference: B0700238

Table of Contents

ALL PROVIDERS.....	1
Change of Ownership (CHOW).....	1
837 INSTITUTIONAL CLAIM TRANSACTIONS.....	2
Institutional Claim Changes.....	2
HOME HEALTH PROVIDERS.....	2
Dually Eligible Beneficiaries.....	2
HOSPITAL PROVIDERS.....	2
CMS Proposes Substantial Changes to DRG System.....	2
Hospital Billing for Newborns.....	3
PRACTITIONERS.....	3
Correction to Immunization Rate Information Administered to Clients Aged 21 and Older.....	3
Physical Therapy, Occupational Therapy and Speech Therapy.....	3
Telemedicine.....	4
PHARMACY PROVIDERS.....	4
Tamper-Resistant Prescription Pads.....	4
Pharmacy Paper Claims.....	5
TRANSPORTATION PROVIDERS.....	5
HAVE YOU CONSIDERED DIRECT DEPOSIT?.....	6
SIGN-UP FOR ELECTRONIC BULLETIN NOTIFICATION!.....	6
OCTOBER AND NOVEMBER 2007 DENVER PROVIDER BILLING WORKSHOPS.....	6

ALL PROVIDERS

Change in Ownership (CHOW)



Provider entity ownership changes or any change in a Medical Assistance Program provider's Federal Tax Identification Number terminates a Provider's Participation Agreement. A new Federal Tax ID must be obtained prior to applying for a new Medicaid provider ID. You must apply for a new Medicaid provider ID before the date of sale in order for the new Medicaid provider ID to be effective on the date of the change of ownership. New owners with a tax ID number and existing owners with a new tax ID number must complete a new Medical Assistance Program Provider Application to participate in the Colorado Medical Assistance Program. A selling provider cannot bill for services after the effective date of the CHOW. ***The new owner cannot bill using the old provider's ID.***

When completing a new Medical Assistance Program Provider Application, you must complete the CHOW information on page 1. List the seller's name, provider ID, and the effective date of the CHOW. The old provider ID number and all affiliations are terminated on the date the new ID number is activated. New affiliations must be listed on the Provider Application or by notifying Provider Enrollment in writing on the provider's letterhead. Sellers must submit a statement on their letterhead stating their name, provider ID, change of ownership (or change of tax ID number) effective date, and a forwarding address.

The current version of the Provider Application includes the Provider Participation Agreement, EDI information, provider type documentation requirements, a W-9 form, and an Electronic Funds Transfer form. To locate provider type specific documentation requirements and standard enrollment requirements, enrolling providers should visit the Provider Services Enrollment Section of the State's web site
http://www.chcpf.state.co.us/ACS/Enrollment/new_providers.asp.

Provider Frequently Asked Questions

Q: Do certain types of providers need Medicare Certification before they can be enrolled and bill the Colorado Medical Assistance Program?

A: **Yes.** Ambulatory Surgery Centers, Hospitals, Rural Health Centers, Home Health Agencies, Dialysis Centers, and Hospice Agencies all require Medicare Certification before these providers can enroll in the Colorado Medical Assistance Program.



During a CHOW, Medicare creates a new provider file for the organization.

A provider's Medicare effective date may be used as their Colorado Medical Assistance Program application date. To expedite processing, the provider should submit the Colorado Medical Assistance Program Provider Application to the Fiscal Agent as soon as the provider's Medicare CHOW has been completed.

Q: Do certain types of providers need State Certification before they can be enrolled and bill the Colorado Medical Assistance Program?

A: **Yes.** Certain provider types must receive State approval to finalize the CHOW application process. (An example is State reimbursement rate setting or verification of certification to perform waiver services.) Provider numbers for these providers will be issued once the State has completed its review of the applicant. Please see the Department's website www.chcpf.state.co.us for more specific information on provider types.

Q: Do Colorado Medical Assistance Program timely filing policies apply while waiting for application approval?

A: **Yes.** Medical Assistance Program timely filing policies apply. Special cases or situations can be evaluated and reviewed by the State.

837 INSTITUTIONAL CLAIM TRANSACTIONS **Institutional Claim Changes**

Summary of Changes

The National Uniform Billing Committee (NUBC) has restricted the use of value codes A1, A2, A7, B1, B2, B7, C1, C2, and C7 to paper claims. Effective July 2, 2007, these value codes can no longer be used on the X12N 837 institutional claim transaction. For more information visit:

<http://www.cms.hhs.gov/transmittals/downloads/R261OTN.pdf>

Billing Instruction Changes



I. Paper claims: There are **no** changes to claims billed on the paper UB92 claim form. These claims will continue to process in the MMIS with the value codes listed above.

II. COBC Medicare crossover claims: Beginning September 21, 2007, the X12 837I batches to the EDI gateway from COBC will process when they are received. Batches that were held for processing until the system changes were installed will be processed over the next few weeks. The claims will now process and pay correctly.

III. Electronic Batch claims: With the system changes in place, claims submitted with the coinsurance and deductible amounts in the CAS segments will process correctly and pay. Please see the Companion Guide for the X12 837I for the new billing instructions.

http://www.chcpf.state.co.us/ACS/Pdf_Bin/837I_CompanionGuide_052307.pdf

IV. Electronic Interactive claims: Medicare Crossover claims submitted via the Web Portal will require entry of the coinsurance and/or deductible amounts in the "Medicare Information" section located on the "Other Insurance Information" tab.

Announcements have been posted on the Provider Services section of the website and in the web portal notifying providers that the MMIS is ready to process Medicare crossover claims with the coinsurance and deductible amounts in the CAS segments.

Home Health Providers **Dually Eligible Beneficiaries**

Watch for important information in the November 2007 Provider Bulletin regarding Home Health claim submission for dually eligible beneficiaries, documentation requirements and clarification about Home Health Advance Beneficiary Notices (HHABN's, CMS-R-296).

Hospital Providers

CMS Proposes Substantial Changes to DRG System

As previously mentioned in the September provider bulletin, the Department **will not** be implementing the new MS-DRGs (Medicare Severity Adjusted DRGs) for Colorado Medicaid reimbursement on October 1, 2007. The Department will leave the current DRG Grouper (Version 24.0) in place while different options are discussed regarding the new MS-DRGs and other DRG payment options.

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

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



Since new ICD-9 codes, which were not part of the original Version 24.0 DRG grouper, have been implemented, the Department will need to apply system updates to the original Version 24.0 DRG Grouper. This will allow claims billed with new diagnosis and/or procedure codes to appropriately group to the existing Version 24.0 DRGs.

While the Department works on these system updates, Medicaid inpatient hospital claims that set edits during processing related to DRG grouping (such as DRG record not on database or DRG pricing span not found) will be suspended effective October 1, 2007. Once the system updates have been completed, these claims will be released from suspense and will process accordingly.

Please continue to watch for DRG updates in future Colorado Medicaid bulletins. If you would like to submit comments or questions to the Department regarding DRG system options, please send an email to: Jessica.McKeen@state.co.us.

Hospital Billing for Newborns



Hospital providers are notified that the billing instructions have been clarified for newborns who remain in the hospital after the mother's discharge.

The updated instructions may be found in the UB-92 Specialty Billing Manuals on line at:

http://www.chcpf.state.co.us/ACS/Pdf_Bin/UB92_Specialty_Manuals_033007.pdf

For further questions please contact.

Eric Wolf, Hospital Program Coordinator
Colorado Department of Health Care Policy and Financing
303-866-5963
eric.wolf@state.co.us

Practitioners

Correction to Immunization Rate Information Administered to Clients Aged 21 and Older Published in the September bulletin – B0700237

The rate updates for immunizations administered to clients aged 21 and older were incorrectly published in the September 2007 bulletin. **The correct rate updates, effective July 1, 2007, are listed below.** The following adult immunization rates were updated using the following formula – Average Wholesale Price (AWP) + 10% + \$2.00 for administration:

Procedure Code	Rate	Procedure Code	Rate	Procedure Code	Rate	Procedure Code	Rate
90371	176.31	90656	18.57	90706	27.16	90718	30.08
90375	101.43	90658	14.62	90707	55.78	90732	79.69
90376	100.35	90675	201.63	90713	66.61	90733	123.77
90385	54.98	90703	55.20	90714	53.81	90735	121.72
90632	82.70	90704	31.24	90715	101.54	90746	76.01
90636	110.80	90705	24.59	90716	106.98		

Rates for immunizations administered to clients aged 21 and older that were already priced at or above the standard formula described above were not adjusted. Rates for immunizations administered to clients aged 20 and under were not impacted by Senate Bill 07-239.

We apologize for any inconvenience this may have caused.

Physical Therapy, Occupational Therapy and Speech Therapy

Fee-for-service physical therapy, occupational therapy, and speech therapy rates

Effective July 1, 2007, a 9.05% rate increase for fee-for-service physical therapy, occupational therapy, and speech therapy services was implemented as mandated by Senate Bill 07-239, Footnote 27. The new rates are as follows:



Procedure Code	Rate	Procedure Code	Rate	Procedure Code	Rate	Procedure Code	Rate
92506	33.68	97004	24.72	97035	9.16	97533	22.71
92507	61.82	97010	4.59	97036	12.60	97535	17.19
92508	10.30	97012	10.30	97039	Manual price	97537	17.19
92520	36.74	97014	8.04	97110	11.45	97542	17.19
92526	25.20	97016	10.30	97112	11.45	97545	54.96
92597	60.87	97018	6.86	97113	10.30	97546	27.69
92605	Manual price	97022	10.30	97116	9.16	97602	Manual price
92606	Manual price	97024	6.86	97124	12.60	97750	21.76
92611	34.78	97026	4.59	97139	Manual price	97760	22.93
96110	37.44	97028	9.16	97140	13.75	97761	21.00
97001	36.65	97032	10.30	97150	11.45	97762	19.40

Procedure Code	Rate	Procedure Code	Rate	Procedure Code	Rate	Procedure Code	Rate
97002	24.72	97033	11.45	97530	11.45	97799	Manual price
97003	36.65	97034	9.16	97532	21.53		

Telemedicine

Telemedicine general billing instructions are now included in the CO-1500 Specialty Billing Information (09/07) section of the Billing Manuals. The CO-1500 Specialty Billing Information is located at

http://www.chcpf.state.co.us/ACS/Provider_Services/Billing_Manuals/Billing_Manuals.asp

PHARMACY PROVIDERS

Tamper-Resistant Prescription Pads

Overview



Section 7002(b) of the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Act of 2007 requires prescribers to use tamper-resistant prescription pads for any new prescription for Medicaid clients with fill dates on and after October 1, 2007. This requirement only applies to hard copy prescriptions whether legend or over-the-counter. Under the law, the Department of Health Care Policy and Financing (the Department) is charged with enforcement of these requirements.

Enforcement

Given the extremely short timeline extended to states to implement this law, the Department will implement the program in three phases. The first two phases are a temporary solution until a permanent solution can be established.

The first phase is to simply inform providers and other interested parties of the basic Centers for Medicare and Medicaid Services (CMS) requirements regarding tamper-resistant prescription pads. *The Department encourages compliance with the requirements listed below but will not enforce compliance at this time.* The Department wants clients to receive needed medication and does not want this law to impede access to those drugs. The Department will not audit pharmacies for accepting any non-tamper resistant prescriptions from prescribers during phase one. In the event CMS audits pharmacies for compliance with this law, the Department will not take back any payments for claims on non-complaint prescription pads during this phase.

The second phase will be notification of rules which will provide more details about the Department's requirements regarding tamper-resistant prescription pads. This likely will include the pad's required characteristics. The Department will request input from affected parties on the creation of the rules. In addition, interested parties will be able to participate in the Department's public rule review meeting regarding this rule prior to presentation to the Medical Services Board. Details regarding the public rule review process may be found on the Department's website at

<http://www.chcpf.state.co.us/HCPF/msb/prm.asp>.

For the third phase, the Department wants to meet with interested parties to work toward a permanent solution. The Department wants input from affected parties for this solution. *Again, the Department will not enforce the law until a permanent solution has been developed in cooperation with concerned parties and the rules are final.*

CMS Requirements for Tamper-Resistant Prescription Pads

According to CMS Guidance, effective October 1, 2007, the tamper-resistant prescription pad must contain at least one of the following three characteristics:

- Prevention of unauthorized copying of a completed blank prescription form
- Prevention of erasure or modification of information written on the prescription by the prescriber
- Prevention of the use of a counterfeit prescription form



Again, the Department encourages but does not require compliance at this time.

Examples of security features that could be used on prescription pads for those prescribers who desire to comply with CMS requirements include:

- Security features printed on the prescription
- Void pantograph – a latent repetitive “void” pattern that is printed across the entire front document of the prescription blank; the word “void” appears if the script is photocopied, scanned, or physically or chemically erased
- Watermark – watermark in paper that is printed on the backside of the script that can only be seen at a 45 degree angle; this verifies the script is original
- Chemical void protection – prevents alteration by chemical washing
- Anti-copy coin rub
- Thermochromic ink technology

Exceptions

Prescriptions paid for by a managed care entity, drugs provided in nursing facilities and intermediate care facilities for the developmentally disabled, and other specified institutional and clinical settings are exempt from the tamper-resistant prescription pad requirements. E-prescriptions transmitted to the pharmacy, prescriptions faxed to the pharmacy, or prescriptions communicated to the pharmacy via telephone by the provider are also exempt from the requirements.

Questions

Any questions regarding this notice can be directed to Kim Benson at 303-866-3033.

Pharmacy Paper Claims

Currently, pharmacy providers are required to use the Universal Claim Form (UCF) when submitting paper claims. The Department of Health Care Policy and Financing is in the process of developing a Colorado specific pharmacy claim form that will accept multiple-line compound submission and that will be available at no charge. The new pharmacy claim form (PCF) should be available around January 2008.

The PCF will be posted on the pharmacy web page at <http://www.chcpf.state.co.us/HCPF/Pharmacy/phmBilling.asp> as soon as it is available. The UCF will continue to be accepted after the PCF is available; however, the Department plans to phase out the use of the UCF after a transition period.

TRANSPORTATION PROVIDERS

Effective July 1, 2007:

- Transportation rates for emergency transportation procedure codes were increased by 5%
- Rates for non-emergency transportation procedure codes for mileage, lodging, escorts, meals, and private vehicles were increased by 31%.

There are two (2) types of transportation services available, emergency and non-emergency.

Emergency Medical Transportation is a benefit – Emergency services require a physician's statement of medical necessity or trip report and are to be billed directly to the fiscal agent. There are two forms of emergency transportation, Ambulance and Air Ambulance and can be used as follows:



- Air Ambulance benefits are provided when point of pickup is inaccessible by land vehicle, great distances prohibit transporting when point of pick up is inaccessible by a land vehicle.
- Great distances prohibit transporting client to nearest appropriate location and client needs immediate attention.
- Patient is suffering from an illness that makes other forms of transportation inadvisable.

Non-Emergent Medical Transportation (NEMT) is only a benefit when clients have no other means of transportation.

The types of transportation available include mobility vehicles, wheelchair vans, non-emergent ambulance, taxi, stretcher van, private vehicle, train and plane. Clients may also receive gas reimbursement, bus tokens and passes.

NEMT is administered in each client's respective county, except for clients residing within the front range area. All providers servicing clients that reside within the following eight front range counties **must** make arrangements through LogistiCare at 303-390-4500: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, and Larimer.

Exception: Non-medical transportation may be covered for eligible clients under the HCBS Waiver Program.

Additional Transportation Services

Out-of-State transportation: Providers must verify service has been authorized.

If patient requires hospitalization, please contact the Colorado Foundation for Medical Care (CFMC) (303-695-3300) to make sure the out of state location is authorized. **Codes:** A0021, A0110, A0140, A0430, A0431.

Over-the-Cap Expenses: (PAR required through CFMC). Over the cap expenses are expenses exceeding the maximum allowable. Example: Bariatric and mental health hold ambulance services would be over the cap due to the need for specialized equipment/transportation. Mental health hold clients only qualify when being transported to the State facility in Pueblo. Documentation must indicate the requested mode is the most appropriate and least costly method for the client.

Documentation must show that care is not available in the client's local community and client is seeing the closest provider in the Colorado Medical Assistance Program. **Codes:** A0999, T2001.

Ancillary Services: All ancillary services require authorization by the State Designated Entity (SDE). Ancillary services include meals and lodging and are only authorized if the trip cannot be completed in one calendar day. Escort can be available for at-risk adults or children. **Codes:** A0180, A0190, A0200, A0210.

Personal Mileage Reimbursement:

The client must submit beginning and ending odometer readings, which the SDE should verify for accuracy. The trip must be the most direct route to and/or from the medical appointment with the closest qualified provider. The service must be a benefit of the Colorado Medical Assistance Program. **Codes:** A0080, A0090.



The SDE must also obtain the following information before reimbursement of personal mileage.

1. Name and address of vehicle owner;
2. Policy number and name of the insurance carrier; and
3. Driver's license number and expiration date for the driver of the vehicle.

Multiple Riders:

- When services are provided to more than one client, multiple rider exceptions apply.
- Client traveling farthest distance is reimbursed at the full rate.
- The client traveling the second farthest distance is reimbursed at ½ the rate.

- Client(s) traveling less than the second farthest distance are reimbursed at ¼ the rate.
- No Prior Authorization Request (PAR) required.

Air Ambulance:

- A benefit when great distances or client's condition prohibits transporting by other less costly means of NEMT or it is the least costly means of transportation.
- Commercial Air - PAR required (PAR must be submitted by SDE to CFMC) CODE: A0140

Bus/Train:

- Bus - No PAR required (unless the client travels with an escort). CODE: A0110
- Train - PAR required (PAR must be submitted by SDE to CFMC) CODE: A0110

Refer to the Transportation section of the Specialty Billing Manual for detailed information.

Transportation rates, codes and descriptions are listed on the web (<http://www.chcpf.state.co.us/>), under Reference Material or Medical Assistance Programs.

Transportation related Bulletins:

http://www.chcpf.state.co.us/ACS/Provider_Services/Bulletins/Bulletins.asp

B0700236a	August	2007
B0600216	August	2006
B0600215	July	2006
B0400182	October	2004
B0400175	May	2004
B0300159	July	2003
B0200140	October	2002

If you have additional questions please contact Renee Robinson, Transportation Coordinator at:
303-866-5622 or renee.robinson@state.co.us.

Have you considered Direct Deposit?

Don't let bad weather or the postal service delay your paper checks (warrants)! To avoid mail delays, sign up for Electronic Funds Transfer (EFT). EFT is the safest, best, fastest and easiest way to receive Medical Assistance Program payments. The EFT form is located in the Provider Services Forms section of the Department's website at:

http://www.chcpf.state.co.us/ACS/Provider_Services/Forms/Forms.asp

EFT permanently solves paper check (warrant) problems!

Allow 30 days for processing your EFT request.

1. After 30 days, check with your bank to verify that EFT has been set up.
2. You will receive paper checks until EFT has started or until the update is active.

Please Note: The fiscal agent (ACS) does **not** have access to EFT status information.

***Sign-up for Electronic Bulletin Notification!***

Did you know you can stop receiving paper bulletins and start receiving your Colorado Medical Assistance Program bulletins by email notification? Email notifications contain a link to the latest bulletin and allow providers to receive program information up to a week sooner than through bulletins sent by mail.

Medical Assistance Program enrolled providers who do not have their email on file with the fiscal agent should complete and submit their information through the Inquiry/Update Provider Data option located at the main menu within the Web Portal.

Providers may also complete and submit the Publication Preferences form in the Provider Services Forms section of the Department's website at: http://www.chcpf.state.co.us/ACS/Provider_Services/Forms/Forms.asp.

Please fax or mail the completed form to the fiscal agent at the fax number/address on the form. Thank you for promptly completing and submitting the Publication Preferences form.

Providers are responsible for ensuring that the fiscal agent has their current publications email address on file. The Colorado Medical Assistance Program is not responsible for undeliverable notifications due to incorrect email addresses.

Please Remember: Providers may have **only one** email address on file with the fiscal agent. The person receiving the email notification should forward the email to all additional people needing the updated information.

October and November 2007 Denver Provider Billing Workshops**General Information**

Provider billing workshops include both Medical Assistance Program Billing instructions and a review of Medical Assistance Program billing procedures. There are specific classes for new billers to the Medical Assistance Program and for specialty training for different types of providers. The schedule for October and November 2007 Denver workshops follows.



Who Should Attend?

New and experienced receptionists, front desk personnel, admission personnel, office managers, billing services, and other billers should attend the appropriate workshops.

Do I need Reservations?

Yes, reservations are necessary for *all workshops*. We are currently requesting reservations for all Denver workshops in order to provide adequate space in all workshops.



Email reservations to: workshop.reservations@acs-inc.com

or

Call Medical Assistance Program Provider Services to make reservations.

1-800-237-0757 or 303-534-0146

Press "5" to make your workshop reservation. This transfers you to a voice mail where you must leave the following information:

- 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



Without all of the requested information, your reservation will not be processed successfully. Your confirmation will be mailed to you within one (1) week of making your reservation. If you do not receive a confirmation within one (1) week please contact Provider Services and talk to a Provider Relations Representative.

Class Descriptions

For a complete list of class descriptions, please see bulletin B0700227 (January 2007) or the 2007 Denver and Statewide Workshop Schedule in the Provider Services Training and Workshops section of the Department's website at:

http://www.chcpf.state.co.us/ACS/Provider_Services/Train_Workshops/train_workshops.asp.

Denver Location

All Denver Workshops are located at our new location:

ACS

Denver Club Building

518 17th Street, 4th floor

Denver, Colorado 80202



Driving directions to ★ACS, Denver Club Building, 518 17th Street, 4th floor, Denver, Colorado 80202:

Take I-25 toward Denver

Take exit 210A to merge onto W Colfax Ave (40 E), 1.1 m

Turn left at Kalamath St, 456 ft

Continue on Stout St, 0.6 m

Turn right at 17th St, 0.2 m

ACS is located in the Denver Club Building, on the west side of Glenarm Place at 17th Street (Glenarm is a two-way street).

Parking:

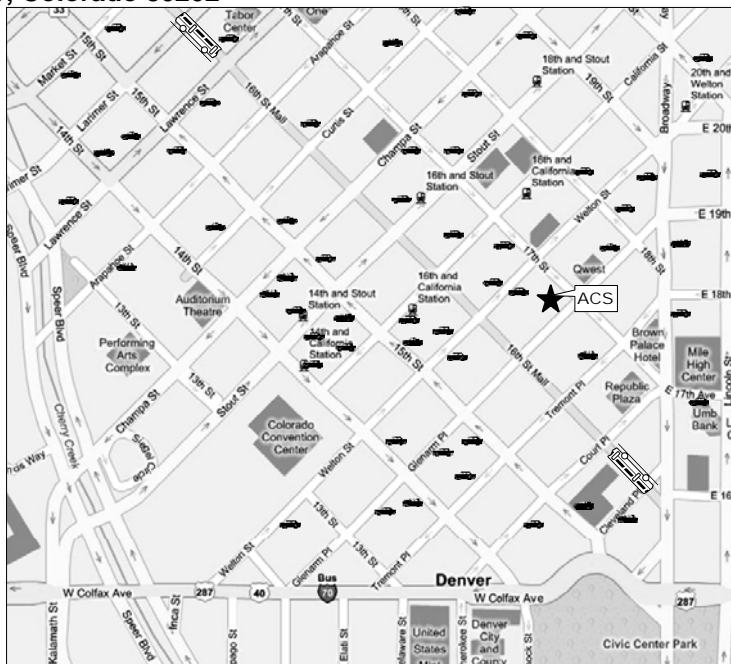
Parking is not provided by ACS and is limited in the Downtown Denver area.

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/lrmap.htm>

= Free MallRide; MallRide stops are located at every intersection between RTD's Civic Center Station and Union Station.

= Some of the commercial parking lots; Lots are available throughout the downtown area and the daily rates range from about \$5 to \$20.



Beginning Billing

This class is for new billers, billers who would like a refresher and would like to network with other billers about the Colorado Medical Assistance Program. The class covers in-depth information on resources, eligibility, timely filing, reconciling your remittance statements and paper claim completion for the UB-92 and the CO1500. *This class does not cover any specialty billing information.*

The fiscal agent provides specialty training in their Denver office during March and October each year and statewide during May and September each year.

Please refer to the 2007 Denver and Statewide Workshop Schedule in the Provider Services Training & Workshops section of the Department's website at:

http://www.chcpf.state.co.us/ACS/Provider_Services/Train_Workshops/train_workshops.asp for a complete listing and descriptions of Denver workshops.

October 2007 Denver Beginning Workshop Schedule

Beginning Training CO-1500/837P

10/09/07 – Tuesday, 9:00am – 3:00pm

11/13/07 – Tuesday, 9:00am – 3:00pm

Beginning Training UB-92/ 837I

10/11/07 – Thursday, 9:00am – 3:00pm

11/15/07 – Thursday, 9:00am – 3:00pm



October Denver Specialty Training Schedule

Monday – 10/15/07

Audiology, 10:00am-11:30am

Transportation, 2:00pm-4:00pm

Tuesday – 10/16/07

Nursing Facility, 9:00am-11:15am

Home Health, 11:45am-1:00pm

Wednesday – 10/17/07

HCBS – CHCBS, EBD, PLWA, MI and CDCE, 10:00am-12:00pm

HCBS – BI, 1:00pm-3:00pm

Thursday – 10/18/07

Hospice, 9:30am-10:30am

Hospital, 11:00am-2:00pm

Tuesday – 10/23/07

Physical/ Occupational and Speech Therapy, 9:00am-11:00am

Practitioner, 1:00pm-3:00pm

Wednesday – 10/24/07

Pharmacy, 9:00am-11:00am

DME/Supply, 12:30pm - 2:30pm

Dialysis, 3:00pm-4:00pm

Thursday – 10/25/07

Dental, 10:00am-12:00pm

FQHC/RHC, 2:00pm-4:00pm

Colorado Medical Assistance Program Enrollment Application Workshop



The fiscal agent will conduct its final Provider Enrollment Application workshop for the 2007 calendar year on:

Wednesday, 11/07/07 (9:00am-1:00pm)

The 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. All workshops are located at:

**ACS
Denver Club Building
518 17th Street, 4th floor
Denver, Colorado 80202**

Seating for these workshops is limited and reservations are required.

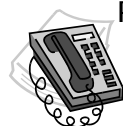
Please email reservations to: workshop.reservations@acs-inc.com

or

Call Medical Assistance Program Provider Services to make reservations.

1-800-237-0757 or 303-534-0146

Please go to http://www.chcpf.state.co.us/ACS/Enrollment/new_providers.asp and click on your provider type. Please download and print your enrollment documents and bring them with you to the workshop.



Please direct questions about Medical Assistance Program billing or the information in this bulletin to Medical Assistance Program Provider Services at:
303-534-0146 or 1-800-237-0757 (Toll free Colorado)



For updates check: http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp