Provider Bulletin

colorado.gov/hcpf

In this issue:

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

Contacts

Billing and Bulletin Questions
1-800-237-0757

Claims and PARs Submission
P.O. Box 30
Denver, CO 80201

**Correspondence, Inquiries, and
Adjustments**
P.O. Box 90
Denver, CO 80201

**Enrollment, Changes, Signature
Authorization and Claim Requisitions**
P.O. Box 1100 Denver, CO 80201

ColoradoPAR Program PARs
www.coloradopar.com

Did you know...?

Due to a large system upgrade, all Colorado Medicaid related transaction processing were off-line and inaccessible from approximately 3:00 a.m. MST Saturday, December 28, 2013 until 11:00 p.m. MST Sunday, December 29, 2013. Claims and Inquiries (Eligibility, Claim, PAR) submitted during this time frame were not received or processed by the Medicaid Management Information System (MMIS).

All Providers

Correction to Rate Increase Article Published in the November 2013 (B1300344) Provider Bulletin

In the November 2013 Provider Bulletin ([B1300344](B1300344)), the Department of Health Care Policy and Financing (the Department) outlined the different provider rate increases for Medicaid services effective July 1, 2013. Included were the Federally Qualified Health Centers (FQHCs) and Outpatient Hospital Services. However, the Department is still awaiting the Centers for Medicare & Medicaid Services' (CMS) approval on these services. If approved, the Department will retroactively adjust all claims with dates of service on or after July 1, 2013 to reflect the new rates. Adjustments will be reflected on future Provider Claim Reports (PCRs).

Please contact Richard Delaney at Richard.Delaney@state.co.us or 303-866-3436 with questions about FQHCs. Please contact Ana Lucaci at Ana.Lucaci@state.co.us or 303-866-6163 with questions about Outpatient Hospital Services. Please contact Greg Linster at Greg.Linster@state.co.us or 303-866-4370 with questions about rates.

ColoradoPAR Program
CareWebQI (CWQI) Reminders

Submitting a PAR through CWQI:

- Please refer to the CareWebQI 5.0 User Guide. This will help decrease incorrect data entry.
- Do not enter modifiers on the first page with Current Procedural Terminology (CPT)/ Healthcare Common Procedure Coding System (HCPCS) codes, as this will prevent an automatic approval.
- Enter any modifiers in the appropriate box on the second screen in CWQI.

Submitting CWQI User Request or Termination Forms:

- Complete all required fields, including the rendering provider Medicaid ID number and email, for the user requesting access.
- Do not enter the National Provider Identifier (NPI) or Tax ID in the Medicaid ID number field.
- Include physical signatures from both the requestor and the requestor's supervisor. Failure to include these signatures will delay processing of the request.

- Submit a CWQI Termination Form as soon as possible after a staff member's employment has been terminated.

Please scan and send the signed form to the email address listed at the bottom of the form.

Please **do not** share username and/or passwords for CWQI with any other individuals. This account is **only** for the user that is listed on the CWQI User Access Form. All individuals submitting prior authorization requests (PARs) for a company/clinic must have their own login. Username and password sharing will result in the ColoradoPAR Program suspending or deleting access to CWQI for any user who does not follow the correct procedures when accessing CWQI. The ColoradoPAR Program will report any instance of inappropriate sharing of user accounts to the Department for review. Please contact the ColoradoPAR Program at 1-888-454-7686 with questions.

New Service Related to the Medical Orders for Scope of Treatment (MOST)

As of August 1, 2013, the Colorado Medical Assistance Program has provided coverage for end of life counseling by primary care providers and other specialty providers caring for clients with serious, chronic, or terminal illness relating to the MOST. The MOST is a medical order set defining client choices for certain life-sustaining treatments. The MOST orders are portable across all healthcare settings and intended as a key device in maintaining continuity of care and communication. The procedure code for this service is S0257; it is billed in addition to the appropriate Evaluation & Management (E&M) service. The provider types eligible to render this service are physicians, advanced practice nurses, physician assistants, or licensed mental health providers. The reimbursement for this service is available once a year for clients with serious, chronic, or terminal illness.

Reimbursement for procedure code S0257 is $40 for a 30-minute session; however, to qualify for reimbursement, providers must complete a brief training module on the MOST process and form, available through Life Quality Institute; registration fees will be waived for providers seeking to qualify for this payment. The one-hour training module is offered in an online/on-demand format; a passing score on a brief post-test will generate a certificate of completion.

Please visit the Life Quality Institute website (lifequalityinstitute.org) for details or call 303-398-6317. Providers should keep the certificate on file, but do not need to provide anything to the Department.

Providers should counsel clients and provide the necessary forms and guidance to comply with the MOST law as found at Colorado Revised Statutes, sections 15-18.7-101 et seq. Counseling should be in accordance with the "Getting the MOST Out of the Medical Orders for Scope of Treatment: Guidelines for Healthcare Professionals" implementation instructions, available from the Life Quality Institute website. Additional provider and client resources are available from Life Quality Institute and from the Colorado Advance Directives Consortium (coloradoadvancedirectives.com). For more information on the MOST process and form, please contact Jennifer Ballentine, Life Quality Institute, at jballentine@lifequailtyinstitute.org.

Please contact Richard Delaney at Richard.Delaney@state.co.us or 303-866-3436 for further information on the service coverage.

Fee-For-Service (FFS) Depression Screenings in the Primary Care Setting/New Adult Depression Screening Benefit

The FFS depression screening benefit for Medicaid clients 11 to 20 years of age has been in effect since August 2011. Since that time, 5,894 unique clients have received a depression screening. The Department encourages all FFS primary care providers to continue using this benefit to identify, refer, and treat Medicaid clients for depression. The Department also encourages all primary care providers to submit encounter/claims data as described on the Department's Healthy Living Initiatives web page in the Addressing Depression in Primary Care Tool Kit and the Developmental, Depression, and Autism Screenings Benefit Coverage Standard.

Effective January 1, 2014, the depression screening benefit will be expanded to include Medicaid adults ages 19 and older, using the same billing criteria noted in the Addressing Depression in Primary Care Tool Kit. This new benefit will align the Department with federal prevention efforts.

The U.S. Preventative Services Task Force (USPSTF) recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.

Please contact Alex Stephens at Alex.Stephens@state.co.us or 303-866-5931 with questions about the Developmental, Depression, and Autism Screening Benefit Coverage Standard.

Please contact Jerry Ware at Jerry.Ware@state.co.us or 303-866-2335 about the online depression tool kit.

Accountable Care Collaborative (ACC) Reaches Milestone of 400,000 Clients – Enroll as a Provider Today

In December 2013, the Department marked the 400,000th client enrolled into the ACC, the premier program for improving outcomes while containing costs. Providers participating in the program can qualify for incentive payment by meeting benchmarks. In the last state fiscal year (July 2012 thru June 2013), the Department paid $6,020,164 in per member per month payments to participating providers. Please visit the Department's ACC Provider Information web page for more information on becoming an ACC provider.

Tax Season and 1099s

Reminder: Please ensure all addresses (billing, location, mail-to) on file with the Department's fiscal agent, Xerox State Healthcare, are current. 1099s returned for an incorrect address cause the account be placed on hold and **all** payments will 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 the MMIS at two different times during the year, once on June 30th and again on December 31st.

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

The form is available on the Department's website → For Our Providers→ Provider Services→ Forms → Update Forms. With the exception of updating provider licenses and NPI information, the updates noted above may also be made through the Colorado Medical

Assistance Web Portal (Web Portal) via the (MMIS) Provider Data Maintenance option.

Submission of a Provider Enrollment Update form is necessary for providers who do not have the capability to make updates through the Web Portal. All updates related to the provider license and NPI information must be made using the Provider Enrollment Update Form.

January and February 2014 Holidays

Martin Luther King Day Holiday
Due to the Martin Luther King Day holiday on Monday, January 20, 2014, claim payments will be processed on Thursday, January 16, 2014. The processing cycle includes claims accepted before 6:00 p.m. Mountain Time (MT) on Thursday, January 16, 2014. The receipt of warrants and EFTs will be delayed by one or two days. Although State and ColoradoPAR Program offices will be closed on Monday, January 20, 2014, the Department's fiscal agent office will be open during regular business hours.

Presidents' Day Holiday
Due to the Presidents' Day holiday on Monday, February 17, 2014, claim payments will be processed on Thursday, February 13, 2014. The processing cycle includes claims accepted on Thursday before 6:00 p.m. MT. The receipt of warrants and EFTs will be delayed by one or two days. State and the ColoradoPAR Program offices will be closed on Monday, February 17, 2014. The Department's fiscal agent will be open during regular business hours.

2014 Holiday Processing Schedule

This processing cycles includes electronic claims accepted before 6:00 p.m. on the Thursday before the Monday holiday. The receipt of warrants and EFT may be delayed. The schedule below shows the holiday payment processing dates for 2014.

Holiday	Date of Holiday	Payment Processing Date
Martin Luther King Day	Monday, January 20, 2014	Thursday, January 16, 2014
Presidents' Day	Monday, February 17, 2014	Thursday, February 13, 2014
Memorial Day	Monday, May 26, 2014	Thursday, May 22, 2014
Labor Day	Monday, September 1, 2014	Thursday, August 28, 2014
Columbus Day	Monday, October 13, 2014	Thursday, October 9, 2014
Veterans Day	Monday, November 11, 2014	Thursday, November 6, 2014

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

Holiday	Date of Holiday
New Year's Day	Tuesday, January 1, 2014
Independence Day	Friday, July 4, 2014
Thanksgiving Day	Thursday, November 27, 2014
Christmas Day	Thursday, December 25, 2014

Dental Providers

Upcoming Benefits Collaborative

The Department will host another Dental Benefit Collaborative meeting in January 2014 to discuss services being offered in the current Medicaid Dental policies, which include both the newly created Adult Dental Benefit (SB13-242) and a review of the Children's Dental Benefit. The Department welcomes all stakeholder input. Please visit the Department's Benefits Collaborative section for a meeting schedule and additional information.

Home Health Providers

Update on Home Health Pediatric Assessment Tool (PAT)

The revised Home Health PAT will replace the previous tool for all Long-Term Home Health Prior Authorization Requests (PARs) as of January 1, 2014. The revised tool can be found on the Department's website → For Our Providers→ Provider Services→ Forms→ Home Health Forms→ Pediatric Assessment Tool. Home Health Providers were able to start using this tool to request PAR renewals as of December, 21, 2013.

- All PAT PARs must be submitted at least ten (10) days prior to the new PAR start date.
  - The Department will waive timely PAR submission through January, 31, 2014.
- Home Health PARs may be requested for up to one (1) year
- All home health services must be medically necessary. Examples of additional documentation to support medical necessity include:
  - Provider treatment plans
  - Therapy notes
  - Primary doc notes
  - Consultations notes from specialists
  - Any documentation from other public health agencies
  - Documentation from DME provider

All Pediatric Long-Term Home Health PARs must be requested via CWQI and until the tool is available electronically, agencies are required to upload the tool with the plan of care/HCFA 485 and any other clinical documentation. For additional information please visit the Home Health web page.

Please contact Guinevere Blodgett at Guinevere.Blodgett@state.co.us or at 303-866-5927 with questions.

Hospital Providers

Outpatient Hospital Supplemental Medicaid Payment

Percentage Adjustment Factors for Federal Fiscal Year (FFY) 2013-14

Beginning in January 2014, hospital providers will be notified of the percentage adjustment factor, by facility, for the Outpatient Hospital Supplemental Medicaid Payment funded through the Hospital Provider Fee program. This information is not related to claims-based reimbursement through the MMIS. The Outpatient Hospital Supplemental Medicaid Payment is calculated by multiplying estimated outpatient billed costs by a percentage adjustment factor. The percentage adjustment factor for each hospital will be published annually in the Provider Bulletin. Providers will also be notified in writing of their particular facility's percentage adjustment factor in a detailed reimbursement letter that is part of the standard procedure for the Hospital Provider Fee program.

Please contact Matt Haynes at Matt.Haynes@state.co.us or 303-866-6305 with questions.

The percentage adjustment factors for FFY 2013-14 are listed in **Attachment A** of this bulletin.

Cost Report Submission

As specified by Medicaid regulations, 10 CCR 2505-10, Section 8.300.5, for the purpose of rate setting effective on July 1st of each state fiscal year, the Department uses the most recently audited Medicare/Medicaid Cost Report (CMS 2552) available March 1st of each year.

In order to calculate the hospital's inpatient base rate and the Medicaid specific add-ons for state fiscal year 2014-2015, it is imperative that the Department receive the most recent finalized Medicare Notice of Program Reimbursement (NPR) by March 1, 2014. **Please note:** there will be no exception to this date.

Please submit the following: Encrypt Email (ECR) file (if available) or hard copy of the Medicare adjustments, and NPR letter. If a reopening was completed, send the most recent finalized report. If a facility fails to include the NPR letter, the documents submitted will not be used for rate setting.

Please contact Marguerite Richardson at Marguerite.Richardson@state.co.us or at 303-866-3839 with questions.

All Patient Refined Diagnosis Related Group (APR-DRG) Implementation

During the state fiscal year 2012-2013, the Department worked in collaboration with the Colorado Hospital Association (CHA) and hospital representatives in the completion of the APR-DRG statistics and financial impact analysis for the new grouper implementation. The meeting minutes and other reference materials are located on the Department's Provider Outreach Calendar web page.

All Patient Refined Diagnosis Related Group was effective as of January 1, 2014. Inpatient hospital claims with discharge dates prior to January 1, 2014, will be processed using the following grouper versions from CMS:

Discharge Date	Grouper
October 1, 2006 to December 31, 2013	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

Inpatient hospital claims with a discharge date on or after January 1, 2014 will be processed using the APR-DRG version 30. During the first few weeks of January 2014, the Department will perform additional verification that inpatient hospital claims affected by the APR-DRG implementation are adjudicating correctly before final processing.

This may result in a slight delay in the claims processing timeline. The APR-DRG table with a list of the DRGs, severity of illness (SOI), description, weights, average length of stay (ALOS), and trim point day is available on the Department's Diagnosis Related Group (DRG) Relative Weights web page, January 1, 2014 –APR-DRG.

For the APR-DRG implementation date, the payment policies (outlier days, transfers, interim payment, well baby/sick baby and mother's discharge) remain the same. Please refer to the IP/OP Hospital billing manual located on the Department's Billing Manuals web page located under UB-04 for further detail.

Please contact the Department's fiscal agent at 1-800-237-0757 for general questions. Please contact Ana Lucaci at Ana.Lucaci@state.co.us for questions related to hospital policy. Please contact Luisa Sanchez de Tagle at Luisa.Sanchezdetagle@state.co.us or Elizabeth Lopez at Elizabeth.Lopez@state.co.us for questions related to rates or reimbursement.

Substance Use Disorder (SUD) Providers

SUD Integration into Behavioral Health Organization (BHO)

After January 1, 2014, all substance use disorder practitioner claims billed on the Colorado 1500 claim form or 837 Professional (837P) transaction **must** be sent to the BHO, not billed as Colorado Medicaid FFS. Providers that fail to do so will be contacted directly to correct their billing practices. Please refer to Appendix T (the Community Mental Health Services Program Covered Diagnoses and Procedures) for an update.

On January 1, 2014, the SUD benefit previously available in Medicaid FFS was incorporated into an existing managed care delivery system operated by the BHOs. Prior to January 1, 2014, BHOs were only responsible for administering medically necessary *mental health* care to their members, but now offer a rich SUD package as well.

All Medicaid eligible clients are automatically enrolled in a BHO depending on their geographic region, and must now receive mental health care *and* SUD treatment services from a contracted BHO provider.

As a result of SUD integration on January 1, 2014, providers seeking to render substance use disorder treatment services to Medicaid clients must be enrolled with the BHO in their service area. Please refer to the table below to determine which BHO or BHO(s) that serve(s) your area. Please contact Alex Stephens at Alex.Stephens@state.co.us with questions.

County	BHO	Provider Relations Contact Information
Denver	Access Behavioral Care (ABC) coaccess.com	Main Number: 303-751-9030 pns@coaccess.com or Ellen Koontz 720-744-5212 ellen.koontz@coaccess.com
Adams, Arapahoe, Douglas	Behavioral Healthcare Inc. (BHI) bhicares.org	BHI Director of Provider Relations Teresa Summers 720-490-4413

County	BHO	Provider Relations Contact Information
Alamosa, Archuleta, Baca, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, Delta, Dolores, Eagle, El Paso, Fremont, Garfield, Grand, Gunnison, Hinsdale, Huerfano, Jackson, Kiowa, Lake, La Plata, Las Animas, Mesa, Mineral, Moffat, Montezuma, Montrose, Ouray, Otero, Park, Pitkin, Prowers, Pueblo, Rio Blanco, Rio Grande, Routt, Saguache, San Juan, San Miguel, Summit, Teller	Colorado Health Partnerships (CHP) coloradohealthpartnerships.com	ValueOptions Provider Relations 719-538-1430 or 800-804-5040 coproviderrelations@valueoptions.com
Boulder, Broomfield, Clear Creek, Gilpin, Jefferson	Foothills Behavioral Health Partners (FBHP) fbhpartners.com	Eric Stone 720-263-4853 estone@signalbhn.org or Ann Noonan 303-441-1275 anoonan@bouldercounty.org
Cheyenne, Elbert, Kit Carson, Larimer, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld, Yuma	Northeast Behavioral Health Partnership (NBHP) northeastbho.org	ValueOptions Provider Relations 719-538-1430 or 800-804-5040 coproviderrelations@valueoptions.com

Waiver Providers

Persons Living with AIDS (PLWA) Waiver Change

The Home and Community Based Services waiver for Persons Living with AIDS (HCBS-PLWA) will expire on March 31, 2014 and clients who are currently enrolled on the HCBS-PLWA waiver will transition to the Home and Community Based Services waiver for Persons who are Elderly, Blind, or Disabled (HCBS-EBD). During the transition from the HCBS-PLWA waiver to the HCBS-EBD waiver, there will be no gap in service coverage and clients will be able to keep their same service providers. Providers will also not need to change their Provider Type. The following are current services that are offered under the HCBS-EBD waiver:

- Adult Day Health
- Alternative Care Facility (ACF)
- Community Transition Services
- Consumer Directed Attendant Support Services (CDASS)
- In-Home Support Services (IHSS)
- Homemaker
- Home Modification
- Personal Care

- Non-Medical Transportation (NMT)
- Personal Emergency Response
- Respite

The HCBS billing manual will be updated to reflect the closure of the HCBS-PLWA waiver and the Prior Authorization Request (PAR) will no longer be used after March 31, 2014. Please contact Nicholas Clark at Nicholas.Clark@state.co.us with questions about this waiver.

Web Portal Updates
New Prior Authorization Request (PAR) Types Now Available for Status Inquiry

As of December 10, 2013, users of the Colorado Medical Assistance Program Web Portal (Web Portal) may submit PAR status inquiries for Pediatric Hospice and Children with Autism Waivers through the Web Portal. Please contact the Department's fiscal agent at 1-800-237-0757 with questions.

Pharmacy Providers

Pharmacy and Therapeutics (P&T) Meeting

Tuesday, January 7, 2014
1:00 p.m. – 5:00 p.m.
225 E. 16th Street
Denver, CO 80203
1st Floor Conference Room

Preferred Drug List (PDL) Update

Effective January 1, 2014, the following will be preferred agents on the Medicaid PDL and will be covered without a prior authorization (unless otherwise indicated):

Antiherpetics: acyclovir tablets and capsules

Oral Fluoroquinolones: ciprofloxacin tablets, levofloxacin tablets, Cipro® oral suspension for <5 years old

Antiemetics: ondansetron tablets, ondansetron ODT tab, Ondansetron suspension for <5 years old, Zofran tablets

Newer Generation Antidepressants: Bupropion IR, SR, XL, citalopram, fluoxetine, fluvoxamine, mirtazapine, nefazodone, paroxetine, sertraline, venlafaxine IR tabs, venlafaxine XR capsules

Antiplatelets: Aggrenox (ASA/dipyridamole), clopidogrel, Effient (prasugrel), Ticlopidine

Pancreatic Enzymes: Creon, Zenpep

Proton Pump Inhibitors: Aciphex (rabeprazole), lansoprazole 15mg OTC (currently available as Prevacid 24hour), Nexium (esomeprazole) capsules and packets, omeprazole generic capsules, Prevacid solutab [BNR] (for clients under 2)

Pulmonary Arterial Hypertension: Sildenafil (*generic Revatio),* Adcirca (tadalafil), Letairis (ambrisentan), epoprostenol (generic), Veletri (epoprostenol)

Targeted Immune Modulators for Rheumatoid Arthritis: Enbrel (etanercept) Humira (adalimumab)

Triptans: Imitrex tablets, Imitrex nasal spray and injection [BNR], sumatriptan tablets, Maxalt MLT tablets (rizatriptan), naratriptan tablets

The complete PDL and criteria for non-preferred medications are available on the PDL web page.

January and February 2014 Provider Workshops

Provider Billing Workshop Sessions and Descriptions
Provider billing workshops include both Colorado Medical Assistance Program billing instructions and a review of current billing procedures.

The current and following month's workshop calendars are included in this bulletin.

Class descriptions and workshop calendars are also posted in the Provider Services, Training section of the Department's website.

Who Should Attend?
Staff who submit claims, are new to billing Colorado Medicaid services, need a billing refresher course, or administer accounts should consider attending one or more of the following Provider Billing Workshops.

Courses are intended to teach, improve, and enhance knowledge of Colorado Medical Assistance Program claim submission.

January 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
5	6	7 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM Audiology 1:00 PM-3:00 PM	8 Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 PM ***WebEx –** Hospice 1:00 PM-3:00 PM	9 ***All WebEx:** Practitioner 9:00 AM-11:30 AM Dental 1:00 PM-3:00 PM Web Portal 837D 3:15 PM-4:00 PM	10 ***All WebEx:** Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM Provider Enrollment 1:00 PM-3:00 PM	11

February 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9	10	11 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM	12 ***WebEx –** Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 PM Dialysis 1:00 PM-3:00 PM	13 ***WebEx –** DME/Supply Billing 9:00 AM-11:o0 AM Pharmacy 1:00 PM-2:00 PM Provider Enrollment 1:00 PM-3:00 PM	14 Basic Billing Waiver 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM ***WebEx –** FQHC/RHC 1:00 PM-3:00 PM	15

Reservations are required for all workshops
Email reservations to:
workshop.reservations@xerox.com

Or   Call the Reservation hotline to make reservations: 1-800-237-0757, extension 5.

Leave the following information:
- Colorado Medical Assistance Program provider billing number
- The 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.

All 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: http://www.rtd-denver.com/LightRail_Map.shtml.

Free MallRide – The MallRide stops are located on 16th St. at every intersection between the Civic Center Station and Union Station.

Please direct questions about Colorado Medical Assistance Program billing or the information in this bulletin to
Xerox State Healthcare Provider Services at 1-800-237-0757.

Please remember to check the Provider Services section of the Department's website at colorado.gov/pacific/hcpf for the most recent information.

Hospitals and Adjustment Factors

Name	FFY 13-14 OP Payment Adjustment Factor
Animas Surgical Hospital	156%
Arkansas Valley Regional Medical Center	40%
Aspen Valley Hospital	40%
Boulder Community Hospital	28%
Centura Health - Avista Adventist Hospital	28%
Centura Health - Littleton Adventist Hospital	28%
Centura Health - Parker Adventist Hospital	28%
Centura Health - Penrose -St. Francis Health Services	28%
Centura Health - Porter Adventist Hospital	28%
Centura Health - Saint Anthony Central Hospital	28%
Centura Health - Saint Anthony North Hospital	28%
Centura Health - Saint Anthony Summit Hospital	40%
Centura Health - St. Mary-Corwin Medical Center	28%
Centura Health - St. Thomas More Hospital	40%
Children's Hospital Colorado	30%
Colorado Plains Medical Center	40%
Community Hospital	61%
Conejos County Hospital	285%
Craig Hospital	15%
Delta County Memorial Hospital	210%
Denver Health Medical Center	25%
East Morgan County Hospital	40%
Estes Park Medical Center	200%
Exempla Good Samaritan Medical Center	28%
Exempla Lutheran Medical Center	28%
Exempla Saint Joseph Hospital	28%
Family Health West Hospital	298%
Grand River Medical Center	50%
Gunnison Valley Hospital	40%
Haxtun Hospital	475%
HealthOne Medical Center of Aurora	28%
HealthOne North Suburban Medical Center	28%
HealthOne Presbyterian/St. Luke's Medical Center	28%
HealthOne Rose Medical Center	28%
HealthOne Sky Ridge Medical Center	28%
HealthOne Spalding Rehabilitation Hospital	15%
HealthOne Swedish Medical Center	28%
HealthSouth Rehabilitation Hospital - Colorado Springs	15%
Heart of the Rockies Regional Medical Center	40%
Keefe Memorial Hospital	150%

Name	FFY 13-14 OP Payment Adjustment Factor
Kit Carson County Memorial Hospital	100%
Kremmling Memorial Hospital	40%
Lincoln Community Hospital and Nursing Home	200%
Longmont United Hospital	28%
McKee Medical Center	28%
Medical Center of the Rockies	28%
Melissa Memorial Hospital	325%
Memorial Hospital	28%
Mercy Medical Center	40%
Montrose Memorial Hospital	40%
Mount San Rafael Hospital	40%
National Jewish Health	120%
North Colorado Medical Center	28%
Northern Colorado Rehabilitation Hospital	15%
Pagosa Mountain Hospital	100%
Parkview Medical Center	15%
Pikes Peak Regional Hospital	167%
Pioneers Hospital	200%
Platte Valley Medical Center	41%
Poudre Valley Hospital	28%
Prowers Medical Center	40%
Rangely District Hospital	350%
Rio Grande Hospital	329%
San Luis Valley Regional Medical Center	40%
Sedgwick County Memorial Hospital	100%
Southeast Colorado Hospital	250%
Southwest Memorial Hospital	40%
Spanish Peaks Regional Health Center	100%
St. Mary's Hospital and Medical Center	28%
St. Vincent General Hospital District	250%
Sterling Regional MedCenter	40%
The Memorial Hospital	40%
University of Colorado Hospital	40%
Vail Valley Medical Center	80%
Valley View Hospital	40%
Vibra Long Term Acute Care Hospital	15%
Weisbrod Memorial County Hospital	250%
Wray Community District Hospital	125%
Yampa Valley Medical Center	40%
Yuma District Hospital	100%