Provider Bulletin

**Reference: B1500369**

August 2015

> 💡 **Did you know…?**
>
> Medicaid and Child Health Plan *Plus* (CHP+) members can view their medical cards on a smartphone? The PEAK*Health* mobile app allows members to access their real-time medical card as well as update their contact, income, and household information right from their smartphone. Member no longer need to wait for their cards to come in the mail. Encourage your patients to download the FREE PEAK*Health* app from the iTunes and Google Play stores today. Find out more at www.CO.gov/HCPF/PEAKHealth.

All Providers

Medicaid Provider Relations Team Expands

Established in 2014, the Medicaid Provider Relations Unit now includes two (2) full-time staff dedicated to provider recruitment, relations, and retention. The team's goal is for Colorado Medicaid to establish a comprehensive network of quality providers that meet high standards for physical, behavioral, oral health, and long-term services. Better partnerships with providers will help enhance member access to care and improve our providers' experience with Medicaid.
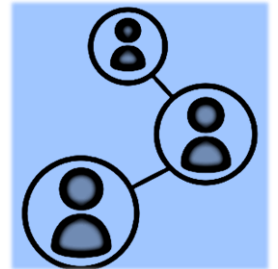
Marceil Case, Provider Relations Manager

Marceil is responsible for overseeing Medicaid provider recruitment and retention activities, as well as improving provider engagement and communications. Prior to March 2014, Marceil managed the Department of Health Care Policy and Financing's (the Department) Accountable Care Collaborative (ACC) program and served for five (5) years as the primary contract manager for the Department's behavioral health program. Please contact Marceil at Marceil.Case@state.co.us with questions.

Meghan DeLisle, Operations Specialist

Meghan helps new and existing Medicaid providers by resolving issues with provider enrollment, tracking down answers to policy and billing questions, supporting Department provider communications, and maintaining the Department's provider issues database. She came to the Department with member experience, having previously been a Medicaid recipient. Meghan went on to earn her master's degree in business administration (MBA) and also brings considerable

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professional experience, having worked in billing and claims at Apria Health Care and United Health Care. Please contact Meghan at Meghan.DeLisle@state.co.us with questions.

Provider Relations staff is available to help with provider concerns, policy questions, and complex issues that have not been resolved using established channels. *Providers should continue to utilize existing resources for questions about Medicaid enrollment, claims, PARs, and the Web Portal.* Provider resource contacts are available online at Medicaid Provider Help.

Resources for Medicaid dental providers are available on the DentaQuest Colorado Providers website or by calling DentaQuest Provider Services at 855-225-1731.

Targeted Rate Increases Update

On July 1, 2015, targeted rate increases for certain high value Medicaid services took effect for fiscal year 2016. The fee schedule is being updated to reflect these increases; however, the new rates cannot be paid to providers until federal approval is received from the Centers for Medicare and Medicaid Services (CMS). The Department is working to attain approval from CMS as quickly as possible. Rate increases will be loaded into the Medicaid Management Information System (MMIS) within a few weeks after federal approval.

The Department will provide monthly updates on implementation of the targeted rate increases and has posted a Fact Sheet and a Frequently Asked Questions supplemental for additional information.

Please contact Colin Laughlin at Colin.Laughlin@state.co.us for questions related to Home and Community-Based Services Waivers.

Please contact Tess Ellis at Teressa.Ellis@state.co.us for questions about all other services.

ColoradoPAR New Vendor Notification

eQHealth Solutions was selected by the Department to provide utilization management services, which includes the review and authorization of prior authorization requests (PARs), for the ColoradoPAR Program **beginning September 1, 2015**.

The ColoradoPAR Program currently processes PARs for the following categories of services and supplies:

- Audiology
- Diagnostic imaging
- Durable medical equipment (DME)
- Inpatient out-of-state admissions
- Medical services including transplant and bariatric surgery
- Physical & occupational therapy
- Pediatric long term home health (LTHH)
- Private duty nursing
- Synagis®
- Vision

eQHealth Solutions will help modernize the ColoradoPAR Program to improve provider satisfaction and member access to appropriate care. Plans to improve the ColoradoPAR Program include:

- Implementing a state-of-the-art online provider PAR portal

- Improving turnaround times, including PAR revision requests
- Initiating contact with ordering physicians for a peer-to-peer (physician-to-physician) review **prior** to issuing a PAR denial.
- Providing dedicated staff for provider relations and outreach
- Improving email communication with providers regarding important information, including specific information for provider specialties (e.g. LTHH, DME, Audiology)

Current ColoradoPAR Provider Portal: CareWebQI

Providers should continue to submit PARs online using the current provider portal, CareWebQI (CWQI). Please watch for a special Provider Bulletin with detailed information on dates when PARs can no longer be submitted to CWQI.

Future ColoradoPAR Provider Portal: eQSuite®

eQSuite® is eQHealth Solutions' proprietary, web-based, HIPAA-compliant PAR system, which offers providers 24/7 access to the information and functions providers need.

eQSuite features include:

- Paperless authorization request submission
- Secure transmission protocols, including encryption of all data transfers
- System access control for changing authorized users
- Rule-driven functionality and system edits
- Provider access to real time reports
- Help-line module for submission of inquiries and issues

eQSuite® Webinars

eQHealth Solutions will begin offering general and customized webinar trainings beginning Monday, August 17. **Providers must register for eQSuite® trainings beginning the first week of August.**

- Webinars will be held multiple times per weekday, as well as nights and some Saturdays, to accommodate providers' busy schedules.
- Webinars for each PAR type will be recorded and available for review at a later date.
- There are no attendance limitations. Providers are encouraged to attend more than one (1) training if extra sessions are beneficial.
- Attendees will receive an email following each webinar that can be used for questions. Questions will be answered and posted to a FAQ sheet available to all providers.

Please continue to look for updates regarding this transition in future Provider Bulletins, At-A-Glance newsletters, on CareWebQI, ColoradoPAR.com, co.eqhs.org, and the Department's PAR information website.

Colorado Medicaid and CHP+ Provider Revalidation & Enrollment Begins September 15, 2015

New **federal regulations** established by CMS **require enhanced screening and revalidation of all Medicare, Medicaid, and CHP+ providers.**

Beginning September 15, 2015, all Colorado providers who want to continue, or begin, providing services to Medicaid and CHP+ members after March 31, 2016 will be required to enroll and revalidate their licensure and business information under new federal enrollment screening criteria.

Based on the CMS provider type and risk designation, this process may include a criminal background check, fingerprinting, and unannounced site visits – including pre-enrollment site visits for some providers. **Providers who fail to revalidate and enroll by March 31, 2016 may have their claims suspended or denied.**

Revalidation & Enrollment Training Announcement

Daily Revalidation Webinars

The Department will be hosting Revalidation & Enrollment webinars every (business) day in August 2015.

Who: All interested providers
When: Every day from 1 p.m. - 2 p.m. (Mountain Time)
Where: Online via webinar
Please visit the Provider Resources page to register!

Enrollment Application Training

Online self-paced training for the new Colorado Online Provider Enrollment (OPE) tool.

Who: All interested providers
When: Modules available online anytime beginning August 24, 2015
Where: Online via eLearning modules
Please visit the Provider Resources page to register!

New Medicaid Members are Looking for Providers: Please Update Provider Contact Information Maintained in the MMIS

The Department is asking all providers to verify and/or update their information in the MMIS as soon as possible. With the expansion of Medicaid benefits, Colorado has many new members looking for a health care provider. **Please remember, it is the responsibility of each provider to update the contact information contained in the MMIS.** Keeping the information up-to-date also ensures that payments and communications are sent in a timely and appropriate manner. Updating the provider information on file with the Department's fiscal agent, Xerox State Healthcare, is critically important, as the information provided (address and phone number in particular) is used in the Department's Find a Provider web search. The information in the website search results is only as good as what providers submit to the MMIS. Updating the information in the Colorado Medical Assistance Web Portal (Web Portal) via the MMIS Provider Data Maintenance option is the easiest and most efficient method to keep information current. However, submission of a Provider Enrollment Update form is also available for providers who do not have the capability to make updates through the Web Portal.

Please contact the Department's fiscal agent at 800-237-0757 with questions.

Labor Day Holiday

Due to the Labor Day holiday on Monday, September 7, 2015, State offices, DentaQuest, the Department's fiscal agent, and the ColoradoPAR Program offices will be closed on Monday, September 7, 2015. The receipt of warrants and Electronic Funds Transfers (EFTs) may potentially be delayed due to the processing at the United States Postal Service (USPS) or providers' individual banks.
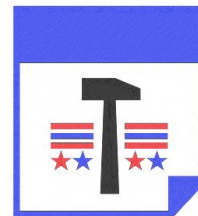
Dental Providers

Dental Program – Benefits and Administrative Updates

Effective July 1, 2015, DentaQuest began its administration of dental benefits for members enrolled in the Colorado Medicaid Division of Intellectual and Developmental Disabilities (DIDD) Waivers Program. On July 1, 2015, the DIDD Waivers Program and DentaQuest began processing all PARs and claims for services rendered on or after July 1, 2015 for this group. For more information and resources on this transition, DIDD dental providers can refer to the DIDD Community Centered Board on the DentaQuest website.

Dental Program – Rate Increase

Effective July 1, 2015, the dental program received federal approval from CMS for a 0.5 percent across-the-board rate increase, in addition to the targeted rate increases as approved by the legislature for the dental fee schedule. This means the dental rate increases were implemented and put into effect on July 1, 2015. The dental program continues to strongly encourage dental providers to check their billing procedures to ensure they are billing at their Usual and Customary Rates (UCR), or at minimum, using the increased rates on the dental fee schedule for all services rendered on or after July 1, 2015. The dental fee schedule is posted on the DentaQuest Colorado Providers website and reflects both the across-the-board rate increase and the targeted rate increases that went into effect as of July 1, 2015.

"Take 5" Pay for Performance Program – Details Coming Soon!

The Colorado Medical Assistance Program continues to work closely with DentaQuest to finalize this new program's logistical details now that the required federal approval from the CMS has been received. The Department secured an additional year for the program's overall duration, which allows dental providers more time to schedule and treat additional new Medicaid members. The evaluation period to see a new member twice is now extended to a 15-month period and runs from October 1, 2014 through December 31, 2015. Payments to providers started in July 2015, and payments will continue through June 2016. The Department looks forward to sharing this information with providers and community partners in the near future! Please contact DentaQuest Provider Services at 855-225-1731 for more information.

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Free Standing Birth Center Providers

Provider Enrollment

Reimbursement for birth centers is only available to licensed Freestanding Birth Centers (FSBCs) that enroll with the Colorado Medical Assistance Program as a Medicaid provider for services rendered to Medicaid-eligible members.

- Practitioners, such as certified nurse midwives, providing services at birth centers must also be enrolled as Medicaid providers and affiliated with the birth center under which claims are submitted.
- Currently, licensed FSBCs enroll as non-physician practitioner groups in Colorado Medicaid.
- Affiliated certified nurse midwives enroll as certified nurse midwives.

To be reimbursed as an FSBC, applicants need to receive licensure through the [Colorado Department of Public Health and Environment](#) (CDPHE). Once licensed:

- Include a copy of your CDPHE license with your Medicaid provider enrollment application and,
- At enrollment, request the specialty designation FSBC.

Billing Requirements

All birth center claims are submitted through the Colorado Medicaid [Web Portal](#). Freestanding Birth Centers should submit usual and customary charges for all services rendered. Claims should be submitted using the 837 Professional (837P) electronic transaction.

- A newly enrolled FSBC should notify Colorado Medicaid (contact info below) prior to submitting the first claim for reimbursement to ensure correct payment.

In addition to the submission of claims for antepartum, delivery, and postpartum care, FSBCs may also submit claims for a birth center facility payment and for partial payment when a member must be transferred to a hospital.

- Only licensed FSBCs will be reimbursed the facility fee and only when the appropriate Current Procedural Terminology (CPT) code and appropriately placed modifier(s) are used.
- If a Medicaid member is unable to deliver at the birth center and needs to be transferred to a hospital, a reduced birth center payment is still available, as is reimbursement for time spent with the Medicaid member.

The following table illustrates the coding that must be used for the facility payment.

Description	Code(s)	Modifier – 1st position	Modifier – 2nd position
Birth center facility payment	**59899**	HD	none
Transfer payment: Payment for costs incurred prior to transporting a member to a hospital	**59899**	HD	52

Please refer to the [Obstetrical Care](#) billing manual for further information or contact Melanie Reece at Melanie.Reece@state.co.us or 303-866-3693 with additional questions.

Hospital Providers

Inpatient Base Rate & Outpatient Hospital Supplemental Medicaid Payment

Percentage Adjustment Factors for Federal Fiscal Year (FFY) 2014-15

In June 2015, hospital providers were notified of the percentage adjustment factor, by facility, for the Inpatient Base Rate Hospital Supplemental Medicaid Payment and Outpatient Hospital Supplemental Medicaid Payment funded through the Hospital Provider Fee program. The Inpatient Base Rate Hospital Supplemental Medicaid Payment equals the difference between the estimated MMIS Inpatient payment and the estimated MMIS Inpatient payment multiplied by an Inpatient percentage adjustment factor. The Outpatient Hospital Supplemental Medicaid Payment equals the estimated Outpatient billed costs multiplied by an Outpatient percentage adjustment factor. The percentage adjustment factors are listed in Attachment A of this bulletin.

Please contact Jeff Wittreich at Jeff.Wittreich@state.co.us or at 303-866-2456 with questions.

Attachment A

Hospital Name	FFY 2014-15 Inpatient Percentage Adjustment Factor (%)	FFY 2014-15 Outpatient Percentage Adjustment Factor (%)
Animas Surgical Hospital	156.7	64.0
Arkansas Valley Regional Medical Center	149.9	68.0
Aspen Valley Hospital	149.9	51.0
Boulder Community Hospital	99.0	27.0
Castle Rock Adventist Hospital	120.0	27.0
Cedar Springs Behavior Health System	156.7	27.0
Centennial Peaks Hospital	156.7	27.0
Centura Health - Avista Adventist Hospital	156.7	27.0
Centura Health - Littleton Adventist Hospital	156.7	27.0
Centura Health - Ortho Colorado	156.7	27.0
Centura Health - Parker Adventist Hospital	156.7	27.0
Centura Health - Penrose -St. Francis Health Services	156.7	27.0
Centura Health - Porter Adventist Hospital	156.7	27.0
Centura Health - Saint Anthony Central Hospital	156.7	27.0
Centura Health - Saint Anthony North Hospital	156.7	27.0
Centura Health - Saint Anthony Summit Hospital	156.7	64.0
Centura Health - St. Mary-Corwin Medical Center	156.7	27.0
Centura Health - St. Thomas More Hospital	156.7	64.0
Children's Hospital Colorado	13.2	21.0
Colorado Acute Long Term Hospital	5.0	27.0
Colorado Mental Health Institute-Ft Logan	156.7	28.2

Colorado Mental Health Institute-Pueblo	156.7	28.2
Colorado Plains Medical Center	156.7	66.0
Colorado West Psychiatric Hospital Inc	156.7	27.0
Community Hospital	156.7	27.0
Conejos County Hospital	156.7	64.0
Craig Hospital	5.0	27.0
Delta County Memorial Hospital	149.9	51.0
Denver Health Medical Center	71.4	18.0
East Morgan County Hospital	149.9	67.0
Eating Recovery Center	156.7	27.0
Estes Park Medical Center	149.9	18.0
Exempla Good Samaritan Medical Center	156.7	27.0
Exempla Lutheran Medical Center	156.7	27.0
Exempla Saint Joseph Hospital	156.7	27.0
Family Health West Hospital	156.7	27.0
Grand River Medical Center	149.9	44.0
Gunnison Valley Hospital	149.9	40.0
Haven Behavioral Health at North Denver	156.7	27.0
Haven Behavioral Senior Care at St. Mary-Corwin	156.7	27.0
Haxtun Hospital	149.9	51.0
HealthOne Medical Center of Aurora	156.7	27.0
HealthOne North Suburban Medical Center	156.7	27.0
HealthOne Presbyterian/St. Luke's Medical Center	156.7	27.0
HealthOne Rose Medical Center	156.7	27.0
HealthOne Sky Ridge Medical Center	156.7	27.0
HealthOne Spalding Rehabilitation Hospital	5.0	27.0
HealthOne Swedish Medical Center	156.7	27.0
HealthSouth Rehabilitation Hospital - Colorado Springs	5.0	27.0
HealthSouth Rehabilitation Hospital - Denver	5.0	27.0
Heart of the Rockies Regional Medical Center	149.9	30.0
Highlands Behavioral Health System	156.7	27.0
Keefe Memorial Hospital	149.9	18.0
Kindred Hospital	5.0	27.0
Kindred Hospital Aurora	5.0	27.0
Kit Carson County Memorial Hospital	149.9	47.0
Lincoln Community Hospital and Nursing Home	149.9	51.0
Longmont United Hospital	124.0	20.0
McKee Medical Center	113.5	27.0
Medical Center of the Rockies	89.0	16.0
Melissa Memorial Hospital	149.9	51.0
Memorial Hospital	99.0	18.0

|		
Mercy Medical Center	240.0	64.0
Middle Park Medical Center	149.9	51.0
Montrose Memorial Hospital	149.9	18.0
Mount San Rafael Hospital	156.7	50.4
National Jewish Health	156.7	100.0
North Colorado Medical Center	162.2	35.0
Northern Colorado Long Term Acute Care Hospital	5.0	27.0
Northern Colorado Rehabilitation Hospital	5.0	27.0
Pagosa Mountain Hospital	149.9	51.0
Parkview Medical Center	200.7	27.0
Peak View Behavioral Health	156.7	27.0
Pikes Peak Regional Hospital	156.7	27.0
Pioneers Hospital	149.9	51.0
Platte Valley Medical Center	170.0	27.0
Poudre Valley Hospital	80.5	18.0
Prowers Medical Center	149.9	50.0
Rangely District Hospital	149.9	51.0
Rio Grande Hospital	156.7	50.0
San Luis Valley Regional Medical Center	156.7	64.0
Sedgwick County Memorial Hospital	149.9	51.0
Select Long Term Care Hospital	5.0	27.0
Select Specialty Hospital - Denver	5.0	27.0
Southeast Colorado Hospital	149.9	51.0
Southwest Memorial Hospital	149.9	43.0
Spanish Peaks Regional Health Center	149.9	66.0
St. Mary's Hospital and Medical Center	156.7	27.0
St. Vincent General Hospital District	149.9	51.0
Sterling Regional MedCenter	156.7	50.4
The Memorial Hospital	149.9	50.0
University of Colorado Hospital	62.0	28.2
Vail Valley Medical Center	156.7	64.0
Valley View Hospital	149.1	64.0
Vibra Long Term Acute Care Hospital	5.0	27.0
Weisbrod Memorial County Hospital	149.9	51.0
Wray Community District Hospital	149.9	51.0
Yampa Valley Medical Center	156.7	64.0
Yuma District Hospital	149.9	51.0

<u>Obstetrical Care Providers</u>

Maternity Services - Billing for Delivery of Multiple Infants

Billing Clarification for Twins, Triplets, or More

Reimbursement for delivery of multiple infants requires additional information in the billing process.

Beginning September 1, 2015, to bill for a single vaginal or cesarean delivery of multiple infants use:

- The appropriate diagnostic code V27 (V27.2–V29.9), which describes the appropriate outcome of delivery, and
- The appropriate CPT codes, modifiers, and unit values as seen in the table below.
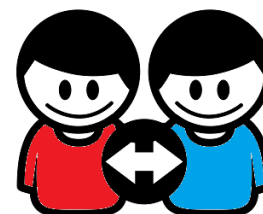
For the first infant (Baby A): Use the most accurate/complete procedure code describing the prenatal care, delivery type, and postnatal care provided for that pregnancy.

- Use the appropriate selection from the following codes: **59400**, **59510**, **59410**, **59409**, **59515**, **59514**, **59610**, **59612**, **59614**, **59618**, **59620**, or **59622**.
- A description of the codes listed above can be found in the Obstetrical Care billing manual in the "Procedure Coding" section.
- Bill only one (1) unit of service for Baby A without any modifier.

For each additional infant (Baby B, Baby C, etc.):

- Use the most appropriate delivery code (**59409**, **59514**, **59612**, or **59620**) as seen in the description table below.
- Include modifier '22' with each additional infant.
- Bill one (1) unit of service for each additional infant.
- Each infant should be listed on a separate line.
- Use the delivery date as the date of service.

Example:

Identified Infant	CPT (example)	Modifier	# of Units
Baby A	**59610**	none	1
Baby B	**59612**	22	1
Baby C	**59612**	22	1

For the additional infants (i.e., Baby B, Baby C, etc.) choose one of the applicable codes from the following list:

CPT	Description
59409	Vaginal delivery only
59514	Cesarean delivery only
59612	Vaginal delivery only (following previous cesarean delivery)
59620	Cesarean delivery only, following attempted vaginal delivery, after previous cesarean delivery

Please contact Melanie Reece at Melanie.Reece@state.co.us or 303-866-3693 with questions.

<u>Pharmacy Providers</u>

Public Comment Meeting on Rule 8.800

The Department will host a public comment meeting to seek input from the public on the regulations outlined within 10 CCR 2505-10 8.800 for Pharmaceuticals. This meeting is solely for the purpose of identifying those rules which are duplicative, unclear, overlapping, outdated, or inconsistent. The Department would like to involve stakeholders in the drafting process of identified rules that may be re-written to incorporate their perspectives and ideas where possible. The actual re-write of the rules will be conducted at a later date. Below is the meeting location and time.

Review of Rule 8.800: Pharmaceuticals

August 20, 2015
11:00 a.m. – 1:00 p.m.
303 E 17th Ave Conference Room 12A

The Department will also accept public comments via email through August 28, 2015. Comments related to the regulatory review of the rule may be addressed to Cathy.Traugott@state.co.us. Comments received via email must include the following identifying information:

- Commenter's name
- Organization commenter is representing
- Email address of the commenter
- Phone number of the commenter
- Citation of section of rule addressed (e.g., 8.800.7.A)

Please contact Cathy Traugott at Cathy.Traugott@state.co.us or 303-866-6338 with questions.

Pharmacy Cost of Dispensing Survey

The Department has contracted with Mercer Health & Benefits LLC (Mercer) to conduct a cost of dispensing survey. Mercer distributed survey packets to all pharmacy providers in July with survey responses due to Mercer on August 7, 2015. The Department encourages all pharmacy providers to fully participate in this survey as the responses will be a significant factor in determining the dispensing fees paid to pharmacies. For more information on the survey, go to the Department's forms web page and click on Pharmacy section.

Durable Medical Equipment (DME) Form Update

A revised version of Questionnaire #10 (Oral and Enteral Nutrition Formula) was posted on July 31, 2015. Please use the new form with the applicable PARs. To access Durable and Medical Equipment forms, go to the Department's forms web page and click on Durable Medical Equipment (DME) Forms section.

Reminder: Tobacco Cessation

Effective July 1, 2015, the Department made adjustments to the policy regarding Tobacco Cessation products. The changes are seen in bold.

Medicaid will cover only one (1) tobacco cessation product at one (1) time, **except in the case of the Nicotine Replacement Therapy (NRT) Patch and NRT gum/lozenge co-administration.**

A prior authorization is not required **for the first fill of NRT gum/lozenge**; however, a prescription is still required.

Morphine Equivalent Limitations

The Department is developing a policy for opioid-containing and methadone products that will apply a daily limit of 300 milligrams of morphine equivalents (MME). This will go into effect in September 2015. This new policy will add all opioid-containing and methadone agents (including both long-acting and short-acting) that a member is currently taking and compare that number to the daily limit of 300 MME. The current policy that limits short-acting opioid-containing products will continue to be in effect. Exceptions will be made for members with a diagnosis of a terminal illness (hospice or palliative care) or sickle cell anemia.

Nasal Atomizer Kits for Naloxone and Midazolam

Effective September 1, 2015, nasal atomizer kits associated with the administration of naloxone and midazolam will be covered by the Colorado Medical Assistance Program. Kits may be ordered through a pharmacy's current wholesaler. Kits contain different components based on the formulation of the drug as follows:

- Vial: atomization tip, delivery syringe, vial adapter
- Pre-filled Syringe: atomizer tip and delivery syringe

The kits must be billed as a durable medical equipment (DME) product. The reimbursement process for the kits will follow the same procedure as other DME billing. Additional billing information is available within the DME and Supplies Billing Manual. Please note that mail order pharmacies do not qualify to provide DME/Supplies.

Drug Utilization Review Board (DUR) Meeting

Tuesday, August 18, 2015

6:00 p.m. - 7:00 p.m. Closed Session
7:00 p.m. - 9:00 p.m. Open Session

Skaggs School of Pharmacy and Pharmaceutical Sciences Building
12850 East Montview Blvd, Aurora CO 80045
Seminar Room- Room 1000; First floor

Note: Parking is available in the Henderson/Visitor Parking Garage.
An agenda for the meeting can be found on the Department's website.

Pharmacy and Therapeutics Committee Open Positions

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

- One (1) opening for a physician of any medical specialty
- One (1) opening for a pharmacist

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: Swaniee Grubb
1570 Grant Street
Denver, CO 80203

Or via fax to 303-866-3590, Attn: Swaniee Grubb

August and September 2015 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 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 (1) or more of the following provider billing workshops. Courses are intended to teach, improve, and enhance knowledge of Colorado Medical Assistance Program claim submission.

August 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9	10	11 CMS 1500 9:00AM-11:30AM Web Portal 837P 11:45AM-12:30PM ***WebEx*** Vision 1:00PM-3:00PM	12 ***All Classes WebEx*** UB-04 9:00AM-11:30AM Web Portal 837I 11:45AM-12:30PM Hospice 1:00PM-3:00PM	13 ***WebEx*** DME/Supply 9:00AM-11:00AM CMS 1500 1:00PM-2:30PM Web Portal 837P 2:45PM-3:30PM	14 ***WebEx*** Practitioner 9:00AM-11:00AM OT / PT / ST 1:00PM-3:00PM	15

September 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
13	14	15 CMS 1500 9:00AM-11:30AM Web Portal 837P 11:45AM-12:30PM ***WebEx*** NHVP 1:00PM-3:00PM Personal Care 1:00PM-3:00PM Web Portal 837P 3:45PM-4:30PM	16 UB-04 9:00AM-11:30AM Web Portal 837I 11:45AM-12:30PM ***WebEx*** IP/OP 1:00PM-3:00PM	17 Waiver 9:00AM-11:30AM Web Portal 837P 11:45AM-12:30PM Personal Care 1:00PM-3:30PM Web Portal 837P 3:45PM-4:30PM	18 ***WebEx*** CMS 1500 9:00AM-11:30AM ***WebEx*** Web Portal 837P 11:45AM-12:30PM Dialysis 1:00PM-3:00PM	19

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 email within one (1) 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.

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