

Provider Bulletin

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Did You Know?

Providers can use different methods simultaneously for claim submission. Using more than one (1) clearinghouse or using a combination of the <u>Provider Web Portal</u> and a clearinghouse is acceptable.

All Providers

Billing and Eligibility Information for Child Health Plan *Plus* (CHP+) Members

The Public Health Emergency (PHE) unwind is causing eligible Health First Colorado (Colorado's Medicaid program) members to be redetermined for Child Health Plan *Plus* (CHP+). CHP+ members are assigned to one (1) of the four (4) CHP+ Managed Care Organizations (MCOs) for both physical and behavioral health. Providers must bill that MCO directly once the member is assigned.

Claims for members who are eligible for CHP+ but are not yet enrolled in a CHP+ MCO should be submitted to Gainwell Technologies, the Department of Health Care Policy & Financing's (the Department's) fiscal agent, for reimbursement or Magellan for pharmacy services.

Visit the <u>Provider Resources web page</u> for more information.

Improve health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

Providers should continue to verify member CHP+ eligibility and enrollment via the Provider Web Portal. Refer to the <u>Verifying Member Eligibility and Co-Pay Quick Guide</u> for additional guidance.

Reminder: CHP+ cannot be billed as secondary insurance. A CHP+ member cannot have other health insurance per the Colorado Code of Regulations.

Recovery Audit Contract (RAC) Open Board Position

There is an open seat for providers representing radiology on the House Bill (HB) 23-1295 Colorado Recovery Audit Contract (RAC) Provider Advisory Board.

Contact Meghan Morhauser at Meghan. Morhauser@state.co.us if interested.

Questions or Suggestions Regarding Colorado Recovery Audit Contract (RAC)

A Google Form has been created for stakeholder engagement to ensure that providers are getting timely responses to requested information. This will allow the Contractor Audit Operations Unit Team to respond more quickly and efficiently.

Refer to and complete the <u>Colorado RAC Stakeholder Engagement Form</u> to provide suggestions, ask questions or request agenda topics.

All Providers Who Utilize the ColoradoPAR Program

Provider Training

What is the ColoradoPAR Program?

The ColoradoPAR Program is the third-party fee-for-service Utilization Management (UM) program administered by Acentra Health, Inc. (formerly Kepro). Visit the <u>Colorado Prior Authorization Request Program (ColoradoPAR) web page</u> for more information about the ColoradoPAR Program.

Acentra Provider Training



Acentra will be providing Durable Medical Equipment (DME) Benefit-Specific Training and Prior Authorization Request (PAR) Submission Training in April.

- DME April 10, 2024, 8:30 a.m. MT
- DME April 10, 2024, 12:00 p.m. MT
- DME April 10, 2024, 3:00 p.m. MT

PAR Submission Training is for all new users on how to submit a PAR using the Atrezzo® Portal.

- PAR Submission Training April 24, 2024, 8:30 a.m. MT
- PAR Submission Training April 24, 2024, 12:00 p.m. MT

Contact <u>COProviderIssue@kepro.com</u> with questions or for assistance with registering for Acentra's provider PAR portal, Atrezzo[®].

Ambulatory Surgical Center (ASC) Providers

Payment Methodology - Virtual Meetings

Providers are invited to attend one (1) of two (2) public meetings about possible changes to the Ambulatory Surgical Center (ASC) payment methodology. Staff from the Department will review the current methodology and present a small number of alternative payment methodologies. All attendees will be invited to ask questions. The meetings are informational only.

All stakeholders are invited to attend one or both virtual meetings to learn and ask questions. Both meetings will present the same information. The meetings will be recorded, shared with attendees and posted to the <u>ASC Payment Methodology Stakeholder Meetings web page</u> on the Department's website.

Feedback will not be gathered at the meetings but via a Google Form after the meetings.

The feedback will help determine which, if any, change should be pursued. Each option has different associated timelines and constraints that will be considered. Requesting additional resources is a long-term process and obtaining them cannot be guaranteed.

Meeting Dates and Times



- Friday, April 5, 2024, from 9:00 a.m. to 11:00 a.m. MT
- Friday, April 12, 2024, from 9:00 a.m. to 11:00 a.m. MT

Registration and Location

Both meetings will be virtual via Zoom. <u>Register in advance for the meetings</u>.

Meeting Accommodation and Language Access Notice

Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Notify Patrick Potyondy at Patrick.Potyondy@state.co.us at least one week prior to the meeting to make arrangements.

Las ayudas y servicios auxiliares para individuos con discapacidades y servicios de idiomas para individuos cuyo idioma materno no sea inglés pueden estar disponibles por solicitud. Comuníquese con Patrick Potyondy a Patrick.Potyondy@state.co.us al menos una semana antes de la reunión para hacer los arreglos necesarios.

Contact Patrick Potyondy at <u>Patrick.Potyondy@state.co.us</u> or Chris Lane at <u>Chris.Lane@state.co.us</u> for more information.

Behavioral Health Providers

Changes to HO Modifier Policy

Newly eligible practitioners (Licensed Marriage and Family Therapists [LMFT], Licensed Professional Counselors [LPCs] and Licensed Addiction Counselors [LACs]) were able to enroll in Medicare starting November 1, 2023, and could start billing Medicare effective January 1, 2024. Refer to the December 2023 Provider Bulletin (B2300502) for more information.

Behavioral health services provided to Medicare members by these practitioners will no longer be allowed to use the HO modifier on claims submitted to the Regional Accountable Entities (RAEs), effective April 1, 2024, and will be required to file claims with Medicare first when Medicare covers the service.

Medicare-eligible practitioners cannot opt out of Medicare if they choose to serve members who are dually enrolled in Medicare and Health First Colorado. The HO modifier can be used only on claims submitted directly to a RAE without a Medicare denial in situations where an enrolled Medicare provider is supervising an unlicensed behavioral health practitioner.

Comprehensive Safety Net Providers Can Now Enroll with Health First Colorado

Providers that have been approved as Comprehensive Community Behavioral Health providers by Behavioral Health Administration (BHA) can now enroll as Comprehensive Safety Net providers (Provider Type 78). Providers that enroll can start billing as Comprehensive providers starting July 1, 2024, and will be reimbursed with a Prospective Payment System (PPS).

Visit the <u>Find Your Provider Type web page</u> for more information. Click the "Enrollment Information by Provider Type" button and scroll to Comprehensive Safety Net Provider.

Finalized Coverage for Senate Bill (SB) 23-174 - Select Services for Members Under 21 Without a Covered Diagnosis

The Department would like to thank all stakeholders that participated in the forums on November 17, 2023, and March 1, 2024, and completed the stakeholder survey to help inform the scope of this coverage.

The <u>SB 23-174: Coverage Policy web page</u> has been updated with the final list of services that will be billable without a clinical diagnosis starting July 1, 2024, and the symptomology and social determinants of health diagnoses that will be available to use on claims for these services, allowing reimbursement without a covered clinical diagnosis.

<u>Durable Medical Equipment (DME) Providers</u>

Updates for Ordering, Prescribing and Referring (OPR) Providers

A soft enforcement of the Ordering, Prescribing and Referring (OPR) Claim Identifier Project was initiated per 42 CFR § 455.440, beginning July 1, 2022. Claims were set to "pay and report" rather than "deny." These claims have continued to be monitored, and based on the level of adherence, "pay and report" will be deactivated for Durable Medical Equipment (DME) providers effective for dates of service on or after April 1, 2024. Claims will start denying if the OPR provider is not listed or if the OPR provider is not enrolled with Health First Colorado.

Visit the OPR Claim Identifier Project web page for more information.

Refer to the Provider Bulletin Index located at the top of the <u>Bulletins web page</u> to see a list of all previous communications related to this project.

- <u>February 2022 Provider Bulletin (B2200475)</u> Durable Medical Equipment, Prosthetics, Orthotics and Suppliers (DMEPOS) providers
- April 2022 Provider Bulletin (B2200477) All providers
- June 2022 Provider Bulletin (B2200479) All providers
- October 2023 Provider Bulletin (B2300499) All providers
- February 2024 Provider Bulletin (B2400505) DME providers
- March 2024 Provider Bulletin (B2400506) DME providers

Updates to the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Billing Manual

Refer to the <u>Durable Medical Equipment</u>, <u>Prosthetics</u>, <u>Orthotics and Supplies</u> (<u>DMEPOS</u>) <u>Billing Manual</u> to see the following additions and changes made:

- Continuous Glucose Monitoring (CGM) upgrade criteria
- House Bill (HB) 22-1290 Complex Rehabilitation Technology (CRT) reporting directions
- Healthcare Common Procedure Coding System (HCPCS) codes effective January 1, 2024

Hospital Providers

General Updates

All Hospital Providers

Hospital Stakeholder Engagement Meetings

Bi-monthly Hospital Stakeholder Engagement meetings will continue to be hosted to discuss current topics regarding payment reform and operational processing. Sign up to receive the Hospital Stakeholder Engagement Meeting newsletters.

• The next Hospital Stakeholder Engagement meeting is set for Friday, May 3, 2024, from 9:00 a.m. to 11:00 a.m. MT and will be hosted virtually.

Visit the <u>Hospital Stakeholder Engagement Meetings web page</u> for more details, meeting schedules and past meeting materials. **Calendar Year 2024 meeting dates have been posted.**

Contact Della Phan at <u>Della.Phan@state.co.us</u> with any questions or topics to be discussed at future meetings. Advanced notice will provide the Rates Team time to bring additional Department personnel to the meetings to address different concerns.

Updates to Billing Guidance for Outpatient Claims with a Behavioral Health-Covered Primary Diagnosis Code

Billing guidance has been added to the <u>Inpatient/Outpatient (IP/OP) Billing Manual</u> for outpatient claims that include a behavioral health-covered primary diagnosis code.

Updates for Ordering, Prescribing and Referring (OPR) Providers

Claims for outpatient hospital-based audiology, physical therapy, occupational therapy, speech therapy, lab and radiology services will deny effective April 1, 2024, for Explanation of Benefits (EOB) 1390 - "The attending physician number is missing or invalid. Enter or verify the attending physician's 10-digit NPI number" if the attending National Provider Identifier (NPI) is not entered or if the attending NPI is not enrolled with Health First Colorado.



Refer to the <u>Inpatient/Outpatient (IP/OP) Billing Manual</u> or visit the <u>Ordering, Prescribing and Referring Claim Identifier Project web page</u> for more information.

Contact Jessica Short at <u>Jessica.Short@state.co.us</u> and Diva Wood at <u>Diva.Wood@state.co.us</u> with questions.

Immunization Providers

PENBRAYATM is a Covered Benefit

Current Procedural Terminology (CPT) code 90623 is a covered benefit effective for dates of service on or after January 1, 2024. PENBRAYA™ can be billed with CPT code 90623.

The rates and age range for immunizations are reflected on the <u>Immunizations Rate Schedule</u>. Claims previously submitted will be reprocessed.

Contact Christina Winship at Christina.Winship@state.co.us with any vaccine policy questions. Contact the Provider Services Call Center for assistance with claims and billing.

Physical and Occupational Therapy Providers

Reminder: Satisfaction Survey

The <u>Physical and Occupational Therapy (PT/OT) Provider Survey</u> is currently open. The survey will remain open through April 5, 2024.

Physician-Administered Drugs (PAD) Providers

Quarter 2 Rate Update 2024

The Physician-Administered Drug (PAD) rates for the second quarter of 2024 have been updated. The new rates are effective April 1, 2024, and are posted to the <u>Provider Rates and Fee Schedule web page</u> under the <u>Physician-Administered Drug Fee Schedule section</u>.

Pharmacy Providers, All Medication Prescribers

Asthma "SMART" Therapy is Covered for Members

The National Asthma Education and Prevention Program (NAEPP) along with the American Lung Association guidelines include recommendations for use of Single-Inhaler Maintenance and Reliever Therapy (SMART) with a corticosteroid and formoterol combination inhaler medication for treating asthma. Prescriptions for SMART asthma treatments are covered for Health First Colorado members. Providers are reminded to include the SMART dosing instructions on prescriptions for inhalers used for SMART to ensure that pharmacies are processing claims for the appropriate days' supply.



Pharmacies may contact the Magellan/Prime Therapeutics help desk at 1-800-424-5725 for an override of claim rejections related to changes in doses and/or days' supply frequency associated with initiation of the SMART inhaler regimen.

Refer to the <u>Preferred Drug List (PDL)</u> located on the <u>Pharmacy Resources</u> <u>web page</u> for additional information or prior authorization criteria for all preferred and non-preferred medications.

Prescriber Tool Alternative Payment Model (APM)

The activity window to qualify for an incentive payment has been extended and will now close on April 19, 2024. Accessing the dashboard Google Sheet link and submitting the survey must be completed to be eligible for an incentive payment.

Eligible practices have received an email from either Myers and Stauffer LC (CORXAPM@mslc.com) or HCPF_PharmacyAPM@state.co.us with information on participation.

The Prescriber Tool APM is a risk-free program to support provider and practice organization engagement with the Prescriber Tool, specifically the Real-Time Benefits Inquiry module. Practices that participate will be eligible to receive an incentive payment to share in pharmacy cost savings.

Visit the <u>Prescriber Tool APM web page</u> for more information.

Contact HCPF_PharmacyAPM@state.co.us for more information.

Physician Services Providers

Colorado Medicaid eConsult Update

Health First Colorado providers can access a secure, statewide electronic consultation platform free through <u>Colorado Medicaid eConsult</u>. Colorado Primary Care Medical Providers (PCMPs) can seek specialist advice through the Colorado Medicaid eConsult Platform effective February 1, 2024. eConsults facilitate communications between PCMPs and specialists, often eliminating the need for an in-person specialty care visit.

Register to join Safety Net Connect (SNC), the vendor partner of the Department, for a <u>Colorado Medicaid eConsult Program Overview Webinar</u> on the first Friday of every month from 12:15 p.m. to 1:00 p.m. MT.

Available specialties for clinical guidance include:

Adult and Pediatric Specialties	Additional Adult Specialties	Pediatric Specialties	Currently Recruiting
 Allergy/ Immunology Cardiology Dermatology Endocrinology Infectious Disease Neurology Oncology Orthopedics Otolaryngology/ Ear, Nose and Throat (ENT) Psychiatry Pulmonology Urology 	 Addiction Medicine Gastroenterology Hematology Hepatology Nephrology Obstetrics and Gynecology (OB/GYN) Pain Medicine Physical Medicine/Rehab Rheumatology Sleep Medicine 	Developmental Pediatrics	Adult Geriatric Medicine Ophthalmology Pediatrics Gastroenterology Hematology Neurology Ophthalmology Rheumatology

SNC is actively recruiting and training Colorado providers. Contact SNC at ColoradoSupport@safetynetconnect.com to learn more about how to participate.

eConsult Reimbursement

Refer to the Telemedicine Billing Manual to learn more about eConsult reimbursement.

Additional Information

Visit the <u>eConsult Platform web page</u> or contact the eConsult Team at HCPF_eConsult@state.co.us for more information.

Physician Services Providers, Clinic Providers

Free Screening, Brief Intervention and Referral to Treatment (SBIRT) Training for Health First Colorado Providers

Free Screening, Brief Intervention and Referral to Treatment (SBIRT) training for Health First Colorado providers is provided through partnership with Peer Assistance Services, Inc. (PAS). PAS has provided SBIRT training and support since 2006. The SBIRT program promotes prevention and early intervention efforts through in-person, online and virtual training; technical assistance; and hands-on SBIRT implementation.

Visit the <u>SBIRT Training Calendar web page</u> to register for an upcoming training. The shared goal is to promote SBIRT as a standard of care throughout Colorado. Refer to the <u>SBIRT</u> Program Billing Manual to learn more about best billing practices.

Contact Janelle Gonzalez at Janelle.Gonzalez@state.co.us with questions.

School Health Services (SHS) Providers

Update to School Health Services (SHS) Billing Manual

Providers are reminded that the timely filing limit is 120 days from the date of service for claims that are submitted by Provider Type 51, School Health Services (SHS). The <u>School Health Services Billing Manual</u> was updated to include this policy. This was not a change to program requirements.

This timely filing limit will be enforced on claims beginning April 1, 2024. Claims will deny for Explanation of Benefits (EOB) code 0672 - "The date of service is out of timely filing. Refer to the School Health Services (SHS) Billing Manual" if the date of service is beyond 120 days.

Although the SHS program is a cost-based program, fee-for-service claims are still required even though they are paid at zero.

Visit the School Health Services web page for detailed information on the SHS program.

Speech, Physical and Occupational Therapy Providers, <u>Audiology Providers</u>

Ordering, Prescribing and Referring (OPR) Claim Identifier Mandate

Speech Therapy (ST), Physical and Occupational Therapies (PT/OT) and Audiology providers are reminded to include Ordering, Prescribing and Referring (OPR) providers on claims and to ensure the OPR providers are currently enrolled with Health First Colorado (42 CFR § 455.410(b)). The OPR field on the professional (CMS 1500) claim form is 17b.

Professional claims with services requiring OPR provider(s) will post Explanation of Benefits (EOB) 1997- "The referring, ordering, prescribing or attending provider is missing or not enrolled. Please resubmit with a valid individual NPI in the attending or referring field" if the OPR provider is missing or not enrolled with Health First Colorado. Claims will *not* currently deny for a missing OPR field.

Below is a visual example of the CMS 1500 professional claim form with an indicator of where the NPI number should be populated:

HEALTH INSURANCE CLAIM FORM APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) (22/12			
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12			
PICA		PICA ETT	
MEDICARE MEDICAID TRICARE CHAMPVA	GROLP FECA OTHER	1a. INSURED'S LD. NUMBER (For Program in Item 1)	
(Medicarea) (Medicaida) (IDA/OcO4) (MemberiDa)	GROUP FECA OTHER HEALTH PLAN BLK LUNG (104)	, , , , , , , , , , , , , , , , , , , ,	
2 PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. P	PATIENT'S BIRTH DATE SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
5. PATIENT'S ADDRESS (No., Street) 6. P	PATIENT FELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Sheet)	
	Self Spouse Child Other		
CITY STATE 8.8	RESERVED FOR NUCC USE	CITY STATE	
ZIP CCCE TELEPHONE (Include Area Code)		ZIP CODE TELEPHONE (Include Area Code)	
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a OTHER INSURED'S POLICY OR GROUP NUMBER a. E	EMPLOYMENT? (Current or Previous)	a. INSURED'S DATE OF BIRTH SEX	
	YES NO	M F	
b. RESERVED FOR NUCC USE b. A	AUTO ACCIDENT? PLACE (Blate)	b. OTHER CLAIM ID (Designated by NUCC)	
	YES NO		
c RESERVED FOR NUCCUSE c. C.	OTHER ACCIDENT?	c. INSURANCE PLAN NAME OR PROGRAM NAME	
	YES NO		
d, INSURANCE PLAN NAME OR PROGRAM NAME 10d.	d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN?	
		YES NO If yes, complete tems 9, 9a, and 9d.	
READ BACK OF FORM BEFORE COMPLETING A SIGNING THIS FORM. 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment backs.		 INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. 	
SIGNED	DATE	SIGNED	
14. DATE OF CURRENT ILLNESS, INJURY, OF PREGNANCY (LMF) 15. OTHER DATE OUAL DATE OF CURRENT ILLNESS, INJURY, OF PREGNANCY (LMF) 15. OTHER DATE OUAL DATE OF CURRENT ILLNESS, INJURY, OF PREGNANCY (LMF) 15. OTHER DATE OUAL DATE OF CURRENT ILLNESS, INJURY, OF PREGNANCY (LMF) 15. OTHER DATE OUAL DATE OF CURRENT ILLNESS, INJURY, OF PREGNANCY (LMF) 15. OTHER DATE OUAL DATE OF CURRENT ILLNESS, INJURY, OF PREGNANCY (LMF) 15. OTHER DATE OUAL DATE OF CURRENT ILLNESS, INJURY, OF PREGNANCY (LMF) 15. OTHER DATE OUAL DATE OF CURRENT ILLNESS, INJURY, OF PREGNANCY (LMF) 15. OTHER DATE OUAL DATE OF CURRENT ILLNESS, INJURY, OF PREGNANCY (LMF) 15. OTHER DATE OUAL DATE OF CURRENT ILLNESS, INJURY, OF PREGNANCY (LMF) 15. OTHER DATE OUAL DATE OF CURRENT ILLNESS, INJURY, OF PREGNANCY (LMF) 15. OTHER DATE OUAL DATE OF CURRENT ILLNESS, INJURY, OF PREGNANCY (LMF) 15. OTHER DATE OUAL DATE OF CURRENT ILLNESS, INJURY, OF PREGNANCY (LMF) 15. OTHER DATE OUAL DATE OF CURRENT ILLNESS, INJURY, OF PREGNANCY (LMF) 15. OTHER DATE OUAL DATE OF CURRENT ILLNESS, INJURY, OF PREGNANCY (LMF) 15. OTHER DATE OUAL DATE OF CURRENT ILLNESS, INJURY, OF PREGNANCY (LMF) 15. OTHER DATE OUAL DATE OF CURRENT ILLNESS, INJURY, OF PREGNANCY (LMF) 15. OTHER DATE OUAL DATE OF CURRENT ILLNESS, INJURY, OF PREGNANCY (LMF) 15. OTHER DATE OUAL DATE OF CURRENT ILLNESS, INJURY, OF PREGNANCY (LMF) 15. OTHER DATE OUAL DATE OF CURRENT ILLNESS, INJURY, OF PREGNANCY (LMF) 15. OTHER DATE OUAL DATE OF CURRENT ILLNESS, INJURY, OF PREGNANCY (LMF) 15. OTHER DATE OUAL DATE OF CURRENT ILLNESS, INJURY, OF PREGNANCY (LMF) 15. OTHER DATE OUAL DATE OF CURRENT ILLNESS, INJURY, OF PREGNANCY (LMF) 15. OTHER DATE OUAL DATE OF CURRENT ILLNESS, INJURY, OF PREGNANCY (LMF) 15. OTHER DATE OUAL DATE OF CURRENT ILLNESS, INJURY, OF PREGNANCY (LMF) 15. OTHER DATE OUAL DATE OF CURRENT ILLNESS, INJURY, OUAL DATE OF CURRENT ILLNESS, IN		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO TO	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 174	18 HOSPITALIZATION DATES RELATED TO CURRENT SERVICES		
17b. NP	PI	FROM DD YY TO MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTBIDE LAS? & CHARGES		

The mandate is **not** currently denying claims for missing OPR NPIs; however, stakeholder engagement sessions will be conducted from April 2024 through June 2024 to communicate the upcoming OPR mandate, which will result in claim denials beginning July 1, 2024. Providers will receive invites to the stakeholder engagement sessions and are highly encouraged to <u>sign up</u> for email notifications and monthly provider bulletins. Providers will receive invites to the stakeholder engagement sessions and are highly encouraged to ensure they are enrolled in Gainwell email alerts and Department provider bulletin alerts.

Contact the Provider Services Call Center with questions about claim denials.

Contact the ColoradoPAR Program Utilization Management (UM) Team at HCPF_UM@state.co.us with prior authorization questions and issues.

Contact Devinne Parsons at Devinne. Parsons@state.co.us with questions concerning policy.

Provider Training Sessions

April 2024 Schedule

Providers are invited to sign up for a provider training session. Trainings focused on billing Health First Colorado are offered each month:

- 1. Beginner Billing: Professional Claims (CMS-1500)
- 2. Beginner Billing: Institutional Claims (UB-04)

All sessions are held via webinar on Zoom, and registration links are shown in the calendar below.



Beginner Billing Training

Click "Which Training Do I Need?" on the <u>Provider Training web page</u> to find training aligned to provider type.

Beginner billing training provides a high-level overview of member eligibility, claim submission, prior authorizations, <u>Department website</u> navigation, <u>Provider Web Portal</u> use and more.

Who Should Attend?

Staff who submit claims, are new to billing Health First Colorado services or who need a billing refresher course should consider attending one (1) or more of the provider training sessions.

Note: These sessions offer guidance for billing Health First Colorado only. Providers are encouraged to contact the Regional Accountable Entities (RAEs), Child Health Plan *Plus* (CHP+) and Medicare for billing training specific to those organizations. Training for the new Care and Case Management (CCM) system also will not be covered in billing training sessions. Visit the CCM System web page for CCM-specific training and resources.

Refer to the Provider Web Portal Quick Guides located on the <u>Quick Guides web page</u> for more training materials on navigating the Provider Web Portal.

Live Webinar Registration

Click the title of the desired provider training session in the calendar to register for a webinar. An automated response will confirm the reservation.

There are two (2) options for the Professional Claims training in April. The sessions include the same information and materials, so providers are encouraged to choose the date and time that works best.

Note: Webinars may end early. Time has been allotted for questions at the end of each session.

April 2024				
Monday	Tuesday	Wednesday	Thursday	Friday
1	2	3	4 Beginner Billing Training: Professional Claims (CMS 1500) - Thursday, April 4, 2024, 1:00 p.m 3:30 p.m. MT	5
8	9	10	Beginner Billing Training: Institutional Claims (UB-04) - Thursday, April 11, 2024, 9:00 a.m 11:00 a.m. MT	12
15	16	17	18	19
22	23	24	Beginner Billing Training: Professional Claims (CMS 1500) - Thursday, April 25, 2024, 9:00 a.m 11:30 a.m. MT	26
29	30			

Upcoming Holidays

Holiday	Closures
Memorial Day Monday, May 27	State Offices, Gainwell Technologies, DentaQuest, AssureCare and the ColoradoPAR Program will be closed. Capitation cycles may potentially be delayed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks.

Gainwell Technologies Contacts

Provider Services Call Center 1-844-235-2387

Gainwell Technologies Mailing Address P.O. Box 30 Denver, CO 80201