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Did You Know?

Providers are able to keep claims within timely filing by resubmitting every 60 days after the initial timely filing period of 365 days from the date of service (DOS). The previous Internal Control Number (ICN) must be referenced on the claim if the claim is over 365 days. Providers may resubmit within 60 days with the previous ICN if an adjustment is done by the fiscal agent.

Visit the [Timely Filing Frequently Asked Questions web page](#) for more information.

All Providers

Correct Member ID Required on Submitted Claims

Providers are reminded to ensure the member ID that is on a claim is the correct ID for the member. **Do not** use a 'made up' or 'dummy' member ID as it could be the ID of another member. Submitting the member's correct ID will ensure that claims are processed quickly and accurately. Search the member in the [Provider Web Portal](#) using the date of birth to verify the ID or contact the [Provider Services Call Center](#) with any questions .

Member Co-Pay Reductions

Most existing Health First Colorado (Colorado's Medicaid program) member co-pays are being reduced to \$0 in accordance with [Senate Bill \(SB\) 23-222](#) and [SB 23-214](#), effective July 1, 2023. This change will be effective for members eligible for Title XIX, the Alternative Benefits Plan (ABP) and the Old Age Pension (OAP) Health and Medical Care Program. Other special programs administered by the Colorado Department of Health Care Policy & Financing (the Department), such as the Child Health Plan *Plus* (CHP+), will continue to have co-pays as normal.

The list of services reducing the co-pay amounts to \$0 includes:

- Inpatient hospital services
- Outpatient hospital services
- Optometrist visits
- Podiatrist visits
- Primary Care Physician (PCP) and specialist services
- Rural Health Clinic (RHC) visits
- Federally Qualified Health Center (FQHC) visits
- Durable Medical Equipment (DME) and disposable supply services
- Laboratory services
- Radiology services
- Prescription drugs or refill services



Outpatient hospital non-emergent emergency room visits will continue to carry an \$8 co-pay per visit. Exemptions to co-pays will continue to apply. Visit the [Co-Pay Information for Providers web page](#) for a full list.

Claims with dates of service prior to July 1, 2023, will still have these co-pays assessed. Providers are encouraged to reference the [Provider Web Portal](#) when meeting with a member to ensure the member's eligibility and if these reductions apply.

Refer to the [Verifying Member Eligibility and Co-Pay Quick Guide](#) for more guidance.

Contact Cameron Amirfathi at Cameron.Amirfathi@state.co.us with questions.

All Providers Who Utilize the ColoradoPAR Program

General Updates

ColoradoPAR Program Vendor has a New Name

Acentra Health was founded when [CNSI](#) merged with [Kepro®](#) in December 2022. Visit the [Acentra website](#) to learn more about the combined companies.

The CNSI and Kepro merger, and subsequent name change, will not impact the Department's contract with Kepro or have any impacts to providers or the prior authorization submission and review process. The only change providers may see is to email signatures, training materials and other Kepro-branded materials as they are transitioned to the new name, brand logo and website link.



Contact Acentra (formerly Kepro) Provider Relations at COproviderissue@kepro.com or Acentra Customer Service at (720) 689-6340 with questions. Visit the [ColoradoPAR: Health First Colorado Prior Authorization Request Program web page](#) to stay informed of any changes or updates.

Upcoming Trainings Provided by Acentra (formerly Kepro)

There will be benefit-specific training for physical and occupational therapy in the month of July as well as system training for the provider portal Atrezzo®. Update contact information in the [Provider Web Portal](#) to receive training notifications.

Contact Acentra (formerly Kepro) Provider Relations at COproviderissue@kepro.com or Acentra Customer Service at (720) 689-6340 with questions or for assistance.

Secondary Medical Necessity Substance Use Disorder (SUD) Reviews

[Senate Bill \(SB\)21-137](#) Behavioral Health Recovery Act, Section 9, will be effective June 30, 2023.

SB 21-137, Section 9, requires the Department to provide a secondary medical necessity review for previously denied or partially denied residential or inpatient Substance Use Disorder (SUD) requests. If a Regional Accountable Entity (RAE) denies or reduces SUD services and the member's appeal to reverse that decision is also denied by a Colorado Administrative Law Judge, the member's providers can submit a request for a secondary medical necessity review. Providers submitting the request *must* be enrolled in Health First Colorado. The Provider Request for a Secondary Medical Necessity Review of Substance Use Disorder Services form is available on the [Secondary Medical Necessity SUD Reviews web page](#). The utilization management vendor has been contracted to perform the secondary SUD reviews.

Members may also request the secondary review by emailing their name and contact information to HCPF_SUDreviewrequest@state.co.us. The member will be contacted by a

Department representative for more information, including the name of their SUD provider. The identified provider will then be contacted with instructions on how to formally request the second SUD review.

Refer to the Provider FAQs on the [Secondary Medical Necessity SUD Reviews web page](#) for more details about PAR submissions.

Inpatient Hospital Review Program (IHRP)

Official Launch of Inpatient Hospital Review Program (IHRP) 2.0

Step 1

The soft launch of Step 1 of IHRP 2.0 has been **extended until September 1, 2023**. Providers have an additional three (3) months to test inpatient pre-admission review workflows and processes before they are required for claims payment with the subset of codes included in the infographic on the [Inpatient Hospital Review Program \(IHRP\) 2.0 web page](#).

Steps 2 and 3

IHRP 2.0 submission for post-admission reviews on hospital inpatient day 6 for a subset of Diagnosis-Related Groups (DRG) and continued stays at hospital inpatient day 30, 60 and 90 (and every 30 days thereafter) has been **required since May 1, 2023**. These post-admission reviews do not impact claims payment.

The IHRP Joint Operating Committee will continue to meet monthly through the summer to discuss questions, issues, results and best practices. Visit the [IHRP 2.0 web page](#) for training materials and additional information about IHRP 2.0. Contact the ColoradoPAR Program Utilization Management (UM) Team at hcpf_um@state.co.us or Acentra (formerly Kepro) Provider Relations at COproviderissue@kepro.com with questions or for assistance.

Therapy Providers

Tips on Prior Authorization Request (PAR) Submission for Therapy Providers

Therapy providers need to ensure that they have access to and are up to date on billing manual requirements when submitting PARs for review. Links to the billing manuals are listed below.

- [Physical and Occupational Therapy Billing Manual](#)
- [Speech Therapy Billing Manual](#)

Providers need to submit the following for therapy reviews on new admissions:

- Evaluation/Re-evaluation



- An order/referral/plan of care that is signed by either a medical doctor (MD), doctor of osteopathic medicine (DO), nurse practitioner (NP) or physician assistant (PA) with physical or electronic signature
- An order/referral/plan of care that includes the diagnosis, type of therapy, frequency and duration specifications and covers the PAR dates requested
- A plan of care that is within 90 calendar days prior to the requested start date and includes the diagnosis, type of therapy, therapeutic interventions, frequency and duration specifications and covers the PAR dates requested

Providers need to submit the following for therapy reviews on **continuation of care**:

- Evaluation/Re-evaluation
- An order/referral/plan of care that is signed by either an MD, DO, NP or PA with physical or electronic signature
- An order/referral/plan of care that includes the diagnosis, type of therapy, frequency and duration specifications and covers the PAR dates requested
- A plan of care that is within 90 calendar days prior to the requested start date and includes the diagnosis, type of therapy, therapeutic interventions, frequency and duration specifications and covers the PAR dates requested
- A recent complete therapy re-evaluation or updated progress notes on the current plan of care that shows either progress, or lack thereof, for review
- **Per the [Physical and Occupational Therapy](#) and the [Speech Therapy](#) billing manuals, this must be performed within the last 60 days prior to start date**



Note: All requested information should be supplied at the same time if the review is pended. Not providing **all** documentation requested with the pend may result in a technical denial. Providers are given ten (10) business days to respond to pended requests.

Contact Acentra (formerly Kepro) Provider Relations at COproviderissue@kepro.com or Acentra Customer Service at (720) 689-6340 with questions or for assistance.

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Providers

Increase to Durable Medical Equipment (DME) Manual Pricing Percentages

Claims paid by invoice will be reimbursed at actual acquisition cost plus 23.59%, and claims paid by Manufacturer Suggested Retail Price (MSRP) will be reimbursed at MSRP less 15.49%, effective for dates of service July 1, 2023, and after.

Refer to the [DMEPOS Billing Manual](#) for more information on manual pricing.

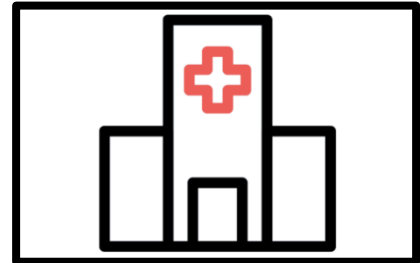
Contact Haylee.Rodgers@state.co.us with questions.

Hospital Providers

General Updates

Fiscal Year (FY) 23-24 Inpatient Base Rates

FY 23-24 Inpatient Base Rates calculated using the newly developed inpatient base rate methodology were posted for a 30-day review to the [Inpatient Hospital Payment web page](#). The 30-day review period ended June 25, 2023. Visit the web page for the most up-to-date information on the proposed rates to be effective July 1, 2023.



Contact [Diana Lambe, Andrew Abalos, and Kevin Martin](#) with any input or questions on the model.

Use the Hospital Stakeholder Engagement Meeting link below to sign up for newsletters.

Hospital Stakeholder Engagement Meetings

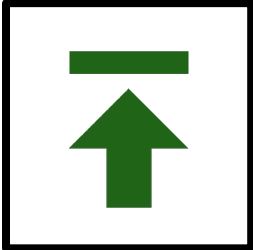
Bi-monthly Hospital Stakeholder Engagement Meetings will continue to discuss current topics, including payment reform and operational processing. [Sign up](#) to receive the Hospital Stakeholder Engagement Meeting newsletters.

- The next Hospital Stakeholder Engagement Meeting is scheduled for Friday, July 7, 2023, from 9:00 a.m. to 11:00 a.m. MT and will be hosted virtually.

Visit the [Hospital Stakeholder Engagement Meetings web page](#) for more details, meeting schedules and past meeting materials. Contact Tyler.Samora@state.co.us with any questions or suggested topics to be discussed at future meetings. Advance notice will provide the Rates Team time to bring additional Department personnel to the meetings to address concerns.

Across-the-Board Rates Increase

[Senate Bill \(SB\) 23-214](#) (2023-24 Long Bill) authorizes a 3% increase to fee-for-service hospital rates effective July 1, 2023. These rate increases will be applied to hospitals' Diagnosis Related Group (DRG), Enhanced Ambulatory Patient Grouping (EAPG) base rates. Per diem rates for Mental Health and Rehabilitation, Long-term Acute Care and Spine/Brain Injury hospitals will also be increased by 3%.



Approval from the Centers for Medicare & Medicaid Services (CMS) via State Plan Amendment (SPA) is required prior to implementation. Rates will be implemented in the Colorado interChange, and any impacted claims will be adjusted to reflect the new payment rates.

Visit the [Inpatient Hospital Payment web page](#) for a listing of inpatient hospital base rates. Contact Diana.Lambe@state.co.us with any questions regarding these rates.

Visit the [Outpatient Hospital Payment web page](#) for a listing of outpatient hospital base rates. Contact Tyler.Samora@state.co.us with questions regarding these rates.

Visit the [Inpatient Hospital Per Diem Reimbursement Group web page](#) for a listing of Mental Health, Rehabilitation, Long-term Acute Care and Spine/Brain Injury hospital base rates. Contact [Della Phan and Andrew Abalos](#) with questions regarding these rates.

Rural Health Clinics (RHCs)

RHC Bi-Monthly Meeting Cancellation

The July 6, 2023, RHC Bi-Monthly Meeting has been cancelled due to scheduling conflicts.

- The next RHC meeting is scheduled for Thursday, September 7, 2023, from 12:30 p.m. to 1:00 p.m. MT and will be hosted virtually on Zoom.



Visit the [Rural Health Clinics and Rural Hospital web page](#) for more details, meeting schedules and past meeting materials.

Contact Andrew.Abalos@state.co.us with any questions or suggested topics for future meetings. Advance notice will provide the Rates Team time to bring additional Department personnel to the meetings to address concerns.

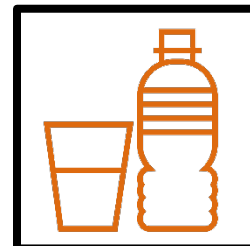
Laboratory Service Providers

Urinalysis Test Information for Xylazine and Fentanyl

Presumptive drug testing for Xylazine and Fentanyl is a covered benefit of Health First Colorado. Presumptive drug testing uses Current Procedural Terminology (CPT) codes 80305, 80306 and 80307. The unit limit is four (4) per month per member for each code. This unit limit applies to all provider types.

Refer to the [Laboratory Services Billing Manual](#) for more information.

Contact Sarah.Kaslow@state.co.us with any policy-related questions.



Physician Administered Drugs (PAD) Providers

2023 Quarter 3 Rate Update

The Physician Administered Drugs (PAD) rates for the third quarter of 2023 have been updated. The new rates are effective July 1, 2023, and are posted to the [Provider Rates and Fee Schedule web page](#) under the [Physician-Administered Drug Fee Schedule section](#).

Contact Tyler Collinson at Tyler.Collinson@state.co.us with any questions.

Prior Authorization (PA) Update

Ublituximab-xiyy and PANZYGA® will be added to the list of physician-administered drugs (PADs) that require Prior Authorization (PA), effective July 1, 2023.

Providers should ensure that any Health First Colorado member due to receive these PADs have an approved PA on file prior to administration.

Visit [Appendix Y: Physician Administered Drug Medical Benefit Prior Authorization Procedures and Criteria](#) located on the [Physician-Administered Drugs web page](#) for more information.

Refer to the [ColoradoPAR: Health First Colorado Prior Authorization Request Program web page](#) and the [Physician Administered Drug web page](#) for additional information regarding PAD PA requirements.

Contact HCPF_PAD@state.co.us with questions or for assistance.

Drug Class	Healthcare Common Procedure Coding System (HCPCS)	Drug Name

Immune Globulins	J1576	PANZYGA
Multiple Sclerosis Agents	J2329	Briumvi (ublituximab-xiyy)

Physician Services

Depression Screen Billing Changes: Adding Modifiers and Allowing Other Caregivers under Child's ID *Cancelled*

The requirement of a U modifier on depression screens delivered to members, as outlined in the [January 2023 Provider Bulletin \(B2300488\)](#), will not be enforced. The requirement had previously been postponed until July 2023, to allow providers additional time to change their work processes and Electronic Health Records (EHRs).

Collaboration with providers over the past year is appreciated, and it has been decided to not move forward with the U modifier requirement in order to avoid additional barriers to accessing depression screens for members, birthing parents and non-birthing caregivers. Providers may provide depression screens to any caregiver of a child enrolled in Health First Colorado, as required by [Senate Bill \(SB\) 21-137](#).

Depression screening claims without the U modifiers will not deny due to lack of a modifier.

Contact [Morgan Anderson and Susanna Snyder](#) with questions.

Physician Services, Clinic Providers

Free Screening, Brief Intervention and Referral to Treatment (SBIRT) Training

Free Screening, Brief Intervention and Referral to Treatment (SBIRT) training for Health First Colorado providers is available through a 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 [SBIRT Training Calendar web page](#) to register for an upcoming training. The shared goal of Health First Colorado and PAS is to promote SBIRT as a standard of care throughout Colorado. Refer to the [SBIRT Billing Manual](#) to learn more.



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

Physician Services, COVID-19 Vaccine Providers

New COVID-19 Vaccine Common Procedural Terminology (CPT) Codes

The following Common Procedural Terminology (CPT) codes are to be used for COVID-19 vaccines, effective April 18, 2023:

- Code 0121A for Pfizer-BioNTech COVID-19 Vaccine, Bivalent (12 yrs and older) - Single Dose
- Code 0141A for Moderna COVID-19 Vaccine, Bivalent (Pediatric 6 mos - 11 yrs) - First Dose
- Code 0142A for Moderna COVID-19 Vaccine, Bivalent (Pediatric 6 mos - 11 yrs) - Second Dose
- Code 0151A for Pfizer-BioNTech COVID-19 Vaccine, Bivalent (Pediatric 5 yrs - 11 yrs) - Single Dose
- Code 0171A for Pfizer-BioNTech COVID-19 Vaccine, Bivalent (Pediatric 6 mos - 4 yrs) - First Dose
- Code 0172A for Pfizer-BioNTech COVID-19 Vaccine, Bivalent (Pediatric 6 mos - 4 yrs) - Second Dose



The rates for these codes are reflected on the [Immunizations Fee Schedule](#). Claims will be reprocessed.

Contact Christina.Winship@state.co.us with questions.

Private Duty Nursing

Home Health Private Duty Nurse (PDN) Service Unit Limits

Effective August 1, 2022, adults (21+) receiving PDN services will have a limit of 23 units per day.

Adults previously had a limit of 16 units per day. Children (20 or under) are not impacted by this change.

The [Private Duty Nursing Billing Manual web page](#) will be updated to reflect these changes.

Speech Therapy

Outpatient Speech Therapy Prior Authorization Requests (PARs) Update

Changes mandated by [Senate Bill \(SB\) 23-214](#) to outpatient speech therapy policy, which will allow 12 sessions of speech therapy annually prior to requiring a Prior Authorization Request (PAR), will be delayed due to necessary system updates and pending federal approval. Providers will be updated regarding the status of changes and timelines as they become available.

Providers of outpatient speech therapy will continue to be required to submit PARs for Current Procedural Terminology (CPT) codes 92507, 92508, 92526, 92609, 97129, 97130 and 97755 as currently outlined in the [Speech Therapy Billing Manual](#) until otherwise notified.

Providers are required to identify habilitative and rehabilitative services on claims. Refer to the [Speech Therapy Billing Manual](#) for more information.

Contact Devinne.Parsons@state.co.us with any speech therapy policy-related questions.

PAR questions may be sent to the Utilization Management (UM) inbox at hcpf_um@state.co.us.

Contact the [Provider Services Call Center](#) with questions on claims and the [Provider Web Portal](#).

Women's Health Providers, Pharmacy Providers

Mifepristone Available as Pharmacy Benefit

Effective July 1, 2023, mifepristone will be available as a Pharmacy benefit and can be dispensed by a mifepristone Risk, Evaluation and Mitigation Strategy (REMS) Program Certified Pharmacy.



Mifepristone is available when prescribed and dispensed in compliance with the Food and Drug Administration (FDA) approved requirements, as set forth in the mifepristone REMS Program. Mifepristone and/or misoprostol can be utilized for: A) treatment of a legal medication abortion (for circumstances of 1. life-endangerment for the pregnant individual, 2. rape, or 3. incest) and B) for treatment of a non-viable pregnancy (such as fetal demise or an incomplete miscarriage).

Prescribing medical providers are still responsible for identifying service provision and completing the appropriate UPDATED (revised June 2023) Certification Statement Form. The Pharmacy Office (through Magellan) will be responsible for the initial Certification Statement Form document review and completion of the Prior Authorization (PA) procedure if the

prescriber chooses to write a prescription for the member to pick up from the REMS Program Certified Pharmacy. Prescribing medical providers (who are manufacturer-contracted and mifepristone REMS Program-certified) and the Pharmacy Office should collaborate and continue to communicate regarding the submission and initial review of the appropriately completed Certification Statement Form and with PA processing. Once these forms and processes are completed and the REMS Program Certified Pharmacy is notified, mifepristone can be dispensed through the pharmacy.

A Certification Statement Form must *always* be completed and submitted by the prescribing medical provider with **any** prescription of mifepristone or misoprostol when used for a medication abortion or treatment of a non-viable pregnancy (whether the medication(s) is dispensed by the prescribing medical provider or not). Mifepristone or misoprostol must *only* be billed **once**, either 1) billed by the prescribing medical provider or 2) billed by the REMS Program Certified Pharmacy, whichever entity dispenses the medication(s).

- If the prescribing provider does not dispense the medication(s) for a medication abortion, they *should* continue to bill the HCPCS code S0199 for provision of all abortion associated services and supplies provided (i.e., patient counseling, office or telehealth visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy and ultrasound to confirm completion of abortion).
- When the medication(s) are being prescribed and dispensed for a non-viable pregnancy situation, the HCPCS code S0199 *should not* be utilized or billed for these medical situations.

Refer to [Appendix P](#) located on the [Pharmacy Resources web page](#) for additional information regarding this service and other pharmacy benefit coverages.

Contact Magellan Rx Management Pharmacy Call Center at 800-424-5725 with any pharmacy related questions.

Women's Health Providers, Physician Services

Obstetrics (OB) Global Billing Changes and Expanded Billing Options for Interim Payment at Time of Delivery

Global OB Billing Change Requirements

An additional billing option is being provided to address changes in Global OB billing requirements now requiring identification of antepartum/prenatal (PN) and postpartum (PP) visits and dates of services.

This second billing option is being proposed to allow OB providers to receive partial/early service payment following Labor & Delivery (L&D) service provision to ensure that providers continue to only bill for services once service provision has been completed).



Option 1: Full payment after postpartum service provision

This option will remain as previously identified in the [April 2023 Provider Bulletin \(B2300493\)](#) and [March 2023 Obstetrics and Maternity Healthcare Special Bulletin \(B2300492\)](#).

Providers can bill the Global OB code on a claim, which should include reporting: 1) the PN visits, 2) the PP service provision utilizing the appropriate Category II Common Procedural Terminology (CPT) “F” codes, and 3) the PN and PP dates of service (DOS).

This claim submission should only be billed after the PP visit has been provided. The Global/Bundled OB service codes should **not** be billed until the PP visit has been provided.

Option 2: Partial payment after L&D and again after postpartum service provision

Providers who intend to provide all Global OB services (PN, L&D and PP care) and eventually bill the Global OB code can submit an “interim claim” following delivery for partial services provision (PN and L&D) and receive an early partial payment (when billed by an affiliated group of practitioners identified by the billing provider’s NPI).

Once the PP visit has been provided by the same affiliated group of practitioners, the provider should:

- 1) Void the submitted “interim claim” (billed for PN and L&D services only)
- 2) Submit a new claim utilizing the most appropriate global code (59400, 59510, 59610 or 59618), including PN, L&D and PP services
 - a. List the appropriate Category II CPT “F” codes and dates of service for PN and PP visits on the claim lines as previously instructed in the April 2023 Provider Bulletin (B2300493)



By resubmitting the claim utilizing the Global OB service code (when billed by an affiliated group of practitioners) which now includes the PP visit and the Category II CPT PP code (0503F) with dates of service, the increased “adjusted” payment for billing will be paid in full and be compliant with the Global OB billing requirements.

Further Details for Option 2 Billing “Interim Claims”:

The “interim claim” submission should include:

- 1) the appropriate L&D code **only**: 59409, 59514, 59612 or 59620
- 2) the appropriate PN code: either 59425 (4-6 PN visits) or 59426 (7+ PN visits).

Following the PN CPT code line, report all associated PN visits (dates of service with appropriate Category II CPT “F” codes (0500F or 0501F & 0502F) on that claim as described in the April 2023 Provider Bulletin (B2300493). If the member does not return for their postpartum visit, or if the postpartum service is provided by a non-affiliated provider or group of practitioners (who did not provide the PN and L&D services), then

- 1) voiding the “interim claim” will not be needed because the previously submitted “interim claim(s)” will be recognized in the system as utilizing an accurate billing methodology with the appropriate unbundled billable codes:
 - Antepartum/prenatal (59425 or 59426) and
 - Labor & Delivery (59409, 59514, 59612 or 59620) only services

Provider Billing Training Sessions

July 2023 Provider Billing Training Sessions

Providers are invited to sign up for training sessions on an overview of Health First Colorado billing instructions and procedures. These sessions are virtual-only webinars. The current month’s workshop calendar is shown below.

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 or more of the following provider training sessions.

The institutional claims (UB-04) and professional claims (CMS 1500) training sessions provide high-level overviews of claim submission, prior authorizations, navigating [the Department’s website](#), using the [Provider Web Portal](#) and more. Refer to Beginner Billing Training: Professional Claims (CMS 1500) and the Beginner Billing Training: Institutional Claims (UB-04), available on the [Provider Training web page](#) under the Billing Training - Resources drop-down section, for a preview of the training materials used in these sessions.

Refer to the Provider Web Portal Quick Guides, available on the [Quick Guides web page](#), for more training materials on navigating the Provider Web Portal.

Note: Trainings may end prior to 11:30 a.m. MT. Time has been allotted for questions at the end of each session.

July 2023

Monday	Tuesday	Wednesday	Thursday	Friday
3	4	5	6	7
10	11	12	13 Beginner Billing Training: Professional Claims (CMS 1500) 9:00 a.m. - 11:30 a.m. MT	14
17	18	19	20	21
24	25	26	27 Beginner Billing Training: Institutional Claims (UB-04) 9:00 a.m. - 11:30 a.m. MT	28
31				

Live Webinar Registration

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

Upcoming Holidays

Holiday	Closures
Governor's Holiday Monday, July 3	State Offices will be closed. Capitation cycles may potentially be delayed. The receipt of warrants and Electronic Fund Transfers (EFTs) may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks. Gainwell Technologies and DentaQuest will be open.

Holiday	Closures
Independence Day Tuesday, July 4	State Offices, the ColoradoPAR Program, DentaQuest and Gainwell Technologies 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