

Health First Colorado Doula Benefit: Provider Training



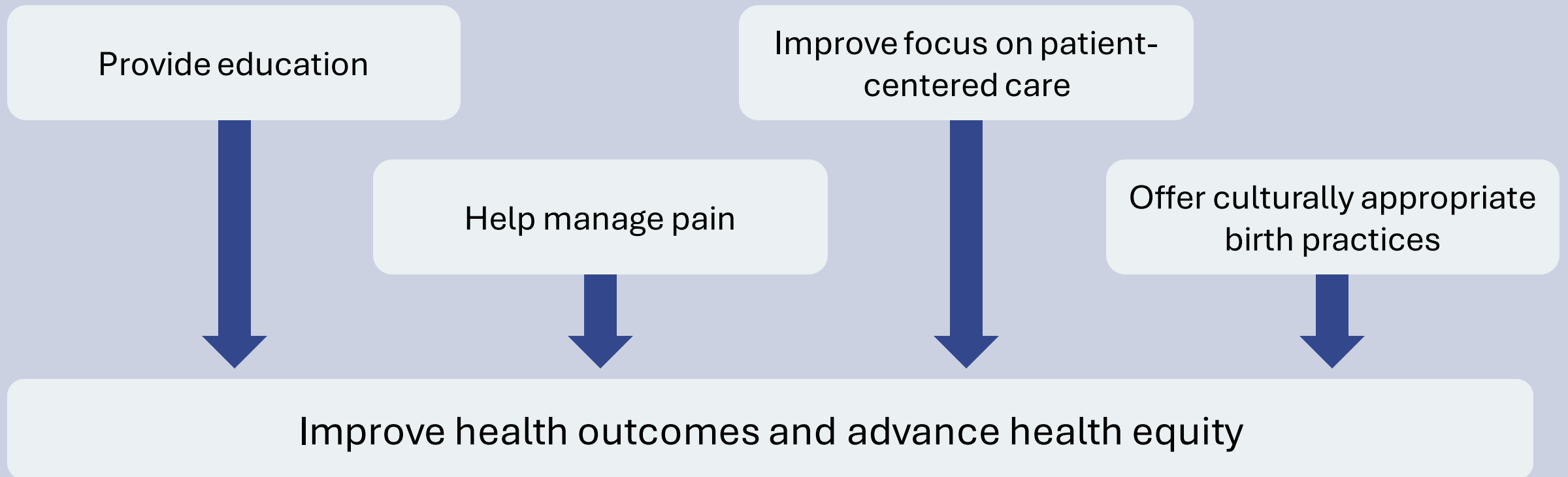
COLORADO

Department of Health Care
Policy & Financing

Benefits of Doula Care

“a trained professional who provides continuous physical, emotional and informational support to their client before, during and shortly after childbirth to help them achieve the healthiest, most satisfying experience possible.”

– DONA International



Covered Doula Benefit in Health First Colorado





Prenatal Care

Reimbursement for up to 180 minutes of prenatal care per member

\$25 per 15 minutes of service

Cap of 12 units
or
\$300 per member served in 12-month period

Labor and Delivery

Reimbursement for up to \$900
per delivery





Postpartum Care

Reimbursement for up to 180 minutes
of postpartum care per member

\$25 per 15
minutes of
service

Cap of 12 units
or
\$300 per member served

The Doula Benefit Offers Flexibility

Even distribution across prenatal and postpartum care

Three 60-minute visits

Labor and delivery

Three 60-minute visits

Higher frequency of postpartum visits

Two 90-minute visits

Labor and delivery

Six 30-minute visits

Late enrollment

Six 30-minute visits

Important Considerations



Caps on service

A member cannot forfeit prenatal care for more postpartum care beyond the \$300 postpartum cap.



Member focused

All benefits relate to the member, not the doula.



Delivery

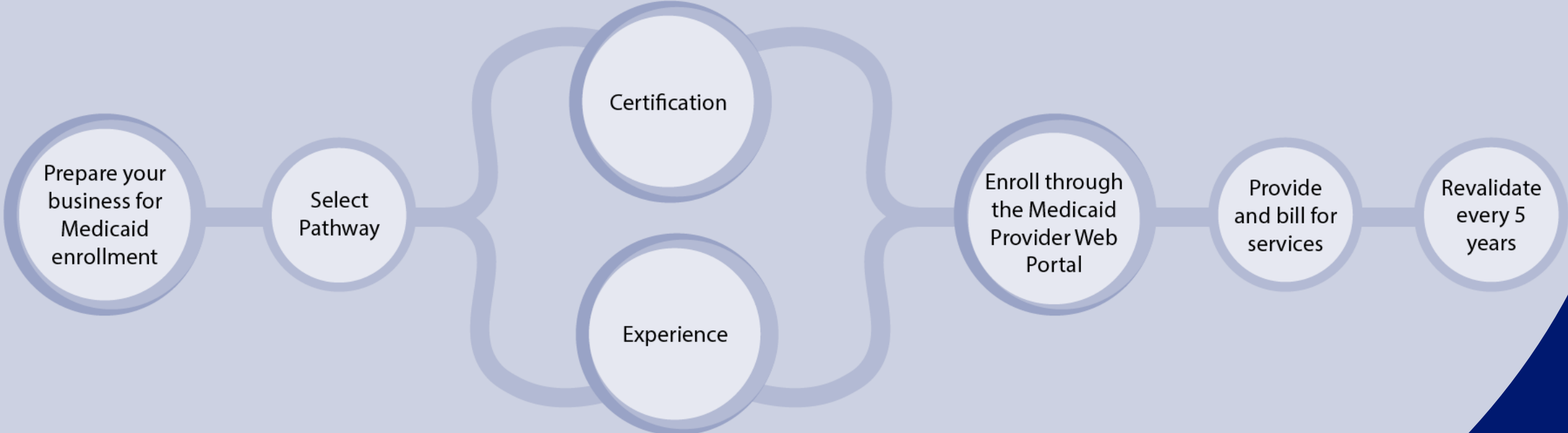
Reimbursement per delivery is \$900, regardless of how long labor and delivery lasts.

Prenatal and postpartum care can be provided via telehealth



Labor and delivery support can only be provided in-person

Enrollment Process



Training Content

Training Content

Preparing your Business

Establishing Good Processes


Meeting Requirements

Enrolling through the Web Portal

Billing for Services

Provider Maintenance and Revalidation





**Preparing your Business for
Health First Colorado
Enrollment**

Preparing Your Business for Health First Colorado Enrollment

1. Establish Business Name

2. Register with the Colorado Secretary of State

3. Apply for a National Provider Identifier (NPI)



Types of Doulas



Sole proprietor doulas need to have a registered business and an NPI.

Sole proprietors



Each group member needs their own registered business, NPI, and Health First Colorado Application.

Doulas within a group



Doulas need their own NPIs, but can be added to an existing provider

Doulas within a health care group

1. Establish Business Name

Business name must be consistent across all platforms, including DBAs, if applicable:

Application Submitted
through the Medicaid
Provider Web Portal

Attestation Forms

Internal Revenue
Service (IRS) Forms

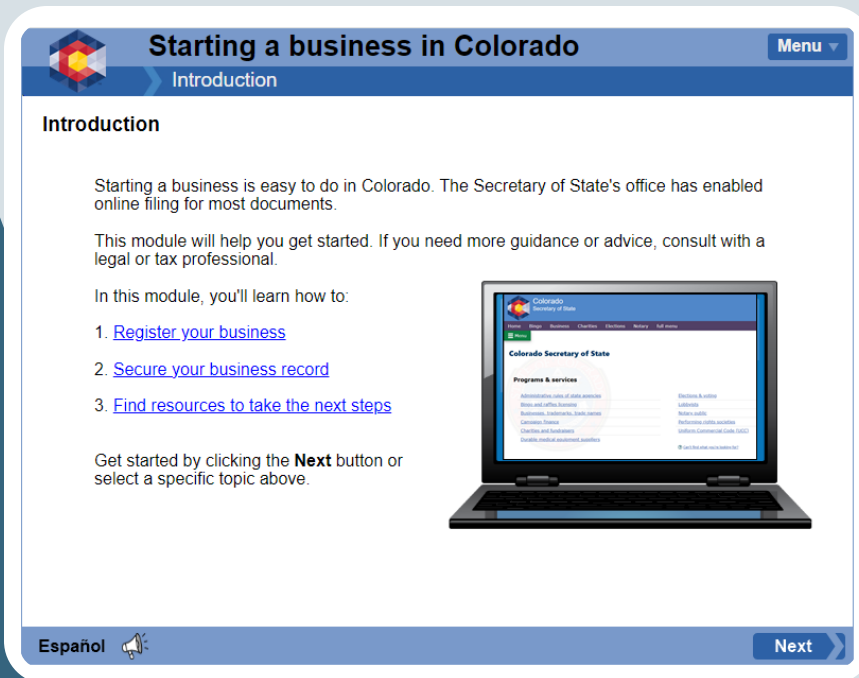
Registration for an NPI

***Any slight discrepancy will prevent your application
from being approved**



2. Register with the Colorado Secretary of State

On the Colorado Secretary of State Business Website:



The screenshot shows the 'Starting a business in Colorado' eLearning module introduction page. The page has a blue header with the title 'Starting a business in Colorado' and a 'Menu' button. Below the header is an 'Introduction' section. The text reads: 'Starting a business is easy to do in Colorado. The Secretary of State's office has enabled online filing for most documents. This module will help you get started. If you need more guidance or advice, consult with a legal or tax professional. In this module, you'll learn how to: 1. Register your business 2. Secure your business record 3. Find resources to take the next steps'. Below the text is a laptop displaying the Colorado Secretary of State website. At the bottom of the page, there is a 'Next' button and a language selector for 'Español'.

“Starting a Business in Colorado” eLearning Module

Legal Structure

Creating Business Name

Filling Out Correct Forms

Be sure to save your login credentials

Save the business registration document and certificate of good standing

2. Register with the Colorado Secretary of State

On the Colorado Secretary of State Business Website:

Know your business structure or organization type so you can enter it into the Medicaid Provider Web Portal

During business registration, be sure to add an abbreviation of the name depending on the type of business you choose, such as LLC., Ltd., etc.

Questions? Contact the Colorado Secretary of State at (303)-894-2200 or business@coloradosos.gov



3. Apply for a National Provider Identifier (NPI)

NPIs are needed for: billing, eligibility and enrollment, and referrals and authorizations

Individual practitioners, organizations, and individuals that are part of a group can all have an NPI

A doula organization =
Type 2 NPI

Individual practitioners and individuals who are part of a group = Type 1 NPI



3. Apply for a National Provider Identifier (NPI)

Taxonomy Code

Specifies the services you provide

Doula Taxonomy Code: 374J00000X

Taxonomy code in your application must match code used on NPI application or it will be rejected

Questions about NPIs:

1. Phone: (800) 465-3203
2. Email: <mailto:customerservice@npinumerator.com>
3. Mail: NPI Enumerator, 7125 Ambassador Rd STE 100, Windsor Mill MD 21244-2751





Establishing Good Processes for Doula Practices

Good Business Practices

Standardized
intake process

Process to verify
Medicaid
eligibility

Maintaining
secure client
records

Client and
provider
communications

Create a Standardized Intake Process

Intake forms can capture:



Client contact info



Insurance info (including Medicaid ID)



Mental and physical health conditions and support needs



Information on previous and current pregnancies



Health care providers



Birth preferences

This info should be securely maintained and accessible to other doulas in your group who may serve the client

Ensure Client is Enrolled in Health First Colorado



Once you're enrolled as a provider, you will have access to member eligibility in the Medicaid Provider Web Portal

Verify Medicaid Eligibility

The screenshot shows the Colorado Medicaid Eligibility Verification Request form. At the top, there are logos for the Colorado Department of Health Care Policy & Financing and Health First Colorado. Below the logos is a navigation bar with tabs for Home, Eligibility, Claims, Care Management, and Resources. The main content area is titled "Eligibility Verification Request" and includes a "Provider Name" field with the value "LEGALNAME", a "Provider ID" field with the value "Providers - 9000000000", and a "Location" field with the value "9000000000 - LEGALNAME". The form contains several input fields: "Member ID" (with value "A123456"), "Last Name", "First Name", "SSN", "Birth Date", "Effective From" (with value "06/11/2021"), "Effective To", and "Verification for Newborn?". There is also a "Service Type Code" section with a "Search By" dropdown and a "Service Type Code" input field. At the bottom, there is a "Submit" button and a "Reset" button. A CAPTCHA "I'm not a robot" is also visible.

Request insurance information during client intake, including Medicaid ID

Log in to the Provider Medicaid Web Portal

Click on the Eligibility Tab

Enter client details and click "Submit"

If you do not have the member Medicaid ID, then enter two of the following: Social Security Number, date of birth, or member name

Help Your Clients Apply



The screenshot shows the Health First Colorado website. At the top left is the logo for Health First Colorado, Colorado's Medicaid Program. To the right is a search bar with the text "search the site" and a "Go" button. Further right are links for "Log in to PEAK", "En Español", and "Other Languages". Below the search bar is a navigation menu with "Apply Now" in a blue button, and "Find a Doctor", "Benefits & Services", "News & Resources", "About", and "Get Help". Below the navigation menu are three tabs: "Apply now" (blue), "Do I qualify?" (orange), and "What you need to apply" (purple). The main content area features a photograph of a young man in a teal shirt sitting on the grass and reading a book. Below the photo is the heading "Apply For Health First Colorado". To the left of the text is the Colorado PEAK logo, which consists of three overlapping triangles in blue, yellow, and green. To the right of the logo is the text "Apply online" followed by a bulleted list: "• Fastest way to apply", "• Most people find out right away if they qualify", "• Check your application status online", and "• [What you'll need to apply](#)". At the bottom right of this section is a blue button that says "Apply Now!".

The Colorado PEAK system supports enrollment into multiple programs, including Health First Colorado

County agencies provide enrollment support

Encourage Communication between the Member and the Member's Health Care Provider

Your clients should let their providers know they are working with a doula



Well-Maintained Records Management:

Allows you to securely collect and store information

Enables you to track client needs and document any changes

Facilitates efficient communication

Helps you maintain client confidentiality and thus comply with state and federal regulations



Records Should Contain at a Minimum



Member name



Medicaid ID



Doula visits, including date(s), length, services provided, and mode (e.g., in member's home or via telehealth)



Information about the birth plan or preferences

Data Management Systems

Paper charts



Electronic system



Paper charts in locked & secured location



Restricted access




Log in credentials



Firewalls



Encrypted emails



Meeting Health First
Colorado Doula
Requirements

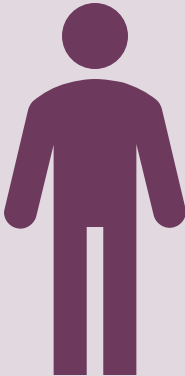
Certification
Pathway

Experience
Pathway



All Individuals Must Meet Pathway Requirements

Sole Proprietors



Individuals
within a Doula
Group



Certification Pathway

Training

Birth Attendance

CPR Certificate

Code of Conduct

I Attest...



I have received training as a doula from one of the HCPF-approved training organizations

I Attest...



I have received training as a doula from one of the HCPF-approved training organizations



I have attended at least **three** births within the last **five** years

I Attest...



I have received training as a doula from one of the HCPF-approved training organizations



I have attended at least **three** births within the last **five** years

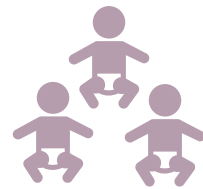


I have current CPR training credentials

I Attest...



I have received training as a doula from one of the HCPF-approved training organizations



I have attended at least **three** births within the last **five** years



I have current CPR training credentials



To follow the doula Code of Conduct

Experience Pathway



CPR Certification



Birth Attendance



Code of Conduct



Letters of Recommendation



Demonstrated Competencies

I Attest...



I have current CPR training credentials



To follow the doula Code of Conduct

I Attest...



I have attended at least **ten** births in my role as a doula, and at least **five** births in the last **two** years



I have current CPR training credentials



To follow the doula Code of Conduct

I Attest...



I have attended at least **ten** births in my role as a doula, and at least **five** births in the last **two** years



I have attached **four** letters of recommendations



I have current CPR training credentials



To follow the doula Code of Conduct

I Attest...



I have attended at least **ten** births in my role as a doula, and at least **five** births in the last **two** years



I have attached **four** letters of recommendations



To having knowledge and competency in the following areas:

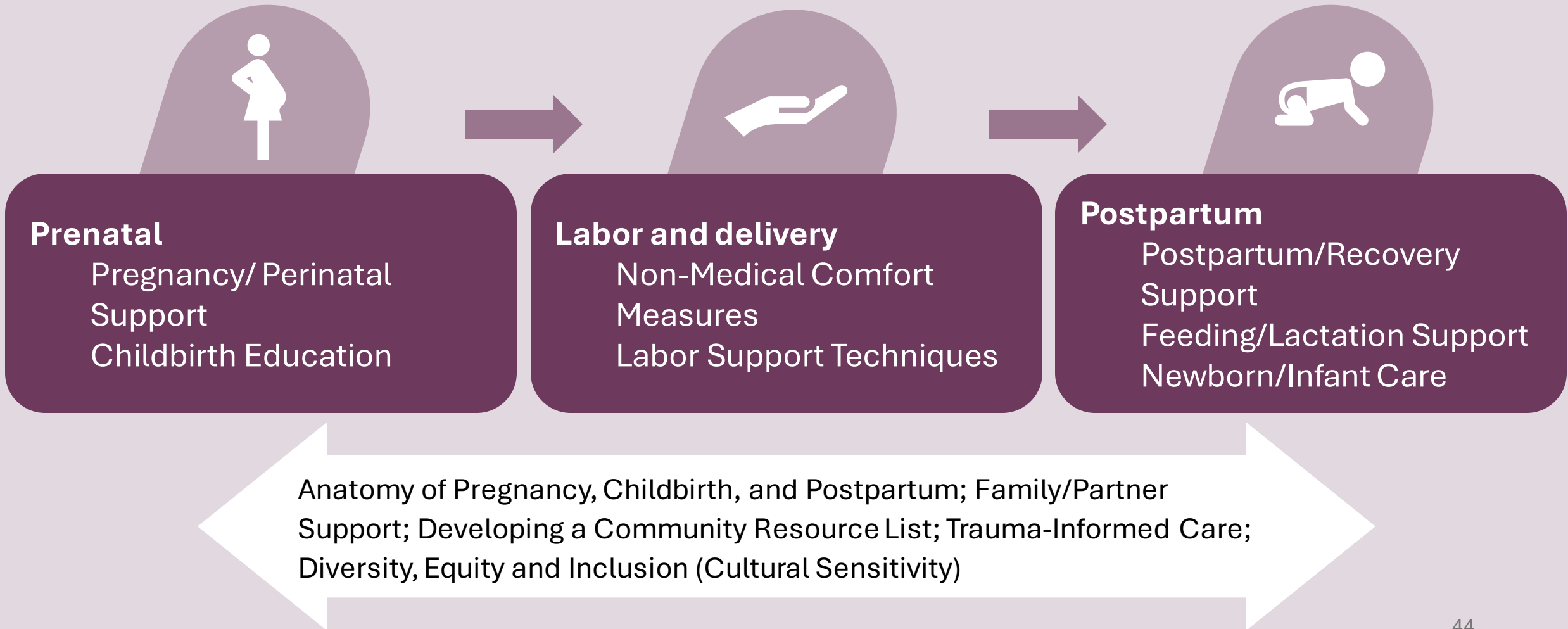


I have current CPR training credentials




To follow the doula Code of Conduct

I Attest to having the knowledge and competency in...



Submitting Attestations

 **COLORADO**
Department of Health Care
Policy & Financing

Doula Provider Attestation

Provider Request

Provider Name: _____ National Provider Identifier (NPI): _____
Provider Email for Attestation Follow Up: _____

I attest that I have licensing, credentials, experience and/or training as indicated below.

I am pursuing enrollment through the: [check one]

Certification Pathway
 Experience Pathway

NOTE: You must complete all attestations in the Pathway section you have checked.

Certification Pathway

There are four (4) attestations required here. Please complete each attestation, upload required documentation, and sign under the italicized statement of attestation.

(1) I attest that have received training as a Doula from one of the Department approved Training Organizations. List can be found on the Doula Billing Manual found here: [HYPERLINK](#) or on Appendix A. Attach a copy of this certification.

Certifying Organization: _____ Date Completed: _____

of Training Hours: _____

(2) I attest that I have attended at least three births (not including your own) within the last five years. Attach a copy of a complete Birth Attendance Attestation Form found in the Doula Billing Manual found here [[HYPERLINK](#)].

Date of Birth One: _____
Date of Birth Two: _____
Date of Birth Three: _____

(3) I attest that I have current CPR Training Credentials. Attach a copy of this certificate/card.

Attestations should be filled out by each doula, signed, and uploaded to the Medicaid Provider Web Portal

Additional Requirements

Background Checks: Make an appointment with IdentoGO and use code 25YQG9*

Insurance, either professional insurance or liability insurance through a doula group

Mandatory Reporting of Child Abuse and Neglect training
(not required for Doulas)



Enrolling Through the Medicaid Provider Web Portal

Registering for the System

All doulas must enroll in Health First Colorado through the Medicaid Provider Web Portal

You will need:

1. Your business license
2. The doula taxonomy code (374J00000X)
3. Your NPI number
4. Your address with nine-digit ZIP code
5. A voided check or bank letter
6. Completed IRS Form W-9
7. Insurance
8. A copy of your certification or attestations (depending on your pathway)

**Medicaid
Provider Portal
Web Address:**
<https://shorturl.at/xeiDD>



Provider Enrollment: Welcome



► Welcome

[Request Information](#)

Specialties

Addresses

Provider Identification

Network Participation

Languages

EFT Enrollment

Other Information

Addendums

Disclosures

Attachments and Fees

Agreement

Summary

Welcome to the Online Provider Enrollment Process

The Provider enrollment application is not used to revalidate. Enrolled providers are instructed to visit the Revalidation FAQ page on the public website if they need to revalidate.

Please complete each step in the enrollment process. Required fields are noted. You will be able to save the information and return using the tracking number assigned by the system. When you have completed all steps of the application, print a copy of the information for your records, "submit" and "confirm" the application for processing.

Please click the **"Continue"** button to start the enrollment process.

Want to make sure your application is processed as quickly as possible?

Please do NOT begin your application before reviewing all of the training resources available. Starting an application prior to reviewing the training materials will likely result in an incomplete or incorrect application. An incorrect or incomplete application requires additional review, which may add weeks of additional processing time. Please visit the [Provider Enrollment web page](#). Be sure to review the [Find Your Provider Type web page](#) before you begin the online trainings – it will help you select the correct training, right from the start.

Continue

Cancel

Provider Enrollment: Request Information



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You are initiating a new Enrollment application. Below is the initial enrollment screen. Complete the fields on each screen and select the Continue button to move forward to the next page. All mandatory data is required to "Finish Later".

The contact person listed on this page may be contacted to answer any questions regarding the information provided in this enrollment application.

* Indicates a required field.

Initial Enrollment Information

The Requesting Enrollment Effective Date can be entered as a previous date if services were previously rendered. Providers can be backdated up to 10 months from the enrollment approval date. Providers must complete the enrollment process and submit claims within 365 days.

*Enrollment Type

*Provider Type

*Requesting Enrollment Effective Date

- Atypical
- Facility
- Group
- Billing Individual
- Individual within Group
- Ordering, Prescribing, Referring
- PACE Only Subcontractor

Provider Information

The provider identification numbers listed in the following fields are required.

Enrolling providers must validate the entered taxonomy matches at least one taxonomy currently listed on NPPES for the NPI. Perform an NPPES search [here](#) to verify the taxonomy.

*NPI

*NPI Zip + 4

*Taxonomy

*Tax ID Number

*Tax ID Type EIN SSN

Effective Date

Contact Information

*Last Name

*First Name

Suffix

*Phone

Ext

Provider Enrollment: Request Information

You are initiating a new Enrollment application. Below is the initial enrollment screen. Complete the fields on each screen and select the Continue button to move forward to the next page. All mandatory data is required to "Finish Later". The contact person listed on this page may be contacted to answer any questions regarding the information provided in this enrollment application.

* Indicates a required field.

Initial Enrollment Information

The Requesting Enrollment Effective Date can be entered as a previous date if services were previously rendered. Providers can be backdated up to 12 months from the enrollment approval date. Providers must complete the enrollment process and submit claims within 365 days.

*Enrollment Type

- Atypical
- Facility
- Group
- Billing Individual
- Individual within Group
- Ordering, Prescribing, Referring
- PACE Only Subcontractor

*Requesting Enrollment Effective Date:

Provider Information

The provider identification numbers below are required.

Enrolling providers must validate the enrollment taxonomy for the NPI. Perform an NPI search [here](#) to verify the taxonomy.

*NPI

*NPI Zip + 4

*Taxonomy

*Tax ID Number *Tax ID Type 0100 0200

Effective Date

Contact Information

*Last Name

*First Name

Suffix

*Phone Ext

Doula Taxonomy Code:
374J00000X

USPS Website:
<https://tools.usps.com/zip-code-lookup.htm>

Provider Enrollment: Tracking Information

Your enrollment application has been assigned the following tracking number: 464442.

Please retain the tracking number for your records.

The tracking number will be used, in addition to your Tax ID and password, as credentials to resume/revise your application at a later date.

A confirmation email has also been sent to the following contact person's email, designated in the enrollment application: annallyson@gmail.com.

Thank you for submitting an application to become a Colorado Medicaid provider or revalidate your current Medicaid enrollment.

Application Processing Times:

Current application processing times average 4-6 weeks. This turnaround time will be shorter if your application was submitted completely and correctly. Likewise, your application turnaround time may be longer if it requires correction or additional documentation. If your provider type is classified as moderate or high risk, you should expect additional processing time for an unannounced revalidation site visit (typically 5-8 additional business days).

You will be updated, via email, as your application moves through the process. ***Please be aware you are not able to access your application after you submit it, unless your application requires correction.***

Continue

Provider Enrollment: Addresses ?

[Welcome](#)

* Indicates a required field.

[Request Information](#)

Provider Addresses

[Specialties](#)

The provider addresses identify the location where a provider renders services, as well as locations that are used for billing and payment.

▶ Addresses

Providers must enter a Service Location, Billing, and Mailing address.

[Provider Identification](#)

The Service Location Address Office Phone number is public facing and will be printed on member documentation.

[Network Participation](#)

Click "+" to view or update the details in a row. Click "-" to collapse the row. To add a new row, enter all the required fields and click the **"Add"** button. Click **"Remove"** to remove the entire row.

[Languages](#)

[EFT Enrollment](#)

	Type	Address	City	State	Action
--	------	---------	------	-------	--------

[Other Information](#)

<input type="checkbox"/>	Billing	123 Maple St.	Denver	Colorado	Copy Remove
--------------------------	---------	---------------	--------	----------	--

[Addendums](#)

<input type="checkbox"/>	Service Location	123 Maple St.	Denver	Colorado	Copy Remove
--------------------------	------------------	---------------	--------	----------	--

[Disclosures](#)

<input type="checkbox"/>	Mailing	123 Maple St.	Denver	Colorado	Remove
--------------------------	---------	---------------	--------	----------	------------------------

[Fingerprinting](#)

[Attachments and Fees](#)

[Continue](#)

[Finish Later](#)

[Cancel](#)

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* Indicates a required field.

Provider Legal Name

The provider legal name and information is provided once for each enrollment.

*Last Name
*First Name
Middle Suffix

Doing Business

Individual Providers

*Gender *Birth Date

Fields marked required in this section are only required if any information is entered in this section. Click "+" to view or update the details in a row. Click "-" to collapse the row. To add a new row, enter all the required fields and click the "Add" button. Click "Remove" to remove the entire row.

Degree	School	Year of Graduation	Action
Click to collapse.			
*Degree <input type="text"/>	*School <input type="text"/>	*Year of Graduation <input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Reset"/>			

Organizational Structure

Select the applicable type of business.

*Organization Type

Doula Specialty:

PT 79-Doula, SP
210 Doula

Provider Enrollment: Languages ?

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▶ **Languages**

Providers that have the ability to translate different languages for members should select the appropriate language(s) below. This field is not required.

Click "+" to view or update the details in a row. Click "-" to collapse the row. To add a new row, enter all the required fields and click the **"Add"** button. Click **"Remove"** to remove the entire row.

Language	Proficiency	Action
<input type="checkbox"/> Click to collapse.		
*Language <input type="text" value="English"/>	Proficiency <input type="text" value="Full Professional Prof"/>	
<input type="button" value="Add"/>		

Retail Pharmacy Information

Financial Institution Information

Financial Institution Address is optional. If you wish to include financial institution address with your application, please click the checkbox and enter the required information. If you un-check the checkbox, any data entered will be removed.

Financial Institution Address

***Financial Institution Name**

Financial Institution Telephone Number

Ext

***ABA Routing Number**

***Type of Account at Financial Institution**

***Provider's Account Number with Financial Institution**

***Confirm Provider's Account Number with Financial Institution**

Account Number Linkage to Provider Identifier

Enter either a Provider Tax Identification Number (TIN) or Provider National Provider Identifier (NPI). Provider preference for grouping (bulking) claim payments - must match preference for v5010 X12 835 remittance advice.

Provider Tax Identification Number (TIN)

Provider National Provider Identifier (NPI)

Provider Enrollment: Other Information

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▶ **Other Information**

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Additional information is provided for each enrollment, for group/facility and individual providers.

* Indicates a required field.

Malpractice/General Liability Insurance

Click "+" to view or update the details in a row. Click "-" to collapse the row. To add a new row, enter all the required fields and click the "Add" button. Click "Remove" to remove the entire row.

All Applicants must complete, Malpractice/General liability insurance is mandatory under current State and Federal law.

Name	Policy ID	Effective Date	Expiration Date	Action
------	-----------	----------------	-----------------	--------

Click to collapse.

*Carrier Name	<input type="text"/>	*Policy ID	<input type="text"/>
*Insurance Type	<input type="text"/>		
*Effective Date	<input type="text"/>	*Expiration Date	<input type="text"/>

[Add](#)

[Reset](#)

Supplemental Questions

OUT OF STATE DME QUESTIONNAIRE

The Colorado Medical Assistance Program is open to durable medical equipment and supplies located within the State of Colorado and certain out of state DME providers (10 C.C.R. 2508.590).

Liability Insurance is not required for Doulas

IdentoGO
website:
https://enroll.
identogo.com/

Enrollment: Fingerprinting and Criminal Background Check ?

- All high-risk Providers and any Owner with 5% or more interest in the Provider, must complete a Fingerprint Criminal Background Check as part of enhanced enrollment screening provisions contained in Section 6401 of Affordable Care Act (ACA).

Please click [+] for EACH person identified below, and complete the answers before submitting.

	Type	Name	Tax ID	Status	Pass/Fail
<input type="checkbox"/>	Provider	Anna C Allison	[REDACTED]	Not Noticed	Not Completed

*Have you completed Fingerprinting for MEDICARE? Yes No
 *Have you completed Fingerprinting for MEDICAID in any State? Yes No

Fingerprints for all persons listed above must be submitted to the department within 30 days of the date of Application or Revalidation of a high-risk provider. Failure to respond within 30 days of submission of the application could result in the denial of the application. Individuals may NOT fingerprint themselves. Fingerprints MUST be obtained from a State of Colorado approved CABS service provider. Please see [Colorado Bureau of Investigation](#) web page for more information.

Be sure to use
code 25YQG9*
when making an
appointment
with IdentoGO!

Provider Enrollment: Attachments And Fees



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Supporting Documentation

Please submit electronic copies of all documentation required for the selected Provider Type and Specialty. A list of required documents can be found on this website: Colorado.gov/HCPF/Information-Provider-Type. If a hardship exemption is being requested in lieu of the application fee, please upload the letter and supporting documentation here as well.

Submit as Attachment: [Completed W-9 Form](#) (if applicable)

Submit as Attachment: [Completed Proof of Lawful Presence](#) (if applicable)

Submit as Attachment: [Completed Supervising Physician Signature Form](#) (if applicable)

Submit as Attachment: License (if applicable)

* Indicates a required field.

W-9

Voided
Check or
Bank Letter

Attachments

To add an attachment, complete the required fields and click the **Add** button. Attachments cannot be saved later. If you are not intending to submit the application at this time, it is suggested to wait to upload any attachments until you are ready to submit.

Note: if you choose to "Upload" attachments by "File Transfer", a maximum of 5 MBs of information can be uploaded.

The allowable file types are: bmp, doc, docx, gif, jpg, jpeg, pdf, ppt, tif, tiff, txt, xls, xlsx, etc.

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Attachment
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Click to collapse.

***Transmission Method**

***Upload File** No file chosen

***Attachment Type**

[Add](#)

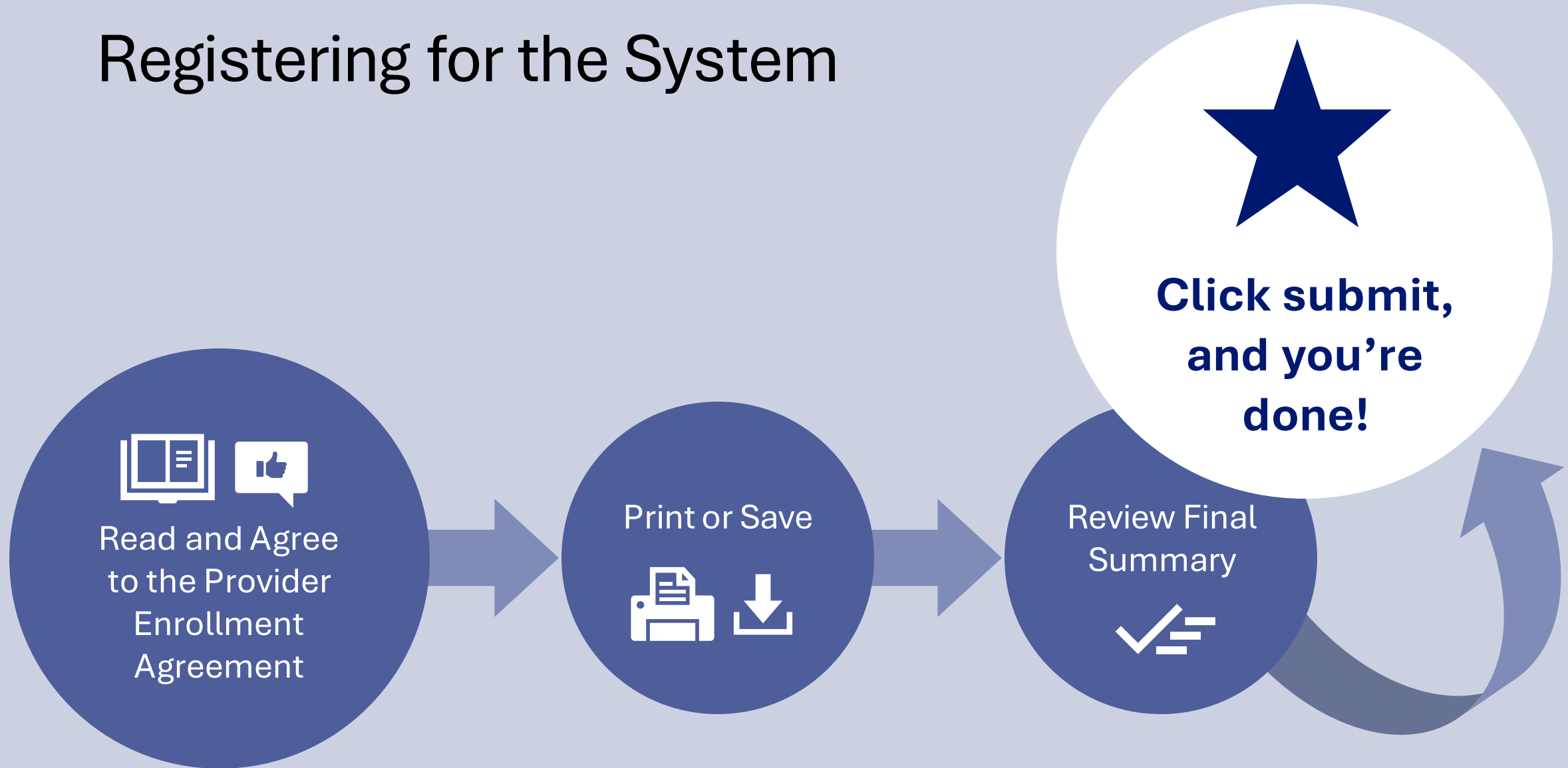
[Cancel](#)

Attestations

▶ **Attachments
and Fees**

[Summary](#)

Registering for the System



Billing for Services

Billing for Services



Provide services

Submit claims via the Medicaid Provider Web Portal
(within 365 days of service)

Get reimbursed on a fee-for-service basis

Billing Overview

Service Type	Diagnosis Code	HCPCS* Code	Rate	Max Units/\$ per Pregnancy	Visit Structure Options
Prenatal	Z33.1	T1032	\$25	12 units/\$300	15-minute increments
Postpartum	Z39.2	T1032	\$25	12 units/\$300	15-minute increments
Labor & Delivery	Z33.1	T1033	\$900	1 unit/\$900	1 service

* Healthcare Common Procedure Coding System (HCPCS)

Required to submit a successful claim:

- **Medicaid Provider ID**

Provided to you once you enroll in Health First Colorado

Required to submit a successful claim:

- Medicaid Provider ID
- **Provider NPI Number**

See “Preparing Your Business” for more info

Required to submit a successful claim:

- Medicaid Provider ID
- Provider NPI Number
- **Member Medicaid ID**

Assigned to those enrolled in Health First Colorado

Required to submit a successful claim:

- Medicaid Provider ID
- Provider NPI Number
- **Member Medicaid ID**

Assigned to those enrolled in Health First Colorado



Check Medicaid eligibility and document the client's Medicaid ID **before** providing services

Required to submit a successful claim:

- Medicaid Provider ID
- Provider NPI Number
- Member Medicaid ID
- **Member Information**

Member name, address, and date of birth

Required to submit a successful claim:

- Medicaid Provider ID
- Provider NPI Number
- Member Medicaid ID
- Member Information
- **Diagnosis Code**

The condition being treated:

Required to submit a successful claim:

- Medicaid Provider ID
- Provider NPI Number
- Member Medicaid ID
- Member Information
- **Diagnosis Code**

The condition being treated:

Z33.1 for “pregnant state” for prenatal visits and labor and delivery

Z39.2 for “routine postpartum follow-up” for postpartum visits

Required to submit a successful claim:

- Medicaid Provider ID
- Provider NPI Number
- Member Medicaid ID
- Member Information
- Diagnosis Code
- **HCPCS Code**

What services were delivered:

Required to submit a successful claim:

- Medicaid Provider ID
- Provider NPI Number
- Member Medicaid ID
- Member Information
- Diagnosis Code
- **HCPCS Code**

What services were delivered:

T1032 for prenatal
and postpartum
visits

Required to submit a successful claim:

- Medicaid Provider ID
- Provider NPI Number
- Member Medicaid ID
- Member Information
- Diagnosis Code
- **HCPCS Code**

What services were delivered:

T1032 for prenatal
and postpartum
visits

T1033 for labor and
delivery

Required to submit a successful claim:

- Medicaid Provider ID
- Provider NPI Number
- Member Medicaid ID
- Member Information
- Diagnosis Code
- HCPCS Code
- **Units**

The number of services:

Required to submit a successful claim:

- Medicaid Provider ID
- Provider NPI Number
- Member Medicaid ID
- Member Information
- Diagnosis Code
- HCPCS Code
- **Units**

The number of services:

1 for each 15
minutes of a
prenatal or
postpartum visit

Required to submit a successful claim:

- Medicaid Provider ID
- Provider NPI Number
- Member Medicaid ID
- Member Information
- Diagnosis Code
- HCPCS Code
- **Units**

The number of services:

1 for each 15
minutes of a
prenatal or
postpartum visit

1 for labor and
delivery

Required to submit a successful claim:

- Medicaid Provider ID
- Provider NPI Number
- Member Medicaid ID
- Member Information
- Diagnosis Code
- HCPCS Code
- Units
- **Date of Service**

The date the service was performed



Report only the first date of labor

After Submission:

You will receive real-time feedback and a claim status

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Paid Status: claim is complete, does not require additional review, and no further action is necessary on your part.

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Denied Status: the claim is returned to you with the reason for denial.

Submitting a Claim:

Denied Status: the claim is returned to you with the reason for denial.

Common reasons for denial include:

- Client is not enrolled in Medicaid

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Denied Status: the claim is returned to you with the reason for denial.

Common reasons for denial include:

- Client is not enrolled in Medicaid
- Missing or incorrect diagnosis codes or HCPCS codes

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Denied Status: the claim is returned to you with the reason for denial.

Common reasons for denial include:

- Client is not enrolled in Health First Colorado
- Missing or incorrect diagnosis codes or HCPCS codes
- Member cap exceeded

Submitting a Claim:

Denied Status: the claim is returned to you with the reason for denial

Common reasons for denial include:

- Client is not enrolled in Health First Colorado
- Missing or incorrect diagnosis codes or HCPCS codes
- Member cap exceeded
- Claim does not align with approved NPI

Provider Maintenance and Revalidation

Provider Maintenance: General Information

Specialty

Address Change

Insurance

Provider Maintenance - Provider Web Portal Quick Guide

Table of Contents

- [Add a Specialty](#)
- [Address Changes](#)
 - [Update Address](#)
 - [Update Phone or Fax Number](#)
 - [Provider Directory Changes](#)
- [Update Bed Counts \(Assisted Care Facilities, Hospitals and Substance Use Disorder Facilities\)](#)
 - [Assisted Care Facilities](#)
 - [Hospitals](#)
 - [Substance Use Disorder \(SUDs\) Facilities](#)
- [Affiliations](#)
- [Update Disclosure Names](#)
- [Update Malpractice or Liability Insurance](#)
- [Check the Status of an Update Request](#)

Log in to the [Provider Web Portal](#) and click Provider Maintenance.



For more info on Provider Maintenance Requests, go to:
[Provider Web Portal quick guide](#)

Provider Maintenance: Maintaining Current Doula Documentation

Doula Training Certification

CPR Certification

[Home](#) > Provider Maintenance

Provider Name	Medical Provider	Provider ID	Location Taxonomy
		1000000000	

 **Provider Maintenance**

- ▶ [Provider Maintenance](#)
- ▶ [Provider Maintenance Status](#)

Revalidation: Every Five Years

Provider

Keeps enrollment information current

Updates certification and attestation documents

HCPF

Suspends payment if incomplete

Removes ineligible and inactive providers

Preparing for Revalidation



Keep your email addresses current



Submit provider maintenance requests



Log into the Medicaid Provider Web Portal



Revalidate

Keep Your Email Addresses Current

First notification 6 months
prior to revalidation



Monthly reminder emails

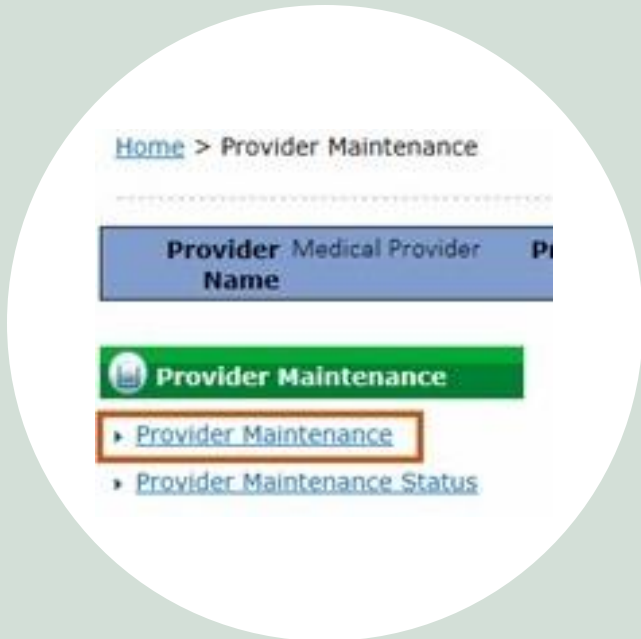


To avoid missing emails:

- Keep email active and up to date
- Use a generic email in case employees leave
- Regularly check your inbox

Submit Provider Maintenance Requests Before Revalidation

- Business name
- Address
- Specialty
- Insurance
- Ownership



Thank you!

Questions? Contact HCPF at
(XXX)-XXX-XXXX or email@email.gov or the
Fiscal Agent at (XXX)-XXX-XXXX or
email@email.com



COLORADO
Department of Health Care
Policy & Financing