COLORADO
Department of Health Care Policy & Financing

Provider Bulletin

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Mar 2024

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Did You Know?

New applications, revalidations and enrollment updates are currently being processed by the Department of Health Care Policy & Financing's (the Department's) fiscal agent within five (5) business days on average.

All Providers who Submit Institutional Claims

Attending Physician National Provider Identifier (NPI) Requirement

Facility and group providers billing on an institutional claim form (UB-04) are reminded that the attending physician National Provider Identifier (NPI) for an individual is required in Field 76 on the paper claim form. This individual provider must also be actively enrolled with Health First Colorado (Colorado's Medicaid program) as per 42 CFR § 455.410(b).

Claims with services requiring attending providers will post 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 NPI is not entered or not enrolled with Health First Colorado.

Institutional claim services or items that require an attending NPI:

- Dialysis
- Federally Qualified Health Centers (FQHCs)
- Home Health/Private Duty Nursing
- Hospice
- Indian Health Services (IHS)
- Nursing Facilities
- Psychiatric Residential Treatment Facilities (PRTFs)
- Rural Health Clinics (RHCs)

Providers are encouraged to review claims to ensure that they are compliant to avoid any payment delays. Refer to the program billing manuals located on the Billing Manuals web page for more information.

All Providers

Expanding Health-Related Social Needs (HRSN) Services in Colorado Stakeholder Kickoff

Plans to engage stakeholders about how Health First Colorado and Child Health Plan *Plus* (CHP+) can better support the Health-Related Social Needs (HRSN) of members are underway. A kickoff meeting will be hosted to present the following:

- HRSN initiatives underway at the Department
- National opportunities and collaborations across the state
- Collection of input from attendees on their priorities

All stakeholders and providers are welcome, including those that perform social needs assessments and referrals and those that provide or receive those services.

- **Date:** March 11, 2024
- **Time:** 2:30 - 4:00 p.m. MT
- **Location:** Zoom - Register for this webinar

Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Contact Emily Holcomb at Emily.Holcomb@state.co.us or Kelly O'Brien at Kelly.OBrien@state.co.us at least one (1) week prior to the meeting to make arrangements.

Contact Emily Holcomb at Emily.Holcomb@state.co.us for more information.

License Update Reminder

Federal screening regulations found at 42 CFR § 455.412 require providers to maintain current licenses, without limitations, throughout the term of their agreement. A license update is required when the license on file will soon be expired. Update the license information in the Provider Web Portal to remain actively enrolled by clicking Provider Maintenance and following the steps under Provider Identification Changes. A copy of the license showing the effective and end dates must be attached.

Refer to the Provider Maintenance – Update License and CLIA Quick Guide located on the Quick Guides web page for more information.

National Correct Coding Initiative (NCCI) Notification of Quarterly Updates

Providers are encouraged to monitor the Centers for Medicare & Medicaid Services (CMS) for updates to National Correct Coding Initiative (NCCI) rules and guidelines. Updates to the Procedure-To-Procedure (PTP) and Medically Unlikely Edit (MUE) files are completed quarterly with the next file update available April 2024.

Visit the CMS NCCI web page for more information.

New Emergency Medicaid Services (EMS) Billing Manual Published

An Emergency Medicaid Services (EMS) Billing Manual has been published. The manual is a compilation of existing information that is neither new coverage nor a blanket approval for any services. The information in the EMS Billing Manual is clarification that services may be covered when necessary to treat an immediate emergency medical condition for a member with EMS benefits. The provider must certify the presence of an emergency medical condition by including the appropriate indicators on the claim form.

Refer to the EMS Billing Manual or visit the EMS Overview web page for more information.

Ordering, Prescribing and Referring (OPR) Providers Enrollment Requirement

Providers are reminded to include Ordering, Prescribing and Referring (OPR) providers on claims and to ensure the OPR provider is currently enrolled with Health First Colorado.

The OPR field on the CMS 1500 professional claim form is 17b.

Claims with services requiring OPR providers 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 field" if the OPR provider is missing or not enrolled with Health First Colorado.

Professional claim services or items that require an OPR National Provider Identifier (NPI) are:

- Audiology Services
- Durable Medical Equipment/Supplies
- Laboratory Services
- Radiology Services
- Pediatric Personal Care Services
- Physical, Speech and Occupational Therapies

Refer to the program billing manuals on the Billing Manuals web page or visit the OPR Claim Identifier Project web page for more information.

Timely Filing Information

Providers always have **365 days from the Date of Service (DOS)** to submit a claim. A claim is considered filed when the fiscal agent documents receipt of the claim.

Correspondence with the fiscal agent is not proof of timely filing. The claim must be submitted and received within 365 days, even if the result is a denial. Provider staffing changes and issues between the provider and the software vendor, billing agent or clearinghouse do not constitute acceptable reasons to be outside the timely filing period.

Visit the Frequently Asked Questions (FAQs) and Billing Resources web page under the Timely Filing drop-down for more information.

Timely Filing with Third-Party Liability

Medicare

- Providers can keep a claim within timely filing after the initial timely filing period of 365 days from the DOS by submitting the claim within 120 days from the Medicare Explanation of Benefits (EOB).

Commercial Insurance

- All claims including commercial insurance information that are received more than 365 days from the DOS must be denied per state and federal regulation (42 CFR § 447.45(d), 10 CCR 2505-10-8.043.01 and .02A). Providers are encouraged to submit claims to third-party resources in a timely manner and to follow up to ensure prompt payment.

Timely Filing Resubmission Instructions

Providers can keep claims that do not include third-party liability within timely filing by resubmitting every 60 days after the initial timely filing period of 365 days from the DOS, even if the result is a denial.

Providers may resubmit any claim, including those with third-party liability, within 60 days if an adjustment or recoupment is initiated by the fiscal agent (Gainwell Technologies) or Health Management Systems, Inc. (HMS).

The previous Internal Control Number (ICN) must be referenced on the claim if the claim is submitted beyond 365 days from the DOS.

Provider Web Portal

- Claims outside of timely filing must be resubmitted with the previous ICN in the Previous Claim ICN field in the Claim Information section (Step 1). Refer to the Submitting an Institutional Claim Quick Guide and the Submitting a Professional Claim Quick Guide for more information.

Paper Claim

- **Professional CMS 1500 Claim**: Indicate a resubmission with code 1 in Box 22 and the original ICN in the adjacent 22 box. Field 22 is a split box and needs to be designated with a single-digit code and a corresponding ICN.

- **Institutional UB-04 Claim**: Enter the type of bill into Box 4 for a resubmission. The type of bill should end in a 1. Enter the ICN in Box 64a.

Electronic Data Interchange (EDI) Batch Claim

- Providers must qualify (2300/REF01) with F8 and use the previous ICN as the Payer Claim Control Number along with code 1 in the 2300/CLM segment CLM05-3.

Note: Copies of **all** Remittance Advices (RAs) or correspondence documenting compliance with timely filing and 60-day rule requirements must be maintained in the provider's files. A copy of the RA should not be included with the claim. Reconsiderations do not need to be indicated on resubmissions.

Verifying Medicaid Coverage Types

New Coverage Type Not Eligible for Medicaid or Child Health Plan *Plus* (CHP+)

Providers may see a "Coverage" type for Behavioral Health Administration Benefits (BHAB), shown in the Provider Web Portal as "BHA Benefit Plan" and "BHAB." BHAB is a new program utilizing the Colorado interChange system. It is overseen by Behavioral Health Administration (BHA), a separate entity that is addressing behavioral health crisis needs of individuals not covered by other medical assistance programs.

The BHAB program is not part of Health First Colorado or CHP+. Individuals who only have "BHA Benefit Plan" listed are not eligible for any service under Medicaid or CHP+.

Health First Colorado and CHP+ providers must confirm that individuals have specific coverage types before rendering any Medicaid or CHP+ services or submitting claims.

Eligibility coverage types (not an all-inclusive list):

- **Medicaid**: "Medicaid State Plan" and "TXIX" (Title XIX)
- **CHP+**: "CHP+B"
- **Behavioral Health Coverage through the Regional Accountable Entities (RAEs)**: "Medicaid Behavioral Health Benefits" and "BHO+B"

Claims submitted to the Department's fiscal agent for individuals who do not have current Health First Colorado or CHP+ coverage listed will be denied.

Behavioral Health Providers

Escalating a Concern About a Managed Care Entity (MCE) or Managed Care Organization (MCO)

It is important that all providers have a clear and effective process for escalating complaints regarding the Health First Colorado Managed Care Entities (MCEs) and the Child Health Plan *Plus* (CHP+) Managed Care Organizations (MCOs).

Contact the contracted MCE first to resolve any concerns. Complete the Complaint Submission Form if unable to resolve concerns. The complaint will be escalated for further review and action once all required information is added and the Submit button clicked. Do not include Protected Individual Information (PII) or Protected Health Information (PHI) such as a member's birth date, Health First Colorado ID, Child Health Plan *Plus* ID, social security number or personal medical information in the form.

Following this process allows the Department to track the complaint, monitor its resolution and identify issues affecting multiple providers.

Review of Fee-For-Service (FFS) Behavioral Health Substance Use Disorder (SUD) Services

Fee-For-Service (FFS) behavioral health Substance Use Disorder (SUD) services (H0001, H0004, H0005, H0006, H0010, S9445 and H0020) are scheduled to be reviewed under the Medicaid Provider Rate Review Advisory Committee (MPRRAC) process in 2024. MPRRAC is a committee of community professionals that oversees the process for reviewing rates of Medicaid services. MPRRAC works alongside the Department to review the sufficiency of FFS provider reimbursement rates to ensure that adequate access to services is available in compliance with regulatory guidelines. Each service is reviewed every three (3) years.

Stakeholder feedback is critical to the review process. Visit the Medicaid Provider Rate Review Public Meetings web page for all meeting information. The next meeting is March 29, 2024, from 9:00 a.m. to 2:00 p.m. MT.

Visit the Behavioral Health FFS web page for more information.

Durable Medical Equipment (DME) Suppliers

Updates for Ordering, Prescribing and Referring (OPR) Providers

Some professional claims for Durable Medical Equipment (DME) services are currently posting the informational 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. Starting April 1, 2024, these claims will deny.

Visit the Ordering, Prescribing and Referring Claim Identifier Project web page for more information.

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

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, March 1, 2024, from 9:00 a.m. to 11:00 a.m. MT** and will be hosted virtually on Zoom.

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

Contact Tyler Samora at Tyler.Samora@state.co.us 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.

Outpatient Hospital Enhanced Ambulatory Patient Grouping (EAPG) Pricing Modifier 27 Clarification

During the EAPG implementation for outpatient hospital payment effective October 31, 2016, the Department allowed for payment of multiple Evaluation and Management (E&M) codes by removing EAPG 449 (Additional Undifferentiated Medical Visits/Services) from the EAPG packaging list and assigning this EAPG a non-zero weight. This allowed payment for multiple E&M codes billed with modifier 27 on outpatient hospital claims when no Significant Procedures EAPGs were assigned during the visit.

During the transition to version 3.16 of EAPGs effective January 1, 2022, the Department continued its decision to remove EAPG 449 from the EAPG packaging list; however, EAPG 449 has been assigned a zero weight, disallowing additional payment for lines billed with modifier 27.

It is requested that outpatient hospital providers continue billing using modifier 27 when appropriate. This will allow the Department to accurately assess the impact of any future payment policy relating to this modifier and multiple E&M encounters.

Contact Tyler Samora and Andrew Abalos with any questions related to the topic of the modifier 27 interaction with EAPG payment calculations.

Inpatient Hospital Base Rates Fiscal Year (FY) 23-24 Update

The Centers for Medicare & Medicaid Services (CMS) approved State Plan Amendment 23-0003 on February 9, 2024. This amendment authorizes the Department to implement its revised

inpatient hospital base rate methodology, effective July 1, 2023. The related base rates were implemented into the Colorado interChange in February, and work has started on the retroactive claims adjustments for claims with Through Dates of Service on or after July 1, 2023. Claims adjustments related to this effort are anticipated to occur throughout March 2024.

Contact Diana Lambe at Diana.Lambe@state.co.us with any questions related to the topic of the implementation of the July 1, 2023, new inpatient hospital base rate methodology.

Hospital Specialty Drugs Policy: Medications List Update

Approved hospital specialty drugs which are carved out from either the All-Patient Refined Diagnosis Related Group (APR-DRG) or the Enhanced Ambulatory Patient Group (EAPG) payment methodology fall under the Hospital Specialty Drugs Policy. Scenesse® (afamelanotide implant), J7352, has been added to the list of approved outpatient hospital specialty drugs carveout policy, effective January 22, 2024. Refer to Appendix Z: Hospital Specialty Drugs for the entire list of specialty drugs subject to this policy.

Member-specific Prior Authorization Requests (PARs) for specialty medications administered in a hospital setting must be submitted directly to the Department and approved prior to administration of the specialty drug. Resources including Appendix Z, coverage standards, request forms and submission requirements are listed on the Physician Administered Drugs web page under the Hospital Specialty Drug Policy drop-down.

Refer to the Physician-Administered Drugs (PAD) Billing Manual and the Inpatient/Outpatient (IP/OP) Billing Manual or visit the PAD web page for additional policy information.

Contact HCPF_PAD@state.co.us with any questions.

Updates for Ordering, Prescribing and Referring (OPR) Providers

Some outpatient hospital claims are currently posting the informational 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.

Starting April 1, 2024, these claims will deny for outpatient hospital-based audiology, physical therapy, occupational therapy, speech therapy, lab and radiology services.

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

Contact Diva Wood at Diva.Wood@state.co.us and Jessica Short at Jessica.Short@state.co.us with questions.

Laboratory Service Providers

Newly Covered Benefits - Current Procedural Terminology (CPT) Codes 0037U and 0239U

Current Procedural Terminology (CPT) codes 0037U and 0239U are anticipated to be covered benefits under Health First Colorado. A Prior Authorization Request (PAR) will be required. The unit limit is one (1) per lifetime per member. This unit limit applies to all provider types.

Refer to the Laboratory Services Billing Manual for further program details.

Contact Sarah Kaslow at Sarah.Kaslow@state.co.us with any questions.

Non-Emergent Medical Transportation (NEMT) Providers

Reminder: Scheduling Trips with IntelliRide

Non-Emergent Medical Transportation (NEMT) providers who already enrolled with the Department must also be credentialled with IntelliRide if working out of one (1) of the nine (9) counties administered by IntelliRide:

- Adams
- Arapahoe
- Boulder
- Broomfield
- Denver
- Douglas
- Jefferson
- Larimer
- Weld

Trips must be scheduled **prior** to rendering services.

Pediatric Behavioral Therapy (PBT) Providers

Supplemental Rate Increases

It is anticipated that the Colorado General Assembly will approve rate increases for Pediatric Behavioral Therapy (PBT). These increases will be effective retroactively to dates of service on or after February 11, 2024. Codes and corresponding proposed rates are in the table below and will be reflected on the Health First Colorado fee schedule upon approval.

Note: If claims for dates of services on or after February 11, 2024, were billed using the rates for July 1, 2023, those claims will need to be manually adjusted by the provider to receive the correct reimbursement, as the lower of billed charges payment logic applies.

Providers billing usual and customary will see claims adjustments via claims reprocessing.

Procedure Code	Current Colorado Rate (July 2023)	Proposed Rate Based on 2023 Department Recommendation
97151	$330.94	$749.74
97153	$14.39	$15.33
97154	$7.21	$7.70
97155	$22.45	$24.52

Pharmacy Providers, All Medication Prescribers

Preferred Drug List (PDL) Announcement of Preferred Products

Changes will be made for the following Preferred Drug List (PDL) classes, effective April 1, 2024:

PDL Drug Class	Moved to Preferred	Moved to Non-Preferred
Opioids, Long-Acting	• Belbuca® (buprenorphine) buccal film • Xtampza ER® (oxycodone) capsule	
Anticonvulsants, Oral	• Dilantin® (phenytoin extended release [ER]) Infatabs® • Felbamate suspension (effective date 02/22/2024)	• Oxcarbazepine suspension
Newer Generation Anti-Depressants	• Fluoxetine 60-mg tablet	
Atypical Antipsychotics	• Vraylar® (cariprazine) capsule	
Calcitonin Gene-Related Peptide Inhibitors (CGRPIs)	• Ubrelvy® (ubrogepant) tablet	
Lithium Agents	• Lithium solution	
Stimulants and Related Agents	• Clonidine ER tablet	
Triptans, Ditans and Other Migraine Treatments, Oral and Non-Oral	• Sumatriptan nasal spray	• Zolmitriptan nasal spray
Diabetes Management Class – Insulins, Rapid-Acting		• Insulin Lispro vial

PDL Drug Class	Moved to Preferred	Moved to Non-Preferred
Ophthalmics, Allergy, Anti-Inflammatories and Glaucoma	• Azelastine eye drops • LOTEMAX® (loteprednol) 0.5% gel • Rhopressa® (netarsudil) 0.02% • Rocklatan® (netarsudil/latanoprost) 0.02%, 0.005%	

No changes will be made for the following PDL classes:

PDL Drug Class	PDL Drug Class
Monoamine Oxidase Inhibitors (MAOIs)	Tricyclic Antidepressants (TCAs)
Non-Opioid Analgesia Agents, Oral and Topical	NSAIDs, Oral and Topical
Opioids, Short-Acting	Fentanyl Preparations
Anti-Parkinson's Agents	Benzodiazepines (Non-Sedative Hypnotics)
Anxiolytics, Non-Benzodiazepine	Neurocognitive Disorder Agents
Sedative Hypnotics (Non-Benzodiazepine and Benzodiazepine)	Skeletal Muscle Relaxants
Diabetes Management Class – Insulins, Short-Acting, Intermediate-Acting, Long-Acting, Mixtures and Concentrated	Multiple Sclerosis Agents
Ophthalmics, Immunomodulators	

Physician-Administered Drug (PAD) Administering and Dispensing Providers

Record Keeping and Retention

Providers who administer or dispense Physician-Administered Drugs (PADs) are required by the Provider Participation Agreement with Health First Colorado and Colorado State Rule 8.130.2 (Program Rules and Regulations) to maintain records that fully disclose the nature and extent of services provided to members.

Providers must furnish information about payments claimed for Health First Colorado services upon request. Records must substantiate submitted claim information. Such records include but are not limited to:

- Billing information
- Treatment plans
- Prior authorization requests
- Medical records and service reports, including orders prescribing treatment plans
- Records and original invoices for items, including drugs that are prescribed, ordered or furnished
- Claims, billings and records of Health First Colorado payments and amounts received from other payers

Provider records shall include employment records, including but not limited to shift schedules, payroll records and timecards of employees.

Providers who issue prescriptions shall keep, in the patient's record, the date of each prescription and the name, strength and quantity of the item prescribed.

Each provider shall retain any other records created in the regular operation of business that relate to the type and extent of goods and services provided (e.g., superbills). All records must be legible, verifiable and comply with generally accepted accounting principles, auditing standards and all applicable state and federal laws, rules and regulations.

Each medical record entry must be signed and dated by the person ordering and providing the service. Computerized signatures and dates may be applied if the electronic record keeping system meets Health First Colorado security requirements.

These records must fully substantiate or verify claims submitted for payment and must be furnished on request to the authorizing agency. Records must be retained for at least seven (7) years or longer if required by regulation or a specific contract between the provider and Health First Colorado.

At the request of the US Department of Health and Human Services (HHS), the Department, the Colorado Department of Human Services (CDHS) or the Medicaid Fraud Control Unit (MFCU), and at the request of any of their authorized designees, record verification may include, but not be limited to, interviews with providers, employees of providers, billing services that bill on behalf of providers and any member of a corporate structure that includes the provider as a member.

Contact HCPF_PAD@state.co.us with any questions.

Physician Services Providers

Colorado Medicaid eConsult Update

Health First Colorado providers can access a secure, statewide electronic consultation platform free through Colorado Medicaid eConsult. The platform allows for quicker access to specialty advice to enable Primary Care Medical Providers (PCMPs) to offer the highest standards of care for members. eConsult allows participating providers to seek clinical guidance in several specialty fields.

Available specialties for clinical guidance include:

Adult and Pediatric Specialties	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 • Hepatology • Obstetrics and Gynecology (OB/GYN) • Pain Medicine • Physical Medicine/Rehab • Sleep Medicine • Gastroenterology • Hematology • Rheumatology • Nephrology	• Developmental Pediatrics	**Adult:** • Geriatric Medicine • Ophthalmology **Pediatrics:** • Ophthalmology • Gastroenterology • Hematology • Rheumatology • Neurology

Safety Net Connect (SNC), the vendor partner of the Department, 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 eConsult Platform web page or contact HCPF_eConsult@state.co.us for more information.

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eConsults Reimbursement

All eConsults are a covered benefit effective February 1, 2024. Refer to the Telemedicine Billing Manual under the eConsults section for criteria for approved platforms.

American Medical Association (AMA) coding guidelines for 99452 and 99451 apply.

Refer to the Telemedicine Billing Manual and the Code of Colorado Regulations (1- CCR 2505-10, Section 8.095) for more information.

Contact Naomi Mendoza at Naomi.Mendoza@state.co.us for more information.

Provider Training Sessions

February and March 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)
3. Intermediate Billing: All Claims

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 Provider Training web page to find training aligned to provider type.

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

Intermediate Billing Training

Intermediate billing training covers claims processing and remittance advice via the Provider Web Portal and batch, secondary billing with commercial insurance and Medicare, attachment requirements, timely filing, suspended claims, adjustments and voids, reconsiderations and resubmissions and more.

Visit the Provider Training web page under the Billing Training – Resources drop-down section to preview training materials.

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 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 Quick Guides web page 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.

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

February 2024				
Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
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12	13	14	15	16
19	20	21	22	23
26	27	28	29 Intermediate Billing Training: All Claims – Thursday, February 29, 2024, 9:00 a.m. – 11:00 a.m. MT	

March 2024				
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4	5	6	7 Beginner Billing Training: Institutional Claims (UB-04) – Thursday, March 7, 2024, 9:00 a.m. – 11:00 a.m. MT Beginner Billing Training: Professional Claims (CMS-1500) – Thursday, March 7, 2024, 1:00 p.m. – 3:00 p.m. MT	8
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