COLORADO
Department of Health Care Policy & Financing

Provider Bulletin

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Did You Know?

Refer to the Benefit Plans and Billing Instructions located in the Verifying Member Eligibility and Co-Pay Quick Guide for billing instructions for different eligibility and coverage types. Providers are encouraged to use this guide when members have managed care plans or other coverage types.

All Providers

Special Consideration: Disability Determinations

Providers are requested to respond promptly to medical records requests from the state-contracted disability determination vendor, Arbor E&T LLC, dba Action Review Group (ARG), or from members themselves.

This assists in keeping members covered on Long-Term Services and Supports (LTSS). Delays in responding to requests may cause delays in members accessing services.

Contact Lisa Sterling at Lisa.Sterling@state.co.us for more information.

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

Member Billing

Providers are responsible for determining Health First Colorado (Colorado's Medicaid program) coverage before services are rendered. Members cannot be billed for services covered by Health First Colorado.

Providers cannot bill members in the following circumstances:

- **Delayed notification of eligibility from the member**

  It is the provider's responsibility to verify eligibility on every Date of Service (DOS). Providers may verify eligibility via the Provider Web Portal, the virtual agent and Batch 270 through in-house software or a clearinghouse.

  Providers not enrolled with Health First Colorado do not have access to Health First Colorado eligibility information but should ask if individuals have coverage before providing services. The provider should encourage a member to work with an enrolled provider if the member states Health First Colorado coverage.

- **Provider is not enrolled with Health First Colorado**

  Members cannot be billed if the provider chooses to not enroll as a provider for and receive payment from Health First Colorado.

  Providers may enroll after services are rendered to a member. The provider must complete the enrollment process and submit claims within a timely manner. Current timely filing guidelines require submitting claims within 365 days of the DOS.

- **Prior Authorization Request (PAR) denials**

  Providers cannot bill members for services rendered but not prior authorized due to lack of information on a PAR. A Technical/Lack of Information denial does not mean the services are not covered.

  Providers also cannot bill members for the denied portion of a PAR or for any services rendered beyond what is prior authorized. A PAR is considered covered if it is partially approved.

- **Third-Party Liability (TPL) balances, co-pays and deductibles**

  Providers cannot bill members for the difference between billed charges and the amount reimbursed by the TPL and Health First Colorado. The provider also cannot bill members for co-pay or deductibles assessed by a TPL. Refer to the General Provider Information Manual located on the Billing Manuals web page.

  Providers are reminded that Health First Colorado is always the payer of last resort. Providers must utilize the TPL as the primary payer if a member has coverage through a TPL such as a commercial or individual policy.

- **Claim denials**

  System-related denials, such as billing errors or being outside timely filing, are not acceptable reasons to bill members.

- **Retroactive member eligibility**

  Providers should return any collected fees to the member, minus any required co-pays, and bill Health First Colorado for covered services if the member gains eligibility retroactively. Providers may obtain a timely filing waiver from the Department of Health Care Policy & Financing (the Department) if the claim is out of timely filing.

  The Department's Utilization Management (UM) contractor may process a retroactive PAR if the covered service requires a PAR and the provider submits all required documentation. This does not guarantee the PAR will be approved or the claim paid.

Providers shall not send overdue Health First Colorado member accounts to collection agencies unless the billing is for a non-covered service and the member has reneged on a written payment agreement with the provider. Refer to the Policy Statement: Billing Health First Colorado Members for Services for more information.

Payment may be collected from or billed to a Health First Colorado member ***only*** if:

- A member is not enrolled in Health First Colorado on the DOS.
- Service is not covered by Health First Colorado and the member was made aware prior to receiving the service. The provider must enter into a written agreement with the member under which the member agrees to pay for items and services that are non-reimbursable by Health First Colorado (C.R.S. § 25.5-4-301(1)(a)(I)). Contact the Provider Services Call Center with questions regarding whether a service is covered by Health First Colorado.

Providers may collect co-pays only from members with primary Medicaid coverage (§ 8.754.1).

Refer to the Policy Statement: Billing Health First Colorado Members for Services 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.

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

All Providers Who Utilize the ColoradoPAR Program

Provider Training and Inpatient Hospital Transition Enhancements

What is the ColoradoPAR Program?

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

Acentra Provider Training

Acentra provides benefit-specific Prior Authorization Request (PAR) submission training, general PAR submission training and Inpatient Hospital Transitions (IHT) provider training. The August Provider Benefit-Specific Training (PBST) will be on Physician-Administered Drugs (PADs):

PADs PBST

- PADs PBST – August 14, 2024 - 8:30 a.m. MT
- PADs PBST – August 14, 2024 - 12:00 p.m. MT

PAR Submission Training is for **all new users** on how to submit a PAR using Acentra's provider PAR portal, Atrezzo®.

- PAR Submission Training – August 28, 2024 - 8:30 a.m. MT
- PAR Submission Training – August 28, 2024 - 12:00 p.m. MT

IHT Provider Training

- IHT Training – August 19, 2024 - 12:00 p.m. MT
- IHT Training – August 21, 2024 - 3:00 p.m. MT
- IHT Training – August 27, 2024 - 5:00 p.m. MT
- IHT Training – August 29, 2024 - 8:30 a.m. MT

Contact COProviderIssue@acentra.com with questions or if needing assistance when registering for Atrezzo®. **Refer to the IHT Enhancements article below for more information.**

Inpatient Hospital Transitions (IHT) (Formerly Inpatient Hospital Review Program [IHRP 2.0]) Enhancements

Feedback received from hospitals and Regional Accountable Entities (RAEs) informed enhancements to Health First Colorado's IHRP 2.0, which has been renamed IHT. Details of the enhancement were shared at a Joint Operating Committee (JOC) meeting on July 11, 2024:

- Hospitals will follow the current process of submitting the request for RAE assistance as part of the newly designed "IHT Questionnaire" housed in Acentra's PAR portal, Atrezzo®.

- IHT includes all hospitalized non-Neonatal Intensive Care Unit (NICU) patients:
    - When the hospital determines the patient has a complex discharge plan rather than a subset of select diagnoses,

      and

    - All inpatients (non-NICU) at hospital day 30 and every 30 days thereafter.
- For NICU patients:
    - Hospitals submit only one time on every NICU Level III and IV admission.
    - NICU Level I: Well Newborn Nursery and NICU Level II: Special Care Nursery are exempt.
- IHT does not include facilities/units with Provider Type 01 Inpatient Behavioral Health Units, Long-Term Acute Care Hospitals, Specialty Hospitals and Provider Type 02 Behavioral Health Hospitals.

The next JOC meeting is scheduled for August 15, 2024, at 1:00 p.m. MT. It is recommended that hospitals providing inpatient care transitions attend the JOC meetings. Contact HCPF_UM@state.co.us to be included if attending for the first time. Visit the IHT web page for more details.

Nurse Advice Line Modernization

A significant step forward has been taken in modernizing the Health First Colorado Nurse Advice Line at 1-800-283-3221. Modernization efforts will include additional options when calling the Nurse Advice Line, such as second-level triage by emergency department physicians, drug protocols and tele-triage. The modernization will also include nurse triage through email, improved data analytics, marketing and education efforts to help educate providers and other community organizations on the availability and use of the Nurse Advice Line.

Ambulatory Surgical Center Providers

Correction: Rate Schedule

The rates for the Ambulatory Surgical Center (ASC) grouper fee schedule posted for dates of services after July 1, 2024, inaccurately reflected the legislatively approved rate increases. These rates have been corrected, and the ASC Rate Schedule has been posted.

Claims will be reprocessed.

Providers must adjust to receive the correct reimbursement if claims for dates of services on or after July 1, 2024, were billed with a lesser submitted charge, as the lower of billed charges payment logic applies.

Behavioral Health Providers

Behavioral Health Administration (BHA) Launches Statewide Campaign to Promote 988 Colorado Mental Health Line

Colorado's Behavioral Health Administration (BHA) and 988 Crisis Hotline Enterprise are launching a campaign to increase awareness and utilization of the 988 Colorado Mental Health Line (988). The service connects Coloradans to trained crisis specialists offering compassionate mental health, emotional and substance use support via call, text and chat.

Community partners are encouraged to transition from promoting Colorado Crisis Services to promoting 988. **It is important to note there is no wrong door to accessing immediate support in Colorado. Colorado Crisis Services and 988 are managed by the same contact center, and the walk-in centers will not be impacted by this transition. Colorado Crisis Services will continue to be available.**

Visit the new 988 website that includes updated print and digital materials. Visit the 988 Frequently Asked Questions (FAQ) web page or contact BHA and the 988 board team at 988Colorado@state.co.us.

Refer to the BHA Launches Statewide Campaign to Promote 988 Colorado Mental Health Line press release for more information.

Trainings and Resources

Visit the Safety Net Providers web page for a full library of pre-recorded trainings and recordings of live trainings that focus on expanding benefits and services, improving access to care and elevating quality. The trainings are available to take at any time. Training topics include:

- Increasing Access and Expanding Organizational Capacity for Individuals With Co-Occurring Disabilities
- Incorporating Inclusivity: Strategies for Cultural Humility in Action
- Building Enhanced Referral & Care Compact Relationships: Improving Outcomes Through Effective Collaboration

"Office Hours" are an opportunity for questions and discussions about how reform initiatives will impact organizations. Register now for the upcoming session on Friday, August 30, at 12:00 p.m. MT.

Sign up for the Behavioral Health Provider Training & Technical Assistance newsletter.

Durable Medical Equipment (DME) Providers

Correction: Durable Medical Equipment (DME) Manual Pricing

The DME manual pricing methodology published in the July 2024 Provider Bulletin (B2400510) had an error in the stated percentages. Claims paid by invoice will be reimbursed at actual acquisition cost plus 24.06%, and claims paid by Manufactured Suggested Retail Price (MSRP) will be reimbursed at MSRP less 13.78%.

The corrected amounts will be effective for dates of service on or after July 1, 2024. Claims will be reprocessed. Providers may need to adjust the claim to receive correct reimbursement if the submitted charges on the original claim were less than the corrected rates.

General Updates

The Durable Medical Equipment (DME) benefit created a bypass during the COVID-19 Public Health Emergency (PHE) to the Prior Authorization Request (PAR) process for members needing oxygen and related equipment following a COVID-19 diagnosis. The bypass modifier CR will no longer be billable for dates of service on or after September 1, 2024, at which point the policy announcement on the DME and Oxygen Supplies web page will be removed.

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) may be prescribed by a physician, physician assistant or nurse practitioner as stated in the DMEPOS Billing Manual. Claims with a different prescribing provider will be denied for dates of service on or after April 1, 2024. Refer to the "Updates for Ordering, Prescribing and Referring (OPR) Providers" article in the March 2024 Provider Bulletin (B2400506) for details.

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

Home and Community-Based Services (HCBS) Providers

Direct Care Base Wage Attestation

All Home and Community-Based Services (HCBS) providers delivering any of the base wage qualifying services must complete the 2024 HCBS Provider Attestation Form and attach a completed 2024 Direct Care Worker Wage Attestation Form. Visit the Direct Care Workforce Base Wage web page for base wage qualifying services and instructions to complete this required attestation.

The 2024 HCBS Provider Attestation Form and the 2024 Direct Care Worker Wage Attestation Form are due by August 31, 2024. HCBS service providers that do not meet reporting or base wage requirements are subject to audit, corrective action, suspension of claims or

recoupment. All HCBS providers that have not submitted the required attestation form will be posted publicly, and claim payment suspensions will start on September 1, 2024.

Refer to the HCBS Base Wage Reporting FAQ or contact HCPF_BaseWage@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 ongoing rate reform efforts and operational concerns. Sign up to receive the Hospital Stakeholder Engagement Meeting newsletters.

- The next Hospital Stakeholder Engagement Meeting is set for **Friday, September 6, 2024, 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. **Calendar Year 2024 meeting dates have been posted.**

Contact Della Phan at Della.Phan@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.

All Patient Refined-Diagnosis Related Group (APR-DRG) Version 40 Update

The implementation of version 40 of the APR-DRG methodology and its associated weight table has been postponed until October 1, 2024. This postponement allows additional time to obtain State Plan Authority for this implementation and reduce administrative burdens associated with reprocessing claims.

The APR-DRG version 40 has been discussed throughout this past year during the Hospital Stakeholder Engagement Meetings. Visit the Inpatient Hospital Payment web page to review webinar recordings of the meetings and the weight tables that will be implemented.

Contact Diana Lambe at Diana.Lambe@state.co.us and Andrew Abalos at Andrew.Abalos@state.co.us with any questions or concerns.

Laboratory Service Providers

Newly Covered Benefits: Current Procedural Terminology (CPT) Codes 87505 and 87506

Current Procedural Terminology (CPT) codes 87505 and 87506 are expected to be covered benefits under Health First Colorado effective September 1, 2024. A Prior Authorization Request (PAR) is required.

Medical PARs are submitted via the Acentra (formerly Kepro) provider PAR portal, Atrezzo®.

Refer to the Laboratory Services Billing Manual for more coverage details. Contact Sarah Kaslow at Sarah.Kaslow@state.co.us with any questions.

Physician Services

Bariatric Surgery Rule Change Consideration Meeting for Providers

Bariatric surgery providers are invited to a virtual stakeholder meeting that will present information about possible changes to the Bariatric Surgery Rule (citation: 300.3.c). Staff from the Department will review the current rule and propose possible changes. Attendees are invited to learn, ask questions and provide initial feedback about potential changes. Feedback will be gathered at the meeting and via a feedback form that will be shared with attendees.

- **Meeting Date and Time:** Monday, September 9, 2024, 9:30 to 10:30 a.m. MT
- **Registration and Location:** The meeting will be held virtually via Zoom. Register in advance for the meeting. A confirmation email containing information about joining the meeting will be received after registering.

  Another meeting on this subject intended for the general public is scheduled for September 12, 2024, from 9:30 a.m. to 11:00 a.m. MT. This meeting will be held virtually via Zoom. Register in advance for the September 12 meeting if unable to attend the provider-specific meeting on September 9.
- **Meeting Accommodation and Language Access Notice:** Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Contact Patrick Potyondy at Patrick.Potyondy@state.co.us at least one week prior to the meeting to make arrangements.

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

Contact Patrick Potyondy at Patrick.Potyondy@state.co.us for more information.

Colorado Medicaid eConsult Update

Health First Colorado providers have access to a free and secure statewide electronic consultation platform through Colorado Medicaid eConsult. The eConsults platform allows Primary Care Medical Providers (PCMPs) to communicate electronically with specialty providers, frequently eliminating the need for in-person referrals for members.

Getting Started with Colorado Medicaid eConsult

Practices may complete the Practice Enrollment Form to begin the enrollment process or attend an upcoming Monthly Program Overview Webinar on August 2, 2024, or August 16, 2024, from 12:15 p.m. to 1:00 p.m. MT for more information.

Contact ColoradoSupport@safetynetconnect.com with any questions.

eConsult Reimbursement

Refer to the Telemedicine Billing Manual for details on eConsult reimbursement.

Additional information

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

Physicians, Clinic Providers

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

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

Providers are required to participate in training about the implementation of evidence-based protocols for SBIRT in order to directly deliver screening and intervention services. Face-to-face trainings and consultations are available through various entities such as SBIRT in Colorado, Colorado Community Managed Care Network (CCMCN) and the Emergency Nurses Association (ENA).

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

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

Reproductive and Maternal Health Providers

Newly Covered Benefit and Provider Type

Doula coverage became available effective July 1, 2024. Doulas (Provider Type 79) are trained non-medical professionals that provide continuous physical, emotional and informational support to birthing individuals before, during and after childbirth.

Visit the Doulas web page for more information on billing and enrollment.

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

Transportation Providers

Non-Emergent Medical Transportation (NEMT) Provider Credentialing

All Non-Emergent Medical Transportation (NEMT) providers must be credentialed to provide Health First Colorado services. This includes all drivers and vehicles.

Transdev Health Solutions (formerly Intelliride) manages driver and vehicle credentialing for all NEMT providers statewide.

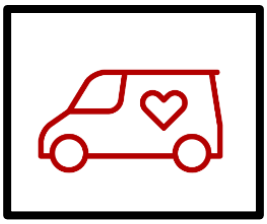
Failure to complete this process will result in further action being taken in accordance with Section 25.5-4-301, C.R.S. and 10 C.C.R. 2505-10, Section 8.076.

A provider must complete the following to provide NEMT services to Health First Colorado members and receive reimbursement:

1. Complete the Credentialing Request Form and License Agreement. Providers will receive an email that includes a username, password and link to sign up for software training.
2. Participate in a credentialing software training session to learn how to use the software.
3. Visit Platform.ProCredEx.com to upload the required driver and vehicle credentials. Contact ProCredex Provider Support at Support@procredex.com for support with the credentialing process.
4. Sign up for a vehicle inspection. Vehicle inspections are required. All vehicles must be inspected regardless of the age of the current inspection. Visit the Transdev Health Solutions website for a list of dates and times for inspections.

Transdev Health Solutions will review and provide a credentialing certificate once these steps are completed. **This certificate *must* be submitted with the provider's Health First Colorado revalidation application.**

Important: Any new drivers and vehicles added to the business, at any time, must be approved before they can be used to transport Health First Colorado members. Credentials for new drivers and vehicles must be submitted through the credentialing software. **Any driver or vehicle which fails credentialing is prohibited from being used to provide NEMT services to Health First Colorado members.**



Contact Transdev Health Solutions Provider Support at 833-643-3010 or email US.THSProviders@transdev.com with questions.

Non-Emergent Medical Transportation (NEMT) Billing Guidance

Non-Emergent Medical Transportation (NEMT) must be provided to transport members to the closest available provider qualified to give the needed services to the member. The closest provider is defined as a provider within a 25-mile radius of the member's residence or the nearest provider if one is not practicing within a 25-mile radius of the member's residence.

Exceptions are allowed based on the following:

- The closest provider is not willing to accept the member.
- The member has complex medical conditions that restrict the closest medical provider from accepting the member.
- The member may use NEMT to their established treatment provider in their previous locale if they have moved within the three (3) months preceding an NEMT transport.

  Note: The member and treatment provider must transfer care to the closest provider as defined in Section 8.014.4.B or determine transportation options other than NEMT during the three (3) months.

Any NEMT claim billed for procedure codes A0425 or S0209 will be suspended for review if the billed units of service exceed 52. Suspended claims will be denied if they do not have an attachment which meets the requirements as specified below. Reviewed claims will be denied if the attachment is not sufficient pursuant to these specifications.

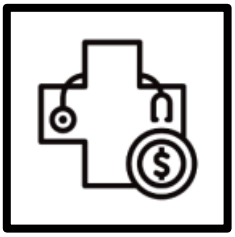
Claims must have a document attached which contains the following information about the trip being billed:

- The pick-up address
- The destination address
- Date and time of the trip
- Member's name and identifier
- Confirmation that the driver verified the member's identity
- Confirmation by the member, escort or medical facility that the trip occurred
- The actual pick-up and drop-off times
- The driver's name
- Identification of the vehicle in which the trip was provided

- A rationale and certification from the member's treating provider as to why the member cannot be treated by the closest provider within 25 miles of the member's residence

The member's treating provider must complete the Verification Form for Transportation Services More Than 25 Miles to verify the medical necessity of trip requests that exceed 25 miles one way, effective May 1, 2024. The member's treatment provider may designate other appropriate employees, such as clinical or administrative staff, as being able to sign this form as verification.

- It is the NEMT driver's or provider's responsibility to get this form signed by the member's provider. Drivers cannot require members to obtain the signatures for this form.
- The form can be completed and signed by either the member's treating provider or the member's referring provider.
- The provider signature is not required prior to the NEMT trip happening.
- The form will be valid for 90 days for recurring medical appointments (e.g., dialysis, cancer treatments).
- The form should be submitted when the claim(s) are submitted through the Provider Web Portal for each trip. Billing providers must attach a digital copy of the form to their claim submission.



Refer to program rules 10 C.C.R. 2505-10 8.000, 8.130.2 and 8.014.3.C for further details on NEMT and provider record maintenance. Each provider shall maintain legible, complete and accurate records necessary to establish that conditions of payment for Medical Assistance Program-covered goods and services have been met and to fully disclose the basis for the type, frequency, extent, duration and delivery of goods and/or services provided to Medical Assistance Program members, including but not limited to the following:

- Billings
- Prior Authorization Requests (PARs)
- All medical records, service reports and orders prescribing treatment plans
- Records of goods prescribed, ordered for or furnished to members as well as unaltered copies of original invoices for such items
- Records of all payments received from the Medical Assistance Program
- Records required elsewhere in Section 8.000 et seq. The records shall be created at the time the goods or services are provided.

Provider Training Sessions

August 2024 Schedule

Providers are invited to sign up for a provider training session focused on Health First Colorado:

- Provider Enrollment
- Beginner Billing: Professional Claims (CMS 1500)
- Beginner Billing: Institutional Claims (UB-04)
- Intermediate Billing: All Claim Types
- Provider-Specific Billing Trainings

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

Provider Enrollment

Provider enrollment training is designed for providers at various stages of the initial enrollment process with Health First Colorado. It provides an overview of the program, information about provider identification and types and guidance on the provider application process, including enrollment types, common errors and enrollment with other entities (e.g., DentaQuest, Regional Accountable Entities [RAEs], Health First Colorado vendors). It also provides information on next steps after enrollment.

Beginner Billing Training

There are two (2) beginner billing trainings offered. One (1) is for providers that submit professional claims (CMS 1500), and the other is for providers that submit institutional claims (UB-04). These trainings are identical except for claim submission specifics.

Click "Which Beginner Billing 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.

Staff that submit claims, are new to billing Health First Colorado services or that need a billing refresher course should consider attending one of the beginner billing training sessions.

Intermediate Billing Training

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

Provider-Specific Training

Provider-specific trainings cover topics unique to providers. Visit the Provider Training web page for information on upcoming provider-specific training.

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

August 2024				
Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
			1 Beginner Billing: Professional Claims (CMS 1500) – August 1, 2024, 1:30 p.m. - 4:00 p.m. MT	2
5	6	7	8 Beginner Billing: Institutional Claims (UB-04) – August 8, 2024, 9:00 a.m. - 11:00 a.m. MT	9
12	13	14	15 Provider Enrollment Training – August 15, 2024, 9:00 a.m. - 11:30 a.m. MT	16
19	20	21	22 Beginner Billing: Professional Claims (CMS 1500) – August 22, 2024, 9:00 a.m. - 11:30 a.m. MT	23
26	27	28 Intermediate Billing Training – August 28, 2024, 9:00 a.m. - 11:00 a.m. MT	29	30

Upcoming Holidays

Holiday	Closures
Labor Day **Monday, September 2**	State Offices, Gainwell Technologies, DentaQuest, AssureCare and the ColoradoPAR Program will be closed. Capitation cycles may potentially be delayed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks.

Gainwell Technologies Contacts

Provider Services Call Center
1-844-235-2387

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