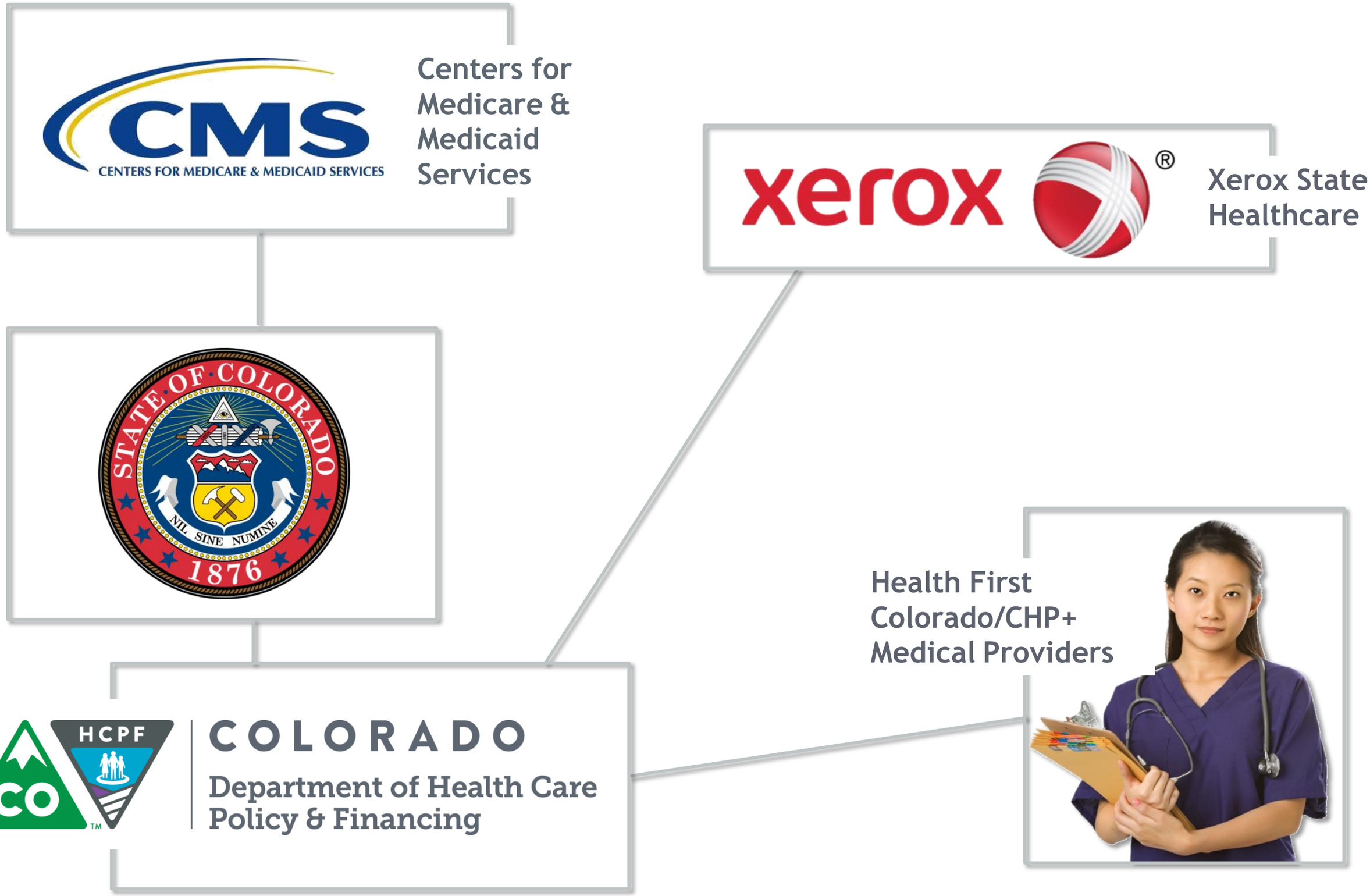
Beginning Billing Workshop Secure Web Portal 837I

Health First Colorado (Colorado's Medicaid Program)
2016

COLORADO
Department of Health Care
Policy & Financing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COLORADO
Department of Health Care Policy & Financing
Health First Colorado/CHP+ Medical Providers

Training Objectives

- Web Portal
  - Basic overview and functions
  - Maintaining user, provider and member data
- User access and roles
- Eligibility verification and response
- 837I (Institutional) claims
  - Collection of information that creates one
  - How to submit
- Accessing reports

Web Portal

Advantages

- Convenient, user-friendly and easily accessible
- Available 24 hours/7 days per week
- Quick response to claim entries
- Available anywhere internet can be accessed

Trading Partner

Question:

What is a Trading Partner (TP)?

Answer:

An entity which sends and/or receives electronic health care transactions to/from the Colorado Medical Assistance Program. (i.e.: provider, billing group, billing service, clearinghouse, or payer.)

Trading Partner Administrator (TPA)

What is a TPA?

- Information security point of contact between Department and provider's office
- User appointed by organization or provider
- TPA's username assigned by State Security Administrator
  - Username begins with COTP, includes TP number, and ends with an "A" (COTP123456A)

What does the TPA do?

- Tasks include assigning roles and adding/removing users
- TPA should know exact duties of each user they add to the system
- TPA should be readily available to users who access the Web Portal

Billing Agencies / Agents

- Do not have authority to request password resets for Web Portal User Names assigned to Providers
- Issued own Trading Partner ID for purposes of billing on behalf of provider
  - When calling help desk for password resets, be prepared to self-identify as individuals submitting claims on behalf of provider
- Department reserves right to revoke or suspend previously granted user access when security violations or fraudulent activity is suspected

Web Portal Login Rules

- Only one valid login session can be open at a time
- For security, users are automatically logged-out after 30 minutes of inactivity
- Passwords

Are case-sensitive	Must be between 8 and 16 characters	Must contain 1 alphabetic and 1 numeric character	Cannot be re-used

- For login problems, use “I forgot my password” link on the log-in page or contact the TPA

Department Website

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www.colorado.gov/hcpf

https://www.colorado.gov/hcpf

Colorado The Official Web Portal

Translate

HCPF

COLORADO

Department of Health Care Policy & Financing

Home | For Our Members | For Our Providers

2

For Our Providers

We administer Medicaid, Child Health Plan *Plus*, and other health care programs for Coloradans who qualify.

Explore Benefits

Apply Now

Find Doctors

Get Help

Feeling Sick?

For medical advice, call the Nurse Line:

800-283-3221

Get Covered. Stay Healthy.

colorado.gov/health

Provider Home Page

Find what you need here

Contains important information regarding Health First Colorado (Colorado's Medicaid Program) & other topics of interest to providers & billing professionals

Web Portal Login Page

Department of Health Care Policy and Financing

Related Sites: Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA

Colorado Medical Assistance Program Web Portal

Login

Access to this application is restricted to those who have been authorized by the Colorado Department of Health Care Policy and Financing. The department is tracking all users in the system and all uses of the system. All unauthorized activity will be prosecuted to the full extent of the law.

User Name:*

Password:*

Login | Change Password

I forgot my user name.
I forgot my password.

System Status Messages:

The Portal is currently available.

Colorado Department of Health Care Policy and Financing - 1570 Grant Street Denver, Colorado 80203-1818

Log-in to access Web Portal

Securely reset password or request user name here

Web Portal Main Page

Department of Health Care Policy and Financing

Related Sites: Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA

Main Help Log Out

Welcome

Trading Partner ID-

Welcome to the Colorado Medical Assistance Program

Secure Web Portal

- Frequently Asked Questions
- User Profile Maintenance
- BUS
- SAVE System
- Eligibility
- Claims
- PAR
- File and Report Service
- Data Maintenance
- Medicaid Provider Lookup
- Code Set Maintenance
- Administration
- System Reports
- System Maintenance
- PORTAL MANAGER
- Web Portal Training
- Reset Login
- (MMIS) Provider Data Maintenance

What's New!

All Colorado Medical Assistance Program Web Portal users **must** have their own **User Name** and **Password**. Sharing login information is prohibited. Trading Partner Administrators can create new users by selecting **Administration** → **User Maintenance** from the left-hand navigation menu. Please see the **Help** menu option, the ***TPA User Guide***, and available training for more information.

Based on your access rights Training, User Guides, and Help may be available in the upper gray bar or via the menu buttons.

A Trading Partner Administrator's first task should be to set up the users for their Trading Partner. Locate the Administration button in the menu and select User Maintenance. Additional information can be found in the Training and the User Guides.

System Status Messages

Claims	Last Week	First Week
Dental Claims		
Professional Claims		
Institutional Claims		

Eligibility	Last Week	First Week

PAR	Last Week	First Week

How is the Portal working?

What's New

User Access dependent on roles assigned to user by TPA

Web Portal Main Page

Department of Health Care Policy and Financing

Related Sites: Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA

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  - User Maintenance
  - Claims/PAR Purge
  - User Guide
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Partner. Locate the Administration button in the Maintenance. Additional information can be and the User Guides.

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Claims	Last Week	First Week
Dental Claims		
Professional Claims		
Institutional Claims		

Eligibility	Last Week	First Week

PAR	Last Week

To assign roles to users, TPA must access Administration then User Maintenance

User Lookup Screen

Department of Health Care Policy and Financing

Related Sites: Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA

Main Help Log Out

User Lookup

User Name	Last Name	First Name

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Search Criteria:

* User Name * Equals * Search Reset

Add New User

User Name : Add

Lists User Names of those who have access under the assigned Trading Partner number

TPA may add, delete, update and change the user information

TPA may add a new user here

User Maintenance Screen

Department of Health Care Policy and Financing

Related Sites: Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA

Main Help Log Out

User Maintenance

Last Name: *

First Name: *

Middle Initial:

User Name: *

Suspended

Session Locked

Password:

Confirm Password:

Roles

Available:

RESTRICTED ADMIN
TRADING PARTNER ADMIN
ELIGIBILITY INQUIRY USER
CLAIMS USER
PARS USER
PROVIDER(MMIS)

>

<

Assigned: *

Login History:

Last Successful Login:

Last Password Change:

Failed Login Count:

Last Failed Login:

Save Cancel Delete

TPA assigns:

- user information
- Assign user roles

TPA can:

- un-suspend accounts
- Reset passwords

Restricted Admin:

- Limited authority
- Reset passwords
- Un-suspend accounts

User Roles

Understanding User Names and Roles” quick sheet

Lists differences between TPA & regular user

Includes a breakdown of what each role of users can do in Web Portal

Available at colorado.gov/hcpf
Provider Services
Colorado Medical Assistance Program Web Portal

MMIS Provider Data Maintenance Access

Department of Health Care Policy and Financing

Related Sites: Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA

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- (MMIS) Provider Data Maintenance
  - (MMIS) Provider Data Maintenance
  - User Guide

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Dental Claims		
Professional Claims		
Institutional Claims		

Eligibility	Last Week	First Week

PAR	Last Week	Fi We

To view, correct, verify or update provider's file maintained in MMIS, users must access **MMIS Provider Data Maintenance** then MMIS Provider Data Maintenance

MMIS Provider Inquiry Screen

Department of Health Care Policy and Financing

Related Sites: Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA

Main Help Log Out

MMIS Provider Inquiry

Provider ID: *

Tax ID/SSN: *

Submit Cancel

Enter 8-digit Health First Colorado ID & either the Social Security or Federal Tax ID of provider to access MMIS information

Colorado Department of Health Care Policy and Financing - 1570 Grant Street Denver, Colorado 80203-1818

Contact Us: Help Desk

DEPT. HOME HCPF Home - StateHome

Privacy Statement Site Map

MMIS Provider Information

Department of Health Care Policy and Financing

Related Sites: Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA

Main Help Log Out

MMIS Provider Information - *Questions on your provider information should be directed to ACS at 1-800-237-0757*

Provider ID:
Tax ID/SSN:
Medical Home Provider Effective Date:
DBA:.
Provider Name (Legal Name):
Status:ACTIVE
Status Effective Date:

National Provider Identifier:

Address and Publications | Medicare/License Information | Provider Affiliations | ACC Provider Opt-In/Opt-Out

Location Address (Save to Portal)
(PO Box and intersections are not allowed)

Address*:
Suite # or C/O:
City*:
State*: CO
Zip Code*:
County*:
Phone*:
Fax:

Billing Address (Save to Portal)
(Same as Location) (Same as Mailing)

Address:
Suite # or C/O:
City:
State:
Zip Code:
County:
Phone:
Fax:

Mailing Address (Save to Portal)
(Same as Billing) (Same as Location)

Address:
Suite # or C/O:
City:
State:
Zip Code:
County:
Phone:
Faxback Eligibility :

Publication Information

Current Media: NONE
Change Media To:
E-mail Address:

Print Submit Cancel

(Note: Updates that are not allowed can be performed by submitting a paper request form.)

National Provider Identifier (NPI) appears in NPI field if already registered in MMIS

- Any updates take approximately 24 hours

The user that has their email listed here will receive a link to the monthly bulletin

MMIS Provider Information

Department of Health Care Policy and Financing

Related Sites: Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA

Main Help Log Out

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Provider ID:
Tax ID/SSN:
Medical Home Provider Effective Date:
DBA:
Provider Name (Legal Name):
Status:ACTIVE
Status Effective Date:

National Provider Identifier:

Address and Publications | Medicare/License Information | Provider Affiliations | ACC Provider Opt-In/Opt-Out

Add/Del	Medicare ID	Begin Date	Type	License Number	End Date

Medicare ID: * Begin Date: * Type: * Add Remove

Please contact Provider Services to update your license information.

Print Submit Cancel

(Note: Updates that are not allowed can be performed by submitting a paper request form.)

License information is presented as "view-only" and may not be updated through Web Portal

- Updates may be submitted to Fiscal Agent on paper

MMIS Provider Information

Department of Health Care Policy and Financing

Related Sites: Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA

Main Help Log Out

MMIS Provider Information - *Questions on your provider information should be directed to ACS at 1-800-237-0757*

Provider ID:
Tax ID/SSN:
Medical Home Provider Effective Date:
DBA:
Provider Name (Legal Name):
Status:ACTIVE
Status Effective Date

National Provider Identifier:

Address and Publications | Medicare/License Information | Provider Affiliations | ACC Provider Opt-In/Opt-Out

Add/Del	Provider ID	Provider Name	Begin Date	End Date

Provider ID: * Begin Date: * Add | End Date: * Remove

Print Submit Cancel

(Note: Updates that are not allowed can be performed by submitting a paper request form.)

View, add, or remove affiliations here

- Once Submitted, provider confirmation page appears
- Check provider error report in File and Report Service (FRS) for errors when necessary

ACC Provider Opt-In/Opt-Out

Department of Health Care Policy and Financing

Related Sites: Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA

Main Help Log Out

MMIS Provider Information - *Questions on your provider information should be directed to ACS at 1-800-237-0757*

Provider ID:
Provider Name (Legal Name):
Tax ID/SSN:
DBA:
Status:ACTIVE
Status Effective Date:
Medical Home Provider Effective Date:

National Provider Identifier:

Address and Publications | Medicare/License Information | Provider Affiliations | ACC Provider Opt-In/Opt-Out

View PCMP State Contract

Opt-In as a PCMP Provider ☐

RCCO Affiliation

Region 1 - Rocky Mountain Health Plans
Region 2 - Colorado Access
Region 3 - Colorado Access
Region 4 - Integrated Community Health Partners, LLC
Region 5 - Colorado Access
Region 6 - Colorado Community Health Alliance
Region 7 - Community Health Partnership

Opt-Out as a PCMP Provider ☐

RCCO Affiliation

Region 1 - Rocky Mountain Health Plans
Region 2 - Colorado Access
Region 3 - Colorac
Region 4 - Integra
Region 5 - Colorac
Region 6 - Colorac
Region 7 - Commu

Accept Selections Reset

(Note: If you choose to Opt-In as a PCMP Provider, PCMP Agreement will be

Print Submit Cancel

(Note: Updates that are not allowed can be performed by submitting a paper r

Make selections to become a PCMP with ACC Program

- Allows provider to partner with different RCCOs and serve members in ACC Program
- Elect to affiliate with RCCOs
  - Required to electronically sign contract
- Opt to remove affiliation with RCCO

Provider Maintenance Access

Department of Health Care Policy and Financing

Related Sites: Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA

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What's New!

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gray bar or via the menu buttons.

A Trading Partner Administrator's first task should be to set up the users for their Trading Partner. Locate the Administration button in the menu and select User Maintenance. Additional information can be found in the Training and the User Guides.

System Status Messages

Claims	Last Week	First Week
Dental Claims		
Professional Claims		
Institutional Claims		

Eligibility	Last Week

PAR	Last Week

Add **all** billing and rendering providers associated with TP ID here

- This information is **required before** submitting claims

Provider Lookup Screen

Department of Health Care Policy and Financing

Related Sites: Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA

Main Help Log Out

Provider Lookup

Provider ID	Type	Name

Page 1 of 1

Page 1 Go Print

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Search Criteria:

* Provider ID * Equals * Search Reset

Add New Provider

Provider ID: Add

Lists Provider Names of those who have access under the assigned Trading Partner number

- TPA may add, delete, update & change the user information

TPA may add a new provider here

Provider Maintenance Screen

Department of Health Care Policy and Financing

Related Sites: Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA

Main Help Log Out

Provider Maintenance

Provider ID:

Type: * Individual Organization

Last Name: * First Name: *

Organization Name:

Provider Identifier

If required, please enter the National Provider Identifier

ID Qualifier: * National Provider Identifier

Note: Address, City, State and Zip Code are required when the Provider is Billing or Service Facility

Categories: Billing Service Facility

Address: *

City: *

State: * Zip Code: *

If required to bill using an NPI, the NPI must be used as the **ID Qualifier**

When adding a **billing** provider in your database, be sure the "billing" box is checked

- Each provider must be added one at a time

Eligibility Inquiry Access

Department of Health Care Policy and Financing

Related Sites: Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA

Main Help Log Out

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the left-hand navigation menu. Please see the

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System Status Messages

Claims	Last Week
Dental Claims	
Professional claims	
Institutional Claims	

Eligibility	Last Week

PAR	Last Week	First Week

To submit an interactive eligibility request or a Batch Eligibility Inquiry, users must access **Eligibility** then either **Eligibility Inquiry** or **Batch Eligibility Inquiry**

Eligibility Inquiry and Verification (270)

Department of Health Care Policy and Financing

Related Sites: Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA

Main Help Log Out

Client Eligibility Inquiry and Verification

Provider ID:

National Provider Identifier :

Service Type Code:* 30 Health Benefit Plan Coverage

From DOS :*

Through DOS :*

Client Detail

State ID:

DOB:

Last Name:

First Name:

SSN:

To identify the client for an eligibility inquiry, at least one of the following combinations of data must be entered:
a. State ID and DOB (Preferred Criteria)
b. Last Name, First Name, and DOB
c. SSN, Last Name, and First Name
d. SSN and DOB

Submit Cancel Reset

Users should check a members eligibility using the Billing Provider ID

There are different scenarios for conducting a search

- Fields noted with "*" are required

Eligibility Request Response (271)

Print

Return To Eligibility Inquiry

Eligibility Request

Provider ID: National Pro

From DOS: Through D

Client Detail

State ID: DOB:

Last Name: First Name

CO MEDICAL ASSISTANCE

Response Creation Date & Time: 05/19/2

Contact Information for Questions on Res

Provider Relations Number: 800-237-075

Requesting Provider

Provider ID:

Name:

Client Details

Name:

State ID:

Client Eligibility Details

Eligibility Status: **Eligible**

Eligibility Benefit Date:
04/06/2011 - 04/06/2011

Guarantee Number: **111400000000**

Coverage Name: Medicaid

PREPAID HEALTH PLAN OR ACCOUNTABLE CARE COLLABORATIVE

Eligibility Benefit Date:
04/06/2011 - 04/06/2011

Messages:

MHPROV Services

Provider Name:

COLORADO HEALTH PARTNERSHIPS LLC

Provider Contact Phone Number:
800-804-5008

Information appears in sections:

- Requesting Provider, Member Details, Member Eligibility Details, etc.
- Use scroll bar on right to view details

Successful inquiry notes a Guarantee Number:

- Print copy of response for member's file when necessary

Reminder:

- Information received is based on what is available through the Colorado Benefits Management System (CBMS)
- Updates may take up to 72 hours

Member Maintenance Access

Department of Health Care Policy and Financing

Related Sites: Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA

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Claims	Last Week	First Week
Dental Claims		
Professional Claims		
Institutional Claims		

Eligibility	Last Week

PAR	Last Week

Choose **Data Maintenance** then **Client Maintenance** to update, delete, or make changes to member information

- Changes do not effect MMIS or CBMS

Member Lookup Screen

Department of Health Care Policy and Financing

Related Sites: Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA

Main Help Log Out

Client Lookup

State ID	Last Name	First Name	SSN	Date of Birth

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Search Criteria:

* State ID * Equals * Search Reset

Add New Client

State ID: Add

Member is automatically added to provider's Member Database when a successful eligibility inquiry is processed

TPA may add a new member here

Member Maintenance Screen

Department of Health Care Policy and Financing

Related Sites: Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA

Main Help Log Out

Client Maintenance

State ID:*
DOB:*
Last Name:*
First Name:*
Middle Initial:
SSN:
Gender:
Patient Account Number:
Medicare Number:
Address:*
City:*
State:*
Zip Code:*

Save Cancel Delete

Successful eligibility inquiry adds member's information, with exception of Patient Account # (assigned by provider)

UB-04

Who completes the UB-04?

- Inpatient Hospital
- Nursing Facility
- Home Health/PDN
- Hospice
- Dialysis Centers
- Residential Treatment Centers
- Outpatient Hospital
- Outpatient Lab
- Rural Health Clinics
- FQHC
- Indian Health Services
- Hospital-Based Transportation

Institutional Claim Access

Department of Health Care Policy and Financing

Related Sites: Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA

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  - Dental
  - Institutional
  - Claim Status Inquiry
  - Activity Tracing Report
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Professional Claims		
Institutional Claims		

PAR	Last Week	First Week

Choose **Institutional** option under Claims on main menu to submit 837I claim

Institutional Claim Lookup Screen

Department of Health Care Policy and Financing

Related Sites: Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA

Main Help Log Out

Professional Claim Lookup

State ID	Claim Status	Client Name	Date Of Serv	Prov ID	PAR ID	Total Charge	Entry Date	Orig/Adj

default result set based on the last 120 days of Date of Entry

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Edit Copy Delete View/Print Adjustment ClaimStatus View Claim Response

Search Criteria:

* State ID * Equals

* Entry Date From: Through:

Claims older than 2 years by Date of Submission are regularly purged from the system.

Search Reset

Add New Professional Claim/Adjustment

Add New Claim

Check Status Of Claims:

Claims Status Request

Choose the **Copy** or **Adjustment** button to add or adjust claims shown on grid

To submit a new claim, choose **Add New Claim** button

- Check the **Adjustment** box to adjust claims not shown on grid

Member's Info Tab

Client's Info | Claim Info | Other Insurance Info | Detail Line Items | Transportation Info | Errors

Professional Claim

Client's Information

State ID :* | Last Name :* | First Name :* | MI :

Street Address : | City : | State : CO | Zip :

DOB :* | Gender :* | Patient Account Number :*

Claim Submission Type

Claim TCN : | Adjustment TCN : | Frequency Type Code: * Original

Billing Provider Information If required, please add the National Provider Identifier to the provider's maintenance record.

Provider ID :* | National Provider Identifier: | Taxonomy Code: | CLIA Number:

Signature on File :* O Y O N | Release of Information:*

Other Provider Information If required, please provide the National Provider Identifier.

Service Facility Provider ID : | Service Facility National Provider Identifier:

Street Address : | City : | State : CO | Zip :

Supervising Provider ID : | Supervising National Provider Identifier:

Client's Info | Claim Info | Other Insurance Info | Detail Line Items | Transportation Info | Errors

Save | Save & Exit | Submit | Cancel | Reset

Enter new or adjusted claim data on this screen

Frequency Type Code always set to original when submitting new claims

CLIA Number for laboratory claims, CLIA Number can now be entered here or on **Detail Line Items** tab

Clinical Laboratory Improvement Amendments (CLIA) Field

- CLIA Number only needs to be entered once if related to all procedure codes for the claim
- For multiple CLIA Numbers for multiple procedure codes, continue entering on Detail Line Items tab for each claim detail line
- New field validation ensures CLIA Number entered using following format: “99D9999999”
- As of July 1, 2011, failure to submit correct CLIA Number with claim will result in claim denial

Claim Info Tab

Client's Info | Claim Info | Other Insurance Info | Detail Line Items | Transportation Info | Errors

Professional Claim

Claim Information

Accident Information

Related Cause Code :

Related Cause Code :

Accident Date :

Claim Data

Pregnancy Indicator :* ○Y ○N

Prior Auth Number :

Illness/First Symptom Date :

Special Program Indicator :

EPSDT-Related Service :

Claim Notes /LBOD :

Note Reference Code :

Delay Reason Code :

EPSDT Referral Given ? ○Y ○N

EPSDT Condition Ind :

Diagnosis Codes:

Diagnosis*

Diagnosis Code	Type

ADD DELETE

Client's Info | Claim Info | Other Insurance Info | Detail Line Items | Transportation Info | Errors

Save | Save & Exit | Submit | Cancel | Reset

Document the Late Bill Override Date (LBOD) on this tab

- You must choose a Note Reference and Delay Reason Code if using the Claim Notes / LBOD field

Other Insurance Info Tab

Client's Info | Claim Info | Other Insurance Info | Detail Line Items | Transportation Info | Errors

Professional Claim

Other Insurance Information

Other Insurance Coverage:* None

None
Medicare
TPL - Third Party Liability
Both - indicates Medicare and TPL coverage

Insured's Information

Last Name: First Name:

Client Relationship to Insured:

Insurance Information

Company Name: Claim Filing Indicator:

Policy or Group Number: Member ID:

Amount Insurance Paid: $ Date Insurance Paid/Denied:

Medicare Information

Medicare ID: Paid Date: Amount Paid : $

Coinsurance:$ Deductible:$

Client's Info | Claim Info | Other Insurance Info | Detail Line Items | Transportation Info | Errors

Save | Save & Exit | Submit | Cancel | Reset

Four options to choose from:

- None (default)
- Medicare
- TPL – Third Part Liability
- Both – indicated Medicare and TPL coverage

Detail Line Item Tab

Client's Info | Claim Info | Other Insurance Info | Detail Line Items | Transportation Info | Errors

Professional Claim

Total Charge: $ *

Detail Line Items

If required, please provide the National Provider Identifier.

From DOS:*
Through DOS:*
Place of Service:*
Procedure Code:*
NDC:
Modifiers:
CLIA Number:
Units of Service: *
Anesthesia Minutes:
Charge Amount: $*

Rendering Provider ID:
Rendering National Provider Identifier:
Rendering Taxonomy Code:
Referring Provider ID:
Referring National Provider Identifier:

Emergency Indicator:* O Y O N
Family Planning Indicator:* O Y O N
Are these services a follow-up to an EPSDT screening:* O Y O N
Diagnosis Indicator:*

ADD LINE ITEM | UPDATE LINE ITEM | DELETE LINE ITEM

LI	From DOS	Through DOS	POS	Proc	NDC	M1	M2	M3	M4	Anesthesia Minutes	CLIA Number	Units	Charge Amt	Rendering	Referring	ER	D1	D2	D3	D4	Family Plan	EPSDT

Number Of Line Items : 0
Total Amount : 0

☐ Check here to accept the Terms and Conditions

Client's Info | Claim Info | Other Insurance Info | Detail Line Items | Transportation Info | Errors

Save | Save & Exit | Submit | Cancel | Reset

Total Amount for claim automatically calculated

- The **Total Charge** field (top left corner) must be the same amount
- Each line item is the **Charge Amount**

Before submitting claim, <u>must</u> check the **Terms and Conditions** box

Transportation Info Tab

Client's Info | Claim Info | Other Insurance Info | Detail Line Items | Transportation Info | Errors

Professional Claim

Transportation Information

Transportation Certification :* ○ Y ◉ N

Certification Condition Indicator :* ○ Y ○ N

Condition Indicator :*

Transport Distance:*

Ambulance Transport Reason Code :*

Client's Info | Claim Info | Other Insurance Info | Detail Line Items | Transportation Info | Errors

Save | Save & Exit | Submit | Cancel | Reset

The Transportation Info tab should be completed only when emergency transportation is provided

Note: Hospital-based transportation is billed using 837I format

Errors Tab

Client's Info | Claim Info | Other Insurance Info | Detail Line Items | Transportation Info | Errors

Professional Claim

Data Validation Errors

Service Line #	Code	Description
0	2013	Patient's Account Number must be entered.
0	2018	Billing Provider ID must be entered.
0	2020	Signature on File must be selected (Y or N)
0	2021	Release of Information must be selected.
0	2025	Pregnancy Indicator must be selected (Y or N)
0	2032	Primary Diagnosis must be entered.
0	2123	Total Charge must be entered.
0	2151	There must be at least one Detail Line on the claim.
0	2161	The Terms and Conditions on the Detail Line Items tab must be accepted.

PRINT

Client's Info | Claim Info | Other Insurance Info | Detail Line Items | Transportation Info | Errors

Save | Save & Exit | Submit | Cancel | Reset

Service Line # of 0 indicates an error exists on a tab **other than** the Detail Line Item tab

- If the error is related to a detail line item, the Service Line # will be a linked field, and clicking on it will take you to the tab with the error

Claims Status Inquiry Access

Department of Health Care Policy and Financing

Related Sites: Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA

Main Help Log Out

Welcome

Trading Partner ID-

Welcome to the Colorado Medical Assistance Program

Secure Web Portal

- Frequently Asked Questions
- User Profile Maintenance
- BUS
- SAVE System
- Eligibility
- Claims
  - Professional
  - Dental
  - Institutional
  - Claim Status Inquiry
  - Activity Tracing Report
  - User Guide
- PAR
- File and Report Service
- Data Maintenance
- Medicaid Provider Lookup
- Code Set Maintenance
- Administration
- System Reports
- System Maintenance
- PORTAL MANAGER
- Web Portal Training
- Reset Login
- (MMIS) Provider Data Maintenance

What's New!

All Colorado Medical Assistance Program Web Portal users **must** have their own **User Name** and **Password**. Sharing login information is prohibited. Trading Partner Administrators can create new users by selecting **Administration** → **User Maintenance** from the left-hand navigation menu. Please see the Help menu option, the ***TPA User Guide***, and available training for

rights Training, User Guides, and Help may be gray bar or via the menu buttons.

A Trading Partner Administrator's first task should be to set up the users for their Trading Partner. Locate the Administration button in the menu and select User Maintenance. Additional information can be found in the Training and the User Guides.

System Status Messages

Claims	Last Week	First Week
Dental Claims		
Professional Claims		
Institutional Claims		

Eligibility	Last Week

PAR	Last Week

Choose **Claim Status Inquiry** to inquire about the status of <u>any</u> claim, even ones not submitted through the Web Portal (such as paper claims)

Claims Status Inquiry Access

Department of Health Care Policy and Financing

Related Sites: Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA

Main Help Log Out

Claims Status Request

Client Information :

State ID :* DOB :*

Last Name :* First Name :*

Gender : Patient Account No :*

Provider Information :

Billing Provider ID: National Provider Identifier:

Name :*

Claim Information :

TCN: From DOS : 01/10/2012 Through DOS: 01/10/2012

To submit a Claim Status Request one of the following must be entered.
a. TCN
b. Dates of Service.

Submit Cancel Reset

All fields noted with an "*" are required
Refer to your Provider Claim Report (PCR) for details when necessary

File and Report Services Access

Department of Health Care Policy and Financing

Related Sites: Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA

Main Help Log Out

Welcome

Trading Partner ID-

Welcome to the Colorado Medical Assistance Program

Secure Web Portal

- Frequently Asked Questions
- User Profile Maintenance
- BUS
- SAVE System
- Eligibility
- Claims
- PAR
- File and Report Service
  - View/Download Reports
  - Download Batch Reports
  - User Guide
- Data Maintenance
- Medicaid Provider Lookup
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- Administration
- System Reports
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System Status Messages

Claims	Last Week	First Week
Dental Claims		
Professional Claims		
Institutional Claims		

PAR	Last Week

Choose **View / Download Reports** from the File and Report Service (FRS) option to access reports

File and Report Services Screen

Department of Health Care Policy and Financing

Related Sites: Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA

Main Help Log Out

File and Report Service

Enter Search Criteria

Report Types

Hold "ctrl" key while clicking to select multiple report types

Colorado 271
Colorado 820
Colorado 835
Colorado 997
Provider Error Reports
X12_270
X12_270_Batch
X12_276
X12_278

Start Date :

End Date :

Report Listing was last refreshed at : 5/19/2011 3

The next refresh will be at : 5/19/2011 3

Refresh the Report Listing now

Search

Please refer to the online FRS Training, User guide, and Help for functionality questions. If you are unable to retrieve reports/transactions from the FRS please contact ACS at 1-800-237-0757. For all other Web Portal issues call 1-888-538-4275

NOTE: Files bigger than 2 MB in size can only be downloaded in a Batch request. Please refer to the FRS User Guide for details.

Reports available for 60 days after posting

- $2.00 charge per page applied for copies requested from fiscal agent
- Contact Fiscal Agent at 1-800-237-0757 for assistance

Medicaid Provider Lookup Access

Department of Health Care Policy and Financing

Related Sites: Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA

Main Help Log Out

Welcome

Trading Partner ID-

Welcome to the Colorado Medical Assistance Program

Secure Web Portal

- Frequently Asked Questions
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System Status Messages

Claims	Last Week	First Week
Dental Claims		
Professional Claims		
Institutional Claims		

Eligibility	Last Week

PAR	Last Week

Choose **Medicaid Provider Lookup** option on main menu to search for providers with specialties

Medicaid Provider Lookup Screen

Department of Health Care Policy and Financing

Related Sites: Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA

Main Help Log Out

Medicaid Provider Lookup

General Criteria:

Provider Type: --No Preference--

Provider's Last Name or Clinic Name Begins With:

Location Criteria:

City:

State: Colorado

Zip:

County: --No Preference--

Specialty Criteria:

Adolescent Medicine
Adult Day Service
Allergy
Allergy, Pediatric
Anesthesiology
BI Adult Day Service
BI Assistive Technology
BI Behavioral Programming
BI Day Treatment
BI Indep Living Skills Train
BI Institutional Respite Care
BI Mental Health Counseling
BI Personal CarE Service
BI Respite Care
BI Substance Abuse Counseling
BI Supported Living Program

To Select Multiple Specialties, hold down the CtrL key.

This lookup contains providers enrolled with Medicaid; it does not identify providers who are currently accepting new patients.

12 per page Search Reset

Search limited to Health First Colorado providers currently enrolled in Colorado Medical Assistance Program

Web Portal Support

- For all password resets & technical support
  - CGI Help Desk: 1-888-538-4275, option 1
  - helpdesk.HCG.central.us@cgi.com
- Missing TPA Welcome Letter?
  - Contact HCPF Security Administrators: 303-866-4473
- For Billing Questions
  - Contact Fiscal Agent Provider Services at 1-800-237-0757
  - Billing Instructions - choose Provider Services option on top grey menu bar
- End User Training
  - (online) - located in main menu
  - User Guides – located in main menu
  - Help Guide option – on upper grey menu bar & on each Web Portal page

Institutional Claim Lookup Screen

Department of Health Care Policy and Financing

Related Sites: Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA

Main Help Log Out

Institutional Claim Lookup

State ID	Claim Status	Client Name	ThruDOS	Prov ID	PAR ID	Total Charge	Entry Date	Orig/

default result set based on the last 120 days of Date of Entry

Page 0 of 0 Page 0 Go Print

[Previous Page][Next Page]

Edit Copy Delete View/Print Adjustment ClaimStatus View Claim Response

Search Criteria:

* State ID * Equals

* Entry Date From: Through:

Claims older than 2 years by Date of Submission are regularly purged from the system.

Search Reset

Add New Institutional Claim/Adjustment

Add New Claim Adjustment

Check Status Of Claims:

Claims Status Request

- Choose the **Copy** or **Adjustment** button to add or adjust claims shown on grid
- To submit a new claim, choose **Add New Claim** button
- Check the **Adjustment** box to adjust claims not shown on grid

Member's Info Tab

Client's Info | Claim Info | Other Insurance Info | Diag/Occur/Val/Condition Codes | Procedure Codes | Detail Line Items | Errors

Institutional Claim

Client's Information

State ID :* Search Last Name :* Search First Name :* MI :

Street Address : City : State : CO Zip :

DOB :* Gender :* Patient Account Number :*

Claim Submission Type

Claim TCN : Adjustment TCN :

Facility Type Code:* Frequency Type Code:*

Billing Provider Information If required, please add the National Provider Identifier to the provider's maintenance record.

Provider ID :* National Provider Identifier: Taxonomy Code:

Release of Information: *

Other Provider Information If required, please provide the National Provider Identifier.

Provider ID : National Provider Identifier:

Last Name : First Name :

Role: Attending ☐ Operating ☐ Other ☐

ADD DELETE

ProviderID	National Provider ID	Taxonomy Code	Name	Role

Client's Info | Claim Info | Other Insurance Info | Diag/Occur/Val/Condition Codes | Procedure Codes | Detail Line Items | Errors

Save | Save & Exit | Submit | Cancel | Reset

- Enter new or adjusted claim data on this screen
- **Frequency Type Code** <u>always</u> set to original when submitting new claims

Clinical Laboratory Improvement Amendments (CLIA) Field

- CLIA Number only needs to be entered once if related to all procedure codes for the claim
- For multiple CLIA Numbers for multiple procedure codes, continue entering on Detail Line Items tab for each claim detail line
- New field validation ensures CLIA Number entered using following format: “99D9999999”
- Beginning July 1, 2011, failure to submit correct CLIA Number with claim will result in claim denial

Claim Info Tab

Client's Info | Claim Info | Other Insurance Info | Diag/Occur/Val/Condition Codes | Procedure Codes | Detail Line Items | Errors

Institutional Claim

Claim Information

Claim Data

Admit Date: | Admit Hour: | Admission Type Code: | Admission Source Code:

Discharge Hour: | Patient Status:*

Statement From Date:* | Statement Thru Date:*

Claim Notes/ LBOD : | Note Reference Code : | Delay Reason Code :

Client's Info | Claim Info | Other Insurance Info | Diag/Occur/Val/Condition Codes | Procedure Codes | Detail Line Items | Errors

Save | Save & Exit | Submit | Cancel | Reset

- Document the Late Bill Override Date (LBOD) on this tab
- You must choose a *Note Reference* and *Delay Reason Code* if using the Claim Notes/LBOD field

Other Insurance Info Tab

Client's Info | Claim Info | Other Insurance Info | Diag/Occur/Val/Condition Codes | Procedure Codes | Detail Line Items | Errors

Institutional Claim

Other Insurance Information

Other Insurance Coverage:* None

- None
- Medicare only
- One TPL
- Two TPLs
- Medicare and One TPL

Insurance Information

Company Name: | Policy or Group Number:

Last Name: | First Name: | MI:

Member ID:

Client Relationship to Insured: | Claim Filing Indicator:

Amount Insurance Paid: $ | Estimated Amount Due: $ | Date Insurance Paid/Denied:

Insurance Information

Company Name: | Policy or Group Number:

Last Name: | First Name: | MI:

Member ID:

Client Relationship to Insured: | Claim Filing Indicator:

Amount Insurance Paid:$ | Estimated Amount Due: $ | Date Insurance Paid/Denied:

Medicare Information

Medicare ID: | Paid/ Denied Date: | Amount Paid : $

Coinsurance:$ | Deductible:$

Client's Info | Claim Info | Other Insurance Info | Diag/Occur/Val/Condition Codes | Procedure Codes | Detail Line Items | Errors

Save | Save & Exit | Submit | Cancel | Reset

Five options to choose from:

- None (default)
- Medicare
- One TPL
- Two TPLs
- Medicare and one TPL

Codes Tab

Client's Info | Claim Info | Other Insurance Info | Diag/Occur/Val/Condition Codes | Procedure Codes | Detail Line Items | Errors

Institutional Claim

Diagnosis Codes:

The Present on Admission (POA) Indicator is required for Inpatient Hospital claims to indicate whether the condition was present at the time the client was admitted to the facility.

Diagnosis* Present on Admission indicator Admitting ☐ Principal ☐ E-Code ☐

ADD DELETE

Diagnosis Code POA Indicator Type

Occurrence Codes:

Occurrence Code: Date :

ADD DELETE

Occurrence Code Date

Span Code:

From Date: To Date:

ADD DELETE

Occurrence Span Code | From Date | Through Date

Value Codes:

Value Code: Amount:

ADD DELETE

Value Code Amount

Condition Codes:

Condition Code:

ADD DELETE

Condition Code

Client's Info | Claim Info | Other Insurance Info | Diag/Occur/Val/Condition Codes | Procedure Codes | Detail Line Items | Errors

Save | Save & Exit | Submit | Cancel | Reset

- Inpatient hospital claims submitted through the Web Portal require the inclusion of a **POA indicator**

Procedure Codes Tab

Client's Info | Claim Info | Other Insurance Info | Diag/Occur/Val/Condition Codes | Procedure Codes | Detail Line Items | Errors

Institutional Claim

Procedure Codes A Procedure Date is required for any Procedure Code

Procedure Code: Procedure Date: Principal Procedure:

ADD DELETE

Procedure Code	Date	Principal/Other

Treatment Authorization:

Authorization Code A: Authorization Code B: Medical Record Number:

Client's Info | Claim Info | Other Insurance Info | Diag/Occur/Val/Condition Codes | Procedure Codes | Detail Line Items | Errors

Save | Save & Exit | Submit | Cancel | Reset

- The Procedure Codes Tab collects information relating to the ICD9-CM surgical procedure codes as well as treatment authorization

Detail Line Item Tab

Client's Info | Claim Info | Other Insurance Info | Diag/Occur/Val/Condition Codes | Procedure Codes | Detail Line Items | Errors

Institutional Claim

Total Charge: $ *

Detail Line Items

Revenue Code :*

Date of Service:

HCPCS Code:

Units Of Service:*

Modifiers:

Non-Covered Charges:$

NDC:

Charge Amount:*$

ADD LINE ITEM | UPDATE LINE ITEM | DELETE LINE ITEM

LI Revenue HCPCS M1 M2 M3 M4 NDC Charge Amt DOS Units Non-Covered

Number Of Line Items : 0
Total Amount : 0

☐ Check here to accept the Terms and Conditions

Client's Info | Claim Info | Other Insurance Info | Diag/Occur/Val/Condition Codes | Procedure Codes | Detail Line Items | Errors

Save | Save & Exit | Submit | Cancel | Res

- **Total Amount** for claim automatically calculated
- The **Total Charge** field (top left corner) must be the same amount
- Each line item is the **Charge Amount**

- Before submitting claim, <u>must</u> check the **Terms and Conditions** box

Errors Tab

Client's Info | Claim Info | Other Insurance Info | Detail Line Items | Transportation Info | Errors

Professional Claim

Data Validation Errors

Service Line #	Code	Description
0	2013	Patient's Account Number must be entered.
0	2018	Billing Provider ID must be entered.
0	2020	Signature on File must be selected (Y or N)
0	2021	Release of Information must be selected.
0	2025	Pregnancy Indicator must be selected (Y or N)
0	2032	Primary Diagnosis must be entered.
0	2123	Total Charge must be entered.
0	2151	There must be at least one Detail Line on the claim.
0	2161	The Terms and Conditions on the Detail Line Items tab must be accepted.

PRINT

Client's Info | Claim Info | Other Insurance Info | Detail Line Items | Transportation Info | Errors

Save | Save & Exit | Submit | Cancel | Reset

- **Service Line # of 0** indicates an error exists on a tab **other than** the Detail Line Item tab
- If the error is related to a detail line item, the Service Line # will be a linked field, and clicking on it will take you to the tab with the error.

Thank you!