

Beginning Billing Workshop

Secure Web Portal 837I

Colorado Medicaid
2016



COLORADO

Department of Health Care
Policy & Financing



Centers for Medicare & Medicaid Services

xerox



Xerox State Healthcare



Medicaid/CHP+ Medical Providers



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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



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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.)



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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



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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



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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



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Department Website

The screenshot shows a web browser at the URL <https://www.colorado.gov/hcpf>. The page header includes the Colorado logo and the text "Colorado The Official Web Portal". The main content area features the HCPF logo and the text "COLORADO Department of Health Care Policy & Financing". A navigation menu includes "Home", "For Our Members", "For Our Providers", and "For Our Stakeholders". The "For Our Providers" link is highlighted with a purple box and a callout labeled "2". Below the navigation menu, a banner states: "We administer Medicaid, Child Health Plan Plus, and other health care programs for Coloradans who qualify." The main content area is divided into four columns: "Explore Benefits" (with a magnifying glass icon), "Apply Now" (with a checkmark icon), "Find Doctors" (with a group of people icon), and "Get Help" (with an information icon). At the bottom, there are two promotional boxes: "Feeling Sick? For medical advice, call the Nurse Line: 800-283-3221" (with a nurse icon) and "Get Covered. Stay Healthy. colorado.gov/health" (with an umbrella icon). A callout labeled "1" points to the URL in the browser's address bar, and another callout labeled "2" points to the "For Our Providers" link in the navigation menu.



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Provider Home Page

Find what you need here

Contains important information regarding Colorado Medicaid & other topics of interest to providers & billing professionals

The screenshot shows the 'Provider Home Page' of the Colorado Department of Health Care Policy & Financing. The page has a blue header with the text 'The Official Web Portal' and a 'Translate' button. The main content area features the department's logo and name. A navigation bar includes links for 'Home', 'For Our Members', 'For Our Providers', 'For Our Stakeholders', and 'About Us'. The 'For Our Providers' section is the focus, containing four key areas: 'Why should you become a provider?' (with a cross icon), 'How to become a provider (enroll)' (with a document icon), 'Provider services (training, & more)' (with a dollar sign icon), and 'What's new? (bulletins, newsletters, updates)' (with a radio tower icon). Below these are quick links for 'CBMS Colorado Benefits Mgmt. System', 'DDweb', 'Web Portal', 'Get Help', 'Get Info', and 'Find a Doctor'.



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Web Portal Login Page

STATE OF COLORADO
1876

Department of Health Care Policy and Financing

Related Sites: Provider Services CBMS CHP+ CICIP 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 Message:
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+ CACP CPPC Old Age Pension HIPAA

Main Help Log Out

Welcome to the Colorado Medical Assistance Program

Trading Partner ID- Secure Web Portal

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.

System Status Messages

Claims	Last week	First week
Personal Claims		
Professional Claims		
Institutional Claims		

Eligibility	Last Week	First Week

PAR	Last Week	First Week

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.

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

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

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

System Status Messages

Claims	Last Week	First Week
Dental Claims		
Professional Claims		
Institutional Claims		

Eligibility	Last Week	First Week

PAR	Last Week

Administration → **User Maintenance**

System Reports → Claims/PAR Purge

System Maintenance → User Guide

PORTAL MANAGER

Web Portal Training

Reset Login

(MMIS) Provider Data Maintenance

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

Page 1 of 1 Page

[\[Previous Page\]](#) [\[Next Page\]](#)

Search Criteria:

* *

Add New User

User Name :

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: *

Password:

Confirm Password:

Suspended

Session Locked

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:

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



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MMIS Provider Data Maintenance 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 to the Colorado Medical Assistance Program

Secure Web Portal

Trading Partner ID:

What's New!

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System Status Messages

Claims	Last Week	First Week
Dental Claims		
Professional Claims		
Institutional Claims		

Eligibility	Last Week	First Week

PAR	Last Week	First Week

(MMIS) Provider Data Maintenance (MMIS) Provider Data Maintenance

User Guide

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+](#) [CACP](#) [CPPC](#) [Old Age Pension](#) [HIPAA](#)

[Main](#) [Help](#) [Log Out](#)

MMIS Provider Inquiry

Provider ID: *

Tax ID/SSN: *

[Submit](#) [Cancel](#)

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Contact Us: [Help Desk](#)

[DEPT. HOME](#) [HCPF Home](#) - [StateHome](#) 

[Privacy Statement](#) [Site Map](#)

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

MMIS Provider Information



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



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

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

Please contact Provider Services to update your license information.

(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



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: * End Date: *

(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 Opt-Out 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

[Accept Selections](#) [Reset](#)

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

[Print](#) [Submit](#) [Cancel](#)

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

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](#)

[Main](#) [Help](#) [Log Out](#)

Welcome to the Colorado Medical Assistance Program

Secure Web Portal

Trading Partner ID-

What's New!

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System Status Messages

Claims	Last Week	First Week
Dental Claims		
Professional Claims		
Institutional Claims		
Eligibility	Last Week	
PAR	Last Week	

Data Maintenance | **Provider Maintenance**

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.

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
[Previous Page] [Next Page]

Search Criteria:
* * *

Add New Provider
Provider ID:

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: * ID: *

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+ CACP CPPC Old Age Pension HIPAA

Main Help Log Out

Welcome to the Colorado Medical Assistance Program Secure Web Portal

Trading Partner ID-

What's New!

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

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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:

Service Type Code:*

From DOS :*

Through DOS :*

Client Detail

State ID: DOB:

Last Name: First Name: SSN:

Users should check a members eligibility using the Billing Provider ID

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

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

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

CO MEDICAL ASSISTANCE

Response Creation Date & Time: 05/19/2011

Contact Information for Questions on Res
Provider Relations Number: 800-237-0751

Requesting Provider

Provider ID:
Name:

Client Details

Name:
State ID:

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+ CACP CPPC Old Age Pension HIPAA

Main Help Log Out

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System Status Messages

Claims	Last Week	First Week
Dental Claims		
Professional Claims		
Institutional Claims		
Eligibility	Last Week	
PAR	Last Week	

Data Maintenance → **Client Maintenance**

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

Page 1 of 1 Page
[\[Previous Page\]](#) [\[Next Page\]](#)

Search Criteria:

* *

Add New Client

State ID:

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

Client Maintenance

State ID: *

Last Name: *

SSN:

Patient Account Number:

Address: *

City: *

State: * Zip Code: *

DOB: *

First Name: *

Middle Initial:

Gender:

Medicare Number:

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



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Institutional Claim Access

Department of Health Care Policy and Financing

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

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Frequently Asked Questions
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Data Maintenance
Medicaid Provider Lookup
Code Set Maintenance
Administration
System Reports
System Maintenance
PORTAL MANAGER
Web Portal Training
Reset Login
(MMIS) Provider Data Maintenance

Professional
Dental
Institutional
Claim Status Inquiry
Activity Tracing Report
User Guide

What's New!
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System Status Messages

Claims	Last Week	First Week
Dental Claims		
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+ CICIP 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

Page 0 of 0

Page 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 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: Zip:

DOB: * Gender: * Patient Account Number: *

Claim Submission Type

Claim TCN: Adjustment TCN: 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: CLIA Number:

Signature on File: * Y 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: 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



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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 : Accident Date :

Related Cause Code :

Claim Data

Pregnancy Indicator : * Y N Prior Auth Number : Illness/First Symptom Date :

Special Program Indicator :

EPSDT-Related Service : EPSDT Referral Given ? Y N EPSDT Condition Ind :

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

Diagnosis Codes:

Diagnosis*	Diagnosis Code	Type
<input type="text"/>		

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: *

 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: * Y N

Family Planning Indicator: * Y N

Are these services a follow-up to an EPSDT screening: * Y N

Diagnosis Indicator: *

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

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, must 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+ CACP CPPC Old Age Pension HIPAA

Main Help Log Out

Welcome to the Colorado Medical Assistance Program

Trading Partner ID- Secure Web Portal

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](#) for the *TPA User Guide*, and available training for

Claim Status Inquiry

Professional
Dental
Institutional

Activity Training Report - 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	La	We
PAR	La	We

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

Claims Status Inquiry Access

The screenshot shows the 'Claims Status Request' form. At the top is the Colorado state seal and the department name. Below is a navigation bar with links for 'Main', 'Help', and 'Log Out'. The form is divided into three sections: 'Client Information', 'Provider Information', and 'Claim Information'. Each section contains several input fields, some marked with an asterisk to indicate they are required. The 'Client Information' section includes fields for State ID, Last Name, Gender, DOB, First Name, and Patient Account No. The 'Provider Information' section includes fields for Billing Provider ID, National Provider Identifier, and Name. The 'Claim Information' section includes a TCN field and two date fields for 'From DOS' and 'Through DOS'. At the bottom, there is a note about required information and three buttons: 'Submit', 'Cancel', and 'Reset'.

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: Through DOS:

To submit a Claim Status Request one of the following must be entered.

a. TCN
b. Dates of Service.

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+ CACP CPPC Old Age Pension HIPAA

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System Status Messages

Claims	Last Week	First Week
Dental Claims		
Professional Claims		
Institutional Claims		
Eligibility	Last Week	
PAR	Last Week	

File and Report Service View/Download Reports

Data Maintenance Download Batch Reports

Medicaid Provider Lookup User Guide : rights Training, User Guides, and Help may be available in the upper gray bar or via the menu buttons.

Code Set Maintenance

Administration

System Reports

System Maintenance

PORTAL MANAGER

Web Portal Training

Reset Login

(MMIS) Provider Data Maintenance

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

File and Report Services Screen

The screenshot shows the 'File and Report Service' interface. At the top is the Colorado Department of Health Care Policy and Financing logo and navigation links: 'Related Sites: Provider Services CBMS CHP+ CICIP CPPC Old Age Pension HIPAA' and 'Main Help Log Out'. The main heading is 'File and Report Service'. Below it is a section titled 'Enter Search Criteria' which includes a 'Report Types' dropdown menu with options like 'Colorado 271', 'Colorado 820', 'Colorado 835', 'Colorado 997', 'Provider Error Reports', 'X12_270', 'X12_270_Batch', 'X12_276', and 'X12_278'. To the right are 'Start Date' and 'End Date' fields with calendar icons, and a 'Refresh the Report Listing now' checkbox. A 'Search' button is at the bottom. A red text block at the bottom provides contact information and a note about file sizes.

Enter Search Criteria

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

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 to the Colorado Medical Assistance Program

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What's New!

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System Status Messages

Claims	Last Week	First Week
Dental Claims		
Professional Claims		
Institutional Claims		
Eligibility	Last Week	
PAR	Last Week	

Medicaid Provider Lookup

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

Medicaid Provider Lookup Screen

The screenshot shows the Medicaid Provider Lookup screen. At the top is the Colorado Department of Health Care Policy and Financing logo and navigation links. The main content area is titled "Medicaid Provider Lookup" and contains several search criteria sections: "General Criteria" with fields for Provider Type, Last Name, and Clinic Name; "Location Criteria" with fields for City, State, Zip, and County; and "Specialty Criteria" with a list of medical specialties. A note at the bottom states that the lookup only shows providers currently enrolled with Medicaid. At the bottom left are controls for "12 per page", "Search", and "Reset".

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:

Provider's Last Name or Clinic Name Begins With:

Location Criteria:

City:

State:

Zip:

County:

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 limited to Medicaid 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+ CICIP 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 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 Claims / Adjustment

Adjustment

Check Status Of Claims:

- 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

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

- Enter new or adjusted claim data on this screen
- Frequency Type Code always 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: “99D99999999”
- Beginning July 1, 2011, failure to submit correct CLIA Number with claim will result in claim denial



COLORADO

Department of Health Care
Policy & Financing

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:

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: *

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

Diagnosis Code POA Indicator Type

Occurrence Codes:

Occurrence Code: Date:

Span Code: From Date: To Date:

Occurrence Code	Span	From Date	Through Date
-----------------	------	-----------	--------------

Value Codes:

Value Code: Amount:

Value Code Amount

Condition Codes:

Condition Code:

Condition Code

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

• 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, must 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!



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Policy & Financing