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## Did You Know?

Providers that do not complete the enrollment revalidation process by their revalidation due date will be subject to claim denials or disenrollment effective November 11, 2023. Providers can locate their new revalidation date on the Provider Revalidation Dates Spreadsheet, which is located on the [Revalidation web page](#) under the Revalidation Resources section.

## All Providers

### Colorado Recovery Audit Contract (RAC) Provider Stakeholder Webinar

All Health First Colorado (Colorado's Medicaid program) providers are invited to a Recovery Audit Contract (RAC) stakeholder webinar. This quarterly meeting will take place via Zoom on Thursday, November 2, 2023, at 12:00 p.m. MT.

[Register](#) in advance for this webinar.

A confirmation email containing information about joining the webinar will be received after registering.

#### Want RAC Updates?

The [Colorado RAC Stakeholder Contact List Request Form](#) has been created to ensure RAC program information is quickly and efficiently communicated externally. Providers are encouraged to update their contact information in the [Provider Web Portal](#). Visit the [RAC Program web page](#) under the Provider Requests and Surveys subsection to view the form to sign up for email communications.

## Deficit Reduction Act (DRA) of 2005 Due November 1, 2023

Section 6032 of the [Deficit Reduction Act \(DRA\) of 2005](#) requires that providers meeting the definition of entity and making or receiving annual Medicaid payments of \$5 million or more establish and disseminate certain written policies for preventing and detecting fraud, waste and abuse. The entities must also provide information to employees and contractors about the following:

- The Federal False Claims Act (FCA) and other applicable federal and state false claims laws
- The administrative remedies for false claims and statements
- The whistleblower protections afforded under such laws



Providers subject to Section 6032 are required each year to furnish certain documentation to show compliance with these requirements. Providers will receive an email requesting this documentation. Ensure the contact information in the [Provider Web Portal](#) is current to receive this email.

Entities subject to the DRA must complete and return the DRA Declaration to the Department of Health Care Policy & Financing (the Department). Entities with multiple identified locations must send one (1) DRA Declaration with an attachment listing all National Provider Identifiers (NPIs) and service location IDs covered by the DRA Declaration. The due date for the Federal Fiscal Year (FFY) of October 1, 2022, through September 30, 2023, is November 1, 2023.

The completed [DRA Declaration](#) and all required documents must be emailed to [HCPF\\_DRAAct2005@state.co.us](mailto:HCPF_DRAAct2005@state.co.us).

Contact Eileen Sandoval at [HCPF\\_DRAAct2005@state.co.us](mailto:HCPF_DRAAct2005@state.co.us) with questions related to the DRA.

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## Electronic Funds Transfer (EFT) Changes or Updates

### Making Electronic Funds Transfer (EFT) Changes or Updates?

Submit a provider maintenance update. All information should be updated and current, including:

- Mailing, billing and service location address(es)  
**Note:** Mailing and billing addresses must be current to receive paper checks.
- Contact information
- Owner and/or managing employee information

Including all this information will expedite an EFT change and minimize disruptions to payments. It can take up to two (2) weeks for the EFT changes to take place. Paper checks will be mailed in the interim.

Refer to the [EFT Quick Guide](#) and the [Provider Maintenance Quick Guide](#) or contact the [Provider Services Call Center](#) with questions.

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### Previously Receiving EFT Payments and Now Receiving Paper Checks?

Immediately verify if there was an EFT change submitted and contact the [Provider Services Call Center](#) with the suspected EFT tracking number if a fraudulent EFT is suspected.

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### Provider Services Call Center

Providers are reminded to contact the [Provider Services Call Center](#) with any billing questions. The phone number 1-800-221-3943 is for Health First Colorado members *only* and cannot assist with provider questions.

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### Reminder: Update Address for Internal Revenue Service (IRS) Form 1099 in Provider Web Portal

Providers are encouraged to ensure the Internal Revenue Service (IRS) 1099 form mailing address on file with Health First Colorado is accurate and current prior to January 2024. Providers may add, view or modify the IRS 1099 form mailing address through the Provider Maintenance option in the [Provider Web Portal](#). A confirmation letter will be sent to all linked provider service locations when an update is completed.

The letter will contain:

- The provider service location ID
- Information about the user who completed the change
- Details of the address changes made (previous and new)

**Note:** The IRS 1099 form mailing address is linked to the associated tax ID. If multiple provider IDs share the same tax ID and one provider changes the 1099 address, that address will change for all providers with that tax ID.

Refer to the [Provider Maintenance - Provider Web Portal Quick Guide web page](#) under the [Address Changes](#) section for instructions on how to update an address in the Provider Web Portal.

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## All Providers Who Utilize the ColoradoPAR Program

### Acentra (Formerly Kepro®) Provider Training

Provider-specific training offers Prior Authorization Request (PAR) submission information focused on the benefit. Acentra's November provider-specific training is for the Physician-Administered Drug (PAD) Provider Benefit Specific Training (PBST). This training will include an overview of the benefit and will have Acentra staff pharmacists on hand to answer questions.

- [PAD PBST: November 8, 2023, at 8:30 a.m. MT](#)
- [PAD PBST: November 8, 2023, at 12:00 p.m. MT](#)
- [PAD PBST: November 8, 2023, at 3:30 p.m. MT](#)

Email [COProviderIssue@kepro.com](mailto:COProviderIssue@kepro.com) with questions or if needing assistance when registering for Acentra's provider PAR portal, Atrezzo®.

- [PAR Submission: November 15, 2023, at 8:30 a.m. MT](#)
- [PAR Submission: November 15, 2023, at 12:00 p.m. MT](#)

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## **Behavioral Health Providers**

### **Access to Certain Behavioral Health Services**

The Colorado Legislature passed [Senate Bill \(SB\) 23-174](#) in 2023, which requires the Department to provide access to a limited set of behavioral health services to members under the age of 21 without a covered diagnosis. The services will include an array of outpatient psychotherapy services. The policy will go into effect July 1, 2024.

The legislation requires that the Department seek stakeholder input regarding the scope of services that should be covered under this policy as well as key information that should be included in the annual report to the legislature. The [SB 23-174: Coverage Policy web page](#) was created with reference materials for this policy.

A stakeholder webinar will be held on Friday, November 17, 2023, at 12:30 p.m. MT. Providers are invited to attend the webinar and to visit the [SB 23-174: Coverage Policy web page](#) to review the resources and [provide input](#).

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## **Home and Community-Based Services (HCBS) Providers, Case Managers, Community Centered Boards, Contracted Case Management Agencies**

### **Home and Community-Based Services (HCBS) for Persons with Intellectual and/or Developmental Disabilities (IDD) Waiver Programs Billing Manual Update**

The [HCBS for Persons with IDD Waiver Programs and Targeted Case Management Billing Manual](#) has been updated to include the new Targeted Case Management codes related to Case Management Redesign.

Contact [HCPF\\_CMRD\\_Enrollment\\_Billing@state.co.us](mailto:HCPF_CMRD_Enrollment_Billing@state.co.us) with questions.

# **Hospital Providers**

## **General Updates**

### **All Hospital Providers**

#### **Hospital Stakeholder Engagement Meetings**

Bi-monthly Hospital Stakeholder Engagement meetings will continue to be hosted to discuss current topics regarding payment reform and operational processing. [Sign up](#) to receive the Hospital Stakeholder Engagement Meeting newsletters.

- The next All-Hospital Stakeholder Engagement meeting is scheduled for Friday, November 3, 2023, from 9:00 a.m. to 11:00 a.m. MT and will be hosted virtually on Zoom.
- An extra meeting will be added on Friday, December 15, 2023, from 9:00 a.m. to 11:00 a.m. MT to discuss fiscal hospital impacts related to the All Patient Refined Diagnosis Related Groups (APR-DRG) Version 40 Update currently scheduled for implementation on July 1, 2024.

Visit the [Hospital Stakeholder Engagement Meeting web page](#) for more details, meeting schedules and past meeting materials. Calendar Year 2024 meeting dates have been posted.

Contact Tyler Samora at [Tyler.Samora@state.co.us](mailto:Tyler.Samora@state.co.us) with any questions or topics to be discussed at future meetings. Advanced notice will provide the Rates Team time to bring additional Department personnel to the meetings to address different concerns.

#### **Outpatient Hospitals**

The Enhanced Ambulatory Patient Grouping (EAPG) rate calculation for the Peer Group Averages contained an error impacting the payment rates for certain out-of-state hospital claims, as discussed in the September Hospital Engagement meeting. The rates were updated within Colorado interChange during the end of October with adjustments to claims planned for early part of November.

### **Rural Health Clinics (RHCs)**

#### **Rural Health Clinic (RHC) Bi-Monthly Meeting**

- The next RHC meeting is scheduled for Thursday, November 2, 2023, from 12:30 p.m. to 1:00 p.m. MT and will be hosted virtually on Zoom.

Visit the [RHC and Rural Hospital Meeting web page](#) for more details, meeting schedules and past meeting materials.

Contact Andrew Abalos at [Andrew.Abalos@state.co.us](mailto:Andrew.Abalos@state.co.us) with any questions or topics to be discussed at future meetings. Advanced notice will provide the Rates Team time to bring additional Department personnel to the meetings to address different concerns.

## Updates to Hospital Policy

The hospital services policy has been updated effective October 30, 2023. The update clarifies covered hospital services by providing guidance for when inpatient (IP), outpatient (OP) and observation stays are appropriate based on medical necessity. Refer to the [IP/OP Billing Manual](#) for details.

Contact Diva Wood at [Diva.Wood@state.co.us](mailto:Diva.Wood@state.co.us) and Jessica Short at [Jessica.Short@state.co.us](mailto:Jessica.Short@state.co.us) with questions.

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## Immunization Providers

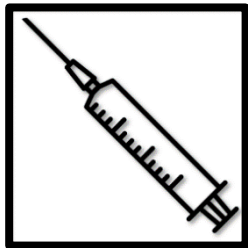
### Vaccine Code Updates

#### Reminder

All Advisory Committee on Immunization Practices (ACIP)-recommended immunizations are a covered benefit for all members without cost sharing. This includes flu and COVID-19 vaccines. All ACIP-recommended adult vaccines may be administered in the pharmacy. Providers seeking reimbursement for administering immunizations to members under the age of 19, including flu and COVID-19 vaccines, must enroll in the Vaccines for Children (VFC) program and use VFC-distributed products.

#### Respiratory Syncytial Virus (RSV) Immunization Updates

**Correction:** RSV vaccines are a covered benefit for adult members at least 60 years of age without cost-sharing effective June 21, 2023. Common Procedural Technology (CPT) codes 90678 and 90679 should be used as well as the applicable vaccine administration code.



CPT 90678 is also available for pregnant individuals effective September 22, 2023. The provider must be VFC-enrolled to receive reimbursement for administration of the RSV vaccine if the pregnant member is under the age of 19.

#### Vaccine Counseling for RSV Monoclonal Antibody (MAB) Guidance and Preventive Medicine Counseling Codes

Health First Colorado covers vaccine counseling visits in which healthcare providers talk to families about the importance of vaccination.

Health First Colorado will also reimburse for stand-alone vaccine counseling visits as part of vaccine administration required for all routine vaccines. Providers should bill CPT G0310, G0311, G0312, G0313, G0314 or G0315 for visits in which healthcare providers give counseling about the importance of vaccination. Providers should include modifier CR for all COVID-19 vaccine counseling-only visits. Providers should not bill for the vaccine counseling code and the vaccine administration code on the same date of service when vaccine administration codes are inclusive of counseling.

CPT G0310, G0311, G0312, G0313, G0314 or G0315 can be billed at only one (1) visit for each member per day, but there are no quantity limits for the number of times this education is provided to an individual member.

Providers may bill the appropriate Preventive Medicine Counseling Code (CPTs 99401-99404) for the counseling portion of the visit if a specific vaccine or Monoclonal Antibody (MAB) administration code does not include a vaccine counseling component (e.g., administration code 96372 used for RSV MAB injections) and providers counsel and administer the vaccine or MAB on the same date of service.

Keep documentation in the member's chart that shows the duration of counseling and a list of the prevention topics covered during counseling.

A separate Evaluation and Management (E/M) visit code may be reported with modifier 25 if there is a separately identifiable E/M service performed outside of vaccine counseling and immunization administration.

Contact Christina Winship at [Christina.Winship@state.co.us](mailto:Christina.Winship@state.co.us) with any questions.

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## Rabies Vaccine Rates

There are new rates for rabies vaccines and immune globulin effective September 26, 2023, for the following Common Procedural Technology (CPT) codes: 90375 (\$293.67), 90376 (\$274.36) and 90675 (\$338.27). New rates are available on the [Immunization Rate Schedule](#). Claims submitted at the previous lower rate must be adjusted in order to receive the higher rate.

Contact Christina Winship at [Christina.Winship@state.co.us](mailto:Christina.Winship@state.co.us) with any questions.

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## Outpatient Hospital Providers

### Outpatient Hospital Specialty Drugs: Medications List Update

#### Outpatient Hospital Specialty Drugs - Enhanced Ambulatory Patient Group (EAPG) Carveout Program

Approved outpatient hospital specialty drugs fall under the Outpatient Hospital Specialty Drugs - EAPG Carveout policy. **Ultomiris (ravulizumab-cwvz)** and **Xenpozyme (olipudase alfa-rpcp)** have been added to the list of approved outpatient hospital specialty drug carveouts effective August 2, 2023, and August 10, 2023, respectively. Refer to [Appendix Z: List of Outpatient Hospital Specialty Drugs](#) for the entire list of specialty drugs subject to this policy.

Member-specific Prior Authorization Requests (PARs) must be submitted directly to the Department and approved prior to administration of the specialty drug. Visit the [Physician-Administered Drug \(PAD\) web page](#) under the Outpatient Hospital Specialty Drugs - EAPG

Carveout drop-down for resources, including Appendix Z, coverage standards, request forms and submission requirements.

### **General Information**

Retroactive requests are not usually considered; however, as an exception, the Department will review PARs for members who have received treatment with either specialty drug for dates of service between the respective effective dates as outlined above and November 1, 2023. An approved PAR must be on file for any future dates of service prior to the member receiving treatment or the claim line will be denied.

Prior authorization does not guarantee payment. The outpatient hospital benefits require the National Drug Code (NDC) of the PAD administered to the member to be billed on the claim line. Refer to [Appendix X: Healthcare Common Procedural Coding System \(HCPCS\)/NDC Crosswalk](#) for guidance and valid and reimbursable HCPCS/NDC combinations.

Refer to the [PAD Billing Manual](#) and the [Inpatient/Outpatient \(IP/OP\) Billing Manual](#) or visit the [PAD web page](#) for additional policy information.

Contact [HCPF\\_PAD@state.co.us](mailto:HCPF_PAD@state.co.us) with additional questions.

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## **Pediatric Personal Care Providers**

### **Underpayment of Rate Increase**

The July 1, 2023, Pediatric Personal Care rates (procedure code T1019) were not appropriately allocated the Across-the-Board increase. The rates for Pediatric Personal Care have been adjusted to reflect the increase received. Rates have been corrected in the Colorado interChange and on the [Health First Colorado Rate Schedule](#) located on the [Provider Rates and Fee Schedule web page](#).

Providers billing the fee schedule rate instead of their usual and customary charges must manually adjust claims to the increased rate. Providers billing usual and customary charges will see claims adjustments via claims reprocessing.

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## **Pharmacy Providers**

### **Pharmacist Prescriptions**

Enrolled pharmacists submitting pharmacy claims and receiving denial code 6Z/50602 - “Provider Not Elig To Perform Serv/Dispense Product” are encouraged to call Magellan to complete a prior authorization to confirm meeting applicable criteria as established in [C.R.S 12-280-103 \(39\)\(g\)\(IV\)](#) and Department of Regulatory Agencies (DORA) rules to receive reimbursement for the claim, effective November 15, 2023. The prescribing pharmacist should be the point of contact with Magellan.



Refer to the [Pharmacist Services Billing Manual](#) for additional details.

Contact the [Magellan Rx Management Pharmacy Call Center](#) 24 hours, 7 days a week, for further technical assistance.

Contact Korri Conilogue at [Korri.Conilogue@state.co.us](mailto:Korri.Conilogue@state.co.us) with additional questions related to this policy.

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## **Physician Services Providers**

### **eConsult Platform Informational Update**

Health First Colorado providers will soon have access to an electronic consultation (eConsult) platform. The anticipated launch date for the eConsult platform is February 1, 2024. The eConsult platform will be accessible to all Health First Colorado providers without any charges. Providers can access the eConsult platform on the [Colorado Medicaid eConsult website](#).

The eConsult platform will enable asynchronous (store and forward) clinical communications between a Primary Care Medical Provider (PCMP) and a specialty provider. The PCMP will be able to transmit an electronic clinical question to a specialty provider. The specialty provider will be able to review the case without the member being present. The specialty provider will then provide electronic medical consultative guidance that assists the PCMP in the diagnosis or management of the member's healthcare needs or facilitates the appropriate referral for a face-to-face visit with a specialty provider when clinically appropriate.

Several webinars are being hosted with the eConsult vendor Safety Net Connect. Sign up for one of the upcoming webinars to access in-depth information about Colorado Medicaid eConsults and to ask questions or share feedback.

#### **Webinar Schedule**

- November 29, 2023, from 8:00 a.m. to 9:30 a.m. MT
  - Topic: Enhancing Access with eConsults: General Overview
  - [Register](#) in advance for this webinar.
- December 6, 2023, from 8:00 a.m. to 9:30 a.m. MT
  - Topic: Enhancing Access with eConsults: General Overview
  - [Register](#) in advance for this webinar.
- December 13, 2023, from 8:00 a.m. to 9:30 a.m. MT
  - Topic: Enhancing Access: eConsults for PCMPs
  - [Register](#) in advance for this webinar.
- January 10, 2024, from 8:00 a.m. to 9:30 a.m. MT
  - Topic: Enhancing Access: eConsults for Specialty Providers
  - [Register](#) in advance for this webinar.

### Anticipated Timeline

- Fall/Winter 2023 - Implementation Activities
- February 1, 2024 - Anticipated eConsult Platform Go Live

**Note:** The timeline is subject to change without prior notice and is only provided as a reference.

Visit the [eConsult Platform web page](#) or email [HCPF\\_eConsult@state.co.us](mailto:HCPF_eConsult@state.co.us) for more information.

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## Screening, Brief Intervention and Referral to Treatment (SBIRT)

Screening, Brief Intervention and Referral to Treatment (SBIRT) is designed to prevent members from developing a Substance Use Disorder (SUD), for early detection of a suspected SUD or to refer members for treatment. The current best practice for billing for SBIRT services when the screening and brief intervention do not meet the minimum 15-minute threshold required by procedure code 99408 are highlighted below.



Current SBIRT policy outlined in [10 CCR 2505-10 8.747.6.C](#) allows SBIRT codes to be billed on the same day as other Evaluation and Management (E/M) services. Providing SBIRT for less than 15 minutes can be reimbursed by factoring in the time or level of medical decision-making to an E/M code.

Use modifier 25 to indicate that the E/M service is separately identifiable if billing for an E/M service in addition to SBIRT. Ensure that the E/M service is documented and coded appropriately.

Procedure code H0049 can be billed when a full screening is conducted and the result is negative. H0049 may be billed in addition to the E/M code for the visit.

Refer to the [SBIRT Program Billing Manual](#) for further clarification regarding billing for SBIRT using code H0049 or E/M codes for short encounters. Contact Janelle Gonzalez at [Janelle.Gonzalez@state.co.us](mailto:Janelle.Gonzalez@state.co.us) with questions.

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## School Health Services (SHS) Providers

### Update to School Health Services (SHS) Billing Manual

The [School Health Services Billing Manual](#) has been updated to include the 120-day timely filing requirement. This is not a change to program requirements but rather an addition to the billing manual. Although the SHS program is a cost-based program, fee-for-service claims are still required even though they are paid at zero. The timely filing period for SHS claims is 120 days from the date of service.

Visit the [SHS web page](#) for detailed information on the SHS program.

## **Speech Therapy Providers**

### **Speech Therapy Before a Prior Authorization Request (PAR) is Required**

A Speech Therapy Stakeholder Engagement meeting was hosted on August 23, 2023, regarding the footnote in the 2023 Long Bill mandating 12 speech therapy sessions before a Prior Authorization Request (PAR) is required. This change is anticipated to be implemented in December 2023, and applies to services for both children and adults.

This change applies only to the outpatient speech therapy benefit and not the outpatient physical therapy or outpatient occupational therapy benefits. The new allowed sessions will be based on one (1) date of service, which equates to one speech therapy session. While billing of timed and untimed codes equates to a specific number of units, the decrement of the one session will be solely based on the date of service.

Many providers had questions during the stakeholder engagement meeting surrounding Common Procedural Terminology (CPT) codes 92507 and 92526 and whether this would equate to either one (1) or two (2) sessions. CPT code 92507 is an encounter-based code with a Medically Unlikely Edit (MUE) of one unit per day and should only be billed at a maximum of one unit of service per day. CPT code 92526 has an MUE value of one unit. Providers are still expected to follow all National Correct Coding Initiative (NCCI) and MUE policies when billing for speech therapy services.

**Example:** A provider bills one (1) unit of 92507 and one unit of 92526 for a total of two (2) units on one date of service. This equates to one date of service and only decrements **one** session from the member's allowed 12 sessions before a PAR is required.

Current policy states that services are limited to five (5) units per day, which equates to one (1) session and one date of service. Separate limits of 12 sessions for habilitative and rehabilitative services are available for adult members enrolled in the Alternative Benefit Plan. Outpatient speech therapy services must have an order from any of the following, even when a PAR is not required:

- Physicians (MD/DO)
- Physician Assistants
- Nurse Practitioners
- An Individualized Family Service Plan for Early Intervention Speech Therapy

Providers should verify the remaining sessions to determine whether a member has utilized any of the sessions within the rolling calendar year. Refer to the Verifying Remaining Service Units - PT/OT section of the [Verifying Member Eligibility and Co-Pay Quick Guide](#) located on the [Quick Guides web page](#) for instructions on how to check available sessions.

The Colorado interChange is only capable of showing the units that have been reported, and the utilization count could change at any time when a new claim is reported. There is no guarantee of payment based on the utilization count provided in the eligibility verification response. Providers are advised to request a PAR before the 12 sessions are exhausted if it is

believed that a member will need more than 12 sessions. Sessions will only decrement from the allowed number of sessions when a provider submits a claim for payment.

When a claim is denied due to a claims processing issue, providers must submit a retroactive PAR to the Utilization Management (UM) vendor for those units and any additional units if applicable.

Contact the [Provider Services Call Center](#) with questions on claims and available sessions. Contact Devinne Parsons at [Devinne.Parsons@state.co.us](mailto:Devinne.Parsons@state.co.us) with questions related to speech therapy policy. Contact the UM Team at [HCPF\\_UM@state.co.us](mailto:HCPF_UM@state.co.us) with PAR questions.

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## Transportation Providers

### **Claim Editing for Non-Emergent Medical Transportation (NEMT) Providers**

A claim edit related to the policies found in program rules [10 C.C.R. 2505-10 8.014.4](#) has been implemented. Non-Emergent Medical Transportation (NEMT) must be provided to transport the member to the closest available provider qualified to provide the treatment service the member needs. The closest provider is defined as a provider within a 25-mile radius of the member's residence or the nearest provider if one is not practicing within a 25-mile radius of the member's residence.

Exceptions are allowed based on the following:

- The closest provider is not willing to accept the member.
- The member has complex medical conditions that restrict the closest medical provider from accepting the member.
- The member may use NEMT to their established treatment provider seen in their previous locale if the member has moved within the three (3) months preceding an NEMT transport.
- **Note:** The client and treatment provider must transfer care to the closest provider as defined at Section 8.014.4.B. or determine transportation options other than NEMT during these three (3) months.



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

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

- The pick-up address
- The destination address
- Date and time of the trip
- Member's name or identifier

- Confirmation that the driver verified the member's identity
- Confirmation by the member, escort or medical facility that the trip occurred
- The actual pick-up and drop-off times
- The driver's name
- Identification of the vehicle in which the trip was provided
- A rationale and certification from the member's treating provider as to why the member cannot be treated by the closest provider within 25 miles of the member's residence

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

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

Contact [HCPF\\_NEMT@state.co.us](mailto:HCPF_NEMT@state.co.us) with any questions.

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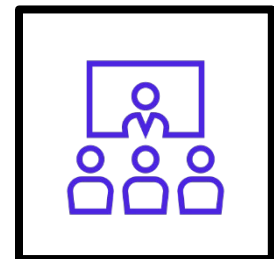
## **Provider Billing Training Sessions**

### **November and December 2023 Provider Billing Training Sessions**

Providers are invited to sign up for an upcoming beginner billing training webinar. Two (2) beginner billing trainings are offered each month:

1. Professional claims (CMS 1500)
2. Institutional claims (UB-04)

Click "[Which Training Do I Need?](#)" on the [Provider Training web page](#) to find trainings aligned to provider type. All sessions are held via webinar on Zoom, and registration links for the next two months are shown below.



Visit the [Provider Training web page](#) under the Billing Training - Resources drop-down section to preview training materials.

Refer to the Provider Web Portal Quick Guides located on the [Quick Guides web page](#) for more training materials on navigating the [Provider Web Portal](#).

### Who Should Attend?

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

These training sessions provide a high-level overview of member eligibility, claim submission, prior authorizations, [Department website](#) navigation, Provider Web Portal use and more.

### Live Webinar Registration

Click the title of the desired training session in the calendar to register for a webinar. An automated response will confirm the reservation.

**Note:** Trainings may end prior to 11:30 a.m. MT. Time has been allotted for questions at the end of each session.

November 2023				
Monday	Tuesday	Wednesday	Thursday	Friday
		1	2 <a href="#">Beginner Billing Training: Professional Claims (CMS 1500) - Thursday, November 2, 2023, 9:00 a.m.-11:30 a.m. MT</a>	3
6	7	8	9 <a href="#">Beginner Billing Training: Institutional Claims (UB-04) - Thursday, November 9, 2023, 9:00 a.m.-11:30 a.m. MT</a>	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

December 2023				
Monday	Tuesday	Wednesday	Thursday	Friday
				1
4	5	6	7 <a href="#">Beginner Billing Training: Professional Claims (CMS 1500) - Thursday, December 7, 2023, 9:00 a.m. - 11:30 a.m. MT</a>	8
11	12	13	14 <a href="#">Beginner Billing Training: Institutional Claims (UB-04) - Thursday, December 14, 2023, 9:00 a.m. - 11:30 a.m. MT</a>	15
18	19	20	21	22
25	26	27	28	29

## Upcoming Holidays

Holiday	Closures
<b>Veterans Day, Saturday, November 11 (Observed Friday, November 10)</b>	State Offices and the ColoradoPAR Program will be closed. Capitation cycles may potentially be delayed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks. Gainwell Technologies and DentaQuest will be open.
<b>Thanksgiving Day, Thursday, November 23</b>	State Offices, Gainwell Technologies, DentaQuest and the ColoradoPAR Program will be closed. Capitation cycles may potentially be delayed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks.
<b>Day After Thanksgiving, Friday, November 24</b>	State Offices, DentaQuest and the ColoradoPAR Program will be closed. Capitation cycles may potentially be delayed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks. Gainwell Technologies will be open.
<b>Christmas Day, Monday, December 25</b>	State Offices, Gainwell Technologies, DentaQuest and the ColoradoPAR Program will be closed. Capitation cycles may potentially be delayed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks.

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## Gainwell Technologies Contacts

### Provider Services Call Center

1-844-235-2387

### Gainwell Technologies Mailing Address

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