COLORADO
Department of Health Care Policy & Financing

303 E. 17th Avenue
Denver, CO 80203

Ensuring Compliant Managed Care Claim Submissions

November 2025

Overview

This fact sheet was created to support providers who submit claims to a Regional Accountable Entity (RAE) or Managed Care Organization (MCO). Providers received notice in the November Provider Bulletin published by the Department of Health Care Policy and Financing (HCPF) that they may need to take action to continue receiving reimbursement for providing covered services to Health First Colorado (Colorado's Medicaid program) and Child Health Plan *Plus* (CHP+) members.

On a rolling basis, RAEs and MCOs will begin rejecting or denying claims for providers who:

1. Have used incorrect information during enrollment in the Medicaid Management Information System (MMIS).
2. Submit claims with information that does not match the National Provider Identifier (NPI), Provider Type and/or Taxonomy Codes in MMIS.

Providers may resubmit the claims to their RAE/MCO with information that matches MMIS or once they have corrected their information in MMIS.

RAEs and MCOs have identified providers in their network who will be impacted by these changes and will reach out to them directly with further information, if they have not already. Providers should also verify their information in MMIS is correct and ensure it matches the information used when submitting claims.

RAEs and MCOs will implement this change on the following rolling basis:

- **Expected Nov. 3, 2025:** Northeast Health Partners and Rocky Mountain Health Plans will flag incorrectly submitted claims, but they will not be rejected or denied.
- **Expected Dec. 1, 2025:** Colorado Access will begin rejecting or denying incorrectly submitted claims.
- **Expected Jan. 5, 2026:** Colorado Community Health Alliance, Denver Health, Kaiser Permanente, Northeast Health Partners and Rocky Mountain Health Plans will begin rejecting or denying incorrectly submitted claims.

If you have questions, contact your RAE/MCO.

Identifying Common Errors

Enrollment requirements vary by provider type and enrollment type. It is essential that providers identify the correct enrollment and carefully follow the corresponding instructions. MMIS relies solely on the enrollment information on record to verify service authorization. Errors or omissions in provider type, specialties or enrollment type will cause claims to be denied. This guidance addresses the following common enrollment issues to help providers submit compliant claims and avoid delays in reimbursement:

- Enrolling under the incorrect enrollment type
- Improper provider identification (NPI, provider type, service location)
- Missing provider specialties or taxonomies
- Incorrect enrollment for substance use disorder (SUD) providers

Selecting the Correct Enrollment Type

A provider's enrollment type is dependent on whether their income is reported using a Federal Employer Identification Number (EIN) or Social Security Number (SSN). It is important to keep in mind that:

3. Not all enrollment types are available for all provider types. **Example:** A pharmacy only has the option to enroll as a facility while a physician may enroll as either a Billing Individual, an Individual Within a Group, or an Ordering, Prescribing, and Referring (OPR) Provider.
4. Providers are either enrolled as individuals, groups or facilities. It is not possible to be enrolled as an individual and as a group or facility with the same tax ID number. However, a provider can be an individual (enrolled with an SSN), who is affiliated with a group (enrolled with an EIN).

The following table outlines the possible enrollment types that a provider may select:

Enrollment Type	Description
Atypical	• Renders non-medical services. • Income reported through EIN or SSN depending on provider type requirements. • NPI may not be required.
Billing Individual	• Submits claims and receives direct payment for services rendered. • Income reported through individual's SSN. • Only one NPI and application required.
Facility	• Entity that submits claims for services rendered. • Income reported through organizations EIN. • Separate NPI and application required for each service location.
Group (Organization)	• Clinic that submits claims on behalf of one or more practitioners enrolled as an Individual Within a Group. • Income reported through organization's EIN. • Separate NPI and application required for each service location.
Individual Within a Group	• Renders services but does not bill directly. • Must associate to at least one Group. • SSN used for identification only, not payment. • Only one NPI and application required.
OPR Provider	• Individuals who only order, prescribe or refer items or services. • Do not submit claims for payment. • Only one NPI and application required.

Enrollment Type	Description
Programs of All-Inclusive Care for the Elderly (PACE) Only Subcontractor	• A provider enrolling as a PACE Only Subcontractor must contract with at least one participating PACE Organization. • PACE Only Subcontractors are restricted to serving only members who are enrolled in the PACE Program. • Select an enrollment type other than PACE Only Subcontractor if the provider intends to serve Medicaid and PACE members.

Additional Enrollment Type Resources

- Enrollment Type webpage
- Health First Colorado Provider Enrollment webpage
- Provider Enrollment Best Practices webpage
- Provider Enrollment Training

Provider Identification – NPI, Provider Type and Service Location

Organizational health care providers are required to enroll using their unique NPI for each service location and each provider type. To receive reimbursement, providers must submit claims using the same NPI they used during enrollment for the corresponding provider type and service location.

If an organization offers services under more than one provider type, a separate enrollment and unique NPI are required for each distinct provider type. Likewise, each group or facility location must have its own NPI and corresponding enrollment.

A separate NPI and application are required for each of the following:

1. Group service location
2. Facility service location
3. Provider type

Refer to the list below to verify which type of NPI is required based on the enrollment type.

- **Group**: Organizational NPI and associated ZIP+4 code
- **Facility**: Organizational NPI and associated ZIP+4 code
- **Individual Within a Group**: Individual NPI and associated ZIP+4 code (billing performed by the group)
- **Individual**: Individual NPI and associated ZIP+4 code
- **Ordering/Prescribing/Referring (OPR):** Individual NPI and associated ZIP+4 code

NPI requirements for Atypical Providers and PACE Only Subcontractors are determined by specific program or service criteria.

NPI and Claim Submission

Professional and institutional claims include a billing provider and a rendering or attending provider. Rendering and attending providers are the individual practitioners who deliver hands-on services to Health First Colorado members. Billing providers are the entities or organizations that receive reimbursement for those services. Some claims may also require an OPR provider.

When submitting a claim, it is essential to include the correct NPIs for each role. Claims will be denied if NPIs are missing, incorrect or entered in the wrong field. An NPI can only be used as the billing provider if it is enrolled as a billing entity.

Which NPI do I use on my claims?

- **Atypical:** Same NPI or Health First Colorado Provider ID as the billing and rendering provider.
- **Billing Individuals**:
  - Same NPI as the billing and rendering provider.
  - May be listed as a rendering provider on claims submitted by Facilities and Groups.
- **Facilities and Groups**:
  - Facility or Group's NPI as the billing provider.
  - Individual's NPI as the rendering or attending provider.
- **Individuals Within a Group:** Do not submit claims but are listed as rendering or attending providers on claims submitted by Facilities and Groups.

NPI Billing Frequently Asked Questions

- **Q:** We are a clinic and our physicians provide services at the hospital. Do we need to use the hospital NPI on our claim when they provide services at the hospital location?
  - **A:** Yes. The clinic should use their NPI in the Billing Field on the claim, the physician's NPI in the Rendering Provider Field on the claim, and the hospital's NPI on the Service Location Field on the claim.
- **Q:** We provide services under two different provider types, but only have one location. Do we need two unique NPIs?
  - **A:** Yes. Each provider type providing services at each location will need a unique NPI. For example, if you are enrolled as both under Nursing Facility and HCBS provider types and have the same address, you will need to have two unique NPIs that identify the different provider types.
- **Q:** We provide services under two different provider types and have three locations. How many NPIs do we need to have?
  - **A:** The number of NPIs needed is dependent on the number of services provided under each location. For example, if Nursing Facility and HCBS waiver program services are both provided at all three locations, then six unique NPIs would be required – one for each provider type at each location. However, if one location provides Nursing Facility and HCBS waiver program services, while the other two locations only provide Nursing Facilities services, then only four NPIs would be required - two at the location that provides Nursing Facility and HCBS waiver program services, one for the location that provides only Nursing Facility services, and one for the other location that provides only Nursing Facility services.
- **Q:** Am I required to use my new unique NPI as the billing provider on the claim form?
  - **A:** If a provider has more than one provider type, they must use the unique NPI as the billing provider. If providers have the same provider type for multiple locations, they

may use the new NPI in the Service Facility Location field on the claim, but they can also use the new NPI in the Billing Provider field if they choose.

Additional Provider Identification Resources

- Add or Change NPI resource guide
- Find Your Provider Type webpage

Specialties and Taxonomies

The specialties available for your enrollment are based on the enrollment type and provider type. At least one specialty is required. Some provider types allow for only one specialty, while others allow for multiple specialties. However, only one specialty can be designated as the primary specialty. A taxonomy code must be provided during enrollment, except for scenarios where Atypical is selected as the enrollment type and an NPI is not required. If the Atypical has or is required to have an NPI, they are required to use a taxonomy.

Taxonomy Codes

- A provider can have several taxonomy codes for different specialties
- Providers that have an NPI are required to enter a Taxonomy on the Request Information panel, and it will be indicated as the primary Taxonomy.
- Additional Taxonomies can be added in the Taxonomies panel.
- At least one Taxonomy must be registered with the National Plan and Provider Enumeration System (NPPES) alongside their NPI.
- Providers should add all their specialties and the appropriate taxonomies during enrollment so they can bill for the allowed services.
- The specific taxonomy code that applies to the services being provided must be used when submitting a claim, otherwise it will be denied.

Additional Provider Specialty and Taxonomy Code Resources

- Provider Enrollment Best Practices webpage
- Provider Enrollment Training

SUD Provider Enrollment - Provider Type 64

In order to be reimbursed for services, SUD providers must be enrolled with Health First Colorado under Substance Use Disorder Continuum (SUD Continuum) (Provider Type 64). Providers offering residential and inpatient services will also need to enroll with the Specialty Provider Types associated with the American Society for Addiction Medicine (ASAM) level of care they are licensed to provide and intend to bill to Health First Colorado.

Add SUD Services to an Existing Provider Enrollment

Existing Health First Colorado providers can add a specialty, which matches the ASAM level(s) of care indicated on their Behavioral Health Administration (BHA) license, to their current Medicaid enrollment by submitting a Provider Maintenance Request in the Provider Web Portal.

For information, visit the Provider Maintenance Quick Guide.

Maintaining Provider Information

As HCPF continues to work with the RAEs to support expansion of provider networks, we ask that all providers ensure that their Medicaid enrollments are up to date. Please verify that you are enrolled for each specialty type (specialty type is the term for each ASAM level of care) that you are licensed to provide. Also, please ensure that your **Facility level** (based on unique street address location) correctly reflects the number of SUD treatment beds you have at that location.

Enrollment Type for Provider Type 64: Facility
Enrollment requirements differ based on specialty. Please refer to the specialty tables to identify the appropriate specialty code and the corresponding requirements.

Enrollment requirements for specialties 212, 371, 372, 373, 374, 871, 872, 873, 874, 875 and 876

Specialty	Specialty Code
ASAM Level 2.5 Partial Hospitalization Program (PHP)	212
ASAM Level 1.0	371
ASAM Level 1 WM	372
ASAM Level 2.1 IOP	373
ASAM Level 2 WM	374
ASAM Level 3.1	871
ASAM Level 3.3	872
ASAM Level 3.5	873
ASAM Level 3.7	874
ASAM Level 3.2 WM	875
ASAM Level 3.7 WM	876

Enrollment Type: Facility
- Each location must complete a separate application.
- Each location must enroll using the organization's EIN.
- Individual licensed practitioners must enroll separately.
- When applicable, out-of-state or bordering town locations must contract with a RAE for single case agreements.

Required Attachments for Enrollment:
- BHA license with each appropriate ASAM level indicated.
- W9 (signed and dated within the last six months).
- Voided business check (must be preprinted and cannot be handwritten, no temporary checks or deposit slips) or bank letter (must be signed by a bank representative and dated within the last six months).
- Malpractice/Liability insurance information must be entered in the application; however, proof of insurance is not a required attachment.

Risk Level:	Limited	**Fee Required**	No	**NPI Required**	Yes
Medicare Required	No	**Out of State Allowed?**	Not allowed for ASAM Levels 2.5 PHP, 1.0, 1 WM, 2.1 IOP or out-of-state 2 WM Allowed for ASAM Levels 3.1, 3.2 WM, 3.3, 3.5, 3.7 & 3.7 WM	**Border Town Allowed?**	Yes

Enrollment requirements for specialties 213 and 214:

Specialty	Specialty Code
ASAM Level 1.7 Opioid Treatment Provider (OTP) Fully and continuously SAMSHA certified since 10/23/2018. Moderate Risk	213
ASAM Level 1.7 Opioid Treatment Provider (OTP) Not fully and continuously SAMSHA certified since 10/23/2018. High Risk	214

Enrollment Type for Provider Type 64 with Specialty Code(s) 213 and/or 214: Facility

- Each location must complete a separate application.
- Each location must enroll using the organization's EIN.
- Individual licensed practitioners must enroll separately.
- When applicable, out of state or bordering town locations must contract with a RAE for single case agreements.

Required Attachments for Enrollment:

- BHA license with ASAM Level 1 WM indicated.
- BHA license for a Controlled Substance Provider.
- SAMHSA certification for an Opioid Treatment Program
  - Fully and continuously certified since 10/23/2018 = moderate risk level.
  - Not fully and continuously certified since 10/23/2018 = high risk level.
- W9 (signed and dated within the last six months).
- Voided business check (must be preprinted and cannot be handwritten, no temporary checks or deposit slips) or bank letter (must be signed by a bank representative and dated within the last six months).
- Malpractice/Liability insurance information must be entered in the application; however, proof of insurance is not a required attachment.

Risk Level:	High or Moderate depending on SAMHSA Certification	**Fee Required**	No	**NPI Required**	Yes
Medicare Required	No	**Out of State Allowed?**	No	**Border Town Allowed?**	Yes

Additional SUD Provider Enrollment Resources

- Ensuring the Full Continuum of SUD Benefits Provider webpage

RAE and MCO Contact Information

If you have questions about whether you may be impacted by these upcoming changes or for help making the appropriate changes, contact your RAE or MCO:

- Colorado Access: michelle.tomsche@coaccess.com
- Colorado Community Health Alliance: CCHA Provider Assistance
- Denver Health: DHMP_DL_encounters@dhha.org
- Kaiser Permanente: NDPC-PEC-Cases@kp.org
- Northeast Health Partners: NHPrae_bh_pr@uhc.com
- Rocky Mountain Health Plans: RMHPrae_bh_pr@uhc.com