COLORADO
Department of Health Care Policy & Financing

Provider Bulletin

Reference: B2500523

May 2025

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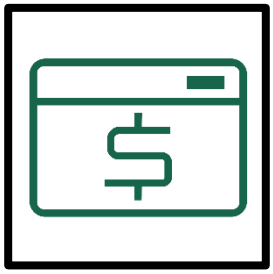
Did You Know?

If a member has a Medicare Health Maintenance Organization (HMO) known as an advantage plan or replacement plan, the primary billing information should be reported on a claim in the Medicare fields and not in the Third-Party Liability (TPL) fields. A Medicare Advantage plan (such as an HMO or Preferred Provider Organization [PPO]) is another Medicare health plan choice a member may have as part of Medicare. Refer to the Entering Other Insurance or Medicare Crossover Information Quick Guide for more information.



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

All Providers

Password Reset Process Change to Self-Service Web Form

A new self-service web form for the password reset process is now available on the home page of the Provider Web Portal and the Quick Guides web page. This web form replaces the process that required providers to attach a letter to an email. The web form will make the password reset process quicker and easier for providers.

Providers are advised to verify the following prior to submitting a password reset request:

1. Ensure the provider is already registered on the Provider Web Portal
2. Answer security questions for a self-service password reset
3. Ensure the user is the main administrator, not a delegate

Password reset requests will continue to be limited to administrators. Administrators are defined as individuals who maintain provider profile information in the Provider Web Portal. **Delegate password resets must be done by the administrators within the provider's organization and should not be sent on the web form.**

Note: The Provider Services Call Center will not be able to reset passwords.

Administrators for group or facility provider types will receive a phone call from a representative of Gainwell Technologies to verify web form information. Individuals within a group will not require a verification phone call.

Administrators are reminded to maintain updated contact information, especially phone numbers and email addresses, to reduce any delays in the password reset process.

Refer to the Provider Web Portal Password Reset web page for additional details. The administrative password reset link is also available on the home page of the Provider Web Portal.

Provider Services Call Center Transition

Effective today, May 1, 2025, OptumInsight (Optum) is the operator of the Provider Services Call Center.

What is different:

The Provider Services Call Center phone number has changed. The new phone number is 1-833-468-0362. The phone number has been updated on the Provider Contacts web page.

The business hours for the Provider Services Call Center are 8:00 a.m. - 5:00 p.m. Mountain Time, Monday through Friday.

What providers need to know: If providers call the 1-844-235-2387 phone number after May 1, 2025, they will hear a message with the correct phone number.

Providers will receive a case number for calls instead of a call tracking number (CTN).

What is the same:

- Gainwell Technologies will continue as the vendor for the Colorado interChange and the Provider Web Portal, meaning many provider-facing functionalities and processes will stay the same, including:
  - Provider Web Portal general functionality and password resets (excluding Secure Correspondence)
  - Provider payment and remittance advice
  - Provider enrollment and revalidation
  - Alternate call center supports (e.g., Member, Pharmacy, Care and Case Management [CCM], Regional Accountable Entities [RAEs]) - Visit the Provider Contacts web page for a complete list of assistance resources

Providers **will no longer contact Gainwell** for assistance. Optum agents have access to Gainwell's systems and have been trained to assist providers with questions about the above topics.

Visit the Colorado Medicaid Enterprise Solutions (CMES) Transition web page for more information.

Verifying Member Eligibility

Providers are reminded to verify member eligibility and the member's Managed Care Organization (MCO), if applicable, for each date of service. Child Health Plan *Plus* (CHP+) providers should contact the appropriate MCO for further benefit details once the member is assigned to the MCO and note that benefits through CHP+ may vary from the Title XIX benefit plan (Health First Colorado [Colorado's Medicaid program]).

Providers must not rely solely on the member to provide eligibility information. Verification must be completed through batch submissions or the Provider Web Portal. Providers are encouraged to refer to the Verify Member Eligibility and Co-Pay Quick Guide for more detailed instructions.

Providers are responsible for verifying eligibility within 365 days of the date of service to ensure the claim can be submitted within the timely filing guidelines. Providers are responsible for using any means necessary to determine

coverage.

Providers may not bill members if they did not determine eligibility within 365 days of the date of service.

All Providers Who Utilize the ColoradoPAR Program

What is the ColoradoPAR Program?

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

Long Term Home Health (LTHH) Prior Authorization Request (PAR) Resumption Information

Long-Term Home Health (LTHH) Prior Authorization Requests (PARs) have been on pause since February 8, 2022. Prior authorization is a federal requirement per 42 CFR 456.3; the Department intends to fully reinstate the PAR requirement by April 6, 2026. Implementing LTHH PARs will follow a gradual, phased-in approach to allow a smooth transition and avoid overwhelming providers.

LTHH Therapy PAR Soft Launch Update

The **voluntary Soft Launch period** started **February 3, 2025**, and will remain in effect until the Maintenance of Effort (MOE) for Colorado is lifted by the Centers for Medicare and Medicaid Services (CMS), **but no sooner than May 1, 2025.** The Pediatric LTHH Soft Launch process has been very successful with over 4000 PARs received thus far. The Department would like to thank each of the 27 providers who have voluntarily submitted data with the goal of receiving approval for up to one year of service.

Providers will receive a 30-day notice to prepare for the Go-Live period in which Pediatric LTHH Therapy PARs will be required. Additional information about the Soft Launch can be found on the Long-Term Home Health Program web page and in Operational Memo OM 24-060 Memo.

Adult and Pediatric LTHH Go-Live Update

The Go-Live phase for adult and pediatric Nursing (RN) and Certified Nursing Assistant (CNA) PARs begins July 1, 2025. Agencies will be required to submit at least 15% of their RN and CNA caseloads monthly for Acentra Health to review. Acentra Health will monitor trends and offer training. It is essential that agencies are familiar with the Atrezzo® Portal and understand how to navigate the system before submitting PARs.

All home health agencies are highly encouraged to participate in the training sessions available in June. Dates will be announced in the coming weeks.

Acentra Health Provider Training

Beginning in May 2025, Acentra Health will provide Prior Authorization Requests (PARs) submission training for all providers and benefit-specific training for Pediatric Long-Term Home Health providers. The training dates and times are listed below (Mountain Time):

- Molecular/Genetics Provider Benefit Specific Training - May 14, 2025, 9:00 a.m.
- Molecular/Genetics Provider Benefit Specific Training - May 14, 2025, 12:00 p.m.
- PAR Submission Training - May 28, 2025, 9:00 a.m.
- PAR Submission Training - May 28, 2025, 12:00 p.m.

PAR submission training is appropriate for all new users and includes information on how to submit a PAR using Acentra's provider PAR portal, Atrezzo.

Contact COProviderIssue@acentra.com with questions or if needing assistance when registering for Atrezzo training or accessing the portal. Visit the ColoradoPAR Training web page for additional training information.

Acentra 2025 Annual Provider Satisfaction Survey

Acentra Health and the Department are announcing the opening of the Colorado PAR Provider Survey for all providers that work with Acentra Health and use the Atrezzo® provider portal.

The Colorado PAR Provider Survey opened April 14, 2025, and will remain open through May 30, 2025.

The Colorado PAR Provider Survey is an opportunity to provide feedback regarding Acentra Health services in processing PARs, customer service, provider education and timeliness. Follow the link below to complete the survey.

2025 Annual Provider Satisfaction Survey

Acentra will also send email reminders to complete the survey.

Inpatient Hospital Transitions (IHT) Reminders

Inpatient Hospital Transitions (IHT) questionnaires continue to be verified to ensure data integrity.

- Individual physician names have been seen listed as the IHT provider on non-Neonatal Intensive Care Unit (NICU) questionnaires. Ensure the Servicing Provider is the hospital.
- Enter the admit date in both the admission date and requested start date data fields.
- Enter the estimated discharge/transfer date in the requested end date data field.

Providers are encouraged to check their IHT questionnaires to decide if these fields need to be corrected.

Behavioral Health Providers, Pharmacy

Fee-for-Service Physician-Administered Drugs (PADs)

Fee-for-Service PAD Policy Guidance

Behavioral Health Providers enrolled as Substance Use Disorder Continuum, Comprehensive Safety Net Provider and Behavioral Health Crisis Services do not meet the necessary criteria for prescriptive authority and must also enroll as Provider Type 16 (Clinic-Practitioner) to bill and receive payment for PADs administered to Health First Colorado members.

PAD policy requires providers to purchase, render and bill for medications administered in the clinic or office via the standard buy-and-bill process. The policy does not usually allow for outpatient prescription medications to be filled and dispensed by the pharmacy for administration in the clinic or office.

Claims for PADs should be submitted in accordance with timely filing requirements and in compliance with all PAD policies. All member and provider information must be included, along with a valid Healthcare Common Procedure Coding System (HCPCS)/National Drug Code (NDC) combination. The NDC of the PAD which was administered to the member must be included on the claim line. The claim line will be denied if no NDC is received, the NDC billed is invalid or the HCPCS/NDC combination is not listed in HCPCS/NDC Crosswalk for Billing Physician-Administered Drugs.

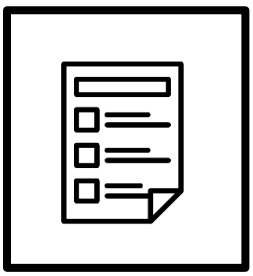
Pharmacy policy does not allow for outpatient prescription medications to be billed to the pharmacy benefit manager (PBM) and dispensed by the pharmacy for administration in the clinic or office, as these medications are considered physician services and not covered under the pharmacy benefit. Prior authorization is required and may be approved for PADs administered in the member's home or a long-term care facility. Long-Acting Injectable Antipsychotic (LAIs) medications may be administered in any setting (e.g., pharmacy, clinic, office or member home) and billed to the pharmacy or medical benefit as most appropriate and in accordance with all Health First Colorado billing policies.

Policy information can be found on the Pharmacy Resources and Physician-Administered Drugs web pages, the Pharmacy Billing Manual and Physician-Administered Drug (PAD) Billing Manual and the posted Pharmaceutical Benefit Help Guide.

Contact HCPF_PAD@state.co.us with additional questions.

Durable Medical Equipment (DME) Providers

Questionnaire #19 Required for Enclosed Beds



Effective June 1, 2025, Prior Authorization Requests (PARs) for enclosed beds will require Questionnaire #19 to be included with the request. This questionnaire can be found on the Provider Forms web page under the Durable Medical Equipment, Prosthetics, Orthotics & Supplies (DMEPOS) Forms drop-down menu.

Contact HCPF_UM@state.co.us with any questions.

Durable Medical Equipment (DME) and Pharmacy Providers

Telehealth Durable Medical Equipment (DME) Therapist Evaluations: Policy Update

The Department has reversed the restrictions on Telehealth DME therapist evaluations announced in the March 2025 Provider Bulletin. Acentra will now process Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) prior authorization therapist evaluation documentation according to the procedures in place before that bulletin was published.

House Bill 22-1290 Compliance Reminder for Complex Rehabilitative Technology (CRT) Providers

CRT providers must submit repair metrics data for the period December 1, 2024, through May 31, 2025, by **June 30, 2025**. Submit this data to HCPF_DME@state.co.us to comply with House Bill 22-1290, 10 CCR 2505-10 8.590.5.E.3.a.

Reminder: Women, Infants and Children (WIC) Coordination Requirement for Enteral Nutrition Products

The Department reminds all Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) providers that, in accordance with the DMEPOS Billing Manual, enteral nutrition

products for eligible members must first be accessed through the WIC program before being billed to Health First Colorado. This coordination requirement applies to all members potentially eligible for WIC, including children under age five (5) and pregnant or postpartum individuals.

Providers must make a good-faith effort to connect eligible families with WIC and should retain documentation of this effort in the member record. Questionnaire #10 for Oral and Enteral Nutrition Formula is an option for documenting this, though it is not a required form as of 2018. It is still accepted as a form of documentation when signed by a physician. The questionnaire is located on the Provider Forms web page under the DMEPOS Forms drop-down.

Health First Colorado coverage for enteral nutrition is limited to cases in which WIC benefits have been exhausted, are not clinically sufficient or the member has been determined ineligible. Providers may request a temporary three (3)-month authorization while WIC determination is in progress. This policy ensures appropriate coordination of benefits and stewardship of Health First Colorado resources.

Refer to the DMEPOS Billing Manual for more details.

Contact Alex Weichselbaum at Alex.Weichselbaum@state.co.us with any questions.

Home and Community-Based Services (HCBS)

Member Eligibility and Prior Authorization Request (PAR) Verification Requirements

Temporary system changes were implemented to ease billing challenges related to missing PARs, missing benefit plans and missing Level of Care certification entries. These updates include allowing providers to bill for previously approved services even if there is not an active PAR in the system and automatic claims reprocessing.

The eligibility issues have been mostly resolved, and these temporary system changes will be reverted. Prior authorizations will once again be required for claims processing. Providers are reminded of the following responsibilities when serving members on the Home and Community-Based Services (HCBS) Waivers.

Ongoing Provider Responsibilities:

1. **Verify member eligibility prior to rendering services.** Eligibility verification is required to comply with 3.2.3.3 of the Provider Participation Agreement, signed by each provider at enrollment. Providers must verify each member for each date of service with one (1) of the following methods:
    a. The Provider Web Portal
    b. Batch eligibility via the X12 270

   c. The Interactive Voice Response (IVR) system of the Provider Services Call Center

2. **Verify there is an approved PAR on file for the dates of service prior to rendering services**. Providers need to also verify that there are adequate units or dollars on the PAR before delivering the service.
   a. PARs can be obtained through HCBS Case Managers or through the Provider Web Portal with a PAR number. Information on how to access PARs through the Provider Web Portal can be found in the View Prior Authorizations in the Portal Quick Guide.
   b. Providers may also contact the Provider Services Call Center for assistance in understanding how to verify the details of an HCBS PAR.

Note: A PAR is not a guarantee of payment.

Stakeholder Meeting for Working Adults with Disabilities Invitation

The Health First Colorado Buy-In Program for Working Adults with Disabilities allows adults with a qualifying disability to "buy into" Health First Colorado. Members who work and earn too much to qualify for Health First Colorado may qualify for the Buy-In Program. Interested stakeholders are invited to a virtual stakeholder meeting to learn about updates being made to the Buy-in Program for Working Adults with Disabilities effective July 1, 2025.

Staff from the Department will present an overview of the changes being made to how Health First Colorado members enroll into the Buy-In Program for Working Adults with Disabilities. These changes will specifically impact Health First Colorado members who also receive services through Home and Community-Based Services (HCBS) waivers. Attendees are invited to learn and ask questions about the upcoming changes.

Meeting date and time: May 8, 2025, 1:00 p.m. to 2:30 p.m. Mountain Time

Registration and location: The meeting will be virtual via Zoom. Register in advance.

Attendees will receive a confirmation email after registering with information about joining the webinar.

A recording of the meeting may be requested by emailing HCPF_Stakeholders@state.co.us.

Refer to the Health First Colorado Buy-In Program For Working Adults with Disabilities web page for more information about the program.

Meeting Accommodation and Language Access Notice: Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Contact HCPF_Stakeholders@state.co.us at least one (1) week prior to the meeting to make arrangements.

Hospital Providers

General Updates

Hospital Stakeholder Engagement Meetings

Bi-monthly Hospital Stakeholder Engagement Meetings will be hosted by the Department to discuss current topics regarding ongoing rate reform efforts and operational concerns. Sign up to receive the Hospital Stakeholder Engagement Meeting newsletters.

- The next Hospital Stakeholder Engagement Meeting is set for **Friday, May 2, 2025, from 9:00 a.m. to 11:00 a.m. Mountain Time** and will be hosted virtually.

Visit the Hospital Stakeholder Engagement Meeting web page for more details, meeting schedules and past meeting materials. **Calendar Year 2025 meeting dates have been posted**.

Contact Della Phan at Della.Phan@state.co.us with any questions or topics to be discussed at future meetings. Advanced notice will provide the Facility Rates Section time to bring additional Department personnel to the meetings to address different concerns.

Fiscal Year (FY) 25-26 Inpatient (IP) Base Rates

Fiscal Year 25-26 Inpatient Base Rates effective July 1, 2025, are currently being rebased. Hospital-specific data points that are inputs into the model that creates the inpatient base rates were made available for a second 30-day review on April 22, 2025. The data adjustments are limited to those impacting the solvency metric, hospital-acquired conditions (HACs), payer mix, and discharge calculations. Data inputs for HACs were updated to reflect 2025 figures. Payer mix and discharge calculations were adjusted to use cost report data that was available before January 10, 2025, in accordance with Colorado Code of Regulations.

The Department sent out an email to all hospital stakeholders notifying them when the document had been posted to the Inpatient Hospital Payment web page for the 30-day review period. Contact Diana Lambe and Andrew Abalos for any questions or concerns.

Rural Health Clinic (RHC) Stakeholder Engagement Meeting

A meeting for Rural Health Clinics (RHCs) has been tentatively scheduled for early July 2025. Topics for discussion are anticipated to include an overview of the RHC payment methodology for both hospital-based and freestanding RHCs and operational concerns impacting RHC billing or payment.

Contact Susan Green and Andrew Abalos at Susan.J.Green@state.co.us and Andrew.Abalos@state.co.us with any questions or topics requested for discussion at this meeting.

Hospital Specialty Drug Billing Guidance

Effective January 1, 2024, certain Hospital Specialty Drugs may be administered in the Inpatient setting and be reimbursed outside of the All-Patient Refined Diagnosis Related Group (APR-DRG) methodology when billed on an outpatient hospital claim. Reimbursement is based on a percentage of acquisition cost.

The following processes must be completed prior to administration of the Hospital Specialty Drug:

- A member-specific prior authorization is required
    - All Hospital Specialty Drugs requiring prior authorization are listed in the Hospital Specialty Drugs Lists
    - Hospital Specialty Drug policy and procedures can be found on the Physician-Administered Drugs web page
    - An approved prior authorization must be on file prior to administration of the Hospital Specialty Drug
        - Retroactive authorization is not usually considered
        - An approved prior authorization on file does not guarantee payment

The following billing processes must be completed after administration:

- Outpatient hospital administration
    - Outpatient claim is billed
    - Amount billed
        - Acquisition cost
            - Cost per National Drug Code (NDC) unit multiplied by the number of NDC units administered to the member
        - Claim will be denied if the amount billed does not equal the number of NDC units billed on the claim multiplied by the invoice dollar amount per NDC unit administered
    - NDC
        - The NDC of the Hospital Specialty Drug administered to the member must be billed on the line
    - Units billed
        - The amount of drug administered to the member must be billed on the claim line in both Healthcare Common Procedure Coding System (HCPCS) and NDC units
    - Invoice attached
        - The claim will be denied if no invoice is attached
    - All Physician-Administered Drugs (PADs), 340B and inpatient (IP)/outpatient (OP) policies apply

- Inpatient hospital administration
  - Inpatient hospital claim is billed
    - IP claim must be in paid status before the next steps can be completed
  - Outpatient hospital claim is billed
    - All requirements from above apply
      - In addition, modifier "SE" must be billed on the claim line
  - Amount billed
    - Acquisition cost
      - Cost per NDC unit multiplied by the number of NDC units administered to the member
    - Claim will be denied if the amount billed does not equal the number of NDC units billed on the claim multiplied by the invoice dollar amount per NDC unit administered
  - NDC
    - The NDC of the Hospital Specialty Drug administered to the member must be billed on the line
  - Units billed
    - The amount of drug administered to the member must be billed on the claim line in both HCPCS and NDC units
  - Invoice attached
    - The claim will be denied if no invoice is attached
  - All PAD and IP/OP policies apply
    - 340B exception
      - 340B inventory cannot be used when a Hospital Specialty Drug is administered in an Inpatient setting and billed on an Outpatient claim.

Contact HCPF_PAD@state.co.us with any questions.

Pharmacist Services

Guidance for Pharmacists Prescribing Medications for Opioid Use Disorder (OUD)

Effective May 1, 2025, in accordance with House Bill 24-1045, medications for OUD may be prescribed by a pharmacist for the treatment of OUD as authorized in the statewide protocol, 3 CCR 719-1 Appendix G, and billed to the medical benefit. The protocol will be available on the State Board of Pharmacy: Laws and Rules web page on or around May 1.

House Bill 24-1045 requires pharmacists to be registered with the federal Drug Enforcement Administration (DEA) to prescribe medications for OUD. Beginning May 15, 2025, pharmacists participating in this new protocol should update their enrollment with the Department to include their DEA number. To update

an enrollment, providers can log into the Provider Web Portal and navigate to the "Provider Maintenance" section.

Pharmacists prescribing medications for OUD in compliance with the statewide protocol can refer to the Pharmacist Services and Physician-Administered Drugs (PAD) billing manuals for coding and billing guidance.

Contact Greta Moser at Greta.Moser@state.co.us for more information.

Pharmacy Providers

Pharmaceutical Rate Methodology Update

Effective August 15, 2025, the pharmaceutical rate methodology will be updated with a revised calculation of Maximum Allowable Cost (MAC) rates.

MAC rates will be calculated as follows:

- The generic drug MAC rate will be Wholesale Acquisition Cost (WAC) minus 20 percent
- The brand name drug MAC rate will be WAC minus 3.5 percent

Visit the Provider Rates and Fee Schedules web page under the Pharmacy Rate List section for more information regarding outpatient pharmacy reimbursement rates.

Contact Korri Conilogue at Korri.Conilogue@state.co.us with any questions.

Physician Services

Health First Colorado eConsult Update

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

Beginning July 1, 2025, Colorado Medicaid eConsult will support specialty-to-specialty eConsults, broadening the current PCMP user role to a more general submitter role. This update will enable specialists, including Medical Doctors (MDs), Doctors of Osteopathy (DOs), Nurse Practitioners and Physician Assistants to submit eConsults as treating practitioners.

Contact the eConsult team at HCPF_eConsult@state.co.us for further information about this feature. Contact Safety Net Connect (SNC) at ColoradoSupport@safetynetconnect.com for additional details and instructions on gaining access.

Available Specialties for clinical guidance include:

Adult Specialties Available (21): Addiction Medicine, Allergy and Immunology, Cardiology Dermatology, Endocrinology, Gastroenterology, Geriatric Medicine, OB/Gynecology, Hematology/Oncology, Hepatology, Infectious Disease, Nephrology, Neurology, Orthopedics, Otolaryngology (ENT), Pain Medicine, Physical Medicine/Rehabilitation, Psychiatry, Pulmonology/Sleep Medicine, Rheumatology, Urology

Pediatric Specialties Available (16): Allergy/Immunology, Cardiology, Dermatology, Developmental Pediatrics, Endocrinology, Gastroenterology, Hematology/Oncology, Infectious Disease, Nephrology, Neurology, Orthopedics, Otolaryngology (ENT), Psychiatry, Pulmonology, Rheumatology, Urology
Specialty Update: Adult OB/GYN specialists are available to respond to eConsults for adult and adolescent patients aged 14 and above.

Getting Started with Colorado Medicaid eConsult:

Practices can complete the Practice Enrollment Form to begin the enrollment process or attend an upcoming Monthly Program Overview Webinar on May 6, 2025 from 12:30 p.m. - 1:00 p.m. Mountain Time for more information. This webinar is also available on the following dates, and these can be selected from the previous link:

- June 3, 2025, 12:30 p.m. Mountain Time
- July 1, 2025, 12:30 p.m. Mountain Time
- August 5, 2025, 12:30 p.m. Mountain Time
- September 2, 2025, 12:30 p.m. Mountain Time
- October 7, 2025, 12:30 p.m. Mountain Time
- November 4, 2025, 12:30 p.m. Mountain Time

Contact ColoradoSupport@safetynetconnect.com with any questions.

eConsult Reimbursement:

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

Additional information:

Contact the eConsult team at HCPF_eConsult@state.co.us or visit the eConsult Platform web page for more information.

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

Free SBIRT training for Health First Colorado providers is provided through partnership with Peer Assistance Services, Inc. (PAS). PAS has provided SBIRT training and support since 2006.

The SBIRT program promotes prevention and early intervention efforts through in-person, online and virtual training; technical assistance; and hands-on SBIRT implementation.

In order to directly deliver screening and intervention services, providers are required to participate in training that provides information about the implementation of evidence-based protocols for screening, brief interventions and referrals to treatment. Face-to-face trainings and consultations are available through various entities such as SBIRT Colorado, Colorado Community Managed Care Network and the Emergency Nurses Association.

Visit the PAS training calendar to register for an upcoming training. The shared goal is to promote SBIRT as a standard of care throughout Colorado. Refer to the SBIRT Billing Manual to learn more about best billing practices.

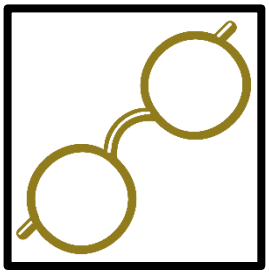
Contact Janelle Gonzalez at Janelle.Gonzalez@state.co.us with questions.

Vision Providers

Aspheric Lenses

All services rendered to Health First Colorado members must meet medical necessity requirements defined at 10 CCR 2505-10 8.076.1.8.

Effective April 11, 2025, aspheric single vision and multifocal lenses are only covered when medically necessary and when the spherical equivalent of the prescription is equal to or greater than +/- 6.0 diopters.



Refer to the Vision Care and Eyewear Billing Manual for more information.

Contact Christina Winship at Christina.Winship@state.co.us with any Vision Policy questions. Contact the Provider Services Call Center for assistance with claims and billing.

Provider Training Sessions

May 2025 Schedule

Providers are invited to sign up for provider training sessions. The following training session focused on Health First Colorado will be offered in May:

- Provider Enrollment

All sessions are held via webinar on Zoom, and registration links are shown in the calendar below and on the Provider Training web page. *The availability of training sessions varies monthly.*

Provider Enrollment

Provider enrollment training is designed for providers at various stages of the initial enrollment process with Health First Colorado. It provides an overview of the program and guidance on the provider application process, including enrollment types, common errors and enrollment with other entities (e.g., DentaQuest, Regional Accountable Entities [RAEs], Health First Colorado vendors). It also provides information on the next steps after enrollment. Note that it does not provide guidance on revalidation for already enrolled providers.

Beginner Billing Training

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

Select "Which Beginner Billing Training Do I Need?" on the Provider Training web page to find training aligned to provider type.

Beginner billing training provides a high-level overview of member eligibility, claim submission, prior authorizations, Department website navigation, Provider Web Portal use and more.

Staff who submit claims are new to billing Health First Colorado services or who need a billing refresher course should consider attending one (1) of the beginner billing training sessions.

Intermediate Billing Training

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

Billing Training: Medicare and Third-Party Liability

This focused training addresses billing Medicare and third-party liability (TPL) (e.g., commercial and private insurance) as primary payers, including detailed information on Medicare lower-of pricing logic and timely filing guidelines.

Note: This training is not relevant to Home and Community-Based Services (HCBS) and Non-Emergent Medical Transportation (NEMT) providers.

Provider-Specific Training

Provider-specific training sessions cover topics unique to providers.

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

Refer to the Quick Guides web page for more training materials on navigating the Provider Web Portal.

Live Webinar Registration

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

Note: Webinars may end early. Time has been allotted for questions at the end of each session.

May 2025				
Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
			1	2
5	6	7	8	9
12	13	14 Provider Enrollment Training Wednesday, May 14, 2025 9:00 am - 11:30 am	15	16
19	20	21	22	23
26	27	28	29	30

Upcoming Holidays

Holiday	Closures
Memorial Day May 26, 2025	State Offices, AssureCare, Acentra, DentaQuest, Gainwell, Optum and Prime Therapeutics will be closed. Capitation cycles for managed care entities may potentially be delayed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United States Postal Service or providers' individual banks.
Juneteenth June 19, 2025	State Offices, AssureCare, DentaQuest, and Optum 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. Acentra, Gainwell and Prime Therapeutics will be open.

Provider Services Call Center

1-833-468-0362