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Did You Know?

Providers are able to keep claims within timely filing by resubmitting every 60 days after the initial timely filing period of 365 days from the date of service (DOS). The previous Internal Control Number (ICN) must be referenced on the claim if the claim is over 365 days. Providers may resubmit within 60 days with the previous ICN if an adjustment is done by the fiscal agent. Visit the [Frequently Asked Questions \(FAQs\) and Billing Resources web page](#) and click the Timely Filing drop-down menu for more information.



All Providers

Continuation of Nutrition Benefit Webinar Series

A stakeholder webinar was hosted August 13, 2025, providing an overview of the Nutrition Benefit and covering Nutrition Counseling/Education and Pantry Stocking or Home-delivered Meals. Stakeholders had an opportunity to ask questions and provide feedback. A recording of the webinar and a copy of the slides are available on the [Addressing the Health-Related Social Needs \(HRSN\) of Health First Colorado and CHP+ Members web page](#). Additional input can be submitted through the feedback form, available in [English](#) and [Spanish](#).



The next webinar on **September 10, 2025**, will continue the Nutrition Benefit series. Stakeholder feedback will continue to be gathered and the Department of Health Care Policy & Financing (the Department) will respond to questions about the development and implementation of the Nutrition Benefit under the Health-Related Social Needs (HRSN) initiative. These meetings will inform nutrition service delivery, billing and policy design. The Nutrition Benefit will go live no sooner than January 1, 2026.

This benefit aims to improve health outcomes through targeted services, including:

- Nutrition counseling and education
- Medically tailored meals
- Pantry stocking or home-delivered meals

Webinar Series Details:

[Registration](#) is required and is available in advance or at the start of each webinar. A confirmation email with access information will be sent after registering.

Audience: Providers, members, advocacy groups and impacted communities.

Webinar Schedule and Topics:

- September 10, 2025, 12:00 p.m.-1:30 p.m. MT | Medically Tailored Meals
- October 15, 2025, 12:00 p.m. -1:30 p.m. MT | Other Benefit Details

Webinar Accommodation and Language Access Notice:

Audio will be available in English and Spanish.

Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Please notify the webinar organizer, **Ryan Lazo** at hcpf_stakeholders@state.co.us, or the Civil Rights Officer at hcpf504ada@state.co.us at least one (1) week prior to the webinar to make arrangements.

Las ayudas y servicios auxiliares para individuos con discapacidades y servicios de idiomas para individuos cuyo idioma materno no sea inglés pueden estar disponibles por solicitud. Comuníquese con el organizador de reuniones, **Ryan Lazo** a hcpf_stakeholders@state.co.us, o

con el oficial de derechos civiles a hcpf504ada@state.co.us al menos una (1) semana antes de la reunión para hacer los arreglos necesarios.

Deficit Reduction Act (DRA) of 2005 Due November 1, 2025

Section 6032 of the [Deficit Reduction Act of 2005 \(DRA\)](#) requires that providers who meet the definition of entity and that make or receive 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 Federal False Claims Act and other applicable federal and state false claims laws, the administrative remedies for false claims and statements and the whistleblower protections afforded under such laws.

Providers subject to Section 6032 are required each year by the Department to supply certain documentation to show compliance with these requirements. Providers will receive an email from the Department requesting this documentation and should ensure the contact information listed with the Department's fiscal agent is current to receive this email.

Providers are required to submit the DRA Declaration for Federal Fiscal Year (FFY) 2024-2025 (October 1, 2024, through September 30, 2025). Entities with multiple identified locations must send one (1) DRA Declaration with an attachment listing all Service Location Provider IDs, NPIs and Tax IDs covered by the DRA Declaration.

The completed [DRA Declaration](#) and all required documents must be emailed to HCPF_DRAAct2005@state.co.us no later than November 3, 2025.

Contact Eileen Sandoval at HCPF_DRAAct2005@state.co.us with questions related to the DRA.

National Correct Coding Initiative (NCCI) Notification of Quarterly Updates

Providers are encouraged to monitor Centers for Medicare & Medicaid Services (CMS) for updates to National Correct Coding Initiative (NCCI) rules and guidelines. Updates to the procedure-to-procedure (PTP) and medically unlikely edit (MUE) files are completed quarterly with the next file update available October 2025. Visit the [National Correct Coding Initiative \(NCCI\) Edits web page](#) for more information.

Pharmacy Benefit Management System (PBMS) Transitioning

The Department is transitioning components of its Pharmacy Benefit Management System (PBMS) from Prime Therapeutics (formerly Magellan) to MedImpact. Implementation is planned for October of 2025 and February of 2026.



What providers should know:

- The Opioid Risk module is **not changing** and will continue to be managed by OpiSafe.

- MedImpact will implement and manage four (4) new PBMS modules:
 - The core PBMS (February 2026)
 - Rebate (October 2025)
 - Preferred Drug List (October 2025)
 - Real-Time Benefit Tool (February 2026)
- Contact information for the PBMS, including the call center phone number, fax number and the mailing address for paper claims will change. Information will be provided closer to the transition date. The information will be on the [Provider Contacts web page](#).
- The Bank Identification Number/Processor Control Number (BIN/PCN) for pharmacy claim submission will **remain the same**. Pharmacies will continue to submit their claims as usual.

Why is the PBMS vendor changing?

Prime Therapeutics' contract expires this winter, and the Department is required by state and federal regulations to solicit competitive bid proposals from vendors on a regular basis. Through a competitive bid process, the Department selected MedImpact to implement [four \(4\) of the five \(5\) PBMS modules](#).

Visit the [Colorado Medicaid Enterprise Solutions Transition web page](#) for more information.

Pregnancy-Related Services Stakeholder Engagement Meeting

Stakeholders are invited to learn about upcoming changes that expand access to abortion services as a family-planning-related service for Health First Colorado (Colorado's Medicaid program) and Child Health Plan *Plus* (CHP+) members in alignment with [Senate Bill 25-183](#). There will be time for policy questions and clarification.



[Senate Bill 25-183](#) complies with [Colorado Constitutional Amendment 79](#), passed by voters in 2024. It expands the definition of "family-planning-related services" to include abortion care, allows payment for these services under Health First Colorado and ensures that abortion care is available to pregnant individuals enrolled in CHP+.

Meeting date and time: September 18, 2025, 12:30 p.m. to 2:00 p.m. MT

- **Intended Audiences:** Perinatal health care providers, members, advocacy groups, other impacted communities
- **Registration and Location:** The meeting will be virtual via Zoom. [Register](#) in advance or at the start of the webinar. A unique link to join the meeting will be received after registering. The link is tied to registration and will not work for anyone else.

The meeting recording will be posted to the [Senate Bill 25-183- Pregnancy-Related Services Stakeholder Engagement Meeting web page](#).

Meeting Accommodation and Language Access Notice

Meeting audio will be provided in English and Spanish.

Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Notify the meeting organizer Ryan Lazo at hcpf_stakeholders@state.co.us or the Civil Rights Officer at hcpf504ada@state.co.us at least one (1) week prior to the meeting to make arrangements at least one (1) week prior to the meeting to make arrangements.

Proyecto de ley del senado 25-183 - Servicios relacionados con el embarazo Reunión de participación de interesados

El departamento de política sanitaria y financiación de Colorado (HCPF, por sus siglas en inglés) lo invita a aprender sobre los próximos cambios que amplía el acceso a los servicios de aborto como un servicio relacionado con la planificación familiar para los miembros de Health First Colorado y Child Health Plan *Plus* (CHP+), en cumplimiento con [el proyecto de ley del senado 25-183](#). Habrá tiempo para preguntas sobre la política y aclaraciones.



[El proyecto de ley del senado 25-183](#) cumple con [la enmienda constitucional 79 de Colorado](#), aprobada por los votantes en 2024. Esto amplía la definición de "servicios relacionados con la planificación familiar" para incluir la atención del aborto, permite el pago por estos servicios bajo Health , aprobada por los votantes en 2024. Esto amplía la definición de "servicios relacionados con la planificación familiar" para incluir la atención del aborto, permite el pago por estos servicios bajo Health First Colorado y garantiza que la atención del aborto esté disponible para las personas embarazadas inscritas en CHP+. Colorado y garantiza que la atención del aborto esté disponible para las personas embarazadas inscritas en CHP+.

Fecha y hora de la reunión: 18 de septiembre de 2025, de 12:30 p.m. a 2:00 p.m. MT

- **Público al que va dirigido:** Proveedores de atención sanitaria perinatal, miembros, grupos de defensa y otras comunidades afectadas.
- **Registro y ubicación:** La reunión se realizará de manera virtual a través de Zoom. [Regístrese](#) con anticipación o al comienzo del seminario web. Una vez que se registre, recibirá un enlace único para unirse a la reunión. Este está vinculado a su registro y no funcionará para otras personas.

Si no puede asistir, la grabación de la reunión será publicada en el [sitio web de la reunión después de la reunión](#).

Aviso sobre adaptaciones para la reunión y acceso lingüístico:

El audio de la reunión se proporcionará en inglés y español.

Las ayudas y servicios auxiliares para individuos con discapacidades y servicios de idiomas para individuos cuyo idioma materno no sea inglés pueden estar disponibles por solicitud. Comuníquese con organizador de reuniones Ryan Lazo a hcpf_stakeholders@state.co.us o con el oficial de derechos civiles a hcpf504ada@state.co.us al menos una (1) semana antes de la reunión para hacer los arreglos necesarios.

Revalidation Deadlines and Duplicate Provider Enrollment Applications



Providers should not re-enroll if the revalidation deadline was missed. The link for revalidation remains on the [Provider Web Portal](#) account associated with the provider for six (6) months after the revalidation date. If the revalidation link is no longer available, contact the [Provider Services Call Center](#) for next steps. Providers should not create duplicate enrollment records.

Updates Regarding Federal Policy Changes to the 1115 Waiver Continuous Eligibility Expansion Component

On July 17, 2025, the Federal Centers for Medicare & Medicaid Services (CMS) sent state Medicaid programs a letter saying that CMS will [no longer approve continuous eligibility for new or renewed 1115 waivers](#) in Medicaid or Child Health Plan *Plus* (CHP+).

Continuous eligibility allows certain children or adults to keep their coverage even if their income or household size changes temporarily.

Colorado can no longer move forward with major components of Continuous Eligibility Medical Coverage ([House Bill 23-1300](#)), passed in 2023. Colorado was preparing to launch continuous eligibility on January 1, 2026, for:

- Children aged zero (0) until they turn three (3), and
- Adults recently released from state prison for 12 months, regardless of income changes.

These changes were part of Colorado's approved 1115 waiver for expanding substance use disorder (SUD) services. The new CMS policy, however, blocks implementation. This does not impact the current state policy of 12 months of continuous eligibility for members 19 years and under.

The Department remains committed to finding new ways to support access to care and will continue to advocate for policies that reflect Colorado's values of equity, compassion and opportunity for all.

Contact HCPF_1115waiver@state.co.us with questions. Visit the [1115 Waiver Demonstration web page](#) for additional information.

Behavioral Health Providers

Colorado System of Care (CO-SOC) Potential Provider Forums

Colorado System of Care (CO-SOC) is looking to expand and grow the provider network. This initiative focuses on CO-SOC Enhanced High Fidelity Wraparound (EHFW) using the National Wraparound Implementation Center (NWIC) Model, Enhanced Multisystemic Therapy (EMST) and Enhanced Functional Family Therapy (EFFT). This collaboration aims to enhance services

to the most vulnerable children and youth by strengthening the workforce and ensuring program fidelity, empowering them to lead healthier, more fulfilling lives. These forums specifically target agencies and providers who want to join the CO-SOC but are open to anyone. No registration is needed. Visit the [Intensive Behavioral Health Services for Medicaid \(IBHS\) web page](#) to learn more.

Why NWIC for Enhanced High Fidelity Wraparound (EHFW)?

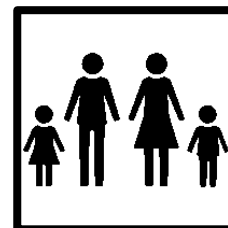
NWIC supports states, communities and organizations to implement Enhanced High Fidelity Wraparound (EHFW). The work is tailored to build sustainable local capacity to provide model-adherent EHFW, increasing positive outcomes for children and their families. NWIC's training and coaching support is designed to build sustainability in a state or community for the local wraparound workforce. [The Title IV-E Prevention Services Clearinghouse lists Intensive Care Coordination Using High Fidelity Wraparound/HFW](#) as a promising practice specific to the NWIC Model.

What is Multisystemic Therapy (MST)?

MST is an intensive, evidence-based intervention designed to address the complex factors contributing to behavioral barriers in youth aged 12-17. It operates within the youth's natural environments of home, school and community to promote positive behavioral change and prevent out-of-home placements. Learn more on the [MST Services website](#) and the [Title IV-E Prevention Services Multisystemic Therapy web page](#).

What is Functional Family Therapy (FFT)?

Functional Family Therapy (FFT) is an evidence-based, short-term family counseling intervention aimed at youth aged 11-18 who exhibit behavioral or emotional challenges. FFT is an intensive home-based treatment model. FFT follows a structured, five (5)-phase model focusing on engagement, motivation, relational assessment, behavior change and generalization. Learn more on the [Functional Family Therapy website](#) and the [Title IV-E Prevention Services Functional Family Therapy web page](#).



Advisory Committees

All interested stakeholders are invited to join the CO-SOC team for the Implementation Advisory Committee, the Statewide Leadership Committee and the Lived Experience Committee. Visit the [Intensive Behavioral Health Services for Medicaid \(IBHS\) web page](#) for registration information. After registering, you will receive a confirmation email containing information about joining the webinar.

Learn More

Stakeholders, families and community partners are encouraged to stay informed. [Sign up](#) for the CO-SOC for Children and Youth Behavioral Health newsletter, visit the [web page](#) for meeting links, agendas, updates and resources or email hcpf_co_soc@state.co.us.

Join the work to ensure children and youth receive the care and support needed to thrive. Stay tuned for updates as the CO-SOC continues to be rolled out.

Provider Type 64 and Specialty 477 ending December 31, 2025

Note that Specialty 477 - Substance Use Disorder - Clinics will no longer be a valid specialty for Provider Type 64 - Substance Use Disorder (SUD) Continuum after **December 31, 2025**. To keep Provider Type 64 current and in good standing, a specialty designating a specific American Society of Addiction Medicine (ASAM) level is needed. Refer to the specific specialties on the [Find Your Provider Type web page](#). No further action is needed if a Provider Type 64 enrollment already has a specialty designating an ASAM level. Effective July 1, 2025, specialty type 477 was no longer available as an enrollment option. Enrollments for Provider Type 64 with no other specialty attached by December 31, 2025, will be terminated.

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

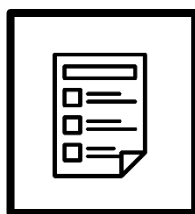
Reminder: Notification of Colorado Medically Unlikely Edits (CO MUEs)

Effective October 1, 2025, Colorado-specific Medically Unlikely Edits (CO MUEs) and Procedure-to-Procedure (CO PTP) edits are being applied for services that do not have National Correct Coding Initiative (NCCI) edits.

More information, including the list of Colorado MUEs, is located on the [HCPF Behavioral Health Policies, Standards and Billing References web page](#).

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

Share Thoughts on Senate Bill 23-174



Colorado passed [Senate Bill \(SB\) 23-174, Access to Certain Behavioral Health Services](#), in 2023. This policy went into effect July 1, 2024.

How has SB23-174 transformed practices/organizations and communities?

[This brief survey](#) is designed for participants to share the difference SB23-174 has made for providers and for members under 21 years old without a covered diagnosis. This insight will help the Department understand the real-world impact of this legislation. Share input by September 9, 2025.

All Providers Who Utilize the ColoradoPAR Program

What is the ColoradoPAR Program?

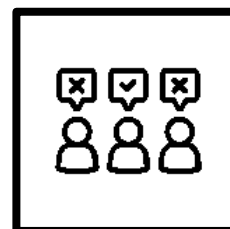
The ColoradoPAR Program is a third-party, fee-for-service Utilization Management (UM) program administered by Acentra Health, Inc. Visit the [Colorado Prior Authorization Request Program \(ColoradoPAR\) web page](#) for more information about the ColoradoPAR Program.

Acentra Provider Satisfaction Survey

The [ColoradoPAR Provider Survey for Physical and Occupational Therapy \(PT/OT\)](#) that work with Acentra Health and use the Atrezzo® provider portal is now open. The survey opened August 18, 2025, and will remain open until September 26, 2025.

The PT/OT Provider Survey is an opportunity to provide feedback regarding Acentra Health services in processing PARs, customer service, provider education and timeliness. Click the link above to complete the survey.

Acentra will send email reminders to complete the survey.



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

Go-Live for Prior Authorization Requests (PARs) of Registered Nurses (RNs) and Certified Nursing Assistant (CNA) services was August 1, 2025.

An additional step is needed to meet the PAR requirements for LTHH Certified Nursing Assistant (CNA), LTHH Registered Nurse (RN) and Private Duty Nursing (PDN). A referral to Telligen must be made to complete a Skilled Care Acuity Assessment and Recommendation letter. Both of these must be submitted with all other PAR documentation.

Visit the [Nurse Assessor web page](#) with questions related to the Nurse Assessor, how to submit a referral or the Skilled Care Acuity Assessment. The Nurse Assessor vendor, Telligen, may also be contacted.

Colorado Skilled Nurse Assessor (SNA) Call Center & Provider Help Desk

Email: CO_SNA@Telligen.com

Toll-Free Phone: 844-650-0560

Nurse Advice Line Reminders

Help Members and Medical Practices with the Health First Colorado Nurse Advice Line



The Health First Colorado Nurse Advice Line is a free 24/7 resource that connects Health First Colorado members to registered nurses for triage, self-care guidance and referral to appropriate care. Nurses follow evidence-based protocols and consult with board-certified physicians when needed.

Benefits to Medical Practices:

- Reduced after-hours strain – Members can get support without needing to use an on-call number.
- Prescription protocols – Nurses can use drug protocols to prescribe medications for common, low-acuity conditions when appropriate.
- Smarter utilization – Callers are directed to the right level of care, easing daily volume and burnout.
- Telehealth appointments – Qualified callers can be scheduled for virtual appointments with Denver Health physicians.
- Medical Doctor (MD) consults available – Nurses consult with medical doctors when needed.
- Improved member experience – Members feel supported and confident in what to do next.

Encourage members to call 800-283-3221 anytime, day or night.

Printable flyers and digital messaging materials are available to help share this service. Contact Delana Reynolds at Delana.Reynolds@dhha.org with questions or to request staff training or materials.

Pediatric Behavioral Therapy (PBT) Provider Type Change

Pediatric Behavioral Therapy (PBT) Provider Type Transition: Acentra is encouraging all providers who are in the process of changing the provider type from Provider Type 25 as instructed via the June Bulletin to follow this [instruction guide](#) to ensure their Prior Authorization Requests (PARs) are processed in a timely manner. **There will be delays in getting every PAR transitioned and all providers are encouraged to follow these steps diligently to help decrease the delays as much as possible.**

Contact Martina Schmidt at Martina.Schmidt@state.co.us with additional questions about this change.

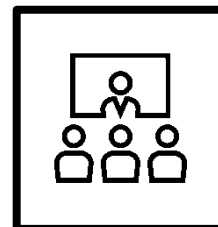
Prior Authorization Request (PAR) Submission Training for Acentra

Acentra Health will provide benefit-specific Prior Authorization Request (PAR) submission training for all providers and benefit-specific training for Long-Term Home Health (LTHH). The training dates and times are listed below in Mountain Time:

- [DME Provider Specific Benefit Training September 10, 2025, at 9:00 a.m.](#)
- [DME Provider Specific Benefit Training September 10, 2025, at 12:00 p.m.](#)
- [Portal Registration and PAR Submission Training September 24, 2025, at 9:00 a.m.](#)
- [Portal Registration and PAR Submission Training September 24, 2025, at 12:00 p.m.](#)

PAR submission training sessions are appropriate for all new users and include 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.



Durable Medical Equipment

Billing for Heparin Flushes (Healthcare Common Procedure Coding System [HCPCS] J1642)

All Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) providers are reminded that Healthcare Common Procedure Coding System (HCPCS) J1642 is billed per 10 United States Pharmacopeia (USP) units of heparin and is billed by potency, not volume. Below is an example of how HCPCS J1642 should be calculated:

Product example:

- Description: Heparin Lock 500 UN - 5 milliliters (mL) syringe (NDC 64253-0333-35)
- Concentration: 100 units/mL (500 units divided by 5 mL)
- Total units per syringe: 500 USP

Billing calculation:

- Total units per syringe: 500 USP
- Billing units: 500 (total units/syringe) divided by 10 = **50 units billed**

Contact Alaina Kelley at Alaina.Kelley@state.co.us with questions.

Continuous Glucose Monitors (CGMs): Medicare Alignment Updates

Overview

Beginning November 1, 2025, all professional claims submitted for continuous glucose monitoring (CGM) products and supplies must include the National Drug Code (NDC) of the product, the proper Healthcare Common Procedure Coding System (HCPCS) procedure code and modifier combination when submitting a claim. The [Durable Medical Equipment, Prosthetics, Orthotics and Supplies \(DMEPOS\) Billing Manual](#) will be updated to contain a

crosswalk of the CGM product, HCPCS and modifiers that must be used when submitting claims. Additional documentation will be required to be submitted with the claim for CGM products that do not have an NDC assigned. Providers may begin submitting NDC numbers on CGM claims at any time prior to November. Additional information will be released in the coming months.

Managed Care Carveouts

Beginning November 1, 2025, all DMEPOS providers who supply CGMs and CGM supplies will need to submit fee-for-service claims for all members who are enrolled in physical health managed care plans (Denver Health and Rocky Mountain Health Plans). This is a change from the current carve-in method of CGMs supplied to children.

Optune: Moving from E1399 to E0766



Effective October 1, 2025, providers of the Optune device will be required to submit Prior Authorization Requests (PARs) and claims using Healthcare Common Procedure Coding System (HCPCS) E0766. E0766 will have a fixed reimbursement rate published on the Health First Colorado Fee Schedule and will not be manually priced.

Providers with an approved PAR for the Optune device using HCPCS E1399 may continue billing using this HCPCS code until the PAR reaches its end-date, even if dates of service are after October 1, 2025.

Home and Community Based Services (HCBS)

Extraordinary Cleaning Rates Calculation Error, Retroactive Adjustment Upwards

Extraordinary Cleaning in Homemaker services rates were not applied to 1.6% Across-the-Board (ATB) rate adjustments for July 1, 2025, in the Colorado interChange at the effective date. These rates have been retroactively adjusted to reflect the appropriate increases for Extraordinary Cleaning services/Homemaker providers for the following procedure codes:

- S5130 U8 SC
- S5130 U8 SC HX
- S5130 U7 SC
- S5130 U7 SC HX

Rates have been corrected in the Colorado interChange. *Providers billing Usual and Customary will see claims adjustments via claims reprocessing.*

Hospital Providers

General Updates

Hospital Stakeholder Engagement Meetings

Bi-monthly Hospital 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, September 5, 2025, from 9:00 a.m. to 11:00 a.m. Mountain Time** and will be hosted virtually.

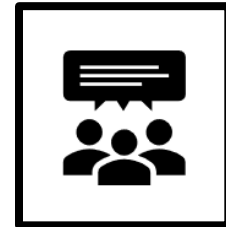
Visit the [Hospital Stakeholder Engagement Meeting web page](#) for more details, meeting schedules and past meeting materials.

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.

Rural Health Clinic Stakeholder Engagement Meeting

A meeting for Rural Health Clinics (RHCs) has been scheduled for September 4, 2025, from 1:00 p.m. to 2:00 p.m. Mountain Time. Topics of discussion will include an overview of the Rural Health Clinic payment methodology for both hospital-based and freestanding RHCs and operational concerns impacting RHC billing or payment.

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



Pediatric Behavioral Therapy

Extension of Registered Behavior Technician (RBT) Certification Deadline

All Autism Services Providers delivering Adaptive Behavior Treatment by Protocol (Current Procedural Terminology [CPT] 97153) are required to hold national registration as a Registered Behavior Technician (RBT) as specified in the [July 18, 2025, Memo 25-005](#) and the [August 2025 Provider Bulletin](#).

Providers who shared data and updates regarding workforce readiness and certification timelines are appreciated, as this input was instrumental in determining the new extension date. Additional time to ensure compliance is being granted to recognize provider workforce constraints and the volume of pending certification applications with the Behavior Analyst Certification Board (BACB) while maintaining service continuity for Health First Colorado members.

Extension of Deadline

- The effective deadline for RBT certification has been **extended to October 31, 2025**.
- Providers with staff who are actively pursuing RBT certification may continue delivering services through October 30, 2025, under the supervision of a qualified provider.
- Beginning November 1, 2025, only providers with valid and active RBT certifications may provide and bill Adaptive Behavior Treatment by Protocol (97153) services under Health First Colorado.

Contact Gina Robinson at Gina.Robinson@state.co.us with questions regarding this extension.

Pharmacy Providers

Total Annual Prescription Volume (TAPV) Survey

Myers and Stauffer LC has been contracted by the Department to conduct the Total Annual Prescription Volume (TAPV) survey of pharmacy providers. The prescription volume information submitted by most pharmacy types will be used to determine their dispensing fee for the 2026 calendar year.

Pharmacies which meet the regulatory definition of a Government or Rural Pharmacy will have their dispensing fee determined by their pharmacy type (per [10 CCR 2505-10](#), Sections 8.800.1 and 8.800.13).



Myers and Stauffer will distribute the surveys to pharmacy providers starting October 1, 2025, and completed surveys must be returned to Myers and Stauffer by October 31, 2025. Pharmacy providers (other than Government or Rural Pharmacies) which do not participate in the prescription volume survey will be placed in the lowest dispensing fee tier (\$9.31).

Beginning October 1, 2025, providers can submit the [Colorado TAPV Survey Form](#) via the [Myers and Stauffer website](#) under the Total Annual Prescription Volume section. Providers can also provide a submission to Myers and Stauffer via email at pharmacy@mslc.com, postal mail at 800 E. 96th Street, Suite 200, Indianapolis, IN 46240, or fax at (317) 566-3203. If not a Government or Rural Pharmacy and a survey request was not received, contact the Myers and Stauffer Pharmacy Help Desk at 800-591-1183 or at pharmacy@mslc.com to request a survey form.

Total Annual Prescription Volume	Dispensing Fee
0 - 59,999 TAPV	\$13.40
60,000 - 89,999 TAPV	\$11.49

Total Annual Prescription Volume	Dispensing Fee
90,000 - 109,999 TAPV	\$10.25
110,000+ TAPV	\$9.31
Rural Pharmacy	\$14.14
Government Pharmacy	\$0.00

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

Prescription Drug Acquisition Cost (AAC) Survey

Myers and Stauffer has also been contracted to conduct ongoing acquisition cost surveys for prescription drugs. The participation of all selected pharmacy providers is strongly encouraged to ensure that AAC reimbursement rates adequately reflect the purchase conditions faced in the market today by Colorado providers. Initial surveys will be sent via postal mail on October 1, 2025, to a randomly selected group of pharmacy providers.

Purchase invoices can be submitted to Myers and Stauffer via email at pharmacy@mslc.com; postal mail at 800 E. 96th Street, Suite 200, Indianapolis, IN 46240; or via fax at (317)-566-3203. Contact the Myers and Stauffer Pharmacy Help Desk at 800-591-1183 or at the email listed above with general inquiries.

Note: All submitted invoice data will remain strictly confidential.

Pharmacy and All Medication Prescribers

Preferred Status Change: Jardiance, Synjardy and Synjardy XR

Effective October 1, 2025, Jardiance, Synjardy and Synjardy XL will be changed to non-preferred status on the Preferred Drug List (PDL). Brands Farxiga and Xigduo XR will continue to have status as preferred products. Current utilizers of Jardiance, Synjardy and Synjardy XL may continue using the medication without prior authorization until January 1, 2026. The upcoming changes to these drugs will be published on the PDL available on the [Pharmacy Resources Page](#) by September 1, 2025. Refer to the PDL or contact Prime Therapeutics at 800-424-5725 for more information and for prior authorization criteria.



Preferred Drug List (PDL) Announcement of Preferred Products

Changes will be made for the following PDL classes effective October 1, 2025:

PDL Drug Class	Moved to Preferred	Moved to Non-preferred
Diabetes Management Class - GLP-1 Analogues	<ul style="list-style-type: none"> Wegovy pen* Ozempic pen 	<ul style="list-style-type: none"> Liraglutide pen (all manufacturers except Teva)
Diabetes Management Class - SGLT Inhibitors and Combos	None	<ul style="list-style-type: none"> Jardiance tablet** Synjardy tablet** Synjardy XR tablet**
Diabetes Management Class - Insulins	<ul style="list-style-type: none"> Humalog 100U/ml vial Tresiba 100U/ml vial* Humulin N 100U/ml KwikPen OTC Novolog 100U/ml cartridge/FlexPen/vial Novolog Mix 70-30 FlexPen/vial 	<ul style="list-style-type: none"> Insulin degludec 100U/ml vial
Diabetes Management Class - DPP-4is and Combos	None	<ul style="list-style-type: none"> Januvia tablet Janumet tablet Janumet XR tablet
Diabetes Management Class - Meglitinides and Combos	<ul style="list-style-type: none"> Repaglinide tablet 	None
Diabetes Management Class - TZD combos	<ul style="list-style-type: none"> Pioglitazone/Metformin tablet 	None
Contraceptives - Topical	<ul style="list-style-type: none"> Xulane patch Etonogestrel/ethinyl estradiol ring (Prasco; effective 7/10/25) 	<ul style="list-style-type: none"> Nuvaring ring (effective 7/10/25) Etonogestrel/ethinyl estradiol ring (all other manufacturers) Norelgestromin/ethinyl estradiol patch
Bone Resorption Suppression and Related Agents	<ul style="list-style-type: none"> Forteo pen* 	None
Overactive Bladder Agents	<ul style="list-style-type: none"> Trospium tablet 	None
Growth Hormones	<ul style="list-style-type: none"> Ngenla pen* Skytrofa cartridge* 	None

*Requires prior authorization or additional criteria to be met.

** Effective October 1, 2025, these drugs will be moved to non-preferred. However, members who are already taking these medications will not need prior authorization until January 1, 2026.

No changes will be made for the following PDL classes:

PDL Drug Class	PDL Drug Class
Atypical Antipsychotics, Long-Acting Injectables	Diabetes Management Class - Glucagon agents
Benign Prostatic Hyperplasia (BPH) Agents	Diabetes Management Class - Other Hypoglycemic combos
Anti-hyperuricemics	Diabetes Management Class - Amylins
Prenatal Vitamins/Minerals	Diabetes Management Class - Biguanides
Estrogen Agents - Parenteral and Oral/Transdermal	Androgenic Agents - Topical, Injectable, Oral
Phosphate Binders	

Additional prior authorization criteria for all preferred and non-preferred medications can be found on the Health First Colorado [Preferred Drug List](#). Contact the Prime Therapeutics Help Desk at 1-800-424-5725 with questions regarding rejected claims or prior authorization.

Physician Services

Colorado Medicaid eConsult Update

Health First Colorado providers can access a free, secure statewide electronic consultation platform via [ColoradoMedicaidConsult.com](https://coloradomedicaidconsult.com). The eConsult platform allows Primary Care Medical Providers (PCMPs) to consult electronically with specialists, often reducing the need for in-person referrals for Members.



Effective July 1, 2025, Colorado Medicaid eConsult has expanded to support specialty-to-specialty consultations. This enhancement will broaden the existing PCMP user role to a general “submitter” role, allowing specialists (including Medical Doctors [MDs]/Doctors of Osteopathic Medicine [DOs], Nurse Practitioners [NPs] and Physician Assistants [PAs]) to initiate eConsults as treating practitioners.

The billing manual has been updated to reflect these changes, enabling third-party platforms to implement and submit claims for specialty-to-specialty reimbursement. Refer to the [Telemedicine and eConsult Billing Manual](#) for full details on updated criteria and reimbursement policies.

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

Free Screening, Brief Intervention and Referral to Treatment (SBIRT) training for Health First Colorado providers is provided through partnership with Peer Assistance Services (PAS), Inc. 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.

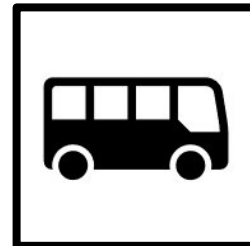
Contact Janelle Gonzalez at Janelle.Gonzalez@state.co.us with questions.

Transportation Providers

Non-Emergent Medical Transportation (NEMT) Rural Mileage Edit

On September 30, 2025, a revision of the current 52-mile edit will go into effect for rural communities.

- The new edit increases the daily mileage limit to 125 miles (roundtrip) for members residing in designated rural counties. This change acknowledges the geographic challenges in rural areas, especially in large counties with dispersed populations, and aims to improve access to care for rural members while supporting local Non-Emergent Medical Transportation (NEMT) providers.
- Eligibility for the expanded mileage limit will be based on the member's county of residence. A list of qualifying rural counties, determined by the Department using geographic criteria, will be posted on the [Non-Emergent Medical Transportation web page](#). *No new forms or additional documentation will be required; existing trip logs and standard reporting processes remain in effect.*
 - The designated rural counties are: Alamosa, Archuleta, Bent, Chaffee, Cheyenne, Clear Creek, Conejos, Costilla, Crowley, Custer, Delta, Dolores, Fremont, Gilpin, Grand, Gunnison, Hinsdale, Huerfano, Jackson, Kiowa, Lake, Lincoln, Logan, Mineral, Moffat, Montrose, Morgan, Otero, Ouray, Park, Phillips, Pitkin, Rio Blanco, Rio Grande, Routt, Saguache, San Juan, San Miguel, Sedwick and Washington.



The proposed rule also introduces two (2) billing clarifications:

- NEMT providers may **not** transport their own family or household members under standard NEMT billing. If the individual is an eligible Medicaid member, the provider must use the personal mileage reimbursement process. Mileage reimbursement information and the trip mileage form can be found on the [Transdev Member Resources web page](#).

- When multiple members are transported on a single NEMT trip, providers may submit a claim for only one (1) Medicaid ID to avoid duplicate billing.

These changes aim to ensure program integrity and equitable access while reducing the administrative burden for rural providers and members.

NEMT Coding Changes

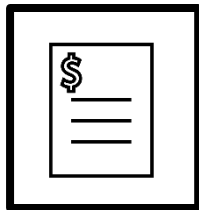
Effective July 1, 2025, all NEMT providers must follow these billing and coding changes:

- Healthcare Common Procedure Coding System (HCPCS) A0425 is to be used only for ambulance trip mileage. It is no longer used for non-ambulance trip mileage.
- HCPCS S0215 is to be used only for all NEMT provider trips that are non-ambulance and non-wheelchair van mileage. It will be priced at \$3.00 per unit (per mile). Note: All NEMT providers must begin using this code for billing mileage for non-ambulance and non-wheelchair trips with dates of service on and after July 1, 2025.
- HCPCS S0209 is to be used only for wheelchair van trip mileage. It will have a rate increase to \$3.00 per unit (per mile).

Effective July 1, 2025, HCPCS A0425 is no longer covered for non-ambulance trips. Providers who continue to use HCPCS A0425 for non-ambulance trip mileage will be subject to overpayment recovery which may result in termination for cause from Health First Colorado.

Span Billing for NEMT

Span billing (grouping multiple lines with separate dates of service on one [1] claim) is not allowed for transportation providers.



Claims must be submitted with one (1) date of service per claim. The From Date of Service (FDOS) needs to be the same as the To Date of Service (TDOS), which is one (1) date of service per claim. The mention of “line” in the manual is advising providers that both the FDOS and the TDOS fields need to be completed with a single date of service. If there are separate codes being billed for the same date of service, an additional line should be added to the claim for the same date of service only.

Billing Status Changes

Billing status changes will be delayed and further reviewed due to fraud, waste and abuse concerns of NEMT services billing in addition to the moratorium currently in effect regarding NEMT provider enrollment. The Department will not be allowing any NEMT provider to add billing capabilities. Do not call the Provider Services Call Center with these questions as they cannot make changes. Contact NEMT@state.co.us with any questions.

Women's Health

Lactation Support Services/Doula Billing Update

Effective August 1, 2025, the Colorado interChange automatically **bypasses Third Party Liability (TPL) edits** for both **commercial insurance and Medicare** when claims are submitted by these specific provider types:

- PT 70 - Lactation Consultant
- PT 72 - Lactation/Doula Professional Group
- PT 79 - Doula

Refer to the [Lactation Support Services Billing Manual](#) or [Doula Billing Manual](#) for further information.

Guidance on Denied Claims Related to Third Party Liability (TPL)

If a claim was **denied between January 1, 2025 and July 31, 2025 due to Third Party Liability (TPL)**, resubmit the claim electronically as a new submission.

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



Provider Training Sessions

September 2025 Schedule

Providers are invited to sign up for provider training sessions. All sessions are held via webinar on Zoom and registration links are shown in the calendar below. The availability of training sessions varies monthly. Descriptions of available training sessions, calendar registration links and training-specific slide decks are available on the [Provider Training web page](#).

The following training sessions focused on Health First Colorado will be offered in August:

- **Beginning 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.

Click "[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 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.



Live Webinar Registration

Click the title of the desired provider training session in the calendar to register for a webinar. An automated response will confirm the reservation. Webinars may end early. Time has been allotted for questions at the end of each session.

September 2025				
Monday	Tuesday	Wednesday	Thursday	Friday
1	2	3	4	5
8	9	10	11	12
15	16	17	18 Intermediate Billing Training 1:00 p.m. - 3:00 p.m. MT	19
22	23 Beginner Billing Training: Professional Claims (CMS 1500) 9:00 a.m. - 11:30 a.m. MT	24	25 Beginner Billing Training: Institutional Claims (UB-04) 1:00 p.m. - 3:30 p.m. MT	26
29	30			

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

Upcoming Holidays

Holiday	Closures
Frances Xavier Cabriní Day Monday, October 6	State Offices and AssureCare 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, DentaQuest and the ColoradoPAR Program will be open.

[Provider Services Call Center](#)

1-833-468-0362