COLORADO
Department of Health Care Policy & Financing

Provider Bulletin

Reference: B2500531

Nov 2025

Table of Contents

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

Did You Know?

Providers cannot bill members for co-pays or deductibles assessed by third-party resources. Providers cannot bill members for the difference between commercial health insurance payments and the billed charges when Health First Colorado (Colorado's Medicaid program) does not make an additional payment.

A member's commercial health insurance must be billed first, and lower-of pricing is used to calculate reimbursement from Health First Colorado.

Visit the Third-Party Liability web page and refer to the General Provider Information Manual for more information.

All Providers

Managed Care Claims Processing Changes

What do providers need to know?

This notice is only for providers who submit claims to a Regional Accountable Entity (RAE) or Managed Care Organization (MCO). **Providers may need to take action to continue receiving reimbursement for providing covered services to Health First Colorado and Child Health Plan *Plus* (CHP+) members.** Review this message carefully.

Providers who are not correctly enrolled with Health First Colorado or who submit claims with information that does not match their enrollment record may have claims denied by their RAE or MCO, in alignment with existing state and federal requirements for provider enrollment and participation. Claims denied for this reason can be re-submitted once the appropriate information has been updated in the Provider Web Portal and claims are revised to include the appropriate NPI or Taxonomy Codes in the correct fields.

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

- **Anticipated November 3, 2025:** Northeast Health Partners and Rocky Mountain Health Plans will flag incorrectly submitted claims, but they will not be denied.
- **Anticipated December 1, 2025:** Colorado Access will begin denying incorrectly submitted claims.
- **Anticipated beginning January 5, 2026:** Colorado Community Health Alliance, Denver Health, Kaiser Permanente, Northeast Health Partners and Rocky Mountain Health Plans will begin denying incorrectly submitted claims.

How will providers know if claims will be denied?

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. Providers should also verify that their information in the Provider Web Portal is correct and ensure it matches the information used when submitting claims. Refer to the Managed Care Claims Compliance fact sheet on the ACC Provider and Stakeholder Resource Center web page.

Why is this change happening?

These changes are being implemented to ensure that all claims are submitted and adjudicated in alignment with provider enrollment requirements to achieve the following goals:

- **Compliance with federal and state policy**: Only providers who are properly enrolled may bill for services under Health First Colorado and CHP+.
- **Consistency across RAEs and MCOs**: Feedback from RAEs and MCOs indicates that some claims have been processed inconsistently with enrollment requirements. This change establishes a uniform standard.
- **Program integrity**: Ensuring claims are paid only to properly enrolled providers strengthens accountability and reduces administrative burden caused by incorrect submissions.

Questions?

Contact the appropriate RAE or MCO with any questions about being impacted by these upcoming changes or for help with making the appropriate changes.

- Colorado Access: Michelle.Tomsche@coaccess.com
- Colorado Community Health Alliance (CCHA): 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

Contact the Provider Services Call Center with general questions.

Pharmacy Benefit Management System (PBMS) Transitioning

The Department of Health Care Policy & Financing (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 (launched October 2025)
  - Preferred Drug List (launched 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 submissions 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.

All Providers Who Utilize the ColoradoPAR Program

What is the ColoradoPAR Program?

The ColoradoPAR Program is a third-party, fee-for-service (FFS) 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

The implementation of Prior Authorization Requests (PARs) for Registered Nurses (RNs) and Certified Nursing Assistant (CNA) services was on August 1, 2025.

The requirement to submit a Skilled Care Acuity Assessment and Recommendation letter is currently on pause. Review the PAR requirements for Long-Term Home Health (LTHH) Certified

Nursing Assistant (CNA), LTHH Registered Nurse (RN) and Private Duty Nursing (PDN) and check for updates on this process on the Nurse Assessor web page.

Pediatric Therapy Providers Who Render Long-Term Home Health Services

Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy/Speech-Language Pathology (ST/SLP) service providers are encouraged to review the reminders below.

What qualifies for Home Health Therapy Services vs. Outpatient Therapy Services?

The items below are a simplified list of what is reviewed as part of the medical necessity review for Home Health Therapy PARs. Refer to 10 CCR 2025-10 8.520.4.A for more details. These must be supported by clinical documentation.

Home Health Services are covered under Health First Colorado when all of the following are met:

1. Services are medically necessary as defined in Section 8.520.1.
2. Services are provided under a Plan of Care as defined at Section 8.520.1.
3. Services are provided on an Intermittent basis, as defined at Section 8.520.1.
4. The member meets **one (1)** of the following:
    a. The only alternative to Home Health Services is hospitalization, emergency room care, other institutionalization or
    b. Member medical records indicate that medically necessary services should be provided in the member's place of residence or community, instead of an outpatient setting, according to one (1) or more of the following guidelines:
        i. The member, due to illness, injury or disability, is unable to travel to an outpatient setting for the needed service;
        ii. Based on the member's illness, injury, or disability, travel to an outpatient setting for the needed service would create a medical hardship for the member;
        iii. Travel to an outpatient setting for the needed service is contraindicated by a documented medical diagnosis;
        iv. Travel to an outpatient setting for the needed service would interfere with the effectiveness of the service; or
        v. The member's medical diagnosis requires teaching which is most effectively accomplished in the Member's Place of Residence on a short-term basis.

5. The member is unable to perform the health care tasks for him or herself, and no Family/In-Home Caregiver is able or willing to voluntarily perform the tasks; and
    a. Family/In-Home Caregiver responsibilities should be guided by age-appropriate expectations to distinguish when a member's needs require care beyond typical caregiving duties due to the skilled nature of needs and/or intensity of need.
6. Service types are covered per Service Types, Section 8.520.5.

Prior Authorization Request (PAR) Submission Training for Acentra

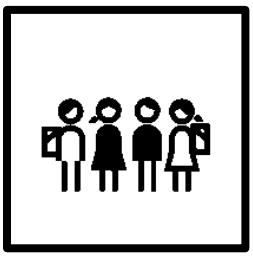
Acentra Health will provide Prior Authorization Request (PAR) submission training for all providers and benefit-specific training for Psychiatric Residential Treatment Facility (PRTF) and Qualified Residential Treatment Program (QRTP) providers. The training dates and times are listed below in Mountain Time:

- PRTF/QRTP November 5, 2025, at 9:00 a.m. MT
- PRTF/QRTP November 5, 2025, at 12:00 p.m. MT
- Portal Registration and PAR Submission Training November 19, 2025, at 9:00 a.m. MT
- Portal Registration and PAR Submission Training November 19, 2025, at 12:00 p.m. MT

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.

Reminder: Enhanced Standard Assessment



Effective November 15, 2025, all children and youth being considered for residential treatment (Qualified Residential Treatment Program [QRTP], Psychiatric Residential Treatment Facility [PRTF] or Out-of-State High-Intensity Residential Treatment [OHIRT]) will be required to undergo an Enhanced Standardized Assessment (ESA) for initial Health First Colorado coverage authorization. This applies when residential services are to be reimbursed directly by the Department. Continuing stay approval will also be required for periods of treatment longer than 30 days. As of November 15, 2025, any child already in an episode of care in a QRTP or a PRTF will receive an initial 30-day approval. OHIRT reviews will continue their regular 30-day review cadence. Continued stay reviews will begin December 15, 2025, and occur every 30 days thereafter.

Refer to Operational Memo 25-032: Utilization Management and Assessment Requirements for Qualified Residential Treatment Providers (QRTP) and Psychiatric Residential Treatment Facilities (PRTF) for further information.

Refer to the ColoradoPAR Training web page for information about Utilization Management, Prior Authorization and Continuing Stay Reviews.

Contact Christina Winship at Christina.Winship@state.co.us with policy or enrollment questions.

Contact Acentra at coproviderregistration@acentra.com with questions regarding Utilization Management.

Behavioral Health Providers

Certified Community Behavioral Health Clinics (CCBHCs) Planning Grant Updates

Certified Community Behavioral Health Clinic (CCBHC) Planning Grant Stakeholder Engagement Scheduling Changes

The following meeting/forum scheduling changes have been made to accommodate upcoming holidays and conflicting end-of-year requirements, priorities and scheduling.

- The CCBHC Monthly Stakeholder Forum on November 26, 2025, will be **canceled,** and the CCBHC Steering Committee meeting on November 24, 2025, will be **rescheduled** to November 17, 2025, at 3:00 p.m. MT.
- All CCBHC Planning Grant Stakeholder Engagement meetings and forums will be **canceled for December 2025.**
- CCBHC Planning Grant Stakeholder Engagement will be continued into January 2026 to ensure continuity of communication.

NOTE: Update calendars accordingly as Zoom does not have the functionality to automatically update calendar platforms.

Register at the CCBHC Planning Grant web page if not yet registered for the CCBHC Monthly Stakeholder Forum or the CCBHC Steering Committee meeting.

CCBHC Planning Grant Memorandums

Continue to check the Behavioral Health Administration (BHA) Memorandum web page for updated memorandums and communications regarding planned policies and infrastructure for CCBHC services in Colorado. Providers and stakeholders are encouraged to explore the CCBHC Planning Grant web page for additional details and reference materials.

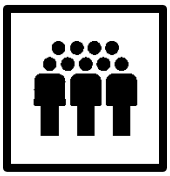
Medicaid Reentry and Community Health (M-REACH) Implementation Timeline Update

In accordance with House Bill 24-1045, the Department applied for federal authority to offer a limited set of reentry services, creating the Medicaid Reentry and Community Health (M-REACH) program. M-REACH is a new program under Colorado's 1115 "Expanding the Substance Use Disorder (SUD) Continuum of Care" Waiver (1115 Waiver). Implementation dates for the two (2) phases of this program have been adjusted to account for delays in receiving necessary federal authority. Reimbursement for reentry services is anticipated to begin on the following schedule:

- Phase 1 (State-run correctional facilities): January 1, 2026
- Phase 2 (Local correctional facilities): January 1, 2027

The correctional facility in which the member is incarcerated must have passed a Facility Readiness Assessment for reentry services to be billable. Contact HCPF_CJJ@state.co.us with any questions.

Peer Support Professional Certification Requirements: Timeline and Definition



In June 2025, the Medicaid Sustainability Memo outlining changes to Peer Support was published. The State Medicaid Director letter (SMDL) #07-011 indicates that states must determine the minimum training and certification criteria for peer support providers. The following policy related to Peer Support Professional certification requirements is being implemented:

- It is anticipated that effective January 1, 2026, all Peer Support Professionals delivering Medicaid behavioral health services must either be certified or will be certified by July 1, 2026, to be eligible for reimbursement for delivering peer support services.
- Agencies must sign and submit an attestation to their Regional Accountable Entity (RAE) or RAEs by January 1, 2026, indicating that all Peer Support Professionals are either certified or are in the process and will be certified by July 1, 2026.

The Department follows Behavioral Health Administration (BHA) rule regarding the definitions of training and certification requirements for Peer Support Professionals.

Stakeholders can ask questions and give feedback through the quarterly Peer Support Forums and Peer Support Office Hours, and by contacting HCPF_PeerServices@state.co.us.

Hospice Providers

Rate Update Effective October 1, 2025

The fee schedule for Hospice rates effective October 1, 2025, has been published on the Provider Rates and Fee Schedule web page under the Hospice category.

Due to the rollback of the legislatively appointed across-the-board 1.6% increase for Fiscal Year 2025-26 (FY 2025-26), effective October 1, 2025, there will be no across-the-board increase to Hospice rates for FY 2025-26. This is pursuant to the Executive Order and consistent with the Governor's Office presentation to the Joint Budget Committee. To align with the Colorado Medicaid State Plan, the Department will increase any current Hospice rates below the 2025 Centers for Medicare & Medicaid Services (CMS) Medicaid Hospice rates up to the benchmark for FY 2025-26.

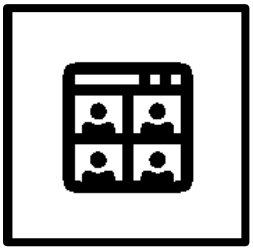
Reprocessing was requested for claims with dates of service on or after October 1, 2025. Claims billed at usual and customary charges whose charges exceed the FY 2025-26 rates will be reprocessed automatically. Note that if claims for dates of services on or after October 1, 2025, were billed using the FY 2024-25 rates, claims will need to be manually adjusted at the behest of the provider to receive the correct reimbursement.

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, November 7, 2025, from 9:00 a.m. to 11:00 a.m. Mountain Time** and will be hosted virtually.

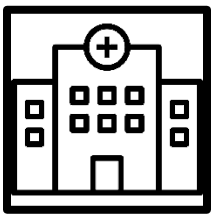
Visit the Hospital Stakeholder Engagement Meeting web page for more details, meeting schedules and past meeting materials.

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.

Implementation of Inpatient Hospital All Patient Refined Diagnosis Related Groups (APR-DRG) Base Rates Effective July 1, 2025, and October 1, 2025

The All Patient Refined Diagnosis Related Groups (APR-DRG) rates for July 1, 2025, rates and October 1, 2025, rates have been implemented into the Medicaid Management Information System (MMIS) during the October 3, 2025 financial cycle and all claims with ending services dates of July 1, 2025, and later have been reprocessed. An email was sent to hospital stakeholders on October 17, 2025, notifying that the implementation was completed.

Implementation of Various Outpatient Hospital Enhanced Ambulatory Patient Grouper (EAPG) Rate Updates Effective July 1, 2025



The Department is working with its fiscal agent on the implementation of various rate changes impacting outpatient hospital claims effective July 1, 2025. Rate changes include the 1.6% increase to Enhanced Ambulatory Patient Grouper (EAPG) base rates effective July 1, 2025, through September 30, 2025, the implementation of EAPG version 3.18, and the rate reduction to the 340B drugs paid through the EAPG methodology.

The EAPG version update is currently scheduled for completion within the fourth quarter of the calendar year. All impacted outpatient hospital claims will be identified and reprocessed to pay using the correct rates and version upon completion.

Contact Sean Paschke at Sean.Paschke@state.co.us with any questions relating to outpatient hospital rates.

Elimination of the 1.6% Across the Board (ATB) Rate Increase Effective October 1, 2025

On August 28, 2025, Governor Polis signed Executive Order D25 014 that reduces General Fund expenditures to bring Colorado's budget into balance for the current fiscal year, State Fiscal Year 2025-26 (FY 2025-26). An email was sent to hospital stakeholders in September to review the 30-day posting of new hospital rates for this change. Impacted rates include:

- Inpatient All Patient Refined Diagnosis Related Groups (APR-DRG) hospital base rates
- Outpatient Enhanced Ambulatory Patient Grouper (EAPG) hospital base rates
- Per Diem Specialty & Psychiatric hospital base rates

Contact Diana Lambe at Diana.Lambe@state.co.us with any questions relating to inpatient hospital rates. Contact Sean Paschke at Sean.Paschke@state.co.us with any questions relating to outpatient hospital rates. Contact Della Phan at Della.Phan@state.co.us with any questions relating to rehabilitation, long-term acute care or psychiatric hospital rates.

Rural Health Clinic (RHC) Stakeholder Engagement Meeting

A meeting for Rural Health Clinics (RHCs) has been scheduled for November 6, 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.

Visit the Rural Hospital and Rural Health Clinic web page for more details, meeting schedules and past meeting materials.

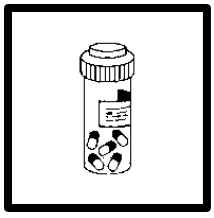
Contact Andrew Abalos at Andrew.Abalos@state.co.us with any questions or topics requested for discussion at this meeting.

Laboratory Services

New Drug Testing Unit Limitations and Documentation Requirements for Substance-Specific Confirmatory Tests, Healthcare Common Procedure Coding System (HCPCS) G0480-G0483

The following limits are effective as of October 10, 2025, for substance-specific confirmatory laboratory tests:

- Healthcare Common Procedure Coding System (HCPCS) codes G0480-G0483 have a combined unit limit of **16 per state fiscal year** (July 1 through June 30).
- Members aged 0-20 have access to additional testing as clinically appropriate with a Prior Authorization.



All documentation, including the order for the drug test, the clinical indication/medical necessity and the lab results must be maintained in the member's medical record.

Review the video explaining the proposed changes and project timeline and submit feedback in the Definitive Drug Testing Limit Rule Change Feedback Form. Feedback on the proposed policy will be accepted until December 12, 2025.

Refer to the Laboratory Services Billing Manual for more information.

Contact Sarah Kaslow at Sarah.Kaslow@state.co.us with any questions.

Pediatric Behavioral Therapy

Compliance Deadline – Registered Behavior Technician (RBT) Certification Requirement

All Applied Behavior Analysis (ABA) providers are reminded that Registered Behavior Technicians (RBTs) must hold an active certification to provide and bill for services under Health First Colorado.

Action Required

Effective immediately, all ABA providers must ensure that any RBT providing services under their supervision is actively certified by the Behavior Analyst Certification Board (BACB) or another recognized certification body. Providers have until **December 12, 2025**, to come into full compliance. *This supersedes the previously communicated August 31, 2025 deadline.*

Provider Responsibility

It is the responsibility of each enrolled ABA provider group and supervising Behavior Analyst to:

- Verify the active certification status of all RBTs on staff.
- Retain appropriate documentation for audit or program integrity reviews.
- Immediately discontinue billing for services rendered by uncertified individuals **after December 12, 2025**. Another stakeholder engagement meeting will be announced soon regarding the Pediatric Behavioral Therapy (PBT) Providers Emergency Rule. More details will be shared about the upcoming meeting via email invitation and Gainwell provider announcement. Sign up to receive the stakeholder engagement email invitation.

Questions

Contact the Provider Services Call Center or Gina Robinson at Gina.Robinson@state.co.us with questions regarding provider requirements.

Pharmacy and All Medication Prescribers

340B Rebate Model Pilot Program

Effective January 1, 2026, the Health Resources and Services Administration (HRSA) is implementing a 340B Rebate Model Pilot Program. Under this program, certain drug manufacturers will sell selected 340B drugs to covered entities at Wholesale Acquisition Cost (WAC). Covered entities will later receive manufacturer rebates that reduce the final net price to the statutory 340B ceiling price.

Billing Requirements for Covered Entities

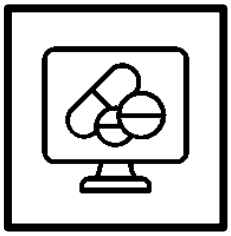
When billing Health First Colorado for prescription drugs purchased through the 340B Rebate Model Pilot Program:

- Do not bill Health First Colorado using the pre-rebate (WAC) purchase price.
- The submitted ingredient cost must be the 340B ceiling price.

This information can also be found in the 340B Policies and Procedures Manual. Contact Korri Conilogue at Korri.Conilogue@state.co.us with further questions.

Prescriber Tool and Prescriber Tool Alternative Payment Model (APM) Update

The Prescriber Tool is a powerful resource available directly within many Electronic Health Record (EHR) system workflows, giving providers seamless access to vital member pharmacy benefit information. This tool has integrated features such as e-prescribing, Real-Time Benefits Inquiry (RTBI), and electronic prior authorizations to deliver transparency and efficiency at the point of care. Providers can make faster, more informed decisions with instant access to medication coverage details and lower-cost therapeutic alternatives — improving care while managing rising pharmaceutical costs.



The Prescriber Tool APM Year 3 started in October 2025. The APM is designed to incentivize use of the Prescriber Tool and promote pharmacy benefit compliance and cost efficiency when possible. The Prescriber Tool APM shares a portion of the pharmacy program savings generated, if any, from prescriber use of the Prescriber Tool and Preferred Drug List (PDL) compliance rates among participating practices.

Refer to the following resources for more information:

- The Prescriber Tool Project web page
- The Prescriber Tool APM web page

Pharmacy and Durable Medical Equipment, Prosthetics, Orthotics & Supplies (DMEPOS)

Continuous Glucose Monitors (CGMs): Medicare Alignment Updates

Overview

Effective November 1, 2025, Continuous Glucose Monitors (CGMs) may be billed as a pharmacy claim ***or*** as a professional claim. CGMs may be billed by a pharmacy (provider type 09 with specialty 462) or a DMEPOS (provider type 14/74) supplier. All professional claims submitted for 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 & 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.

CGMs that do not have an NDC or a Wholesale Acquisition Cost (WAC) must be submitted as a professional claim and will require Questionnaire 20 to be submitted with the prior authorization request (PAR) and to the claim. Questionnaire 20 can be found on the Provider Forms web page under the Durable Medical Equipment, Prosthetics, Orthotics & Supplies (DMEPOS) Forms drop-down.

A new PAR will be required for CGMs that are billed to the pharmacy benefit.

Managed Care Carveouts

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

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

Breast Milk Storage Bag Limit

Effective December 1, 2025, HCPCS procedure code A4287 will have a conditional limit of 120 bags per month. A prior authorization request (PAR) must be submitted through the PAR Portal if more than 120 bags are needed in a month.

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

Physician Services

Abortion Coverage

The coverage of abortion-related services will be expanded in compliance with SB25-183 for the following eligibility categories, effective January 1, 2026:

- Health First Colorado, including Cover All Coloradans (CAC)
    - Cover All Coloradans became effective January 1, 2025, CAC is a Health First Colorado and Child Health Plan *Plus* (CHP+) "lookalike" program, meaning people who are newly eligible under this program will receive the same benefits as current Health First Colorado and CHP+ members.
- Emergency Medicaid Services (EMS), also referred to as the "Emergency Medical and Reproductive Health Care Program (RHCP)"
    - Effective July 1, 2022, EMS members are eligible for the Reproductive Health Care Program, which covers family planning and family-planning related services for eligible individuals.
- Child Health Plan *Plus* (CHP+), a public low-cost health coverage for certain children and pregnant women. It is for individuals who earn too much to qualify for Health First Colorado but not enough to pay for private health insurance.

Abortion care will be covered via state funds for members enrolled in the above programs, regardless of circumstance. Members will not be subject to member deductibles, copayments or coinsurance for these services and may not be billed for these services (Colorado Revised Statute §25.5-4-301).

CHP+ providers must submit claims to their CHP+ Managed Care Organization (MCO). CHP+ MCOs will submit quarterly reports to the state for manual reconciliation reimbursement.

Providers seeking to enroll as a new Health First Colorado provider may access instructions and the application on the Provider Enrollment web page. Federal regulations established by the Centers for Medicare and Medicaid Services (CMS) require enhanced screening for all existing (and newly enrolling) providers. These regulations are designed to increase compliance and quality of care. All providers, medical or nonmedical, who are enrolled with and bill Health First Colorado for services under the State Plan of a waiver must be screened under rule CCR 2505-10 8.100 by enrolling. All providers who provide services through MCOs, including CHP+ and Regional Accountable Entities (RAEs), must enroll.

All providers are encouraged to subscribe to the Provider Bulletins and newsletters. Providers may enroll for these communications by provider type.

Resources are available for providers who may need assistance with the Provider Web Portal to answer questions and provide guidance for provider enrollment applications, claims issues and understanding and reconciling remittance advice. Provider Web Portal Password Reset information can be found on the Provider Web Portal Quick Guides web page.

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 and common errors. It also provides Information on the next steps after enrollment.

Provider training focused on Health First Colorado billing and procedures may be found on the Provider Training web page. All sessions are held via webinar on Zoom and the availability of training sessions varies monthly. Note that these sessions offer guidance for Health First Colorado only. Providers are encouraged to contact Regional Accountable Entities (RAEs) and Child Health Plan *Plus* for enrollment and billing training specific to those organizations.

Contact Devinne Parsons at Devinne.Parsons@state.co.us with any questions regarding abortion policy.

Contact Amanda Carlson at Amanda.Carlson@state.co.us with any questions regarding the Family Planning Expansion Groups.

Contact Amy Ryan at Amy.Ryan@state.co.us with any questions regarding CHP+.

Contact the Provider Services Call Center with questions about enrollment.

Colorado Medicaid eConsult Update

Health First Colorado providers can access a free, secure statewide electronic consultation platform via ColoradoMedicaideConsult.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.

Now Available: Expanded eConsult Access

- Specialty-to-Specialty Consults (Effective July 1, 2025): The PCMP role has broadened to a general "submitter" role, allowing specialists (Medical Doctors [MDs]/Doctors of Osteopathic Medicine [DOs], Nurse Practitioners [NPs] and Physician Assistants [PAs]) to initiate eConsults as treating practitioners.
- Staff-Initiated eConsults (Launched September 2025): Designated staff can now initiate and submit eConsults with guidance from the referring provider, making the process faster and easier for practices.

Benefits for practices:

- Efficiency: Staff manage submissions from start to finish.
- Workflow: Fits into existing referral processes, replacing in-person referrals when appropriate.
- Utilization: Fewer steps for providers means more eConsults submitted.

Reimbursement Updates

The Telemedicine and eConsult Billing Manual has been updated to reflect these changes. It now includes:

- Guidance for submitting claims for specialty-to-specialty reimbursement
- Updated criteria and reimbursement policies

Refer to the Telemedicine and eConsult Billing Manual for complete details.

Immunizations Updates and Reminders

All recommended seasonal and routine immunizations are a benefit for all Health First Colorado members without cost sharing.

Health First Colorado members under 19 years of age are eligible to receive all immunizations available from the federal Vaccines for Children (VFC) Program at VFC-enrolled provider offices. All vaccines that are part of the VFC Program are only reimbursable when administered to members under 19 years of age and when administered by a VFC-enrolled provider using VFC vaccine products. Health First Colorado will not reimburse providers for the cost of vaccines that are available through the VFC Program or for the cost of vaccines that the provider receives at no cost. Providers must enroll with VFC as well as Health First Colorado and use VFC vaccines to receive reimbursement for administering vaccines to members under 19 years of age.

Seasonal influenza vaccines and COVID-19 vaccines are a benefit for adults and children who are six (6) months of age or older. Influenza and COVID-19 vaccines are available through the VFC Program for providers enrolled in the program to administer to Health First Colorado-enrolled children/adolescents (under 19 years of age).

Members who are 19 years of age and older may receive vaccines from any enrolled provider acting within the scope of their licensure. This includes enrolled pharmacies.

Members enrolled in a Health First Colorado Managed Care Organization (MCO) must receive immunization services through a provider in the MCO's network.

A product code and an administration code must always be included on any claims for vaccination.

Health First Colorado covers and reimburses vaccine counseling visits in which healthcare providers talk to families about the importance of vaccination. Providers should not bill for the vaccine counseling code and the vaccine administration code on the same date of service when vaccine administration codes are inclusive of counseling.

Rates can be found on the Provider Rates & Fee Schedule web page under the Immunization Rate Schedule section. Refer to the Immunizations Billing Manual for further vaccine billing guidance.

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

Therapy, Audiology

Plan of Care Signature Requirements: Feedback Requested

Stakeholders are invited to provide feedback on upcoming changes to the plan of care signature requirements for outpatient physical therapy, occupational therapy, speech therapy and audiology services. These changes ensure that medically necessary therapy services can begin promptly, without delays caused by waiting for a physician's signature.

It is anticipated that beginning April 1, 2026, providers may use either a verbal or written order prior to the start of services with specific documentation requirements.

Feedback will be accepted through December 7, 2025. Visit the HB 25-1213 Plan of Care Signature Requirements Feedback Form to review a draft of the guidance and submit feedback.

Contact the Stakeholder Engagement Team at hcpf_stakeholders@state.co.us with any questions.

Transportation Providers

Member Eligibility and Non-Emergent Medical Transportation (NEMT)

Members who have the benefit plan "EMS - Emergency Medicaid and Reproductive Health Program" are not eligible to receive the Non-Emergent Medical Transportation (NEMT) benefit.

Providers are advised to verify member eligibility prior to scheduling a trip. The trip request should be denied if the member has this benefit plan, as NEMT services are not covered.

The Non-Emergent Medical Transportation (NEMT) Billing Manual and the Operational Memo 25-028 "Member Eligibility Verification Requirements for Non-Emergent Medical Transportation (NEMT) Providers" have been updated to include this specification.

Contact Courtney.Sedon@state.co.us with any questions.

Non-Emergent Medical Transportation (NEMT) Updates

Prohibited Actions

All Non-Emergent Medical Transportation (NEMT) drivers and representatives are strictly prohibited from entering medical or behavioral facilities without prior authorization from facility administration. This policy is in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations, the Centers for Medicare and Medicaid Services (CMS) guidelines for NEMT services and Health First Colorado transportation rules.

Any form of aggressive, disruptive or disrespectful behavior toward healthcare staff or a member is a violation of Colorado Medicaid rules and may constitute Good Cause for denial, termination or other action. Per 10 CCR 2505-10 8.014.3.B.3, providers may not directly solicit individual clients known to have already established NEMT service with another provider.

Non-Emergent Medical Transportation (NEMT) New Statewide Broker Update

MediDrive LLC, a unit of Corporate Transportation Group, has been selected as the statewide broker.

MediDrive was selected based on their planned technological systems for claim processing, dispatching, member interface, real-time Global Positioning System (GPS) tracking, reporting, reservations and tracking of all aspects of a member's and provider's trip. The implementation date has been extended from January 1, 2026, and is anticipated to begin summer of 2026, to allow all parties enough time to complete the enrollment with the new vendor. This is based on provider feedback during stakeholder meetings and on delays in achieving the solicitation and selection processes.

MediDrive created a medical facility and transportation provider survey to develop Colorado-specific interfacing systems. This Transportation Provider Questionnaire survey is voluntary, but all providers are encouraged to complete it to allow MediDrive enough time to set up the best system possible for Health First Colorado members.

It is anticipated that MediDrive will start registering active providers in February 2026. To register, a provider will agree to have and keep current, active rosters of drivers and vehicles credentialed by Transdev Health Solutions by May 30, 2026. From February to June 2026, MediDrive will upload provider and department data into their systems. Providers will be notified once MediDrive is ready to accept registrations. More information about the transition will be communicated in future bulletins.

There will **not** be a limit or waitlist on the number of providers contracted to provide NEMT services through MediDrive.

Beginning July 1, 2026, with the anticipated go-live of the statewide NEMT broker, all NEMT claims will be managed, processed and paid by MediDrive. NEMT providers will no longer be able to submit claims directly to Gainwell Technologies.

Contact Mattew Paswaters at Mattew.Paswaters@state.co.us with any questions.

Women's Health

Midwives

Effective April 1, 2024, Health First Colorado Midwives (Direct-Entry Midwives [DEMs]/Certified Professional Midwives [CPMs]) who are registered with the Division of Regulatory Agencies (DORA) became approved maternal health providers. DEMs/CPMs are skilled and professional independent midwifery practitioners educated and trained in the discipline of midwifery and the Midwives Model of Care during labor, delivery, postpartum and newborn care to eligible members.

Effective August 14, 2025, the Colorado Medical Services Board finalized and approved the rule to include Certified Professional Midwives/Direct Entry Midwives (CPM/DEM) and Certified Midwives (CM) as an allowed provider type for home birth services. All providers are required to be registered with DORA and carry malpractice insurance that specifically covers home births. The rule excludes CPMs/DEMs from direct supervision requirements while administering these services. This meaningful update expands access to care and ensures members have more birthing options.

Visit the Reproductive, Perinatal, and Sexual Health web page to learn more about home birth and midwives and for additional resources.

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

Women's Health and Family Planning Services

Policy Guidance for Doula Providers Adding Lactation Services

This guidance outlines the process for Doula providers to update qualifications to enable receipt of direct payments from Health First Colorado for rendering lactation services.

Overview

The following must be true to add lactation services to current provider enrollment:

- Have an active Provider Web Portal account
- Ensure all provider credentialing and documentation are current (as is required for all providers)

- Hold a current certification in one (1) of the following:
    - International Board-Certified Lactation Consultant (IBCLC), with current certification from the International Board of Lactation Consultant Examiners (IBLCE)
    - Certified Lactation Counselor (CLC) with current certification from the Academy of Lactation Policy and Practice, Inc. (ALPP)
    - Certified Lactation Educator (CLE) with current certification from the Childbirth and Postpartum Professional Association (CAPPA)

Step-by-Step Instructions

Step 1: Submit Documentation

Providers are required to submit documentation of their current lactation certification before rendering or billing for lactation support services.

- Send an email with the documentation attached to the Maternal and Child Health team: HCPF_MaternalChildHealth@state.co.us

Sample Email:

Subject: Lactation Certification Submission

To: HCPF_MaternalChildHealth@state.co.us

Dear [Benefit Manager for doula and lactation or "Reproductive Health Team"],

I am submitting the required documentation to verify my current lactation certification. Please find the following attached:

- [Certification type, e.g., IBCLC, CLC, or CLE]
- Copy of current certification document

Please confirm receipt of this submission. Once confirmed, I will complete the Provider Maintenance Request in the Provider Web Portal and upload the required documentation as instructed.

Thank you for your assistance.

Signature Include:
[Full Name]
[NPI / Health First Colorado Provider ID]
[Phone Number]
[Email Address]

Step 2: Update Provider Web Portal

The benefit manager will reply to the email confirming receipt. Once the benefit manager confirms receipt of the appropriate documentation, providers must:

1. Log in to the Provider Web Portal with their NPI or Health First Colorado Provider ID.
2. Submit a **Provider Maintenance Request** under the Provider Maintenance menu.
3. Attach the required certification documentation in the **Attachments** section.
4. Complete the request by selecting "I accept," entering the reporting name and clicking **Submit**.

Detailed instructions are available in the Provider Maintenance Quick Guide.

Step 3: Wait for Verification

Providers must **wait for verification confirmation** before submitting claims. Claims submitted without verified documentation may be subject to denial or further enforcement action under Colorado Revised Statute Section 25.5-4-301, and 10 C.C.R. 2505-10, Section 8.076.

Provider Training Sessions

November 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 November:

- **Beginner Billing Training**

  Beginner billing training provides a high-level overview of member eligibility, claim submission, prior authorizations, Department website navigation, Provider Web Portal use and more. The Department offers two (2) beginner billing trainings: professional claims (CMS 1500) and institutional claims (UB-04).

  Audience: 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.

  Time: Two (2) hours for presentation/half (0.5) hour for Q&A

- **Intermediate Billing Training**

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

Audience: This training applies to all provider types and is recommended after attending beginner billing training.

Time: One and a half (1.5) hours for presentation/half (0.5) hour for Q&A

- **Provider-Specific Training**

  Provider-specific training covers topics unique to individual provider types including an overview of the benefit program, details on provider enrollment, appropriate procedure codes and modifiers for billing services, and resources specific to individual provider types.

  Audience: Provider-specific training offered in November includes Doula & Lactation and Dialysis.

  Time: One and a half (1.5) hours for presentation/half (0.5) hour for Q&A

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.

November 2025				
Monday	Tuesday	Wednesday	Thursday	Friday
3	4	5	6 Intermediate Billing Training 1:00 p.m. – 3:00 p.m. MT	7
10	11	12 Beginner Billing Training: Professional Claims (CMS 1500) 12:00 p.m. – 2:30 p.m. MT	13	14

November 2025				
Monday	Tuesday	Wednesday	Thursday	Friday
17 Provider-Specific Training: Doula & Lactation 1:00 p.m. – 3:00 p.m. MT	18 Provider-Specific Training: Dialysis 9:00 a.m. – 11:00 a.m. MT	19	20	21
24	25	26	27	28

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
Veterans Day **Tuesday, November 11, 2025**	State Offices, Acentra, AssureCare and the Provider Services Call Center will be closed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks. DentaQuest, Gainwell Technologies and Prime Therapeutics will be open. Capitation cycles may potentially be delayed.
Thanksgiving Day **Thursday, November 27, 2025**	State Offices, Acentra, AssureCare, DentaQuest, Gainwell Technologies and the Provider Services Call Center 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.
Day After Thanksgiving **Friday, November 28, 2025**	Acentra, DentaQuest and Prime Therapeutics will be closed. State Offices, AssureCare, Gainwell Technologies and the Provider Services Call Center will be open.

Provider Services Call Center
1-833-468-0362