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This special bulletin from the Department of Health Care Policy & Financing (the Department) is a compilation of all current Non-Emergent Medical Transportation (NEMT) communications in one location as an easy reference for providers.

This bulletin is intended to provide guidance and clarification regarding the enrollment moratorium and suspended claims.

Moratorium Extension on New Enrollments for NEMT

The moratorium of six (6) months on new enrollments approved by the Centers for Medicare & Medicaid Services (CMS) for NEMT has been extended for another six months and will be in effect until at least April 1, 2025.

The moratorium is only for new providers and is not relevant to existing providers. The moratorium is only for enrollment and does not affect claims processing or payments.

Revalidation Deadline and Requirements

Revalidation is a requirement for continued claims payment. However, claims may still be reviewed or suspended even if the provider has an approved revalidation application. Refer to [Suspended Claims for Review section](#) below for more information on what type of claims are being reviewed.

The revalidation deadline for NEMT providers has been extended from September 30, 2024, to **November 30, 2024.**

This process can take several weeks to complete. Providers must plan accordingly to be ahead of the deadline. The Department is urging providers to begin this process *immediately*.

Note: Some providers may be required to revalidate earlier based on their original enrollment date with Health First Colorado (Colorado's Medicaid program). Providers should refer to the Provider Revalidation Dates Spreadsheet located under [Revalidation Resources](#) on the [Revalidation web page](#) to obtain their revalidation date.

A link for revalidation will appear on the [Provider Web Portal](#) prior to the revalidation due date.

The credentialing certificate from Transdev Health Solutions must be submitted with the revalidation application. Do not try to upload the certificate before receiving notification to revalidate.

Visit the [Revalidation web page](#) for additional information regarding the revalidation process.

Credentialing and Revalidation Process

Health First Colorado has updated the NEMT provider credentialing process. This consists of two (2) steps:

1. Credentialing with Transdev Health Solutions
2. Revalidating enrollment with Health First Colorado



Credentialing with Transdev Health Solutions (Formerly IntelliRide)

All NEMT providers must be credentialed to provide Health First Colorado services, which now includes all drivers and vehicles. Transdev Health Solutions manages driver and vehicle credentialing for all NEMT providers statewide.

Failure to complete this process will result in further action being taken in accordance with [Section 25.5-4-301, C.R.S. and 10 C.C.R. 2505-10, Section 8.076](#).

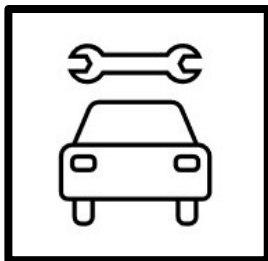
1. Visit the [Transdev Health Solutions Transportation Providers web page](#) to complete the Credentialing Request Form and License Agreement.
 - Providers will receive an email that includes a username, password and link to sign up for a credentialing software training session.
2. Participate in a ProCredEx credentialing software training session to learn how to use the software.
3. Visit the [Platform ProCredEx website](#) to upload the required driver and vehicle credentials.
 - Log in using the username and password received after the initial application for credentialing with Transdev Health Solutions (see #1).
4. Sign up for an in-person vehicle inspection. Vehicle inspections are required. Visit the [Transdev Health Solutions Transportation Providers web page](#) for a list of contacts, dates and times for inspections.

Transdev Health Solutions will review and provide a credential certificate once these steps are completed. This certificate must be submitted with the provider's Health First Colorado revalidation application.

Contact ProCredEx Provider Support at Support@procredex.com for help with the credentialing process.

Important: Any new drivers and vehicles added to the business at any time must be approved before they can be used to transport Health First Colorado members. Credentials for new drivers and vehicles must be submitted through the ProCredEx credentialing software. Any driver or vehicle that fails credentialing is prohibited from providing NEMT services to Health First Colorado members.

Vehicle Inspections



All vehicles must be inspected regardless of the age of the current inspection. Providers must contact Transdev Health Solutions to schedule an inspection date and time.

Contact Transdev Health Solutions Provider Support at 833-643-3010 or US.THSProviders@transdev.com with questions.

Contact the [Provider Services Call Center](#) with questions about revalidation.

Suspended Claims for Review

Claims in a suspended status are being actively reviewed by the Department. Providers will be notified of paid or denied claims via the remittance advice. It is anticipated that claim review and notifications will increase starting November 2024 and will be expedited going forward.

Per Section 8.043.05, 42 C.F.R. § 447.45(d)(4), the 365-day period in which to pay a claim does not apply when the state agency is investigating for fraud and abuse.

There are two (2) types of suspended claims that are being reviewed by the Department.

1. **Over 25 Miles:** Claims with distances in excess of 52 miles (25 miles each trip leg) will be suspended for review in accordance with the policies found in [10 C.C.R. 2505-10 8.014.4.B](#). Any NEMT claim billed for procedure codes A0425 or S0209 will be suspended for review if the billed units of service exceed 52. Suspended claims will be denied for EOB 5527 - "Non-Emergency Medical Transportation (NEMT) Service Limit Exceeded" if they do not have an attachment which meets the requirements as specified in the [Billing Guidance section](#) below. Reviewed claims will be denied if the attachment is not sufficient pursuant to these specifications. If all the required documents have complete valid information, claims will be paid.

2. **Provider on Review:** Claims will be reviewed for compliance due to fraud, waste and abuse concerns of NEMT services billing. Such claims will be suspended for EOB 3090 - "Billing provider under review." Providers will be notified of payment or denial via the remittance advice.

Billing Guidance

Providers are encouraged to audit claims internally to ensure compliance prior to submission. All providers are subject to compliance review and monitoring by the Department at any time.

NEMT must be provided to transport the member to the closest available provider qualified to render the treatment service the member needs. The closest provider is defined as a provider within a 25-mile radius of the member's residence or the nearest provider if one is not practicing within a 25-mile radius of the member's residence.

Exceptions are allowed based on the following:

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

Any NEMT claim billed for procedure codes A0425 or S0209 will be suspended for review if the billed units of service exceed 52.

Suspended claims will be denied if they do not have an attachment which meets the requirements as specified below. Reviewed claims will be denied if the attachment is not sufficient pursuant to these specifications.

Claims that have correct documentation and meet the requirements for more than 25 miles have been paid and will continue to be paid.

Refer to the [Standard Forms Required section](#) below for information on required documentation effective October 1, 2024.

Effective May 1, 2024, the member's treating provider must complete the [Verification Form for Transportation Services More Than 25 Miles](#) to verify the medical necessity of trip requests that exceed 25 miles, one way. The member's treatment provider may designate other appropriate employees, such as clinical or administrative staff, as being able to sign this form as verification.

- It is the NEMT driver's or provider's responsibility to get this form signed by the member's provider. Drivers cannot require members to obtain signatures for this form.
- The form can be completed and signed by either the member's treating provider or the member's referring provider.

- The provider signature is not required prior to the NEMT trip.
- The form will be valid for 90 days for recurring medical appointments (e.g., dialysis, cancer treatments).
- The form should be submitted when claims are submitted through the [Provider Web Portal](#) for each trip. Billing providers must attach a digital copy of the form to their claim submission.

Standard Forms Required



All NEMT providers must use the Department-provided Standard Trip Log for all rides provided. Forms must be submitted along with claims. NEMT providers must keep completed trip reports on file since the Department may request copies of any and all trip reports for the provider's claims at any time. Visit the [NEMT web page](#) to locate the Standard Trip Log and the Trip Report Addendum forms and instructions for their use. These forms may be completed online. No other trip logs will be accepted.

Changes to Specialty Care Transport Code A0434

Billing Healthcare Common Procedure Coding System (HCPCS) procedure code A0434 (Specialty Care Transport Base Rate) will be set effective October 1, 2024, to a limit of four (4) units per day per member, which equates to a maximum of two (2) roundtrips.

Trips to Pharmacies

NEMT providers are reminded that rides to enrolled pharmacies are a covered benefit for medically necessary covered services. This includes but is not limited to vaccines, immunizations, preventive services, prescription pickups (if mail order is not available) and Durable Medical Equipment (DME).

Updates to NEMT Taxi Services Reimbursement Method

The payment method for taxi services using HCPCS procedure code A0100 has changed. Taxi services are now reimbursed based on the [Health First Colorado Fee Schedule](#) and should be billed by reporting the base code (A0100) and the mileage code (A0425). Providers should report the base code for each leg of the trip (one unit of service) and the mileage code (one unit of service per mile) for each mile traveled while transporting a member. NEMT providers may resubmit claims back to July 1, 2024, with this new payment method.

Additional Resources

- [Submitting Professional Claims Quick Guide](#)
 - [NEMT Billing Manual](#)
 - [NEMT Web Page](#)
 - [NEMT Specialty Billing Training](#)
 - [Beginner Billing Training: Professional Claims \(CMS 1500\)](#)
 - **When:** 9:00 a.m. - 11:30 a.m. MT
 - **How:** Held via webinar on Zoom
 - **Who:** Providers that submit professional claims (CMS 1500)
 - **What:** Offers a high-level overview of member eligibility, claim submission, prior authorizations, [Department website](#) navigation, [Provider Web Portal](#) use and more
 - **Note:** Webinars may end early. Time has been allotted for questions at the end of each session.
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Gainwell Technologies Contacts

Provider Services Call Center

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