

Title of Rule: Revision to the Medical Assistance Rule concerning Provider Enrollment, Sections 8.125.11, 8.125.12, 8.125.13
Rule Number: MSB 20-05-01-A
Division / Contact / Phone: Medicaid Operations Office / Clint Eatmon / 720-819-6409

STATEMENT OF BASIS AND PURPOSE

1. Summary of the basis and purpose for the rule or rule change. (State what the rule says or does and explain why the rule or rule change is necessary).

This rule revision will temporarily remove current requirements for providers to comply with: Fingerprint Criminal Background Checks (10 CCR 2505-10 8.125.12), Site-Visits (10 CCR 2505-10 8.125.11) and payment of Application Fee's (10 CCR 2505-10 8.125.13), during the provider enrollment process. Alleviating these requirements will expedite the processing of provider-enrollment applications.

These proposed changes bring Colorado regulations into alignment with the approved 1135 waiver which was granted by CMS, temporarily waiving these requirements at the Federal Level. If passed, the rule will become effective on the date the board adopts it and it will expire after 120 days. However, the Department has the option to bring the rule to MSB a second time within the 120 days to reinstate or further extend the timeframe, depending on prevailing conditions and current guidance at that time.

The rule revision at 8.126.1 (10 CCR 2505-10 8.126.1), will allow providers enrolled as a Mass Immunizer with Medicare to temporarily enroll in Colorado to provide administration of COVID-19 vaccinations.

2. An emergency rule-making is imperatively necessary

- to comply with state or federal law or federal regulation and/or
 for the preservation of public health, safety and welfare.

Explain:

Removing these requirements will expedite the processing of provider enrollment applications during the COVID-19 pandemic, thereby increasing the number of approved providers during this emergency period.

Allowing Mass Immunizers to enroll and administer COVID-19 vaccinations will increase the availability and administration of these critical vaccines.

3. Federal authority for the Rule, if any:

Initial Review
Proposed Effective Date

Final Adoption
Emergency Adoption
4/11/2021

4/9/2021
DOCUMENT #09

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4. State Authority for the Rule:

Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2019);

Initial Review
Proposed Effective Date

Final Adoption
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REGULATORY ANALYSIS

1. Describe the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

Those seeking to be approved Medicaid providers and our member population will benefit from this proposed rule.

2. To the extent practicable, describe the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

Those seeking to become approved providers will benefit from a streamlined provider enrollment process. Members will benefit from increased access to care as more providers are enrolled and available to offer treatment and services, including COVID-19 vaccinations.

3. Discuss the probable costs to the Department and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

There are no costs to the Department or to an other agency to implement and enforce the proposed rule.

4. Compare the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

There are no probable costs to providers.

5. Determine whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

There are no less costly or less intrusive methods for achieving the purpose of the proposed rule.

6. Describe any alternative methods for achieving the purpose for the proposed rule that were seriously considered by the Department and the reasons why they were rejected in favor of the proposed rule.

There are no alternative methods for achieving the purpose of the proposed rule.

1 **8.125 PROVIDER SCREENING**

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5 **8.125.11 ~~SITE VISITS~~**

6 ~~8.125.11.A. All providers designated as “moderate” or “high” categorical risks to the Medicaid~~
7 ~~program must consent to and pass a site visit before they may be enrolled or re-validated as~~
8 ~~Colorado Medicaid providers. The purpose of the site visit is to verify that the information~~
9 ~~submitted to the state department is accurate and to determine compliance with federal and state~~
10 ~~enrollment requirements.~~

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13 ~~8.125.11.B. All enrolled providers who are designated as “moderate” or “high” categorical risks must~~
14 ~~consent to and pass an additional site visit after enrollment or revalidation. The purpose of the~~
15 ~~site visit is to verify that the information submitted to the state department is accurate and to~~
16 ~~determine compliance with federal and state enrollment requirements. Post-enrollment or post-~~
17 ~~revalidation site visits may occur anytime during the five-year period after enrollment or~~
18 ~~revalidation.~~

19 ~~8.125.11.C. All providers enrolled in the Colorado Medicaid program must permit CMS, its agents, its~~
20 ~~designated contractors, the State Attorney General’s Medicaid Fraud Control Unit or the~~
21 ~~Department to conduct unannounced on-site inspections of any and all provider locations~~

22 ~~8.125.11.D. All site visits shall verify the following information:~~

- 23 ~~1. Basic Information including business name, address, phone number, on-site contact~~
24 ~~person, National Provider Identification number and Employer Identification Number,~~
25 ~~business license, provider type, owner’s name(s), and owner’s interest in other medical~~
26 ~~businesses.~~
- 27 ~~2. Location including appropriate signage, utilities that are turned on, the presence of~~
28 ~~furniture and applicable equipment, and disability access where applicable and where~~
29 ~~clients are served at the business location.~~
- 30 ~~3. Employees with relevant training, designated employees who are trained to handle~~
31 ~~Medicaid billing, where applicable, and resources the provider uses to train employees in~~
32 ~~Medicaid billing where applicable.~~
- 33 ~~4. Appropriate inventory necessary to provide services for specific provider type.~~
- 34 ~~5. Other information as designated by the Department.~~

35 ~~8.125.11.E. The Department shall give the provider a report detailing the discrepancies or~~
36 ~~insufficiencies in the information disclosed by the provider and the criteria the provider failed to~~
37 ~~meet during the site visit.~~

1 ~~8.125.11.F. — Providers that are found in full compliance shall be recommended for approval of~~
2 ~~enrollment or revalidation, subject to other enrollment or revalidation requirements.~~

3 ~~8.125.11.G. — Providers who meet the vast majority of criteria in 8.125.11.D but have small number of~~
4 ~~minor discrepancies or insufficiencies shall have 60 days from the date of the issuance of the~~
5 ~~report in 8.125.11.E to submit documentation to the Department attesting that the provider has~~
6 ~~corrected the issues identified during the site visit.~~

7 ~~1. — If the provider submits attestation within the 60 day timeframe and has met requirements,~~
8 ~~then the provider shall be recommended for enrollment or revalidation, subject to the~~
9 ~~verification of other enrollment or revalidation requirements.~~

10 ~~2. — If the provider fails to submit the attestation in 8.125.11.G.1 within the 60 day deadline,~~
11 ~~the Department may deny the provider's application for enrollment or revalidation.~~

12 ~~3. — If the provider submits an attestation within 60 days indicating that the provider is not fully~~
13 ~~compliant with criteria in 8.125.11.D, then the Department may,~~

14 ~~a. — For existing providers, suspend the provider, until the provider demonstrates~~
15 ~~compliance in a subsequent site visit, conducted at the provider's expense; or~~

16 ~~b. — For new providers, deny the application and require the provider to restart the~~
17 ~~enrollment process.~~

18 ~~8.125.11.H. — When site visits reveal major discrepancies or insufficiencies in the information provided~~
19 ~~in the enrollment application or a majority of the criteria described in 8.125.11.D are not met, the~~
20 ~~Department shall allow for an additional site visit for the provider.~~

21 ~~1. — Additional site visits shall be conducted at the provider's expense.~~

22 ~~2. — The provider shall have 14 days from the date of the issuance of the report listed in~~
23 ~~8.125.11.E above to request an additional site visit.~~

24 ~~3. — The Department shall deny or terminate enrollment or revalidation of any provider subject~~
25 ~~to 8.125.11.G who does not request an additional site visit within 14 days.~~

26 ~~4. — If the Department determines that a provider is not in full compliance upon the additional~~
27 ~~site visit:~~

28 ~~a. — for a revalidating provider, the Department shall immediately suspend the~~
29 ~~provider until a subsequent site visit demonstrates provider is in compliance.~~

30 ~~b. — for an enrolling provider, deny the application and require the provider to restart~~
31 ~~the enrollment process.~~

32 ~~8.125.11.I. — The Department shall deny or terminate enrollment or revalidation of any provider who~~
33 ~~refuses to allow a site visit, unless the Department determines the provider or the provider's staff~~
34 ~~refused the on-site inspection in error. The provider must provide credible evidence to the~~
35 ~~Department that it refused the on-site inspection in error within in 7 days of the date of the~~
36 ~~issuance of the report in 8.125.11.E. Any provider who does not provide credible evidence to the~~
37 ~~Department that it refused the on-site inspection in error shall be denied or terminated from~~
38 ~~enrollment or revalidation.~~

1 ~~8.125.11.J. — The Department shall deny an application or terminate a provider's enrollment when an~~
2 ~~on-site inspection provides credible evidence that the provider has committed Medicaid fraud.~~

3 ~~8.125.11.K. — The Department shall refer providers in 8.125.11.J to the State Attorney General.~~

4 ~~**8.125.12 — CRIMINAL BACKGROUND CHECKS AND FINGERPRINTING**~~

5 ~~8.125.12.A. — As a condition of provider enrollment, any person with an ownership or control interest in~~
6 ~~a provider designated as "high" categorical risk to the Medicaid program, must consent to criminal~~
7 ~~background checks and submit a set of fingerprints, in a form and manner to be determined by~~
8 ~~the Department.~~

9 ~~8.125.12.B. — Any provider, and any person with an ownership or control interest in the provider, must~~
10 ~~consent to criminal background checks and submit a set of fingerprints, in a form and manner~~
11 ~~designated by the Department, within 30 days upon request from CMS, the Department, the~~
12 ~~Department's agents, or the Department's designated contractors.~~

13 ~~**8.125.13 — APPLICATION FEE**~~

14 ~~8.125.13.A. — Except when exempted in Sections 8.125.13.C and 8.125.13.D, enrolling and re-~~
15 ~~validating providers must submit an application fee or a formal request for a hardship exemption~~
16 ~~with their application.~~

17 ~~8.125.13.B. — The amount of the application fee is the amount calculated by CMS in accordance with~~
18 ~~42 CFR § 424.514(d).~~

19 ~~8.125.13.C. — Application fees shall apply to all providers except:~~

- 20 ~~1. — Individual practitioners~~
- 21 ~~2. — Providers who have enrolled or re-validated in Medicare and paid an application fee~~
22 ~~within the last 12 months~~
- 23 ~~3. — Providers who have enrolled or re-validated in another State's Medicaid or Children's~~
24 ~~Health Insurance Program and paid an application fee within the last 12 months provided~~
25 ~~that the Department has determined that the screening procedures in the state in which~~
26 ~~the provider is enrolled are at least as comprehensive and stringent as the screening~~
27 ~~procedures required for enrollment in Colorado Medicaid.~~

28 ~~8.125.13.D. — The Department may exempt a provider, or group of providers, from paying the~~
29 ~~applicable application fee, through a hardship exemption request or categorical fee waiver, if:~~

- 30 ~~1. — The Department determines that requiring a provider to pay an application fee would~~
31 ~~negatively impact access to care for Medicaid clients, and~~
- 32 ~~2. — The Department receives approval from the Centers for Medicare and Medicaid Services~~
33 ~~to exempt the application fee.~~

34 ~~8.125.13.E. — A provider may not be enrolled or revalidated unless the provider has either paid any~~
35 ~~applicable application fee or obtained an exemption described at Section 8.125.13.D.~~

36 ~~8.125.13.F. — The application fee is non-refundable, except if submitted with one of the following:~~

- 1 ~~1. A request for hardship exemption described at Section 8.125.13.D, that is subsequently~~
- 2 ~~approved;~~
- 3 ~~2. An application that is rejected prior to initiation of screening processes;~~
- 4 ~~3. An application that is subsequently denied as a result of the imposition of a temporary~~
- 5 ~~moratorium as described at Section 8.125.14.~~

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11 **8.126 COLORADO NPI RULE**

12 **8.126.1 Definitions**

- 13 A. Billing Provider Field means the data field on a Claim that reflects the Health Care Provider to
- 14 which the payer issues payment.
- 15 B. Campus means the physical area immediately adjacent to the Hospital's main buildings, other
- 16 areas and structures that are not strictly contiguous to the main buildings but are located within
- 17 250 yards of the main buildings, and any other areas determined on an individual case basis by
- 18 the Centers of Medicare and Medicaid Services to be part of the provider's campus.
- 19 C. Claim means a request for payment for the delivery of medical care, services, or goods
- 20 authorized under the Medical Assistance Program, submitted to the Department through its fiscal
- 21 agent by a Health Care Provider. Claim includes the transmission of encounter information for the
- 22 purpose of reporting the delivery of medical care, services, or goods.
- 23 D. Health Care Provider means any person or organization that furnishes, bills for, or is paid for
- 24 medical care, services, or goods to one or more Medical Assistance Program members.
- 25 1. A Health Care Provider includes an Organization Health Care Provider, Subpart of an
- 26 Organization Health Care Provider, Off Campus Location, and a Site of an Organization
- 27 Health Care Provider.
- 28 2. Unless specified otherwise in Subsection 8.126.1, a Health Care Provider may include a
- 29 Health Care Provider located outside the state of Colorado (out-of-state provider) that is
- 30 licensed and/or certified pursuant to their state laws.
- 31 E. Hospital means an Organization Health Care Provider that is enrolled in the Medical Assistance
- 32 Program under the Provider Type of "Hospital - General" as defined in this Subsection 8.126.1.
- 33 F. Medical Assistance Program means the programs authorized under Articles 4, 5, 6, 8, and 10 of
- 34 Title 25.5.

- 1 G. National Provider Identifier (NPI) means the standard, unique health identifier for Health Care
2 Providers or Organization Health Care Providers that is used by the National Plan and Provider
3 Enumeration System (NPPES) in accordance with 45 C.F.R. pt. 162.
- 4 H. Off-Campus Location means a facility that:
- 5 1. Has operations that are directly or indirectly owned or controlled by, in whole or in part, or
6 affiliated with, a Hospital, regardless of whether the operations are under the same
7 governing body as the Hospital;
 - 8 2. Is not on the Hospital's Campus;
 - 9 3. Provides services that are organizationally and functionally integrated with the Hospital;
 - 10 4. Is an outpatient facility providing preventive, diagnostic, treatment, or emergency
11 services; and
 - 12 5. Is identified on the Hospital's State License Addendum issued by the Colorado
13 Department of Public Health and Environment or, for Hospitals licensed outside of
14 Colorado, documentation demonstrating direct or indirect ownership or control of the Off-
15 Campus Location.
- 16 I. Organization Health Care Provider means a Health Care Provider that is not an individual.
- 17 J. Provider Type means a classification of Health Care Provider or Organization Health Care
18 Provider to which the payer issues payment for services provided to individuals enrolled in the
19 Medical Assistance Program, according to the Provider Type license, accreditation, certification,
20 and/or service provided. The Provider Types recognized by the Department are as follows:
- 21 1. Administrative Services Organization (ASO) is an entity that has entered into a valid,
22 active contract to provide ASO services with the Colorado Department of Health Care
23 Policy and Financing.
 - 24 2. Ambulatory Surgical Center (ASC) means a health care entity that is:
 - 25 a. Licensed by the Colorado Department of Public Health and Environment as an
26 Ambulatory Surgical Center; and
 - 27 b. Certified by the Centers for Medicare and Medicaid Services to participate in the
28 Medicare program as an Ambulatory Surgical Center.
 - 29 3. Audiologist means an individual licensed as an audiologist by the Division of Professions
30 and Occupations within the Colorado Department of Regulatory Agencies.
 - 31 4. Behavioral Therapy Clinic means any group practice that has at least one affiliated
32 Behavioral Therapy Individual. The affiliated Behavioral Therapy Individual must be
33 enrolled in the Colorado Medical Assistance Program.
 - 34 5. Behavioral Therapy Individual means an individual that:
 - 35 a. Is nationally certified as a Board-Certified Behavioral Analyst (BCBA); or
 - 36 b. Meets one of the following:

- 1 (1) Has a doctoral degree with a specialty in psychiatry, medicine, or clinical
2 psychology and is actively licensed by the State Board of Examiners;
3 and has completed 400 hours of training; and/or has direct supervised
4 experience in behavioral therapies that are consistent with best practice
5 and research on effectiveness for people with autism or other
6 developmental disabilities; or
 - 7 (2) Has a doctoral degree in one of the behavioral or health sciences; and
8 has completed 800 hours of specific training; and/or has experience in
9 behavioral therapies that are consistent with best practice and research
10 on effectiveness for people with autism or other developmental
11 disabilities; or
 - 12 (3) Is nationally certified as a BCBA; or
 - 13 (4) Has a master's degree or higher in behavioral or health sciences; and is
14 a licensed teacher with an endorsement of school psychologist; or is a
15 licensed teacher with an endorsement of special education or early
16 childhood special education; or is credentialed as a related services
17 provider (Physical Therapist, Occupational Therapist, or Speech
18 Therapist); and has completed 1,000 hours of direct supervised training
19 or has experience in behavioral therapies that are consistent with best
20 practice and research on effectiveness for people with autism or other
21 developmental disabilities.
- 22 6. Birthing Center means a health care entity licensed as a Birth Center by the Colorado
23 Department of Public Health and Environment. Out-of-state providers are not eligible for
24 enrollment.
 - 25 7. Case Management Agency (CMA) means a public or private not-for-profit or for-profit
26 agency that meets all applicable state and federal requirements and is certified by the
27 Department to provide case management services for Home and Community Based
28 Services waivers.
 - 29 8. Certified Registered Nurse Anesthetist (CRNA) means an individual who is:
 - 30 a. Licensed as a registered nurse by the State Board of Nursing within the Colorado
31 Department of Regulatory Agencies; and
 - 32 b. Included within the advanced practice registry as a CRNA.
 - 33 9. Clinic – Dental means any group practice that has at least one affiliated, licensed dentist
34 or dental hygienist.
 - 35 a. The affiliated dentist or dental hygienist must be enrolled in the Colorado Medical
36 Assistance Program; and
 - 37 b. A dental practice or clinic must be owned by a licensed dentist except if the
38 dental practice or clinic is a non-profit organization defined as a community
39 health center (also known as an FQHC) or having 50% or more patients
40 determined as low income, or a political subdivision (i.e. city, county, state, etc.);
41 and

- 1 c. A dental hygiene practice or clinic must be owned by a licensed dentist or
2 licensed dental hygienist except if the dental hygiene practice or clinic is a non-
3 profit organization defined as a community health center (also known as an
4 FQHC) or having 50% or more patients determined as low income, or a political
5 subdivision (i.e. city, county, state, etc.)
- 6 10. Clinic – Practitioner means any group practice that has at least one affiliated, licensed
7 physician, osteopath, or podiatrist. The affiliated practitioner must be enrolled in the
8 Colorado Medical Assistance Program.
- 9 11. Community Clinic means a health care entity that is:
- 10 a. Licensed as a Community Clinic or Community Clinic and Emergency Center
11 (CCEC) by the Colorado Department of Public Health and Environment;
- 12 b. Certified by the Centers for Medicare and Medicaid Services to participate in the
13 Medicare program; and
- 14 c. Owned by a Medicare participating hospital.
- 15 12. Community Mental Health Center (CMHC) means a health care entity that:
- 16 a. Is licensed as a Community Mental Health Center by the Colorado Department of
17 Public Health and Environment;
- 18 b. Has program approval to operate as a CMHC from the Colorado Department of
19 Human Services; and
- 20 c. If the CMHC delivers substance use disorder services, shall have Substance Use
21 Disorder program approval from Colorado Department of Human Services.
- 22 13. Dental Hygienist means an individual who is licensed as a Dental Hygienist by the
23 Colorado Dental Board within the Colorado Department of Regulatory Agencies.
- 24 14. Dentist means an individual who is licensed as a Dentist by the Colorado Dental Board
25 within the Colorado Department of Regulatory Agencies.
- 26 15. Dialysis Treatment Clinic [Formerly Known as Dialysis Center] means a health care entity
27 that is:
- 28 a. Licensed as a Dialysis Treatment Clinic by the Colorado Department of Public
29 Health and Environment; and
- 30 b. Certified by Centers for Medicare and Medicaid Services to participate in the
31 Medicare program as an End-Stage Renal Dialysis Facility (ESRD).
- 32 16. Federally Qualified Health Center (FQHC) means a health care entity that has been
33 awarded a Section 330 Grant from the Health Resources and Services Administration. A
34 health care entity that has been designated as a “look-alike” is also eligible to be enrolled
35 as an FQHC.
- 36 17. Foreign Teaching Physician means an individual who is licensed as a distinguished
37 foreign teaching physician by the Colorado Medical Board within the Colorado
38 Department of Regulatory Agencies.

- 1 18. Home and Community Based Services (HCBS) means Health First Colorado (Colorado's
2 Medicaid Program)'s community-based care alternatives to institutional, Long-Term care.
3 Providers enrolling as an HCBS provider shall meet all applicable state and federal
4 requirements to provide HCBS by waiver and specialty type.
- 5 19. Home Health Agency means a health care entity that:
- 6 a. Has a Class A Home Care Agency license from the Colorado Department of
7 Public Health and Environment; and
- 8 b. Is certified by the Centers for Medicare and Medicaid Services to participate in
9 the Medicare program as Home Health Agency.
- 10 20. Hospice means a health care entity that is:
- 11 a. Licensed as a Hospice by the Colorado Department of Public Health and
12 Environment; and
- 13 b. Certified by the Centers for Medicare and Medicaid Services to participate in the
14 Medicare program as a Hospice.
- 15 21. Hospital – General means a health care entity that is:
- 16 a. Licensed as a General Hospital by the Colorado Department of Public Health and
17 Environment; and
- 18 b. Certified by the Centers for Medicare and Medicaid Services to participate in the
19 Medicare program as a Hospital.
- 20 22. Hospital – Psychiatric [Formerly Known as Hospital - Mental] means a health care entity
21 that is:
- 22 a. Licensed as a Psychiatric Hospital by the Colorado Department of Public Health
23 and Environment; and
- 24 b. Certified by the Centers for Medicare and Medicaid Services to participate in the
25 Medicare program as a Psychiatric Hospital.
- 26 23. Independent Laboratory means a laboratory that:
- 27 a. Has a current and valid Clinical Laboratory Improvement Amendments (CLIA)
28 certification; and
- 29 b. Is certified through the Centers for Medicare and Medicaid Services as a
30 laboratory.
- 31 24. Indian Health Service – Federally Qualified Health Center (FQHC) means a health care
32 entity that:
- 33 a. Is treated by the Centers for Medicare and Medicaid Services as a
34 comprehensive Federally funded health center; and
- 35 b. Includes an outpatient health program or facility operated by a tribe or tribal
36 organization under the Indian Self-Determination Act or by an urban Indian

1 organization receiving funds under Title V of the Indian Health Care Improvement
2 Act for the provision of primary health services.

3 25. Indian Health Service – Pharmacy means a health care entity that has evidence of
4 participation in the Indian Health Service.

5 26. Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) [Formerly
6 Known as Nursing Facility – ICF/IID] means a health care entity that is:

7 a. Licensed as an Intermediate Care Facility for Individuals with Intellectual
8 Disabilities through the Colorado Department of Public Health and Environment;
9 and

10 b. Certified by the Centers for Medicare and Medicaid Services or the Colorado
11 Department of Health Care Policy and Financing to participate in the Medicaid
12 program as an ICF/IID.

13 27. Licensed Behavioral Health Clinician means an individual that is licensed by the Colorado
14 Department of Regulatory Agencies as either:

15 a. A Licensed Clinical Social Worker;

16 b. A Licensed Professional Counselor;

17 c. A Licensed Marriage and Family Therapist; or

18 d. A Licensed Addiction Counselor.

19 28. Licensed Psychologist means an individual who is licensed as a psychologist by the
20 State Board of Psychologist Examiners within the Colorado Department of Regulatory
21 Agencies.

22 29. Managed Care Entity [Formerly Known as Health Maintenance Organization (HMO)]
23 means an entity that has a valid and comprehensive or all-inclusive risk contract with the
24 Colorado Department of Health Care Policy and Financing.

25 30. Non-Physician Practitioner Group means any group practice consisting of any of the
26 following:

27 a. Licensed Nurse Practitioners;

28 b. Licensed Audiologists;

29 c. Licensed Occupational Therapists;

30 d. Licensed Behavioral Health Clinicians;

31 e. Licensed Psychologists;

32 f. Licensed Speech Therapists; and/or

33 g. Licensed Physical Therapists.

1 h. Beginning on the effective date of this amended rule, and for the remainder of the
2 COVID-19 Public Health Emergency (PHE), providers that have enrolled as a
3 Mass Immunizer Roster Biller (provider specialty type 73) with Medicare may
4 temporarily enroll in the medical assistance program as a Non-Physician
5 Practitioner Group for the purpose of billing for the administration of COVID-19
6 vaccinations for medical assistance clients.

7 31. Non-Physician Practitioner Individual means a registered nurse, which means an
8 individual licensed as a Registered Nurse by the State Board of Nursing within the
9 Colorado Department of Regulatory Agencies.

10 32. Nurse Midwife means an individual who is:

11 a. Licensed as a registered nurse by the State Board of Nursing within the Colorado
12 Department of Regulatory Agencies; and

13 b. Included within the advanced practice registry as a Nurse Midwife.

14 33. Nurse Practitioner means an individual who is:

15 a. Licensed as a registered nurse by the State Board of Nursing within the Colorado
16 Department of Regulatory Agencies; and

17 b. Included within the advanced practice registry as a Nurse Practitioner.

18 34. Nursing Facility means a health care entity that is:

19 a. Licensed as a Nursing Care Facility through the Colorado Department of Public
20 Health and Environment; and

21 b. Certified by the Centers for Medicare and Medicaid Services or the Colorado
22 Department of Health Care Policy and Financing to participate in the Medicaid
23 program as a Skilled Nursing Care Facility.

24 35. Occupational Therapist means an individual who is licensed as an Occupational
25 Therapist by the Director of the Division of Professions and Occupations within the
26 Colorado Department of Regulatory Agencies.

27 36. Optical Outlet means a health care supplier that is qualified to make and supply
28 eyeglasses and contact lenses for the correction of vision. If, in the performance of its
29 duties, the Optical Outlet requires laboratory services, the laboratory is required to have a
30 current and valid CLIA certification.

31 37. Optometrist means an individual who is licensed as an Optometrist by the State Board of
32 Optometry within the Colorado Department of Regulatory Agencies.

33 38. Osteopath means an individual who holds a degree of "doctor of osteopathy," and who is
34 licensed as a physician by the Colorado Medical Board within the Colorado Department
35 of Regulatory Agencies.

36 39. Personal Care Agency means a health care entity that has a Class A or Class B Home
37 Care Agency license from the Colorado Department of Public Health and Environment.

- 1 40. Pharmacist means an individual who is licensed as a Pharmacist by the State Board of
2 Pharmacy within the Colorado Department of Regulatory Agencies.
- 3 41. Pharmacy means a pharmacy, pharmacy outlet, or prescription drug outlet registered by
4 the Board of Pharmacy within the Colorado Department of Regulatory Agencies.
- 5 42. Physical Therapist means an individual who is licensed as a Physical Therapist by the
6 Physical Therapy Board within the Colorado Department of Regulatory Agencies.
- 7 43. Physician means an individual who is licensed as a physician by the Colorado Medical
8 Board within the Colorado Department of Regulatory Agencies.
- 9 44. Physician Assistant means an individual who is licensed as a physician assistant by the
10 Colorado Medical Board within the Colorado Department of Regulatory Agencies.
- 11 45. Podiatrist means an individual licensed as a podiatrist by the Colorado Podiatry Board
12 within the Colorado Department of Regulatory Agencies.
- 13 46. Psychiatric Residential Treatment Facility (PRTF) means a health care entity that:
- 14 a. Is licensed by the Colorado Department of Human Services as a Residential
15 Child Care Facility and a PRTF; and
- 16 b. Is certified as a qualified residential provider by the Department of Public Health
17 and Environment; and
- 18 c. Is accredited by the Joint Commission, the Commission on Accreditation of
19 Rehabilitation Facilities, or the Council on Accreditation of Services for Families
20 and Children; and
- 21 d. Has provided an attestation to the Department that the PRTF is in compliance
22 with the conditions of participation as required by Colorado Department of
23 Human Services and the Centers for Medicare and Medicaid Services.
- 24 47. Qualified Medicare Beneficiary (QMB) Benefits Only means the provider type designation
25 used for Chiropractors who participate under the QMB Program. Chiropractor means an
26 individual licensed as a chiropractor by the Board of Chiropractic Examiners within the
27 Colorado Department of Regulatory Agencies. QMB Benefits Only providers must also be
28 certified as QMB Benefits Only providers through the Centers for Medicare and Medicaid
29 Services.
- 30 48. Regional Accountable Entity (RAE) means an entity that has entered into a valid, existing
31 contract with the Colorado Department of Health Care Policy and Financing to be a
32 Regional Accountable Entity.
- 33 49. Rehabilitation Agency means a group practice that requires at least one affiliated and
34 licensed professional enrolled in the Colorado Medical Assistance Program.
- 35 50. Residential Child Care Facility (RCCF) means a health care entity that is:
- 36 a. Designated by the Colorado Department of Human Services to provide Medicaid-
37 reimbursable mental health services as an RCCF; and
- 38 b. Licensed by Colorado Department of Human Services as an RCCF.

- 1 51. Rural Health Clinic (RHC) means a clinic that is certified by the Centers for Medicare and
2 Medicaid Services as a Rural Health Clinic.
- 3 52. School Health Services means a school district or Board of Cooperative Educational
4 Services that has a valid, active contract with the Colorado Department of Health Care
5 Policy and Financing to participate in the Colorado School Health Services Program.
- 6 a. The Site at which an Organization Health Care Provider delivers medical care,
7 services, or goods authorized under the Medical Assistance Program enrolled
8 under the Provider Type of School Health Services is a school district.
- 9 53. Speech Therapist is an individual certified as a Speech Language Pathologist by the
10 Director of the Divisions of Professions and Occupations within the Colorado Department
11 of Regulatory Agencies.
- 12 54. Substance Use Disorder (SUD) – Clinic means a health care entity that:
- 13 a. Is licensed as a SUD Provider by the Colorado Department of Human Services;
14 b. Has program approval to operate as a SUD – Clinic from Colorado Department
15 of Human Services; and
16 c. Has at least one affiliated advanced practice nurse, physician/psychiatrist,
17 physician assistant, or behavioral health clinician who is certified in addiction
18 medicine.
- 19 55. Supply means a Durable Medical Equipment, Prosthetic, Orthotic and Supplies
20 (DMEPOS) provider that meets one or both of the following definitions:
- 21 a. Complex Rehabilitation Technology (CRT) Supplier means a health care supplier
22 that meets all the requirements of Section 8.590.5.D, and that:
- 23 (1) Has a Sales Tax Certificate or Tax-Exempt Certificate;
24 (2) Has CRT Professional Certification; and
25 (3) Is accredited by the Centers for Medicare and Medicaid Services to
26 provide DMEPOS and CRT.
- 27 b. Durable Medical Equipment (DME) means a health care supplier that meets the
28 requirements of Sections 8.590.5.A and B, and that:
- 29 (1) Has a Sales Tax Certificate or Tax-Exempt Certificate; and
30 (2) Is accredited by the Centers for Medicare and Medicaid Services to
31 provide DMEPOS.
- 32 56. Transportation means a provider that meets one or both of the following definitions:
- 33 a. Emergency Medical Transportation (EMT) [Formerly Known as Emergency
34 Medical Transportation and Air Ambulance] means providers that:
- 35 (1) Meet all provider screening requirements in Section 8.125.

- 1 (2) Comply with commercial liability insurance requirements.
- 2 (3) Maintain the appropriate licensure for:
- 3 (a) Ground ambulance license as required by Colorado Department
4 of Public Health and Environment; and
- 5 (b) Air ambulance license as required by Colorado Department of
6 Public Health and Environment.
- 7 (4) License, operate, and equip ground and air ambulances in accordance
8 with federal and state regulations.
- 9 b. Non-Emergent Medical Transportation (NEMT) means a provider that:
- 10 (1) Has a Public Utilities Commission (PUC) common carrier certificate as a
11 taxicab; or
- 12 (2) Has a PUC Medicaid Client Transport (MCT) Permit as required by the
13 PUC; or
- 14 (3) Has a ground ambulance license as required by Department of Public
15 Health and Environment; or
- 16 (4) Has an Air Ambulance license as required by Colorado Department of
17 Public Health and Environment; or
- 18 (5) Is exempt from licensure requirements in accordance with the PUC.
- 19 57. X-Ray Facility means an imaging center that:
- 20 a. Has an X-Ray Facility and Machine Registration Report certified by the Colorado
21 Department of Public Health and Environment; and
- 22 b. Is certified by the Centers for Medicare and Medicaid Services to participate in
23 Medicare as an X-Ray facility.
- 24 K. Service Facility Location Field means the physical location specifically where services were
25 rendered as identified on the Claim.
- 26 L. Site means the physical location by street address, including suite number, where goods and/or
27 services are provided. The term Site when involving a Health Care Provider that voluntarily
28 contracts with a RAE as a Primary Care Medical Provider (PCMP) to participate in the
29 Department's Accountable Care Collaborative (ACC) as a medical home, also includes the
30 following requirements:
- 31 1. PCMP services must be identifiable from other goods and/or services, including services
32 provided by specialists provided by the Health Care Provider in the same physical
33 location through a separate and unique NPI.
- 34 2. PCMP services provided at a Campus or Off-Campus Location must be identifiable from
35 other goods and/or services, including services provided by specialists, provided by the
36 Health Care Provider on the same Campus or Off-Campus Location through a separate
37 and unique NPI.

1 M. Subpart means a component or separate physical location of an Organization Health Care
2 Provider that may be separately licensed or certified. This definition is intended to be consistent
3 with the use of the term "Subpart" as defined in 45 C.F.R. pt. 162.

4 N. The definitions in Subsection 8.126.1 apply only to Section 8.126.

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