



OPERATIONAL MEMO

Title: Pediatric Long-Term Home Health (LTHH) Prior Authorization Request (PAR) Therapy Go-Live	Topic: Benefits
Audience: Members, Family Members, Home Health Agencies (HHA), Stakeholders, Advocates	Sub-Topic: Long-Term Home Health
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Expiration Date: April 5, 2026	Program Area: Policy
Key Words: Go-Live, Pediatric Long-Term Home Health (LTHH), Prior Authorization Request (PAR), Physical Therapy (PT), Occupational Therapy (OT), Speech Therapy/Speech-Language Pathology (ST/SLP)	
Legal Authority: 42 U.S.C. § 1396a	
Memo Author: Paul Hutchings	
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Approved By: Colin Laughlin	

HCPF Memo Series can be accessed online: <https://www.colorado.gov/hcpf/memo-series>

Purpose and Audience:

The purpose of this Operational Memo is to provide guidance to Home Health Agencies (HHA) providing Pediatric Long-Term Home Health (LTHH) therapy services to Health First Colorado members in preparation for the upcoming Go-Live Prior Authorization Request (PAR) resumption period. These services include Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy/Speech-Language Pathology (ST/SLP).

Information:

On February 3, 2025, the Department of Health Care Policy and Financing (HCPF) initiated a voluntary Soft Launch for Pediatric LTHH therapy services. During this period, HHAs were encouraged to submit PARs to Acentra Health for a full medical

necessity review. While PARs were reviewed in full, no denials were issued. Instead, HHAs received guidance and educational feedback for submissions that were incomplete or did not meet medical necessity criteria. The therapy Soft Launch will end June 30, 2025, and transition to the Go-Live period effective July 1, 2025. During this time, denials may be issued if medical necessity criteria are not met.

Action to be Taken:

Starting July 1, 2025, HHAs will be required to submit 10% of their Pediatric LTHH therapy PARs each month to Acentra Health for a medical necessity review. These submissions must be made through the [Atrezzo Provider Portal](#) and include the following documentation: Plan of Care (POC), member ID, member name, date of birth, requested revenue code(s), date of service, ICD-10 diagnosis code(s), and the National Provider Identifier (NPI) if different from the requesting HHA. All information provided in the PAR submission will be taken into consideration during the medical necessity review.

Following the submission of a PAR and the medical necessity review, HHAs will receive a determination letter from Acentra Health with one of the following outcomes:

- Approval: The request meets criteria as outlined in the Code of Colorado Regulations at 10 CCR 2505-10 8.800.7. Request for Additional Information: If documentation necessary to make a determination is missing, Acentra Health will request the missing information before proceeding with the review.
- Technical Denial: Issued when policy requirements are not met. This may include, but is not limited to, untimely submissions, lack of required information (LOI), duplicate requests for the same HHA, or services already approved for another HHA.
- Medical Necessity Denial: Documentation does not support medical necessity. Denials may be partial or full.

Next Steps Following an Approval:

- HHAs may submit claims for services on the approved PAR.
- HHAs must use the appropriate claim format, UB-04 form (CMS-1450) or electronic equivalent within 365 days from the date of service.
- Claims must be supported by clinical documentation and approved POC.
- Service dates and units must reflect actual time spent delivering care.
- Approval of a PAR does not guarantee Health First Colorado payment and does not serve as a timely filing waiver. Prior authorization only assures that the services requested are considered a benefit of Health First Colorado.

Next Steps Following a Denial:

- **Reconsideration Request:** A servicing HHA may submit a reconsideration request to Acentra Health within 10 business days of the initial denial. Instructions are outlined in the determination letter provided to the HHA. If the denial is upheld, the next step is a Peer-to-Peer review.
- **Peer-to-Peer Review:** The ordering HHA may request a Peer-to-Peer (physician-to-physician) discussion within 10 business days of a medical necessity denial. This process must be initiated in coordination with the member's ordering physician or allowed practitioner. HHAs may not request a Peer-to-Peer review without the physician's knowledge. The request should be documented in the case notes and include the physician's name, contact information, and three available dates and times. HHAs may also call Acentra Health's Customer Service at 720-689-6340 to initiate the Peer-to-Peer process.

HHAs are encouraged to respond promptly to any requests for additional information and to pursue reconsideration or Peer-to-Peer opportunities as appropriate to ensure members continue to receive medically necessary services without interruption.

Compliance Procedures

HCPF will track PAR submissions on a weekly basis to ensure HHAs are meeting the required 10% caseload threshold. Submission patterns will be monitored, and support will be provided as needed. HHAs that are not submitting PARs or are not demonstrating a good faith effort to meet the requirement will receive written and direct outreach from HCPF.

To ensure consistent participation the following enforcement steps will be taken when an HHA fails to meet monthly submission thresholds:

- **Initial Reminder (Day 30):** If less than the 10% of PAR submissions are received within 30 calendar days of the Go-Live period, HCPF will issue a formal reminder via email to the HHA's primary contact on file.
- **Follow-Up Outreach (Day 44):** If no action is taken after two weeks following the initial reminder, a HCPF representative will contact the HHA by phone to discuss compliance expectations and offer technical assistance if needed.
- **Notice of Potential Withholding (Day 60):** If the HHA remains non-compliant 60 days after initial inaction, a written notice will be sent stating that continued failure to comply will result in payment withholding. This notice will outline the required actions and a final deadline to remedy the issue.
- **Coordination for Payment Withholding (>60 days):** If the HHA continues to remain non-compliant past the final deadline, HCPF will coordinate the withholding of payments until compliance is achieved.

Training Information

Acentra Health has upcoming training sessions to help agencies navigate the Atrezzo Portal and submit PARs successfully located on the [ColoradoPAR Training website](#). Additional information about Go-Live can be found on the [Long-Term Home Health website](#) and in [Operational Memo OM 24-060](#).

Definitions:

The **Soft Launch** is a voluntary phase during which HHAs can submit PARs for review by Acentra Health. During this period, the outcome of submitted therapy Pediatric LTHH PARs will not impact the current status of the member's benefits. HCPF will actively monitor submission progress throughout the Soft Launch period and provide education to HHAs when necessary.

The **Go-Live** phase will require HHAs to submit Pediatric LTHH PARs for members in a predetermined, phased-in approach. Acentra Health will conduct medical necessity reviews and in the case of a reduction or denial in services, members and HHAs will be notified of potential changes and be provided their appeal rights. HHAs must adhere to the phase-in instructions provided by HCPF to ensure all PARs are reviewed by April 6, 2026.

Attachment(s):

None

HCPF Contact:

LTHH benefit questions and escalations may be directed to: homehealth@state.co.us