# Home Health Specialty Training

## Health First Colorado
## (Colorado's Medicaid Program)

# Navigating This Presentation

- Underlined words or phrases often will link viewers to more information, such as web pages. If you are viewing this presentation in normal mode (not slideshow mode), you may need to press the Ctrl key while you click on the link in order to open it.
- Use color-coded table of contents slides to navigate to specific areas of interest in the presentation.
  - Use back arrows provided in the bottom right corner of some slides to return to table of contents slides.

# Agenda

## Introduction

## Provider Qualifications

## Prior Authorization Requests (PARs)

- Acute Home Health PARs
- Long-Term Home Health (LTHH) PARs
- Pediatric & Adult PARs
- PAR Review
- PAR Revisions

## Billing & Payment

- Reimbursable Services
- Non-reimbursable Services
- Special Reimbursement Conditions
- Service Locations

## Resources

# Introduction

# Introduction
## Home Health Benefit Overview

**Home Health** benefit for Health First Colorado members includes services provided by a licensed and certified Home Health Agency (HHA) to members who need acute or long-term Home Health service

- Skilled Nursing provided by a Registered Nurse (RN) or Licensed Practical Nurse (LPN)
- Certified Nurse Aide (CNA) services
  - Also: Certified Nursing Assistant, Home Health Aide
- Physical Therapy (PT)
- Occupational Therapy (OT)
- Speech/Language Pathology (SLP) services or Speech Therapy (ST)

# Introduction
## Home Health Benefit Overview

There are two types of home health services:

1. **Acute Home Health**: Skilled Home Health services are provided to members who experience an acute health care need that necessitates skilled Home Health care. Acute Home Health services are allowed without prior authorization for up to 60 calendar days or until the acute condition is resolved, whichever comes first.

2. **Long-Term Home Health (LTHH):** Skilled Home Health services provided to members who require ongoing Home Health services beyond the Acute Home Health period. Prior authorization is required for Long-Term Home Health Services.

# Introduction
## Home Health Benefit Overview

Home Health v. Private Duty Nursing

- **Home Health** provides services to members who need intermittent services
  - Distinct start time and stop time
  - Task-oriented to meet a member's specific needs for that visit

- **Private Duty Nursing** offers skilled nursing services for members who require more continuous care

# Provider Qualifications

# Eligible Providers

Providers must be enrolled as a Health First Colorado (Colorado's Medicaid program) provider in order to:

- Treat a Health First Colorado member
- Submit claims for payment to Health First Colorado

# Eligible Providers

In order to become a Health First Colorado Home Health Provider, an agency **must**:

- Hold a current and active Class A Home Care License issued by the State of Colorado
- Obtain Medicare certification and/or deemed status with an accepted Home Health Accreditation entity
- Be enrolled as a Medicare provider
- Be in good standing with the Colorado Department of Health Care Policy & Financing, Colorado Department of Public Health and Environment (CDPHE) and Medicare

# Eligible Providers

- After obtaining licensure and certification, applicants must enroll with Health First Colorado
- Home Health Agencies must comply with rules and regulations for Medicaid Home Health
- All Home Health services are subject to post-payment review for medical necessity and regulation compliance

# Eligible Providers

**Provider Type:** 10
**Specialty:** Home Health
**Specialty Code:** 385

**Enrollment Type:** Facility

- Each service location must complete a separate application and pay a separate application fee
- Must enroll using organization's federal Employer Identification Number (EIN)
- Electronic Visit Verification (EVV) is required with this enrollment and will be automatically added

# Eligible Providers

**Required Attachments:**

- License
  - **In-state**: Class A Home Health Agency license issued from Colorado Department of Public Health and Environment (CDPHE)
  - **Out-of-state**: Home Health Agency license issued by state
- W9 (signed and dated within the last six [6] months)
- Voided business check (no temporary checks or deposit slips) or bank letter (dated within the last six [6] months)
- Malpractice/Liability insurance information must be entered in the application, proof of insurance is not a required attachment

| | | | | | |
|---|---|---|---|---|---|
| **Risk Level** | High | **Fee Required** | Yes | **NPI Required** | Yes |
| **Medicare Required** | Yes | **Out of State Allowed** | Yes | **Border Town Allowed** | Yes |

# Eligible Providers

**Prescribing/Ordering Providers**

- Physician (MD, DO)
- Physician's Assistant (PA)
- Nurse Practitioner (NP)
- Clinical Nurse Specialist (CNS)

- All claims for Home Health services must include the National Provider Identifier (NPI) of the provider who ordered the service
- Provider must be actively enrolled with Health First Colorado

# Prior Authorization Requests (PARs)

# Prior Authorization Requests (PARs)

- Home Health services are divided into categories
  - **Acute** Home Health services ***do not*** need to be prior authorized (as long as certain conditions are met)
  - **Long-Term** Home Health (LTHH) services ***do require*** prior authorization

# Prior Authorization Requests (PARs)
## Acute Home Health

**Acute Home Health services** are skilled and intermittent services provided to members who experience an acute medical condition with a rapid onset and a short duration

- Examples: new diagnosis, care after a hospital discharge, acute incident of a chronic condition
- Member's primary care provider must send a referral to begin the evaluation and admission process

# Prior Authorization Requests (PARs)
## Acute Home Health

**Acute Home Health services do not require prior authorization**

Services include:

- Skilled nursing
- Skill certified nurse aide
- Physical therapy
- Occupational therapy
- Speech therapy
- Telehealth services

- Providers should contact Managed Care Organizations (MCOs) directly to determine their acute home health prior authorization requirements when serving members enrolled in those plans

# Prior Authorization Requests (PARs)
## Long-Term Home Health

**Long-Term Home Health (LTHH) services** are intermittent Home Health services required for the care of chronic long-term conditions, and/or on-going care that exceeds the acute period (61st calendar day of Home Health service)

Moving a member from LTHH to acute home health services may occur under the following conditions:

- ≥10 calendar days since the member's last Acute Home Health episode
  **and**
- New onset of illness, injury or disability or acute change in condition from past Acute Home Health episode(s)

# Prior Authorization Requests (PARs)
## Long-Term Home Health

**Long-Term Home Health services do require prior authorization**

Services include:

- Skilled nursing
- Skill certified nurse aide
- Telehealth services
- Physical therapy*
- Occupational therapy*
- Speech therapy*

**Service available to pediatric members*

# Prior Authorization Requests (PARs)
## Submitting PARs

**Submitting PARs for Long-Term Home Health Services**

### Pediatric PARs

- Submitted via eQSuite®

### Adult PARs

- Submitted via the Acentra Portal, Atrezzo
  - Adult with Department of Human Services (DHS) Waivers (DD, DHSS, SLS): Community Centered Board (CCB)
  - Adult with or without Department Waivers (BI, CMHS, EBD, PLWA, SCI): Case Management Agency (CMA)/Single Entry Point (SEP)
- Include Plan of Care and other supporting documentation

# Prior Authorization Requests (PARs)
## Submitting PARs

PAR forms can be found on Department website: Provider Forms

### Prior Authorization Request (PAR) Forms

Medical PARs are submitted via the Acentra (formerly Kepro) Portal, Atrezzo. This includes PARs for supply, surgery, out of state, therapy, audiology, home health and pediatric behavioral therapy.

Visit the ColoradoPAR: Health First Colorado Prior Authorization Request Program web page or call 1-720-689-6340 for further information. Medical PARs are **not** submitted through the Provider Web Portal.

Home and Community Based Services (HCBS) waiver PARs are submitted by Case Managers via the Bridge.

If a PAR status shows as **pending state review**, providers are advised to contact the Provider Services Call Center to ensure the PAR was submitted via the correct method.

- **Adult Long Term Home Health PAR Form** (Effective 05/01/13) (Revised 7/11/24) - For providers submitting Adult Long Term Home Health (LTHH) PARs. As of June 1, 2013, this is the only Adult LTHH PAR form accepted by Health First Colorado (Colorado's Medicaid program).
- **Change of Provider Form** - Complete this form when a member has a current and active PAR with another provider.
- **Colorado Fax Exemption Form** - Use this form request an exception to the requirement to submit PARs via the Atrezzo PAR portal.
- **Formulario de cambio de proveedor de Health First Colorado** - Complete este formulario cuando un miembro tenga un PAR actual y activo con otro proveedor.
- **Health First Colorado Prior Authorization (PAR) Outpatient Form** - This form must be completed for services that require prior authorization. This form may be completed online, printed, and submitted to Kepro if the provider has been authorized to submit paper PARs. Do not use this form for Long Term Home Health, Private Duty Nursing, or EPSDT Extraordinary HH PARs.
- **Health First Colorado Prior Authorization (PAR) Inpatient Form**
- **Non-Emergent Medical Transportation (NEMT) Out-of-State Prior Authorization Request (PAR) Form** (10/27/21) - Complete this form to request authorization for NEMT service for members needing services out of state.

# Prior Authorization Requests (PARs)
## Submitting PARs

- Home Health PAR Form must be completed and reviewed by the Department's authorizing agency before services can be billed
- Long-Term Home Health (LTHH) Services shall be submitted no more than ten (10) business days from the start date of the LTHH PAR
  - If submitted more than ten (10) business days from start date, amend PAR start date to date of submission to Department's authorizing agency
- PAR is not considered complete until the authorizing agency reviews all information necessary to review the request

# Prior Authorization Requests (PARs)
## Submitting PARs

**All LTHH PAR submissions must include:**

- The complete and current plan of care, including:
  - Member's diagnoses
  - Frequency and duration of visits for each discipline ordered
  - The duties/treatments/tasks performed by each discipline during each visit
- All other supporting documentation to support the request, including physician's orders, treatment plans, nursing summaries, nurse aide assignment sheets, medications listing, etc.
- Any other documentation deemed necessary by the Department or its authorizing agency

# Prior Authorization Requests (PARs)
## PAR Review

- The authorizing agency reviews all completed PARs and approves or denies, by individual line item, each requested service listed on the PAR.
- PAR status inquiries can be made through the File and Report System (FRS) in the Provider Web Portal, and PAR determinations are included on PAR letters sent to both the provider and the member.
- Read the determination carefully as **some line items may be approved and others denied.**
- **Do not render or bill for services until the PAR has been processed.**

# Prior Authorization Requests (PARs)
## PAR Review

**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
- All claims, including those for prior authorized services, must meet eligibility and claim submission requirements (e.g., timely filing, pursuit of third-party resources payment, included required attachments, etc.) before payment can be made

# Prior Authorization Requests (PARs)
## PAR Review

**Approval of a PAR does not guarantee Health First Colorado payment and does not serve as a timely filing waiver**

- If the PAR is denied, providers should direct inquiries to the authorizing agency who reviewed the PAR
- Do not submit claims before the PAR has been reviewed and approved unless submission is necessary to meet timely filing requirements

# Prior Authorization Requests (PARs)
## PAR Revisions

- If the number of approved units needs to be amended, the provider must submit a request for a PAR revision **prior** to the PAR end date

- Changes requested after a PAR is expired will not be made by the Department or the authorizing agency

**Note:** When a PAR is revised, the number on the original PAR must be used on the claim. (Do not use the PAR number assigned to the revision when completing a claim. Use the original PAR number.)

# Prior Authorization Requests (PARs)
## PAR Revisions

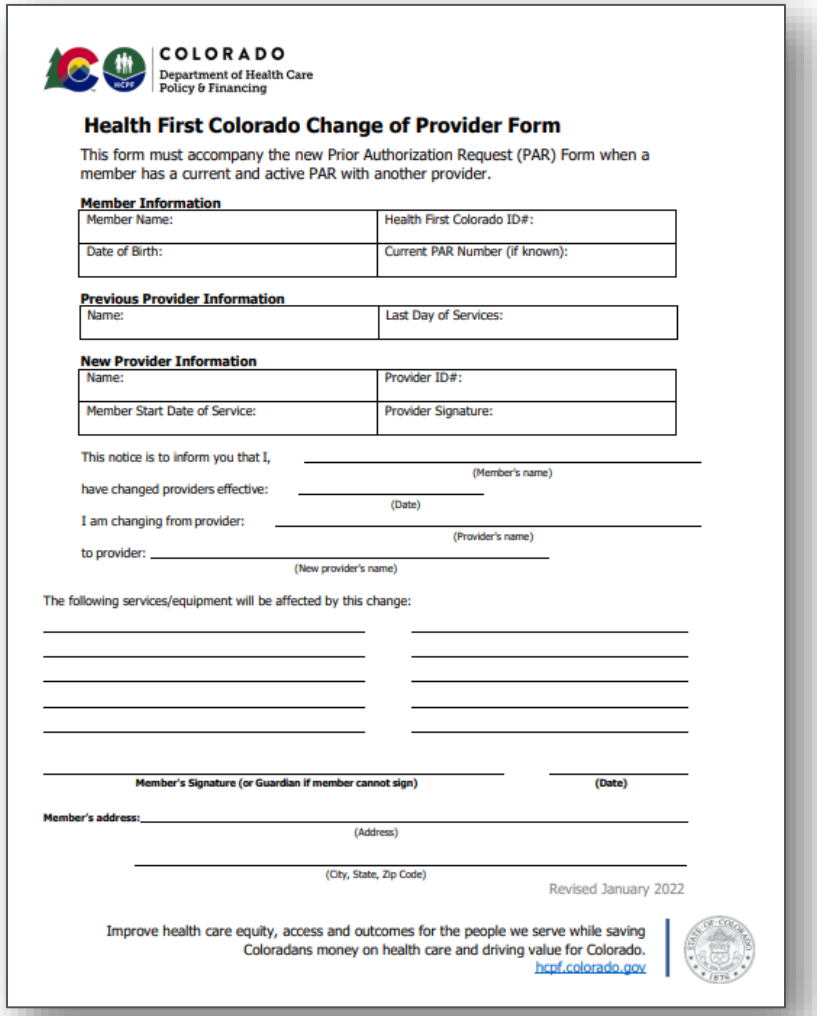
- Pediatric LTHH PAR revisions should be completed in eQSuite®
- Adult LTHH PAR revisions must be made on the Department's designated form and submitted to the authorizing agency for review
- Complete the Revision section of the PAR and include the PAR number that needs to be revised

**Note:** The number of units should equal more or less than the number of units planned for use during the PAR period. The number of units being requested needs to be added to the original number of units approved and include all services that were approved on the original PAR.

# Prior Authorization Requests (PARs)
## Change of Provider Revisions

- LTHH members may change providers during active PAR

- Receiving (new) provider completes Change of Provider Form
  - Provider Forms web page under the Prior Authorization Request (PAR) Forms drop-down menu



COLORADO
Department of Health Care Policy & Financing

**Health First Colorado Change of Provider Form**

This form must accompany the new Prior Authorization Request (PAR) Form when a member has a current and active PAR with another provider.

**Member Information**

| | |
|---|---|
| Member Name: | Health First Colorado ID#: |
| Date of Birth: | Current PAR Number (if known): |

**Previous Provider Information**

| | |
|---|---|
| Name: | Last Day of Services: |

**New Provider Information**

| | |
|---|---|
| Name: | Provider ID#: |
| Member Start Date of Service: | Provider Signature: |

This notice is to inform you that I, _____ (Member's name)

have changed providers effective: _____ (Date)

I am changing from provider: _____ (Provider's name)

to provider: _____ (New provider's name)

The following services/equipment will be affected by this change:

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

_____ _____
**Member's Signature (or Guardian if member cannot sign)** **(Date)**

**Member's address:** _____ (Address)

_____ (City, State, Zip Code)

Revised January 2022

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

# Prior Authorization Requests (PARs)
## Change of Provider Revisions

- Once receiving agency completes the Change of Provider form, member must sign form, form must accompany new Home Health PAR from receiving agency
- Agency must submit the Change of Provider form along with a new PAR to Department's authorizing agency
- New PAR start date should coincide with the first day new agency plans to provide LTHH care

# Prior Authorization Requests (PARs)
## Change of Provider Revisions

- Provider should not include dates for Acute Home Health or lapses in care between the last date of service provided by the previous Home Health agency and the receiving agency

- Previous provider's PAR end date will be revised to match information provided in the "last date of service" box, new PAR will be entered for the receiving agency

# Prior Authorization Requests (PARs)
## Change of Provider Revisions

- Change of Provider letter authorizes Department's Fiscal Agent to end current PAR so new PAR may be entered
  - Single Entry Points (SEPs) and Community Centered Boards (CCBs) must include the Case Management Agency's (CMA) identification number on the PAR form

- If receiving agency is unable to obtain the necessary PAR information from the previous agency, the receiving agency may call Fiscal Agent
  - If a current PAR exists, Fiscal Agent will provide name and phone number of the Home Health Agency who currently has the approved PAR
  - Will not be able to provide any of the details for the PAR

# Prior Authorization Requests (PARs)
## Change of Provider Revisions

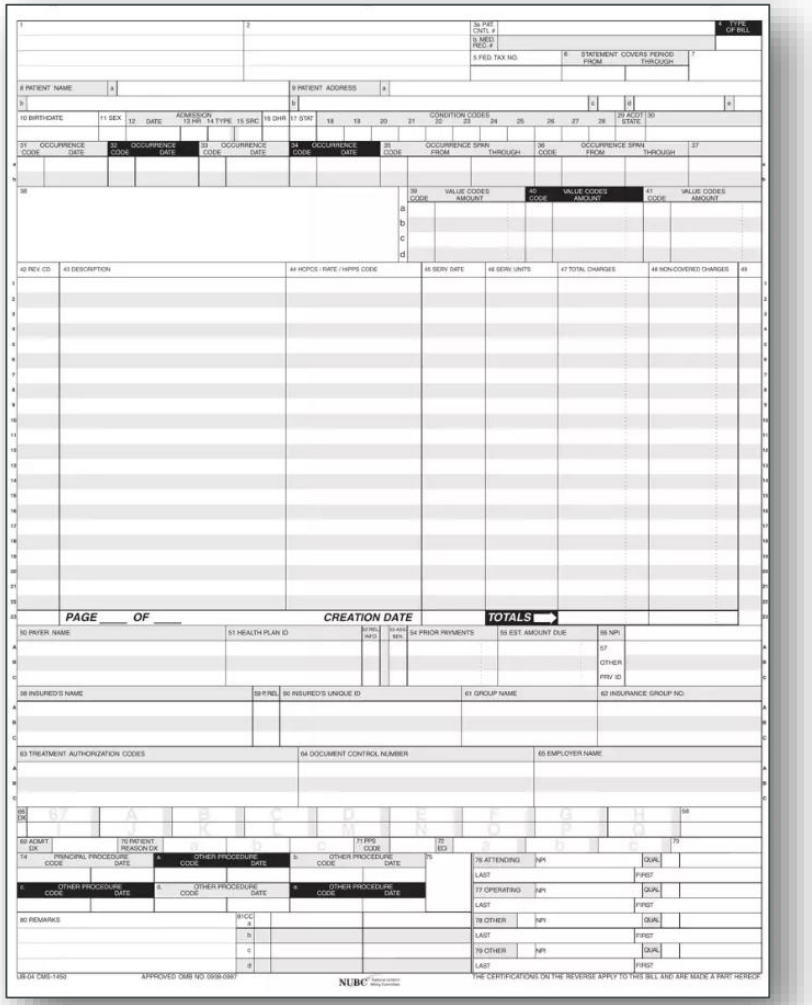
- The receiving agency should contact the previous agency, when possible, and notify them that the member is transferring agencies and the effective date of the change

- Home Health Agencies should not bill LTHH services on another provider's LTHH PAR

# Billing & Payment

# Billing & Payment

- Home health services are billed using the UB-04 institutional claims form (right)
- Claims should be submitted to the Fiscal Agent (Gainwell Technologies)
- Health First Colorado will reimburse two (2) Home Health staff when necessary
- Retain records for seven (7) years



# Billing & Payment
## Reimbursable Services

- Skilled Nursing (provided by a Registered Nurse or Licensed Practical Nurse)
- Certified Nurse Aide (CNA) services (may also be referred to as a Certified Nursing Assistant or Home Health Aide)
- Physical Therapy (PT)
- Occupational Therapy (OT)
- Speech/Language Pathology (SLP) services (or Speech Therapy)

# Billing & Payment
## Reimbursable Services - Skilled Nursing

**Registered Nurses (RN) and Licensed Practical Nurses (LPN) must** have a current, active license in accordance with the DORA Colorado Nurse Practice Act at § 12-38-111, C.R.S.

- Acute Home Health: All nursing services provided during the Acute Home Health period shall be billed under revenue code 550. **No PAR is required.**
- Long-Term Home Health (LTHH): Nursing services provided during Long-Term Home Health shall be billed using the appropriate revenue codes based on the purpose and complexity of the nursing visit. Standard, infrequent or complicated nursing visits may be billed using revenue code 551. Nursing visits that are uncomplicated in nature, or visits that are uncomplicated with frequent revisits completed by the nurse, shall be billed using revenue codes 590 and 599).
    - Long-Term Home Health nursing visits for the **sole** purpose of assessing a member may be reimbursed for a limited time when managing and reporting to the member's physician on specific conditions and/or symptoms which are not stable.

# Billing & Payment
## Reimbursable Services – Certified Nurse Aide Services

**Certified Nurse Aides (CNA)** must have a current, active license in accordance with the DORA Colorado Nurse Aide Practice Act at § 12-38-111, C.R.S.

- Acute Home Health: Skilled CNA visits are reimbursed based on the amount of time the CNA is providing skilled care to a member. If a CNA provides care for at least 15 minutes but not more than 60 minutes, the agency shall bill a basic unit with revenue code 570. For each additional 30-minute block that the CNA provides hands-on assistance to the member, the agency may bill an extended CNA unit with revenue code 572. A unit of time that is less than 15 minutes shall not be reimbursable as a basic unit and at least 15 minutes must elapse before an agency may bill an extended unit. **No PAR is required.**
- Long-Term Home Health: Skilled CNA visits are reimbursed based on the amount of time the CNA is providing skilled care to a member. If a CNA provides care for at least 15 minutes but not more than 60 minutes, the agency shall bill a basic unit with revenue code 571. For every additional 30 minutes the CNA provides hands-on assistance to the member, the agency may bill an extended CNA unit with revenue code 579. A unit of time that is less than 15 minutes shall not be reimbursable as a basic unit and at least 15 minutes must elapse before an agency may bill an extended unit.

# Billing & Payment
## Reimbursable Services - Physical Therapy

**Physical Therapists (PT)** must have a current, active license in accordance with the Colorado Physical Therapy Practice Act at § 12-41-107, C.R.S.

- Acute Home Health: All physical therapy services may be provided on pediatric and adult Home Health member and are billed using revenue code 420 on a per visit basis. No PAR is required.
- Long-Term Home Health: Physical therapy is available to pediatric members when prior authorized and deemed medically necessary. Physical therapy is reimbursed on a per visit basis using revenue code 421.

# Billing & Payment
## Reimbursable Services - Occupational Therapy

**Occupational Therapists (OT)** must have a current, active registration in accordance with the DORA Colorado Occupational Therapy Practice Act at § 12-40.5-106, C.R.S.

- Acute Home Health: All occupational therapy services may be provided to all Health First Colorado Home Health members with a demonstrated need for speech therapy interventions. Occupational therapy services are reimbursed on per visit basis using revenue code 430. No PAR is required.
- Long-Term Home Health: Occupational therapy is available to pediatric members when prior authorized and deemed medically necessary. All Home Health occupational therapy is reimbursed on a per visit basis using revenue code 431.

# Billing & Payment
## Reimbursable Services - Speech/Language Pathology

**Speech/Language Pathologists (SLP)** who have a current, active certification from the American Speech-Language-Hearing Association (ASHA).

- Acute Home Health: All speech therapy services may be provided to all Health First Colorado Home Health members with a demonstrated need for speech therapy interventions. Speech therapy services are reimbursed on per visit basis using revenue code 440. No PAR is required.
- Long-Term Home Health: Speech therapy is available to pediatric members when prior authorized and deemed medically necessary. All Home Health speech therapy is reimbursed on a per visit basis using revenue code 441.

# Billing & Payment
## Reimbursable Services - Telehealth Remote Monitoring

**Telehealth Remote Monitoring Services** include the installation and on-going remote monitoring of clinical data through technologic equipment in order to detect minute changes in the member's clinical status that will allow Home Health agencies to intercede before a chronic illness exacerbates requiring emergency intervention or inpatient hospitalization.

- Acute Home Health: Agencies are reimbursed for the initial installation and education of telehealth remote monitoring equipment by billing revenue code 583 with the procedure code 98970 and the modifier 'TG'. This initial charge shall only be billed once per member per agency. The agency may bill for every day they receive and review the member's clinical information by billing revenue code 583 along with procedure code 98970. **No PAR is required prior to billing for acute telehealth remote monitoring services, but agencies should notify the Department or its designee when a member is enrolled in the service.**

# Billing & Payment
## Reimbursable Services - Telehealth Remote Monitoring

**Telehealth Remote Monitoring Services** include the installation and on-going remote monitoring of clinical data through technologic equipment in order to detect minute changes in the member's clinical status that will allow Home Health agencies to intercede before a chronic illness exacerbates requiring emergency intervention or inpatient hospitalization.

- Long-Term Home Health: Agencies are reimbursed for the initial installation and education of telehealth remote monitoring equipment by billing revenue code 780 with the procedure code 98970 and the modifier 'TG'. This initial charge shall only be billed once per member per agency. The agency may bill for every day they receive and review the member's clinical information by billing revenue code 780 along with procedure code 98970. **No PAR is currently required prior to billing for long-term telehealth remote monitoring services, but agencies should notify the Department at homehealth@state.co.us when a member is enrolled in the service.**

# Billing & Payment
## Non-Reimbursable Services

- Supplies used for routine Home Health are not reimbursed separately through the Home Health or Durable Medical Equipment (DME) benefit. Non-routine or member specific supplies must be reimbursed through the member's DME benefit.
- Nursing Visits for purpose of psychiatric counseling
- Certified nurse aide visits for the purpose of providing only unskilled personal care and/or homemaking services
- Nursing or CNA visits provided in a shift (visits lasting more than 4.5 consecutive hours)
- Nursing visits for the sole purpose of providing supervision of the CNA or other Home Health staff

# Billing & Payment
## Non-Reimbursable Services

- Nursing visits for the sole purpose of completing the Home Health plan of care/recertification
- Long-Term Home Health nursing visits for the sole purpose of teaching the member or their family member
- Long-Term Home Health nursing visits for the **sole** purpose of assessing a stable member
- Where management, and reporting to physician of specific conditions and/or symptoms which are not stable

# Billing & Payment
## Special Reimbursement Conditions: Medicare

- If a member is eligible for Medicare and Health First Colorado, Medicare is always the first payer when a member has skilled Home Health needs and the member is unable to leave their residence for non-medical programs and treatments (Homebound)

- The Home Health Agency must maintain a signed Advance Beneficiary Notice (ABN) that is completed as prescribed by Medicare

# Billing & Payment
## Special Reimbursement Conditions: Medicare

**All Medicare requirements shall be met and exhausted prior to billing Health First Colorado for Home Health services, except when:**

- Medication box pre-filling is the only service provided
- Certified Home Health Aide Services are the only services provided
- Occupational Therapy Services when provided as the sole skilled service
- Routine Laboratory Draw Services is the only service provided
- If the member is (1) stable, (2) not experiencing an acute episode, and (3) routinely leaves the home unassisted for social, recreational, educational and/or employment purposes (not Homebound)
- Any combination of the above conditions
- The record contains clear and concise documentation describing any exceptions

# Billing & Payment
## Special Reimbursement Conditions: Third-Party Liability

**All insurance requirements must be met and exhausted prior to billing Home Health services to Health First Colorado**

- A denial must be kept in the member's record and updated annually on the anniversary of the denial
- The third-party insurance denials must be based on non-coverage and not due to the failure of adhering to the requirements set forth by the insurance agency
- Health First Colorado will not accept a "no-pay" denial (type of bill 320, condition code 21) from Medicare as a valid denial of Medicare coverage

# Billing & Payment
## Service Locations

Home Health reimburses for services provided on an intermittent or per visit basis to Health First Colorado members in their place of residence

Pediatric members may receive Home Health services outside of their place of residence when:

- The Home Health services can be provided safely and adequately in another location
- Home Health service and interventions will be at least equally effective in another location
- It is clinically appropriate for the Home Health services to be provided in another location
- It is not primarily for the convenience of the member, member's family, physician or other care provider
- It is not provided in a group home, nursing facility, hospital or other facility

# Resources

# Resources

**For Our Providers web pages**: https://hcpf.colorado.gov/our-providers

The **General Provider Information Manual** is an overview of the program, including billing and policy information

The **Home Health Billing Manual** provides specific guidance for the benefit

**Fee Schedule** web page

**Provider Contacts** web page

# Resources

**Long-Term Home Health Program** web page

**Home Health FAQ** web page

**Long-Term Services and Supports Programs** web page

**Office of Community Living** web page

# hcpf.colorado.gov/our-providers

***Where can I find…?***

## For Our Providers

- Enrollment forms
- Revalidation dates spreadsheet
- National Provider Identifier (NPI) information
- Provider types

- Fee schedules
- General Provider Information manual
- Billing manuals & appendices
- Forms
  - Prior Authorization Requests (PARs)
  - Load letters
  - Request to use paper claim form

- Newsletters
- What's New?

? Why should you become a provider?

Provider enrollment

Provider services: Forms, rates, & billing manuals

What's new: Bulletins, updates & emails

CBMS: CO Benefits Management System

Long-Term Services and Supports

Web portal

Revalidation

? Provider contacts: Who to call for help

Provider resources: Quick guides, known issues, EDI, & training

***Where can I…?***

- Check member eligibility
- Submit claims
- Review Prior Authorization Requests (PARs)
- Receive Remittance Advices (RAs)
- Complete provider maintenance requests

- Quick Guides for Web Portal
- Known issues
- EDI Support
- Training registration
- Information about
  - Accountable Care Collaborative & RAEs
  - Co-Pays
  - EVV

COLORADO
Department of Health Care Policy & Financing

COVID-19 Provider Information | Resources for HCBS Providers | SAVE System | ColoradoPAR | DDDWeb | Value Based Payments

# Thank you!