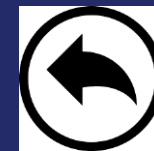# Non-Emergent Medical Transportation (NEMT) Specialty Training

Health First Colorado
(Colorado's Medicaid Program)

Navigating This Presentation

- <u>Underlined words or phrases</u> 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.

Training Overview

Overview

Provider Enrollment & Revalidation

Member Eligibility

Covered Services

Prior Authorizations

Billing & Payment

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Policy & Financing

Health First Colorado Transportation Benefits

- **Non-Emergent Medical Transportation (NEMT)** is a benefit for Health First Colorado members who have no other means of transportation to get to and from medically necessary services (i.e., doctor's appointments, vaccinations, pharmacy)
  - NEMT is <u>not</u> used for emergency transportation

- **Emergency Medical Transportation (EMT)** is a benefit for Health First Colorado members experiencing emergencies and needing immediate medical assistance to prevent permanent injury or loss of life

- **Non-Medical Transportation (NMT)** is a benefit only for Health First Colorado members with a specific benefit plan under the Home and Community-Based Services (HCBS) waivers program
  - NMT is not open to all members

Non-Emergent Medical Transportation (NEMT)

Non-Emergent Medical Transportation (NEMT) services are transportation services rendered to and from <u>medically necessary</u> services

- Obtained from providers enrolled with Health First Colorado
- Received by members who have no other means of transportation, including free transportation

Urgent Non-Emergent Medical Transportation is a benefit when the member is unable to provide advanced notice (i.e., discharge from a hospital, critical but unplanned medical appointments, failure of scheduled NEMT provider to pick up within 1 hour of the scheduled time)
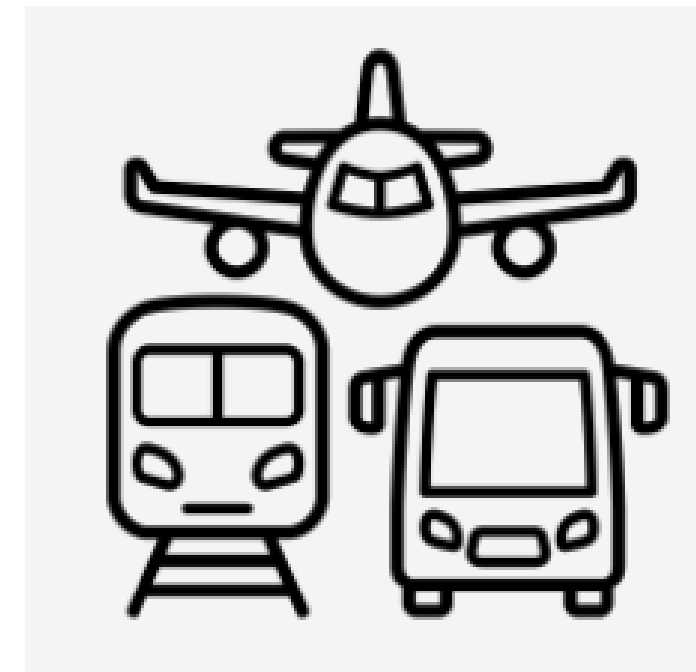
Non-Emergent Medical Transportation (NEMT)
Modes of Transportation

The following modes of transportation are covered:

- Ambulance, Ground and Air

- Commercial Air

- Mobility/Ambulatory Vehicles

- Personal Vehicle (Mileage Reimbursement)

- Public/Mass Transportation

- Taxicab

- Train

- Stretcher Van

- Wheelchair Van

Ancillary services may also be covered

Non-Emergent Medical Transportation (NEMT)
Modes of Transportation

Ambulance (Ground)

- Transporting members requiring cardiac/hemodynamic monitoring if the monitoring is required before and after transport
- Advanced airway management includes members who are ventilator dependent, require intubation and/or deep suctioning enroute or are on an apnea monitor before, during and after transport

Ambulance (Fixed-Wing or Rotor-Wing Aircraft)

- Non-emergent, pre-planned services that are prior authorized due to
  - great distances
  - member illness or injury that prohibit other forms of transportation
  - obstacles that prohibit transporting a member by land
- Member's medical professional must indicate in writing that air ambulance services are required

Non-Emergent Medical Transportation (NEMT)
Modes of Transportation

Commercial Airline

- In-state <u>and</u> out-of-state travel must have prior approval from Department
- Member's medical professional must indicate in writing that commercial air travel is required

Mobility/Ambulatory Vehicles

- Designed, constructed, modified or equipped to meet the needs of passengers with medical, physical or mobility impairments
- Provider must maintain a Contract Carrier permit or a Luxury Limousine permit

Personal Vehicle Mileage Reimbursement

- May be provided by a volunteer with no member-vested interest or an individual with a member-vested interest
- Reimbursement is per vehicle without regard to the number of members or escorts in the vehicle

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Non-Emergent Medical Transportation (NEMT)
Modes of Transportation

Public/Mass Transportation, including fixed route, light rail, paratransit and private bus

Taxicabs

- Provider must maintain a Common Carrier certificate
- Not considered a mobility vehicle, but provider may maintain a Medicaid Client Transport (MCT) permit or Luxury Limousine permit

Train (Railroad Cars)

- In-state and out-of-state travel must have prior approval from Department
- Member's medical professional must indicate in writing that train transportation is required

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Non-Emergent Medical Transportation (NEMT)
Modes of Transportation

Stretcher Van

- Transports members not requiring medical attention en route in prone (lying facing down) or supine (lying facing up) position on a stretcher, board, gurney or other appropriate device
- Member's medical professional must indicate in writing transportation in prone or supine position is required

Wheelchair Van

- Member's medical professional must indicate in writing that member is confined to wheelchair and unable to use less costly modes of transportation
- Providers must maintain a Common Carrier permit
- XL Wheelchair services with two attendants are billed differently

Provider Enrollment & Revalidation

Provider Enrollment & Revalidation

- NEMT services must be rendered by a transportation provider that is:
  - Enrolled in the correct type (provider type 73) and specialty
    - Specialty Code 326: Providers within the State-Designated Entity's (SDE's) service area: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, Larimer and Weld Counties
    - Specialty Code 525: Providers outside of the SDE's service area
  - Credentialed by the State-Designated Entity (SDE) Transdev Health Solutions (formerly Intelliride)

- *Currently, there is a moratorium in place on new provider enrollments until October 1, 2025*
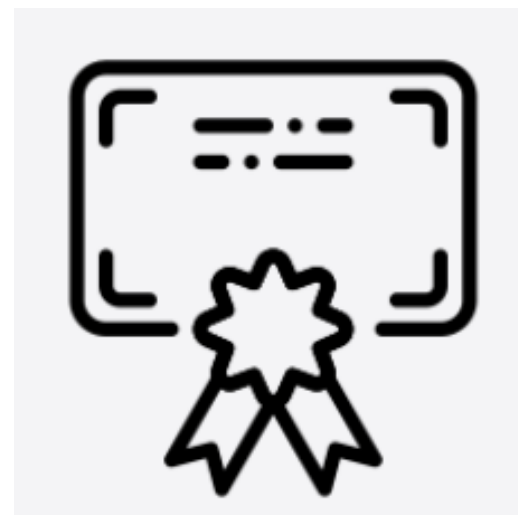
Provider Enrollment & Revalidation
State-Designated Entity (SDE)

- All drivers and vehicles must be credentialed by the State-Designated Entity Transdev Health Solutions prior to enrollment and revalidation with Health First Colorado

- **Any driver or vehicle that either fails credentialing or is not listed as approved on the provider's credential roster is prohibited from being used to provide services to members**

- Transdev reviews and provides a credentialing certificate once all steps are completed

- **Certificate *must* be submitted with the provider's Health First Colorado enrollment and revalidation applications**

- All new drivers and vehicles added to the business, at any time, must be approved before they can be used to transport members

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Provider Enrollment & Revalidation
Steps for Credentialing

1. Complete the Credentialing Request Form and License Agreement
2. Receive email that includes username, password and link to sign up for credentialing software training
3. Participate in software training session to learn how to use the software
4. Visit Platform.ProCredEx.com to upload the required driver and vehicle credentials
5. Visit the Transdev Health Solutions website to sign up for a required vehicle inspection

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Provider Enrollment & Revalidation
Enrollment Application

- Providers need to complete the Health First Colorado enrollment application once the credentialing certificate is received from Transdev Health Solutions
  - Provider type: 73
    - Specialty Code 326: Providers within the Transdev's service area (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, Larimer and Weld Counties)
    - Specialty Code 525: Providers outside of Transdev's service area
  - Enrollment Type: Atypical (No National Provider Identifier [NPI] required)
  - Fingerprinting required
- Enrollment applications are reviewed by the fiscal agent Gainwell Technologies
  - Site survey and state approval required

- *Currently, there is a moratorium in place on new provider enrollments until October 1, 2025*

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Provider Enrollment & Revalidation
## Provider Licensure

- Licensure, or proof of exemption from licensure requirements, must be included in the provider enrollment application
- To determine the appropriate licensure, contact:
  - **Ground ambulances**: County commissioner's office for specific county ambulance licensing requirements and/or verification of a valid license
  - **Air ambulances**: Colorado Department of Public Health and Environment
  - **All other NEMT providers**: County commissioner's office or Gainwell Technologies

Transdev Health Solutions
Transportation Broker Within Service Area

Health Plan or State Medicaid Agency → NEMT broker → Transportation Provider → Member
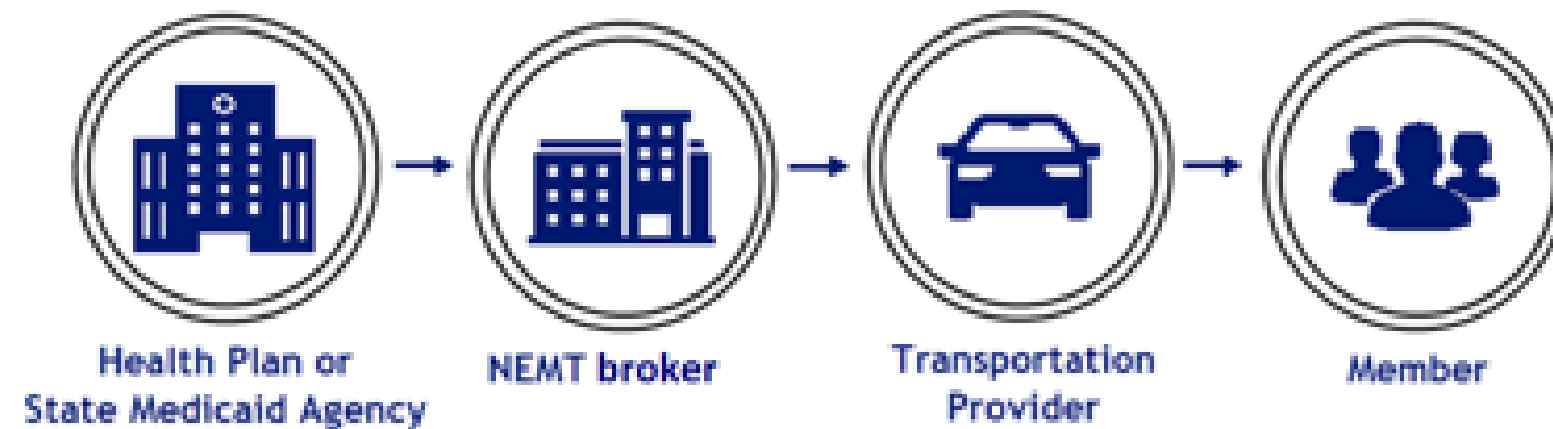
- The Department has contracted with Transdev as its transportation broker, which administers NEMT services in 9 Colorado counties (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, Larimer and Weld)

- There may be a wait—based on network need—to enroll as a Transdev provider

- Providers in Transdev's service area with questions related to claims processing, billing and prior authorization requests are encouraged to reach out to Transdev directly

Transdev Health Solutions
Outside Service Area

Health Plan or State Medicaid Agency → Transportation Provider → Member
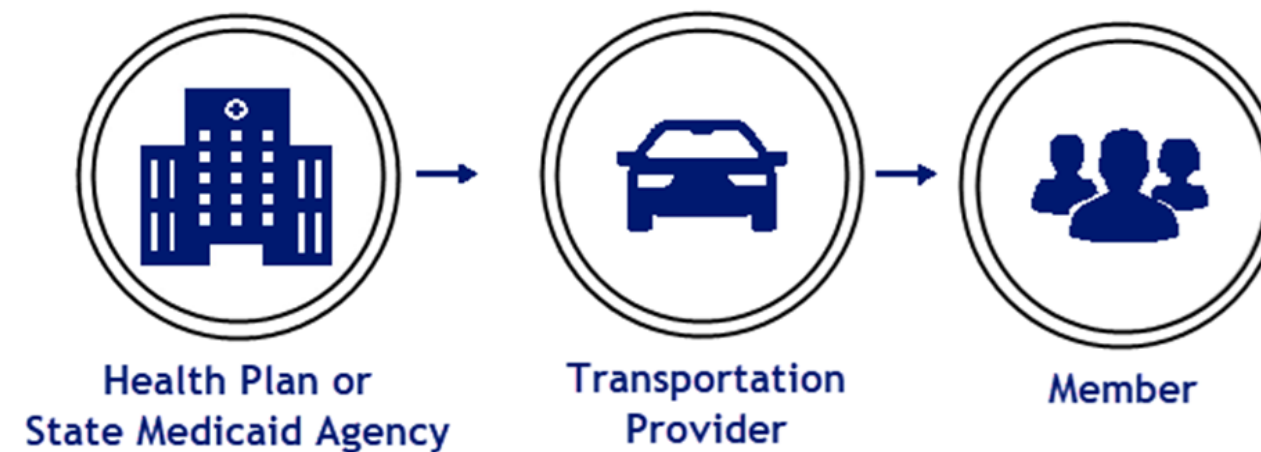
- Providers in the 55 counties *outside* of Transdev's service area must be credentialed by Transdev, but will not use the transportation broker to schedule or manage services
- Members can contact providers directly to schedule trips
- Transdev does not transfer trip requests for members outside the service area

Member Eligibility

Member Eligibility
Verification

- Eligibility verification steps differ depending on the county where service is rendered
- Providers *within* Transdev Health Solutions' service area (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, Larimer and Weld counties) must contact Transdev directly
- Providers in the 55 counties outside of Transdev's service area must:
  - Verify member and medical professional eligibility
  - Verify and retain documentation of medical necessity for level of service authorization for trip requests
  - Submit claims to Gainwell Technologies

Member Eligibility
Members Under Age 21

- All transportation services provided to children under 21 years of age and their guardians or caregivers are provided with no cost sharing or co-pay and includes approved non-covered, but medically necessary, services

- Based on Early Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines, medical necessity includes a service that:
  - will, or is reasonably expected to, assist the client to achieve or maintain maximum functional capacity in performing one or more daily living activities
  - is not primarily for the convenience of the child, caretaker or medical professional
  - is not experimental or investigational and is generally accepted by the medical community for the purpose stated
  - is the least costly of all alternatives while still being the most appropriate option for the child's physical and emotional condition

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Member Eligibility
Members Under Age 21

- If the participation of a parent, family member or other caregiver is necessary for a child's care and such caregiver cannot access the child to participate in the care, then Non-Emergent Medical Transportation (NEMT) services may be covered for transportation of the parent, family member or other caregiver

- Examples of situations where this applies include, but are not limited to:
  - A child receiving inpatient care, such as in a Neonatal Intensive Care Unit (NICU)
  - A child in a Psychiatric Residential Treatment Facility (PRTF)
  - A child requiring the presence of a caregiver for breast milk provision, breastfeeding, family therapy, medical decision-making or consent for surgery

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Member Eligibility
Other Passengers

- Members' children and/or siblings or the child(ren) of a member's escort may use Non-Emergent Medical Transportation (NEMT) services in the following circumstances
  - Member does not have access to childcare for the duration of the trip to and from the medical service
  - Escort does not have access to childcare for the member's siblings for the duration of the trip to and from the member's medical services
  - Escort does not have access to childcare for their own child(ren) for the duration of the trip to and from the member's medical services

Member Eligibility
Other Passengers

- An at-risk adult (individual 18 years of age or older) for whom the member or escort is responsible may use Non-Emergent Medical Transportation (NEMT) services in the following circumstances
  - At-risk adult is unable to perform or obtain services necessary for health, safety and welfare and susceptible to mistreatment
  - At-risk adult lacks sufficient understanding or capacity to make or communicate responsible decisions concerning their person or affairs

- Individuals are not considered "at-risk" solely because of age or disability

- The names of all additional passengers must be included in the standard trip log report

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Member Eligibility
Ineligible Members

Members of the following programs do <u>not</u> qualify for Non-Emergent Medical Transportation (NEMT) services:

- Child Health Plan *Plus* (CHP+)
- Emergency Medicaid Services (EMS)
- Old Age Pension – State Medical Program (OAP SMP)
- Medicare Qualifying Individual – 1 (QI-1)
- Qualified Medicare Beneficiary (QMB) *only*
- Special Low-Income Medicare Beneficiary (SLMB) *only*

Covered Services

Covered Services

Medically necessary services, including:

- Transportation after discharge from a hospital
- Transportation to and from medical/behavioral appointments
- Trips to enrolled pharmacies for vaccines, immunizations, preventive services, prescription pickups and Durable Medical Equipment (DME)

Covered Services
Urgent Non-Emergent Medical Transportation (NEMT)

- Eligible providers can provide urgent NEMT trips that are scheduled directly by medical facilities (effective January 2019)
- Urgent NEMT is transportation needed to receive medically necessary services when a member is unable to provide advanced notice
  - Transportation after discharge from a hospital
  - Failure of an NEMT provider to pick up member from an appointment within one (1) hour of the scheduled pick-up time
  - Transportation to and from critical, unplanned medical appointments
- Transportation should only be provided to and from services that are covered under Health First Colorado
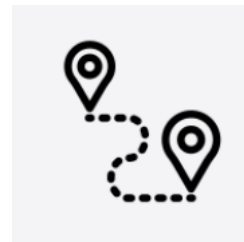
Covered Services
Out-of-State Trips

- All medical/behavioral services must be provided in Colorado, unless the service is not available in-state

- Out-of-state trips may be made as an exception at the Department's discretion
  - Must be prior authorized
  - Transdev, not the provider, must submit a completed NEMT Air, Train and Out-of-State Request Form to the Department

Covered Services
Children

- Children who are at least thirteen (13) years old, but younger than eighteen (18) years old, may travel alone with a written release from a parent or guardian that confirms an adult will be present to receive the child at the destination and return location

- Children under thirteen (13) years old cannot travel without an escort
  - Children in a day treatment program may travel without an escort with a written release from a parent or guardian that confirms an adult will be present to receive the child at the destination and return location

- Children are not eligible for NEMT travel to and from school-funded day treatment programs unless it is for specialized transportation to medically necessary school-based services specified in the child's Individual Education Plan (IEP)

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Covered Services
Ancillary Services: Escorts

An escort may accompany a member when:

- Member is a child under the age of thirteen (13) or an at-risk adult who is unable to make personal or medical determinations or provide necessary self-care

  - Member's Health First Colorado-enrolled medical professional must indicate in writing that a travel escort is required

- Escort must be physically and cognitively capable of providing needed services for the member

- Transportation round-trip can be provided for a member's escort if the member will not be accompanying the escort for the complete round trip (i.e., member being placed in facility or residential treatment)

Covered Services
Ancillary Services: Escorts

Health First Colorado may cover the cost of transporting a second escort with written certification for medical necessity from the member's Health First Colorado-enrolled medical professional if:

- Member has a behavioral or medical condition which may cause the member to be a threat to self or others if only one (1) escort is provided, or
- The member's primary caretaker has a disability that precludes the caregiver from providing all of the member's needs during transport or extended stay
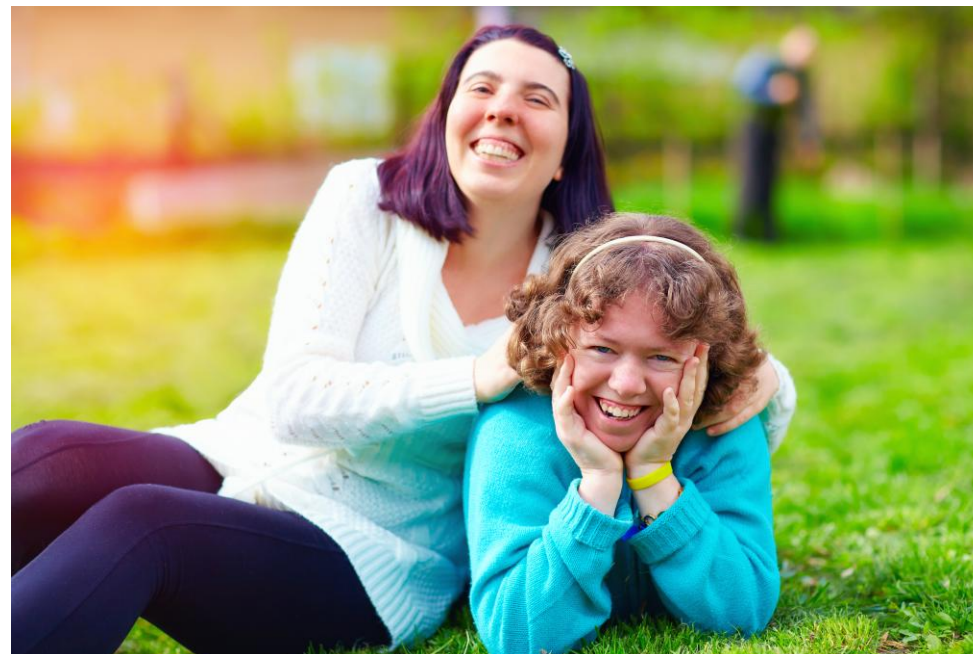
Covered Services
Ancillary Services: Meals & Lodging

Meals and lodging, limited to one (1) unit per day each, per member or escort, are available:

- For members: when travel for in-state treatment cannot be completed in one (1) calendar day
- For members: when travel for authorized out-of-state treatment does not include meals or lodging as part of an inpatient stay
- For escorts: when member is a child or an at-risk adult who requires the escort's continued stay

Reimbursement will only be made for meals and lodging that members and escorts are actually charged, up to the daily per diem rate established by the Department

- Meals and lodging will not be reimbursed if the member is not normally billed
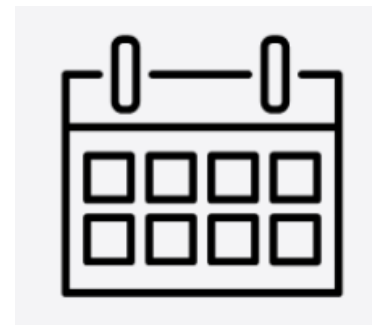
Covered Services
Trips Greater Than 25 Miles

Providers must transport a member to the closest available qualified provider

- 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 25 miles of the member's residence
- Exceptions are allowed based on the following:
  - Closest provider is not willing to accept the member
  - Member has complex medical conditions that restrict the closest provider from accepting the member
  - Member has moved within the three (3) months preceding transport and has not yet established treatment with a provider in the new locale
    - Member and medical professional must use the three (3) months to transfer care to the closest provider as defined in Section 8.014.4.B or determine transportation options other than NEMT

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Covered Services
Trips Greater Than 25 Miles

- Any claim billed for procedure codes A0425 or S0209 will be suspended for review if the billed units of service exceed 52
- Suspended claims will deny if there is no attachment that contains the following information about the trip being billed:
  - Driver's name
  - Member's name and ID
  - Confirmation the driver verified the member's identity
  - Pick-up and destination addresses
  - Date and time of the trip, including actual pick-up and drop-off times
  - Confirmation by the member, escort or medical facility that the trip occurred
  - VIN or license plate number of the vehicle in which the trip was provided
  - Rationale and certification from the member's medical professional as to why the member cannot be treated by the closest provider within 25 miles of the member's residence (for trips prior to May 1, 2024)

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Covered Services
Trips Greater Than 25 Miles

- Effective May 1, 2024, member's medical professional (either rendering or referring) must complete the <u>Verification Form for Transportation Services More Than 25 Miles</u> to verify medical necessity of trips that exceed 25 miles one way
    - Other appropriate employees, such as clinical or administrative staff, may be designated to sign this form
    - Provider signature is not required prior to the trip
    - Form must be submitted with claim(s) submitted through the Provider Web Portal
    - Form is valid for 90 days for recurring medical appointments (i.e., dialysis, cancer treatments)

- It is the driver's or provider's responsibility to get the form signed by the member's medical professional
    - Drivers cannot require members to obtain signatures on the form

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Covered Services
Trips Greater Than 25 Miles

- Information required on [Verification Form for Transportation Services More Than 25 Miles](#)
  - Member information: First and last name, date of birth and Health First Colorado Member ID
  - Provider information:
    - Name and address of medical facility that the member is being transported to and from
    - Medical facility contact name, title and phone
    - Medical professional's name, title and Health First Colorado Provider ID
- Verification dates:
  - Date(s) verification is valid for (determined by the member's medical professional)
  - Date(s) of trip (dates on which services are actually rendered)
- Reason member cannot be seen by a medical provider who is less than 25 miles away
- Printed name, signature and ID of medical facility staff
- Date of signature

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Services Not Covered

The following services are not covered:

- Emergency Medical Transportation (EMT) services (provider type 13)
- Non-Medical Transportation (NMT) services (provider type 36)
  - Non-medical transportation is available only to members on Home and Community-Based Services (HCBS) waiver programs
- Services provided only as a convenience to the member
- Transportation to and from non-covered medical services and providers (including services that do not qualify due to coverage limitations)
- Charges incurred while the member is not in the vehicle (except for lodging and meals)
- Charges for additional passengers, except when acting as an escort for a child or at-risk adult
- Wait time
- Cancellations

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Services Not Covered

- When transporting more than one (1) member in the same vehicle to the same location
  - Only one (1) Health First Colorado Member ID may be used for billing
  - Multiple claims for the same vehicle's trip mileage will not be reimbursed
- Transportation for nursing facility or group home residents to medical or rehabilitative services required in the facility's program, unless the facility does not have an available vehicle
  - Nursing facilities and group homes should report transportation as part of their allowable costs on their state-approved cost report
- Transportation which is covered by another entity (i.e., transportation provided by a school or the Veterans Administration)
- Transportation provided by metered taxi services
- Transportation provided by ride-sharing companies (i.e., Lyft, Uber)
- Response calls when, upon arrival at the site, no transportation is needed or provided

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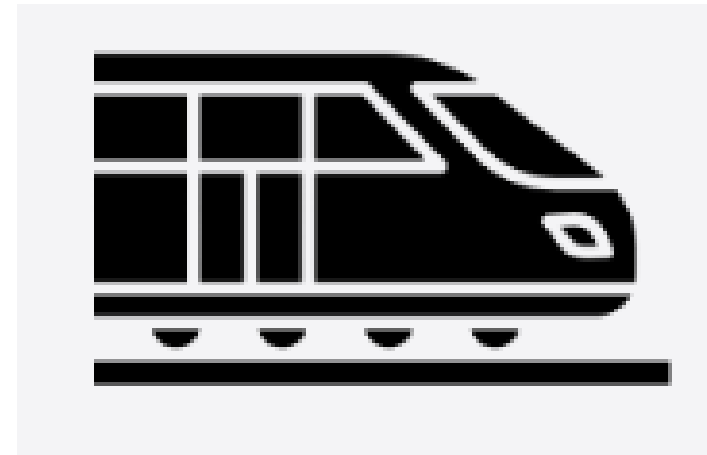
Prior Authorizations

Prior Authorizations

Prior Authorization (PA) is not required, except in cases of **air transport, train transport and out-of-state travel**

- Providers must contact Transdev
- Transdev must submit completed NEMT Air, Train and Out-of-State Request Form to Department
- Transportation provided without authorization will not be reimbursed

Billing & Payment

Billing & Payment
Maintaining Records

- Providers must maintain legible, complete and accurate records necessary to establish that conditions of payment for Health First Colorado-covered services have been met and to fully disclose the basis for the type, frequency, extent, duration and delivery of services provided to members

- Records shall be created at the time the goods or services are provided.

- Records should include (but not limited to) the following:
  - Billing
  - Prior Authorization Requests (PARs)
  - All service reports and orders prescribing services
  - Records of all payments received from Health First Colorado

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Non-Emergent Medical Transportation services must be billed using the CMS 1500 professional claims form or the 837 Professional (837P) transaction

Billing & Payment
Claim Submission

- All NEMT providers submit the professional claim (CMS 1500)

- Services cannot be billed on the institutional claim (UB-04) by hospitals

- Providers *within* Transdev's service area (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, Larimer and Weld counties) submit claims to Transdev

- Providers in the 55 counties *outside* of Transdev's service area bill the fiscal agent Gainwell Technologies directly and are encouraged to submit claims through the Provider Web Portal

Billing & Payment
Standard Trip Logs

- Effective October 1, 2024, all NEMT providers must use the Department-provided Standard Trip Log for all rides provided (located on the Non-Emergent Medical Transportation web page)
  - Providers must
    - Complete online or on paper
    - Submit electronically with claims
    - Keep completed trip report(s) on file
  - The Department may request copies of any and all trip reports for the provider's claims at any time

Billing & Payment
Standard Trip Logs

- Information required on the Standard Trip Log
  - Member information:
    - First and last name
    - Health First Colorado Member ID
    - Signature and date of signature
    - Verification by driver of member's identity through driver's license or Member ID card
  - Escort information (if applicable): First and last name
  - NEMT Provider information: Name and Health First Colorado Provider ID
  - Driver information: First and last name
  - Vehicle information:
    - Type
    - License plate number or Vehicle Identification Number (VIN)

Billing & Payment
Standard Trip Logs

- Information required on the Standard Trip Log, continued:
  - Trip information:
    - Type (one-way or round trip)
    - Pick-up time and odometer reading
    - Drop-off time and odometer reading
    - Total mileage
    - Pick-up address
    - Drop-off address
  - Certification
    - Medical facility representative name, title and signature

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Billing & Payment
Claim Details

- The Member ID must be used on all claims
  - If the person being transported is not enrolled with Health First Colorado, the Member ID of the child or at-risk adult for whom the transportation is scheduled should be used on the claim
    - Documentation must substantiate the medical necessity of the service and reason for the escort
    - Documentation must include signature of the member's medical professional who is ordering the participation of the parent, family member or caregiver

Billing & Payment
Claim Details

- Each detail line includes space to enter two (2) dates of service: a "From" Date Of Service (FDOS) and a "To" Date Of Service (TDOS)
  - Both dates must be completed
  - For services rendered on a single date, complete the FDOS and the TDOS with the same date
  - Span billing is not allowed

- Use place of service codes:
  - 41 - Land transportation
  - 42 - Air transportation

- Transportation Certification is optional for Non-Emergency Medical Transportation (NEMT) claims
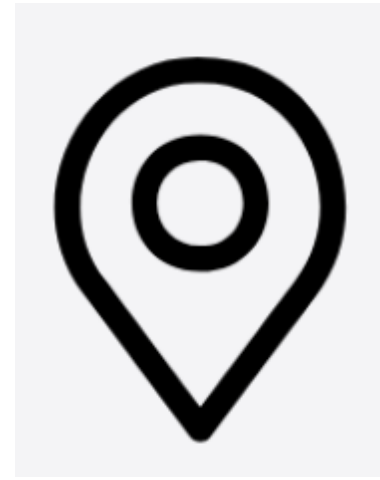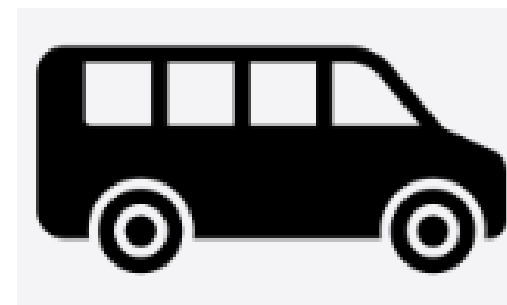
Billing & Payment
Diagnosis Codes

- The diagnosis code R68.89 is required on all claims
  - Do not fill unused spaces with zeroes
  - The diagnosis must be referenced on each detail line by placing a "1" in the diagnosis indicator field

Billing & Payment
Procedure Coding

- Each detail line on a claim must include a valid procedure code
- Health First Colorado uses the Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedural Coding System (HCPCS)
- HCPCS are used to identify and reimburse Non-Emergent Medical Transportation (NEMT) services
- Procedure codes are available in the NEMT billing manual
- The Department updates HCPCS codes regularly
  - Any changes to the billing manual are communicated through provider newsletters and monthly bulletins
- Enter "N" or leave blank the Emergency Indicator to indicate the service was Non-Emergent Medical Transportation (NEMT)

Billing & Payment
Multiple Trip Modifiers

- There is no limit to the number of daily trips a member can receive from one or multiple providers
  - When billing for one member taking multiple trips in the same day with the same rendering provider, modifier 76 must be used
  When billing for one member taking multiple trips in the same day with different rendering providers, modifier 77 must be used

- **Exception:** Effective October 1, 2024, procedure code A0434 (Specialty Care Transport Base Rate) for ground ambulances has been set to a limit of four (4) units per day per member, which equates to a maximum of two (2) roundtrips

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Billing & Payment

- Mileage is paid for the shortest trip length in miles as determined by an internet-based map, trip planner or other Global Positioning System (GPS)
  - Exceptions can be made by Transdev if the shortest distance is impassable due to severe weather, road closure or other unforeseen circumstances outside of the member's control that severely limits use of the shortest route
- Payment will only be made for the least expensive mode suitable to the member's condition
- Claims that require manual pricing must include an attachment that supports the claim

Billing & Payment
Member Billing

- Billing members for covered services is strictly prohibited regardless of whether Health First Colorado has reimbursed the provider
- If reimbursement is made, providers must accept this payment as payment in full
  - Balance billing is prohibited

Resources

Resources

Non-Emergent Medical Transportation (NEMT) web page

https://hcpf.colorado.gov/non-emergent-medical-transportation

Billing Manuals web page

https://www.colorado.gov/hcpf/Billing-Manuals

- Non-Emergent Medical Transportation (NEMT) Billing Manual
- General Provider Billing Manual
- Appendix R (for a detailed list of Explanation of Benefits (EOB) codes)

Provider Rates and Fee Schedules web page

https://hcpf.colorado.gov/provider-rates-fee-schedule

- Transportation Rate Schedule
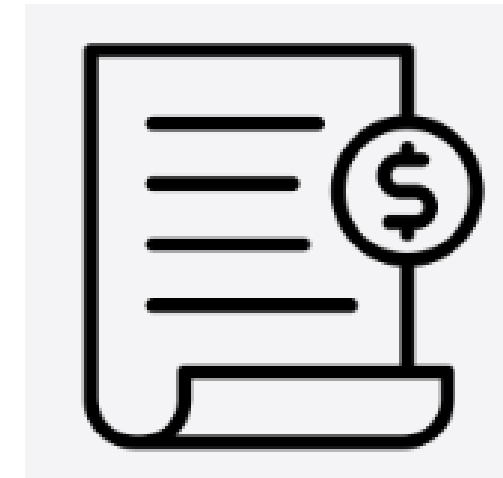
Resources

Find a Doctor tool

https://hcpf.colorado.gov/find-doctor

- NEMT must be used to access the closest qualified provider of that service

Quick Guides web page

https://www.colorado.gov/hcpf/interchange-resources

- Submitting Professional Claims
- Copy, Adjust, and Voiding Claims Quick Guide
- Reading the Remittance Advice (RA) – Provider Web Portal Quick Guides

Resources

Provider Training web page

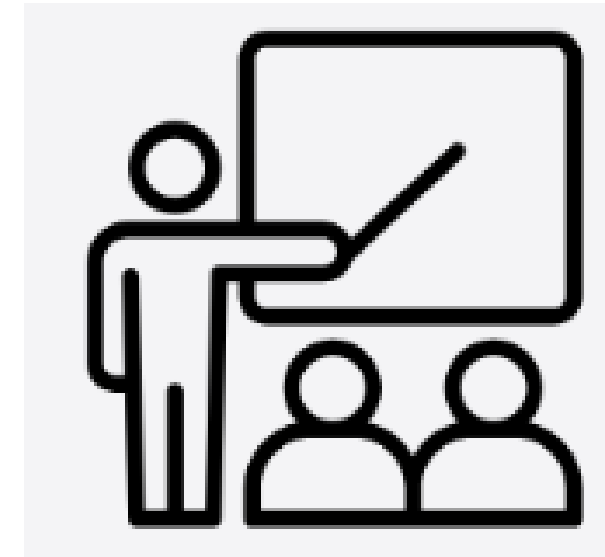https://www.colorado.gov/pacific/hcpf/provider-training

Provider Contacts web page
https://www.colorado.gov/hcpf/provider-help
- Provider Services Call Center

Transdev Health Solutions Provider Support

833-643-3010 or US.THSProviders@transdev.com

Resources

Code of Federal Regulations (CFR)

- Title 42 CFR, § 431.53 requires states to:
  - Ensure transportation for members to and from providers, and
  - Specify in the Medicaid State Plan, which must be approved by the Centers for Medicare & Medicaid Services (CMS), the methods the state will use to ensure transportation
- Visit the Electronic Code of Federal Regulations website for more information

Colorado Code of Regulations (CCR)

- The Colorado Code of Regulations are the state's rules governing programs and services. 10 CCR 2505-10.8.014 covers NEMT
- Visit the Code of Colorado Regulations web page to find the current version of 10 CCR 2050-10 8.000 (which includes 8.014)

Colorado's Medicaid State Plan

- Colorado's Medicaid State Plan is the contract with CMS outlining how Colorado will run the Medicaid program
- Attachment 3.1.-D, Methods of Assuring Transportation covers NEMT and specifies the methods used to ensure transportation for members, as required by 42 CFR, § 431.53
- Visit the Colorado Medicaid State Plan web page for more information

COLORADO
Department of Health Care
Policy & Financing

Reminders

- Remember to sign up for Department of Health Care Policy & Financing communications by visiting the <u>website</u> and clicking "For Our Providers" and then "What's new: Bulletins, updates & emails." Be sure to sign up for Provider Types 00 and 73.

- Interested in more training? Sign up or view training materials by visiting the <u>website</u> and clicking "Provider Resources" and then "Provider Training." Presentations are listed under the calendar in the "Billing Training – Resources" section.
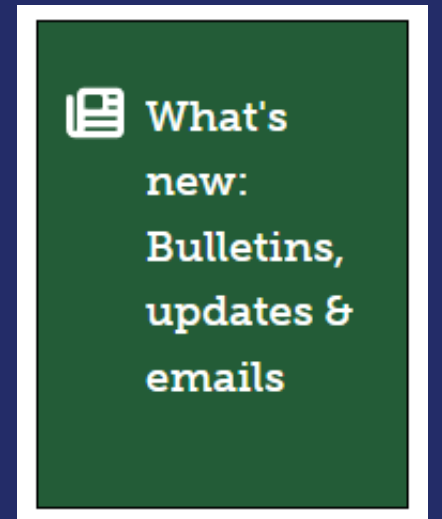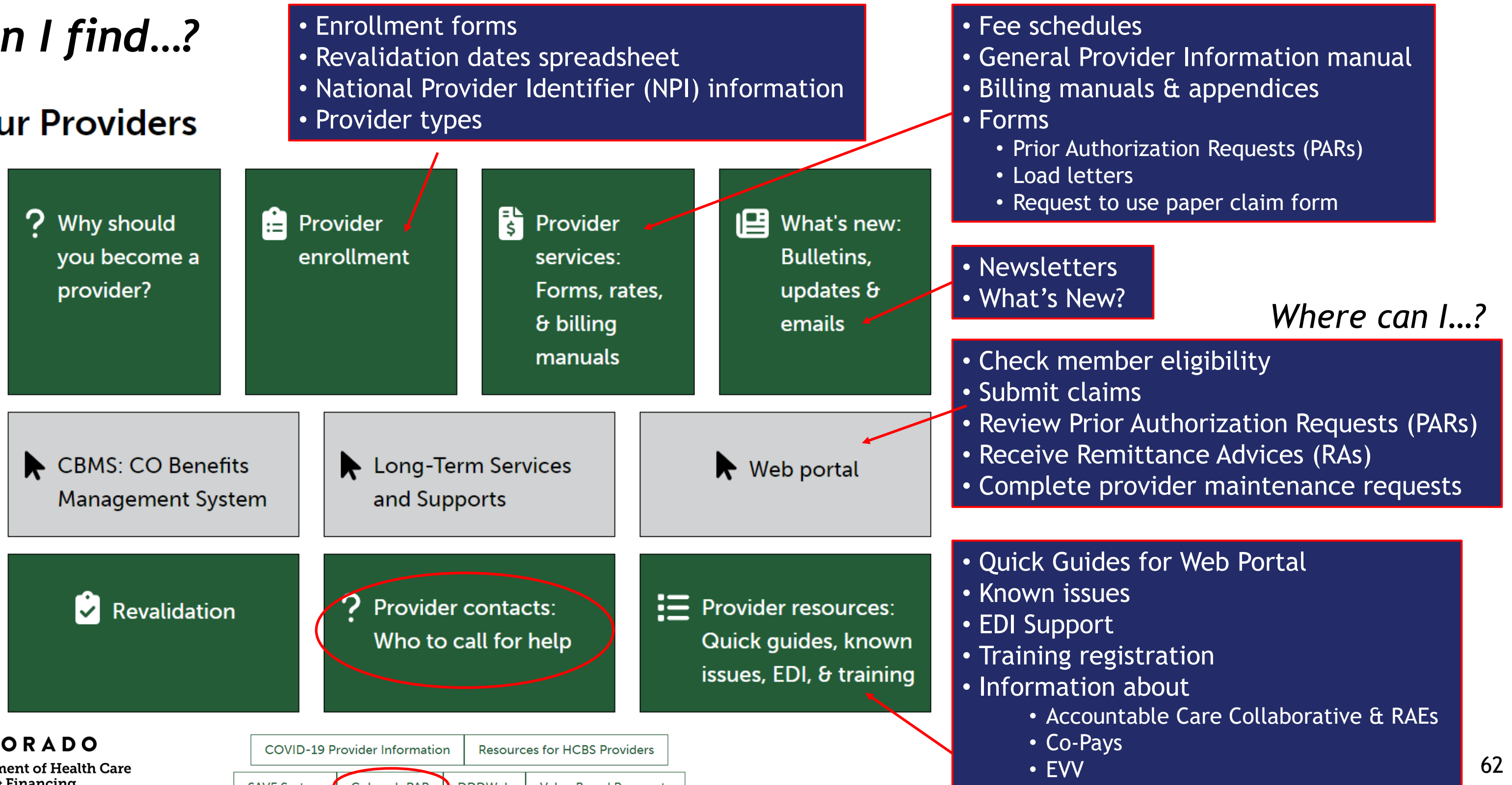
hcpf.colorado.gov/our-providers

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

? Why should you become a provider?

Provider enrollment

Provider services: Forms, rates, & billing manuals

What's new: Bulletins, updates & emails

- Newsletters
- What's New?

Where can I...?

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

CBMS: CO Benefits Management System

Long-Term Services and Supports

Web portal

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

Revalidation

? Provider contacts: Who to call for help

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

COVID-19 Provider Information | Resources for HCBS Providers

SAVE System | ColoradoPAR | DDDWeb | Value Based Payments

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Thank you!

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