

# **Nursing Facility Post Eligibility Treatment of Income (PETI)**

## **Health First Colorado Medical Assistance Program**

Revised March 2023

# Our Mission

**Improving** health care equity, access and outcomes for the **people** we serve, while saving Coloradans money on health care and driving value for Colorado.

# Objectives

- Overview of PETI
  - Eligibility Criteria
  - Nursing Facility Process
  - Forms Required when submitting a PETI PAR Request
- Provider Portal
  - Entering a PETI PAR Request
  - PETI PAR Determination

# General Program Overview

“Post Eligibility Treatment of Income (PETI)” is the amount of an individual’s income that must be paid to the nursing facility for the cost of care provided to the individual after certain deductions have been applied.

Federally mandated that this income may be used for an **incurred medical expense** not covered by Medicaid or other third-party insurance.

Types of incurred medical expenses (IME) include health insurance premiums, hearing aids, dental, eyeglasses and acupuncture and non-covered Pharmacy drugs.

# Reasonable Limits

The State Plan Amendment Supplement 3 to Attachment 2.6-A imposes the following reasonable limits:

- Verification of medical necessity approved by physician
- Validation expense is not a benefit of Colorado Medicaid
- Allowable cost does not exceed the basic Medicaid rate
- Cost will not be allowed for items for cosmetic reasons only
- Expenses are not a duplication of expenses previously authorized

# Eligibility Criteria

- Active Medicaid Client
- Nursing Facility Resident
- Monthly Patient Payment
- Documented Medical Necessity
- Potential Payer Sources Exhausted

# Nursing Facility Activity Log

The nursing facility will document all the resident's use of PETI funds on an annual basis.

10 CCR 2505-10, Section 8.482.33 states:

- All allowable costs must be documented in the resident's record with date of purchase and receipt of payment, **whether or not these costs meet the requirements for prior authorization.** Lack of documentation shall cause the cost to be disallowed, causing the nursing facility to be overpaid by the Medicaid program.

The NF Activity log must be kept for 6 years for audit purposes.





**If there is no patient liability  
amount (patient payment)**

**There is no PETI**



# Post Eligibility Treatment of Income

## Nursing Facility PETI Process

NF identifies client's need for medically necessary services not covered by Medicaid

*Does client make a patient payment?*

Yes

No

NF initiates the PETI process

NF arranges for alternative funding source

NF arranges a client visit with a provider and obtains verification of medical necessity, an itemized bill for services rendered or an estimate for a treatment plan

NF submits the PETI request through the provider web portal. All required documents are uploaded with the request.

The Department determines the amount allowed for services. A system generated letter will be sent to the nursing facility with results of determination.

**For authorized PETI Requests**

NF pays the provider for services rendered

NF submits claims with the PETI PAR through the provider web portal.

NF keeps Activity Log of PETI requests for six years.

# NF PETI PAR Determination

- Approval of full amount
- Amended amount based on NF PETI fee schedule
- Denial of NF PETI PAR request

# NF PETI Requests

- Acupuncture
- Medical Health Insurance Premiums
- Hearing Aids - Services
- Dental Services
- Vision Eye Care
- Pharmacy Drugs

# PETI Revenue Codes to Use

Revenue Code	Description
0259	Non-covered Prescription Drugs
0479	Hearing and Ear Care
0949	Acupuncture
0962	Vision and Eye Care
0969	Dental Services
0999	Health Insurance
* After Dental Benefit has been exhausted	



## Nursing Facility Post Eligibility Treatment of Income (PETI) Medical Necessity Certification Form

I certify that I consider the supplies and or services included in this request to be medically necessary and that there are no medical or cognitive contraindications to providing these supplies and or services.

\_\_\_\_\_  
**Physician's Signature Required**

\_\_\_\_\_  
License#

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Physician's Name – Required

***Note:** Only a physician's signature is required to verify medical necessity. A Physician's Assistant (P.A.), Nurse Practitioner (N.P.), or Registered Nurse (R.N.) cannot sign for the physician.*

\_\_\_\_\_  
Acupuncturist's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
License#

\_\_\_\_\_  
Date

\_\_\_\_\_  
Audiologist's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
License#

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dental Provider's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
License#

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vision Provider's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
License#

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature of Client or Responsible Party**

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

***Note:** a Verbal consent is not an allowable option. I agree to the purchase of the supplies and or services covered by this request. I understand the NF PETI PAR may not cover the entire cost and I can be responsible.*



## NURSING FACILITY PETI CHECKLIST

Complete appropriate checklist for each request

### Health Insurance Premiums

- Resident's monthly patient payment - \$\_\_\_\_\_
- Medical Necessity Form completed with:
  - Signature of Attending Physician
  - Signature of Client Responsible party
- Verification Statement of premium monthly amount
- Insurance Card Copies front and back
- Months of coverage being requested: \_\_\_\_\_  
not to exceed 12 months                      From                      To

### Acupuncture

- Resident's monthly patient payment - \$\_\_\_\_\_
- Medical Necessity Form completed with:
  - Signature of Attending Physician
  - Signature of Client Responsible party
  - Signature of Provider
- Provider's invoice with procedure codes and fees
- Prescription/Dr. Orders with number of treatments

### Dental

- Resident's monthly patient payment - \$\_\_\_\_\_
- Medical Necessity Form completed with:
  - Signature of Attending Physician
  - Signature of Client Responsible party
  - Signature of Provider
- Provider's invoice with procedure codes and fees
- Dental Quest EOB statement verifying Medicaid benefit is exhausted

### Hearing

- Resident's monthly patient payment - \$\_\_\_\_\_
- Medical Necessity Form completed with:
  - Signature of Attending Physician
  - Signature of Client Responsible party
  - Signature of Provider
- Provider's invoice with procedure codes and fees
- Audiogram – performed by licensed audiologist no older than one year (for Hearing Aids only)

### Vision

- Resident's monthly patient payment - \$\_\_\_\_\_
- Medical Necessity Form completed with:
  - Signature of Attending Physician
  - Signature of Client Responsible party
  - Signature of Provider
- Provider's invoice with procedure codes and fees
- Current Eye Prescription

# NF PETI Request - Acupuncture

- Medical Necessity form
  - a. Signature of Attending Physician
  - b. Signature of Provider
  - c. Signature of Client/Responsible Party
- Nursing Facility PETI checklist
- Itemized invoice with code and fees



# NF PETI Request - Hearing

- Medical Necessity form
  - a. Signature of Attending Physician
  - b. Signature of Provider
  - c. Signature of Client/Responsible Party
- Nursing Facility PETI checklist
- Itemized invoice with codes and fees
- Audiogram - for hearing aids only

# NF PETI Request Health Insurance

- Medical Necessity form
  - a. Signature of Attending Physician
  - b. Signature of Client/Responsible Party
- Nursing Facility PETI checklist
- Itemized EOB Statement to identify health insurance plan
- Verification of monthly premium amount for client
- Insurance card - copy of front and back
- New request each calendar year

# NF PETI Request - Vision

- Medical Necessity form
  - a. Signature of Attending Physician
  - b. Signature of Provider
  - c. Signature of Client/Responsible Party
- Nursing Facility PETI checklist
- Itemized invoice with codes and fees
- Eye Prescription

# NF PETI Request- Dental

- Medical Necessity form
  - a. Signature of Attending Physician
  - b. Signature of Provider
  - c. Signature of Client/Responsible Party
- Nursing Facility PETI checklist
- Itemized invoice to identify service
- DentaQuest, Estimate of Benefits (EOB) verifying \$1,500 benefit has been exhausted

# Adult Medicaid Dental Benefit

In 2013, the state legislature passed **Senate Bill 242**

- Authorizes the Department to create a new limited dental benefit for adults in Medicaid.
- Provide all Medicaid enrolled adults aged 21 years and over, including NF clients using the PETI program.
- Annual dental benefit up to **\$1,500** in dental services per state fiscal year which runs from **July 1 - June 30**.
- Dentures and partials are covered as a separate benefit. This type of service is not covered under the PETI Program.

# Adult Dental Benefit - continued

- **The dental provider must be enrolled in Medicaid**
  - This enables the dental provider to bill directly to Medicaid for reimbursement of services.
  - Encourage the dental providers you work with to enroll in Medicaid
- **Once the resident's \$1,500 benefit has been exhausted, then for those PETI eligible residents a PETI request can be submitted to the Dept. for additional services.**
- **The \$1,500 benefit for each resident will also be tracked by our Administrative Service Organization (ASO). The ASO duties will include outreach, recruitment, and assisting residents in finding a Medicaid provider.**

# Prior Authorization Request

**As of March 1, 2017, all Nursing Facility PETI/IME PAR services must be pre- approved by the Department for processing.**

**All PETI/IME services must be submitted through the Online Provider Web Portal for Department review and determination. A PAR confirmation number is provided for tracking the status of the request. Once PAR is approved by the Department, the provider can bill the PETI/IME service on the next claim containing a patient liability amount greater than zero.**

# Questions - Recap





# Provider Web Portal

- Login Access to the Provider Web Portal
- To create your PETI-IME PAR Claim
  - Copy and paste the address:  
<https://colorado-hcp-portal.coxix.gainwelltechnologies.com/hcp/provider/Home/tabid/135/Default.aspx>

Colorado Provider Portal > Home x +

colorado-hcp-portal.xco.dcs-usps.com/hcp/provider/Home/tabid/135/Default.aspx



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Home

Home Wednesday 08/21/2019 01:46 PM MST

**Login** ?

\*User ID

\*Password

**Log In**

[Forgot User ID?](#)  
Enter your User Name before clicking 'Forgot Password?'

[Forgot Password?](#)

[Register Now](#)

Start, resume, or check the status of an application for revalidation or enrollment



Provider services (forms, rates & billing manuals)



What's new? (bulletins, newsletters, updates)



[Website Requirements](#)

**Protect Your Privacy!**  
Always log off and close all of your browser windows

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**Would you like to enroll as a Trading Partner?**

**Provider Portal News**

A link labeled Remove has been added in the Service Details section under the Action column of claims so providers can remove the applicable claim detail lines when adjusting a previously paid claim. This link can be found in the Submit Dental Claim, Submit Institutional Claim and Submit Professional Claim screens.

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The Provider Web Portal is down for regularly scheduled maintenance every Wednesday night beginning at 7 p.m. MT. Anticipated downtime is usually less than 2 hours, but could be up to

Home

**User Details**

Welcome

- ▶ [My Profile](#)
- ▶ [Manage Accounts](#)

**Provider**

Name

Provider ID

Location ID

- ▶ [Provider Maintenance](#)
- ▶ [EFT/ERA Enrollment](#)
- ▶ [Disenroll](#)

**Provider Services**

- ▶ [Member Focused Viewing](#)
- ▶ [Search Payment History](#)
- ▶ [Search Accounts Receivable](#)
- ▶ [BIDM](#)

Welcome Health Care Professional!



We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.

**Provider Portal News**

No messages to display.

[Contact Us](#)

[Notify Me](#)

[Alerts](#)

[Secure Correspondence](#)

## Care Management

Wednesday 10/26/2016 02:06 PM MST

### Authorizations

- ▶ [Create Authorization](#)
- ▶ [View Status of Authorizations](#)
- ▶ [Maintain Favorite Provider List](#)

# There are five panels that must be filled out for a NF PETI PAR

- Requesting Provider Information - will auto populate
- Member Information
- Service Provider Information
- Diagnosis Information
- Service Details

The screenshot shows a web form titled "Create Authorization" with a green header bar containing a question mark icon. Below the header, a red asterisk indicates a required field. The form includes a dropdown menu for "Authorization Type" and two links: "Expand All" and "Collapse All". The form is organized into five expandable panels, each with a plus sign icon in the top right corner: "Requesting Provider Information" (blue bar), "Member Information" (blue bar), "Service Provider Information" (blue bar), "Diagnosis Information" (green bar), and "Service Details" (green bar). At the bottom right of the form, there are two buttons: "Submit" and "Cancel".

[Care Management](#) > Create Authorization



### Create Authorization ?

\* Indicates a required field.

\*Authorization Type

[Expand All](#) | [Collapse All](#)

#### Requesting Provider Information -

Provider ID	ID Type	NPI	Name
Taxonomy			

### Create Authorization ?

\* Indicates a required field.

\*Authorization Type

[Expand All](#) | [Collapse All](#)

#### Requesting Provider Information -



**Member Information**

**\*Member ID**

**Last Name** **First Name**

**Birth Date**

The auto populate function is not working correctly. Some providers have entered all the information - last name, first name and birth date with success.



**Service Provider Information** ☰

**Service Provider same as Requesting Provider**

**Select from Favorites** No favorite providers available. ▼

<b>Provider ID</b>	<input style="width: 90%;" type="text"/>	<b>ID Type</b>	<input style="width: 90%;" type="text"/>	<b>Name</b> <input style="width: 90%;" type="text"/>	<b>Add to Favorites</b> <input type="checkbox"/>
<b>Taxonomy</b>	<input style="width: 100%; height: 20px;" type="text"/>				
<b>Location</b>	<input style="width: 100%; height: 20px;" type="text"/>				

## In the Service Provider Information box: (required)

- Select the Check Box, if you are the requesting provider.
- Or use the drop-down box to Select From Favorites.
- Or if a new requesting provider, use the Magnifier Search Icon to locate the provider.

Note: when provider is selected, make sure the **taxonomy box populates**. If not, try selecting the provider again.

- Use the drop-down box to select the Location
  - **Skilled Nursing Facility**
  - **Nursing Facility**
  - **Intermediate Care Facility**

**Provider ID Search** [Back to Authorization](#) ?

Search By ID Search By Name Search By Organization

\* Indicates a required field.

\*Provider ID  \*Provider ID Type

**Search** **Cancel**

### Provider ID Search

- Search by Provider ID
- Search by Name
- Search by Organization

The system will retrieve all possible matches or state no provider matches

- Click on the correct match
- System will auto populate the provider's information

Diagnosis Information		
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code. Click the <b>Remove</b> link to remove the entire row.		
Diagnosis Type	Diagnosis Code	Action
Click to collapse.		
*Diagnosis Type	ICD-10-CM	*Diagnosis Code
<input type="button" value="Add"/> <input type="button" value="Cancel"/>		

### In the Diagnosis Information Box: (required)

- Diagnosis Type should be **ICD-10-CM**
  - Select Diagnosis Code from the list below:
    - **Y9209** Other Non-Institutional Residence as Place
    - **Y9212** Nursing Home as Place
    - **Y9219** Other Residential Institution as Place
    - **Y92531** Health Care Provider Office as Place
    - **Y929** Unspecified Place or Not Applicable
  - Type in the Diagnosis Code **NUMBER** with a capital letter and click **ADD**
- Note: *only one diagnosis code is required*
- The diagnosis appears in the light blue line under the table headers. If incorrect, use the Remove Link to remove the code and add the correct code.

## The Service Details box (required) is split into three parts

- A) Service Details (top section)
- B) Service Provider Information (middle section)
- C) Attachments (bottom section)

*Only one type of service request is permitted per NF PETI Request*

### A) Service Details (required)

- Using the Calendar Icon, fill in the **FROM DATE** and the **TO DATE**
  - This date can be the date of service if provided before today's date
  - Or the current date
  - Use the drop-down arrow and change the Code Type to **REVENUE \*\*\***
- Select Code from the list below:
  - **0259 - Pharmacy Other Drugs (non-prescription drugs)**
  - **0479 - Audiology Other (hearing)**
  - **0962 - Professional Fees Ophthalmology (vision/glasses)**
  - **0949 - Other therapeutic services (acupuncture)**
  - **0969 - Professional Fees Outpatient Services (dental)**
  - **0999 - Patient Convenience Items (health insurance premium)**
- Type in the Code NUMBER and when the name associated with the number appears, click on the name
- Options within the service details box will change because the Revenue code type was selected (modifier lines will disappear)

Service Details							
Line #	From Date	To Date	Code	Modifiers	Units		Action
Click '+' to view or update the details of a row. Click '-' to collapse the row. Click <b>Copy</b> to copy or <b>Remove</b> to remove the entire row.							
Click to collapse.							
*From Date	02/08/2017	To Date	02/08/2017	*Code Type	Revenue	*Code	0479-AUDIOLOGY OTHER X
Units		Frequency					
*Requested Dollars		Additional Service Code Description					
*Medical Justification							


- Fill in the number of Units (cannot be zero)
  - For eyeglasses - units should be 1
  - For hearing aids - units should be 1 or 2
  - For health insurance premium - units should be 1 to 12, the number of months being requested
  - For other type of service - use appropriate unit measurement or 1
- Requested Dollars (cannot be zero)
  - **Type in the full amount being requested, should match the invoice total**
  - For health insurance premium, it should be the monthly amount times the number of months
- Fill in the Medical Justification Field (cannot be blank)
  - For health insurance premium - Note will include, monthly premium dollar amount, number of months requested and year. (example: health insurance premium \$100 x 6 months = \$600 for 2018.)
  - For anything other than health insurance, select from the following list
    - New request for...
    - Replacement for...
    - Second request for...
    - Other Incurrent Medical Expense

**Service Provider Information**

Service Provider  same as Requesting Provider

Select from

Favorites

Provider ID   ID Type  Name

Add to Favorites

Taxonomy

Location

**B) Service Provider Information (required) (Rendering Provider)**

- Select the Check Box, if you are the rendering provider
- Or if a new rendering provider, use the Magnifier Search Icon to locate the provider

Note: when provider is selected, make sure the taxonomy box populates. If not, try selecting the provider again

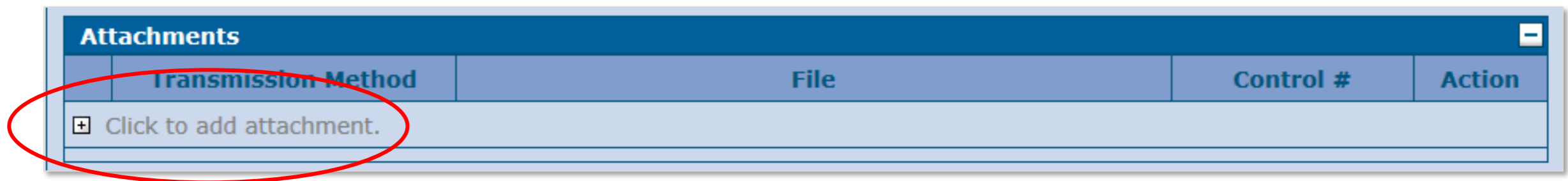
- Use the drop-down box to select the Location from the list below
  - Mobile Unit
  - Independent Clinic
  - Rural Health Clinic
  - Skilled Nursing Facility
  - Nursing Facility
  - Intermediate Care Facility

C) Attachments (make sure to upload *all required documents* or PAR will be denied)

- Click on the + sign on the right side of the blue box titled Attachments



- Attachment box opens and is ready for uploading required documents



- Click on the + sign on the left side, next to Click to add attachment

A screenshot of a form titled "Attachments" with a table header: Transmission Method, File, Control #, and Action. Below the header is a row with a minus sign and the text "Click to collapse." The form contains the following fields:

- \*Transmission Method: A dropdown menu with "EL-Electronic Only" selected.
- \*Upload File: A text input field with a "Browse..." button.
- \*Attachment Type: A dropdown menu.
- \*Description: A text input field.

At the bottom of the form are two buttons: "Add" and "Cancel".

- Browse for the attachment to upload. This is where the processor has stored the document on their computer
  - **Documents to Upload Should Include:**
    - Signed Medical Necessity form with all required legible signature on the same form
    - Invoice with procedure codes and fees
    - Audiogram performed by licensed audiologist
    - Verification of medical health insurance premium for client
    - Health insurance card - copy front and back
    - PETI check list form to verify patient liability payment
- Use the drop-down arrow to select one of the following Attachment Type options:
  - AT - Purchase Order Attachment (itemized invoice for service/item)
  - B2 - Prescription
  - B3 - Physician Order
  - CK - Consent Forms (signed medical necessity form)
  - DG - Diagnosis Report (audiology/hearing report)
  - **77 - Support Data for Verification**
- Type in the Description by selecting one of the following options associated with the Attachment Type
  - AT - Itemized invoice for...
  - B2 - Vision Prescription
  - B3 - Signed Physician's Order
  - CK - Medical Necessity form
  - DG - Audiology/hearing report
  - 77 - Insurance premium data, supporting documents
- Click the **ADD Service** button on the bottom left of page

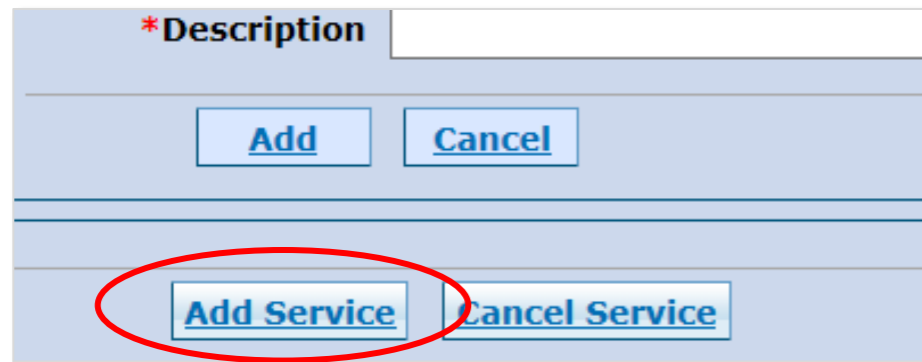
A screenshot of a form interface. At the top, the text '\*Description' is displayed in red. Below it is a white text input field. At the bottom of the form, there are two buttons: 'Add' and 'Cancel'. The 'Add' button is highlighted with a red oval.



- The attachment(s) appear in the light blue line under the table headers. If incorrect, use the Remove Link to remove the attachment and add the correct attachment.

Once A, B and C have been completed the Service Details section is complete.

- Click the **ADD SERVICE** button on the bottom left of the page

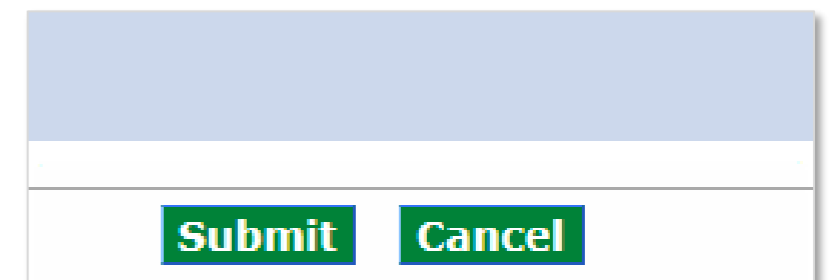


- **The Service Details** box will change. The service added now appears in the light blue line under the table headers. If incorrect, use the Remove Link to remove the service and add the correct service.

*Only one type of service request is permitted per NF PETI Request*

- To view information submitted, click the + sign next to the line number. Click the - sign to close it

After all information has been entered into the authorization form, click the **SUBMIT** button on the bottom right. Click **CANCEL** to cancel the authorization request.



If the Submit button doesn't change to Confirm, error messages will appear in RED somewhere on the page (usually at the top). Work through the errors and click the Submit button again.

**If the Submit button changes to Confirm**, request is ready for final review by the processor. The displayed page will be a condensed authorization form. Use the + and - signs to open and close the various sections.

Once quality checked by the processor, click the **CONFIRM** button. Use the **BACK** button to make corrections or the **CANCEL** button to cancel the request.

**Back**

**Confirm**

**Cancel**

The Authorization Receipt box will appear.

- Make note of the **AUTHORIZATION TRACKING NUMBER**. This is how you can track the status of the request.

### Authorization Receipt

Your Authorization Tracking Number 5170390001 was successfully submitted.

- Click on the **PRINT PREVIEW** button
  - This will display the PAR submitted for Department approval/denial
  - Open all the boxes with + signs to display all the PETI/IME details
  - **PRINT** this page for your records and for audit purposes. The form and all attachments should be kept for six years.

Click **Print Preview** to view authorization details and receipt.  
 Click **Copy** to copy member data or authorization data.  
 Click **New** to create a new authorization for a different member.

**Print Preview**

**Copy**

**New**

The PAR is now in the Pending - State Review status.

### Check PAR Status

The processor can view the status of the PAR through the Web portal.

- Click on the **Care Management** tab from the portal main page
- Click on the View Status Authorization Link.
- On **Medical Dental Tab**, **TYPE** in the Authorization Tacking Number
- Click on the “ Search “ Tab
- Scroll down the page to view the Search Results section, which will display the PAR Status.

Search Results							
<u>Prior Authorization #</u>	<u>Authorization Service Date</u> ▼	<u>Status</u>	<u>Member Name</u>	<u>Member ID</u>	<u>Authorization Type</u>	<u>Requesting Provider</u>	<u>Servicing Provider</u>

## PETI/IME Determination

- The Department's Nursing Facility Operations Specialist or designee will determine if the PETI/IME request meets the requirements necessary to approve the request. The status will change to approved, approved - with revisions or denied. **The Online Portal is instantly updated with the determination and a letter is system generated for the next day.**
- If PETI/IME request is **denied**. Review Reason-You may be able to **submit a brand-new request with corrections** or include any missing information. The denied request cannot be re-opened.

## Billing Medicaid for PETI/IME

- Once the PAR status has been changed to approved or approved - with revisions, the nursing facility can bill Medicaid for the service or item. Please note that PETI/IME services can only be billed on claims that have an accommodation line-item revenue code and a patient liability amount greater than zero.



# Questions

# Resource Information

Visit ["Where can I get vaccinated"](#) or call 1-877-COVAXCO (1-877-268-2926) for vaccine information.



**COLORADO**  
Department of Health Care  
Policy & Financing

Search

[For Our Members](#) [For Our Providers](#) [For Our Stakeholders](#) [About Us](#)

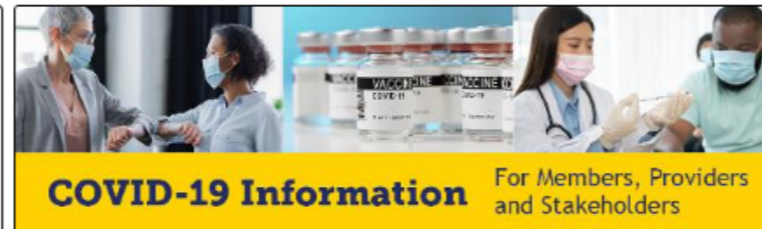
We administer [Health First Colorado](#) (Colorado's Medicaid program), [Child Health Plan Plus](#), and other health care programs.

**Apply Now**

**Explore Programs**

**Find a Doctor**

**Get Help**



## What's New

### COVID-19 News

Health First Colorado and Child Health Plan Plus members, providers, and stakeholders: [Get updated information about COVID-19.](#)

### 1570 Grant Building Closed

The Department's main office at 1570 Grant Street in Denver is [currently closed to the public](#) due to COVID-19 concerns. See our [Contact Us](#) page for all your member support options.

## Enrollment Update

In December 2021 there were 1,555,552 Coloradans enrolled in [Health First Colorado](#) and 53,588 enrolled in [Child Health Plan Plus \(CHP+\)](#).

### I Want To...

- [Log in and manage my account](#)
- [Find a doctor, dentist, or clinic](#)
- [Apply for Health First Colorado or CHP+](#)
- [Find my ID number](#)
- [Learn about HCPF's committees](#)
- [Report fraud](#)
- [Quit smoking](#)
- [Learn about my right to privacy](#)
- [Work for HCPF](#)

## Quick Answers

- [How do I get a Health First Colorado card?](#)
- [How can I log in to PEAK and manage my account?](#)
- [How do I get help using PEAK?](#)
- [What is my Case Number?](#)
- [How do I change my Primary Care Provider?](#)
- [How do I get behavioral health services?](#)
- [How do I cancel my Health First Colorado coverage?](#)
- [What are Health First Colorado's benefits and co-payments?](#)
- [How do I check the status of my application?](#)

To access the main page, go to

[hcpf.colorado.gov](https://hcpf.colorado.gov)

Click on For Our Providers to access the Web Portal and other information

# Click on Web Portal Tab

The screenshot shows a web browser window with the URL [hcpf.colorado.gov/our-providers](https://hcpf.colorado.gov/our-providers). The browser's taskbar shows several open tabs, including 'production', 'Inbox (18) - patricia...', 'New Tab', 'IBM Watson cogno...', 'sharepoint', and another 'Inbox (18) - patricia...'.

The website header features the Colorado Department of Health Care Policy & Financing logo and a search bar. A dark blue navigation bar contains the following links: Home, For Our Members, For Our Providers, For Our Stakeholders, and About Us.

The main content area is titled 'For Our Providers' and includes a breadcrumb trail: Home > For Our Providers. Below the title is a grid of service tiles:

- 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
- Care and Case Management
- Web portal (highlighted with a mouse cursor)
- Revalidation
- Provider contacts: Who to call for help
- Provider resources: Quick guides, known issues, EDI, & training

At the bottom of the main content area, there are two boxes: 'COVID-19 Provider Information' and 'Resources for HCBS Providers'. Below these are three smaller boxes: 'SAVE System', 'ColoradoPAR', and 'DDDWeb'.

# Welcome to the Provider Web Portal

The screenshot shows the home page of the Colorado Health First Provider Web Portal. At the top left, there are logos for the Colorado Department of Health Care Policy & Financing (HCPF) and Health First Colorado (Colorado's Medicaid Program). The top right contains navigation links for 'Contact Us', 'Login', 'Español', and 'русский'. Below the header is a green navigation bar with 'Home' selected. The main content area includes a 'Login' form with fields for 'User ID' and 'Password', a 'Log In' button, and links for 'Forgot User ID?', 'Forgot Password?', and 'Register Now'. To the right of the login form are three main service buttons: 'Provider enrollment' (with a green plus icon), 'Provider services (forms, rates & billing manuals)' (with a green dollar sign icon), and 'What's new? (bulletins, newsletters, updates)' (with a green antenna icon). Below these buttons is a 'Website Requirements' link. At the bottom, there is a 'Provider Portal News' section with a green header and a text box stating: 'The Provider Web Portal is down for regularly scheduled maintenance every Wednesday night beginning at 7 p.m. MT. Anticipated downtime is usually less than 2 hours, but could be up to 5 hours. We apologize for any inconvenience this may cause.' In the bottom left corner, there is a 'Protect Your Privacy!' notice and a 'Would you like to enroll as a Trading Partner?' section with a 'Trading Partner' link.


Enter your System Credentials to create a PETI PAR Claim


Click on Provider Services button for forms, rates and billing manual to access more information



# Provider Service Page

Visit ["Where can I get vaccinated"](#) or call 1-877-COVAXCO (1-877-268-2926) for vaccine information.













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## Provider Services

 Billing Manuals	 Training	 Forms	 Rates and fee schedules
 CBMS: CO Benefits Management System	 Care and Case Management	 Web portal	
 Revalidation	 Provider contacts: Who to call for help	 Provider resources: Quick guides, known issues, EDI, & training	

[SAVE System](#) [Report Fraud](#) [Provider Enrollment](#) [Provider Bulletins](#) [Billing FAQs](#)

From this page you can access Billing Manuals, Training, Forms, Rates, Fee Schedules for PETI,

Just click on the tab you need, scroll to PETI section

# More Resources

Provider Contacts Web Page

[hcpf.colorado.gov/provider-help](https://hcpf.colorado.gov/provider-help)

Training Web Page

[hcpf.colorado.gov/provider-training](https://hcpf.colorado.gov/provider-training)

Quick Guides web page

[hcpf.colorado.gov/interchange-resources](https://hcpf.colorado.gov/interchange-resources)

# More Resources

Nursing Facility Billing Manual and Facility Overview

[hcpf.colorado.gov/nf\\_billing](https://hcpf.colorado.gov/nf_billing)

Department Program and Rule Regulations

[hcpf.colorado.gov/department-program-rules-and-regulations](https://hcpf.colorado.gov/department-program-rules-and-regulations)

# Contact Information

[Patricia.Arellano@state.co.us](mailto:Patricia.Arellano@state.co.us)

PETI Operations Specialist

Department of Health Care Policy & Financing

**Please send me an email for assistance with claims**

[Provider Services Call Center](#)

**For Claims Processing, Enrollment Revalidation Information**

**Provider Web Portal Questions or System Issues**