



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

# Provider News & Resources

## Revalidation Special Newsletter

June 17, 2024

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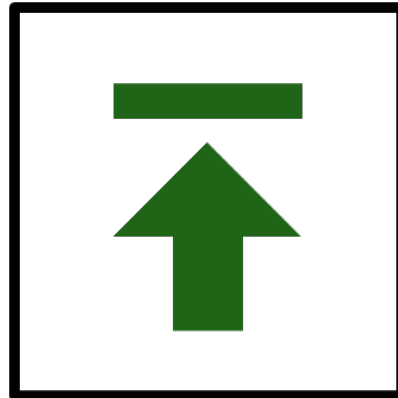
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**Providers are encouraged to  
read this special newsletter for  
updated revalidation and claims  
processing information.**



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## Federal Mandate

The Centers for Medicare & Medicaid Services (CMS) created a federal mandate requiring all providers listed on a claim to revalidate (renew) their enrollment to maintain billing privileges with Health First Colorado (Colorado's Medicaid program). Revalidation must occur at least once every five (5) years.

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Every provider listed on a claim must be enrolled with Health First Colorado, meaning all providers, including those who do not bill, must complete the process of revalidation per rule [42 CFR § 455.410\(b\)](#).

**Note: Health First Colorado must comply with this federal mandate.**

## Provider Notifications

Revalidation due dates are determined by the approval date of the original enrollment application. It is important to keep communication preferences updated in the [Provider Web Portal](#) as providers are notified about revalidation in a variety of ways:

- An email is sent six (6) months in advance of the due date and every month after that until the provider revalidates.
  - A revalidation link appears on the Provider Web Portal home page for providers within six (6) months of the due date.
  - A spreadsheet of all revalidation due dates is posted weekly on the [Revalidation web page](#) under the Revalidation Resources section.
  - Explanation of Benefits (EOB) codes for notification will appear on Remittance Advices (RAs) for providers **within** six (6) months of the due date. **Claims will still pay prior to revalidation.**
    - EOB 7515 - Billing provider enrollment revalidation due date approaching. Revalidate now to prevent payment delays.
    - EOB 7516 - Rendering provider enrollment revalidation due date approaching. Revalidate now to prevent payment delays.
    - EOB 7517 - Attending provider enrollment revalidation due date approaching. Revalidate now to prevent payment delays.
    - EOB 7518 - OPR (Ordering, Prescribing and Referring) provider enrollment revalidation due date approaching. Revalidate now to prevent payment delays.
    - EOB 7519 - Facility provider enrollment revalidation due date approaching. Revalidate now to prevent payment delays.
  - EOB codes will appear on RAs for six (6) months **past** the due date. **Claims will deny or suspend.**
    - EOB 7511 - Billing provider has not completed revalidation.
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- EOB 7512 - Rendering/Performing provider has not completed revalidation.
  - EOB 7513 - Attending provider has not completed revalidation.
  - EOB 7514 - Ordering, Referring and Supervising provider has not completed revalidation.
  - EOB 7520 - Facility provider has not completed revalidation.
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### **What happens if a provider does not revalidate by the due date?**

If a provider misses the due date, a link to the revalidation application in the Provider Web Portal will be available for six (6) months after the revalidation date.

1. **Claims will suspend** for a period of time, allowing a grace period. Once the provider has revalidated and been approved, claims will be released automatically. Providers will not need to resubmit any claims.
2. **Claims will deny** after the grace period and until the provider has completed revalidation. Providers will need to resubmit claims after revalidation is approved.
3. **Provider will eventually be disenrolled** and can no longer complete revalidation or submit claims. The provider will need to complete a new enrollment application to continue providing services for Health First Colorado. Claims must be resubmitted within 365 days from the date of service.

### **Other Change Applications During Revalidation**

Providers are reminded to prioritize the revalidation application ahead of any other change applications to reduce delays. Only one change or revalidation application can be submitted at a time. Active change applications can be expedited by contacting the [Provider Services Call Center](#) to start the revalidation application.

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The expected timeline for a completed revalidation application to be approved is five (5) business days. Revalidation approval may take longer than five (5) business days if the application is returned to the provider due to incorrect or incomplete information.



## Recently Asked Questions & Answers

### **I have a number of locations for my practice. Can I revalidate them all at the same time?**

There are most likely different revalidation due dates for each service location. Each service location needs a separate revalidation application and a separate revalidation fee.

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### **How far can a revalidation be backdated?**

If the provider revalidates within six (6) months after the revalidation date, continuous enrollment can be approved as long as all requirements are met, such as licensure, insurance, etc.

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### **How do individual providers (i.e., Ordering, Prescribing and Referring [OPR], Rendering, Attending) revalidate?**

Each individual within a group has a separate account for the Provider Web Portal that is different from the group or facility account and login credentials. Individuals, or their delegate(s), must revalidate using the account for the individual provider.

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### **What if the individual does not know the log in, or they are no longer affiliated with the group that has the log in?**

The individual can reset the password. Refer to the [Administrative Password Reset Process Quick Guide](#) to reset a password for the Provider Web Portal.

**Note:** Providers will be contacted by the fiscal agent, Gainwell Technologies, to confirm

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the change. It is recommended that a current, valid phone number be included with the request.

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**How can I get an OPR provider to revalidate when they don't work at our practice?**

Groups that are unable to revalidate on behalf of OPR providers are encouraged to contact these providers to ensure revalidation is complete.

**Note:** Claims will suspend or deny if the OPR provider has not revalidated.

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**If a provider does not revalidate by the due date, can they continue seeing members and then submit claims after they revalidate?**

Health First Colorado does not recommend this as providers risk not receiving payment if not approved.

**Did You Know?**

One of the most common reasons for revalidation applications to be returned to providers is on the **Supplemental Questions** panel in the [Provider Web Portal](#).

Providers should check **yes** on question seven (7) if the provider holds an appropriate license and certification.

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**Supplemental Questions**

PROVIDER ENROLLMENT MEDICAID PARTICIPATION QUESTIONNAIRE  
 Medicaid Participation

**Medicaid Participation**

1. \*Are you currently enrolled in the Title XVIII (Medicare) program or the Title XIX (Medicaid) program or CHIP of any other state(s)?  
 Yes  No
2. \*Are you currently applying for enrollment in the Title XVIII (Medicare) program or the Title XIX (Medicaid) program or CHIP of any other state(s)?  
 Yes  No
3. \*Have you ever been denied enrollment for cause in the Title XVIII (Medicare) program or the Title XIX (Medicaid) program or CHIP in Colorado or of any other state(s)?  
 Yes  No
4. \*Has your enrollment in the Title XVIII (Medicare) program or the Title XIX (Medicaid) program or CHIP of any other state(s) ever been terminated or revoked for cause?  
 Yes  No
5. \*Have you ever been excluded from participation in Medicare, Medicaid and all other Federal health care programs by the Office of the Inspector General, U.S. Department of Health and Human Services?  
 Yes  No
6. \*Have you ever been excluded from participation in federal procurement?  
 Yes  No
7. \*Do you hold all licenses and certifications as required based on your provider type?  
 Yes  No
8. \*Are you currently under suspension or subject to conditions of reactivation?  
 Yes  No
9. \*Have you ever been subject to a payment suspension based on a credible allegation of fraud?  
 Yes  No
10. \*Do you currently have an outstanding overpayment of \$1,500 or more that is over 30 days past due, you have not entered into a payment plan for, and is not currently the subject of an appeal?  
 Yes  No

## Featured Resources

Visit the [Revalidation web page](#) to locate the **Provider Revalidation Dates Spreadsheet** under the Revalidation Resources section. The spreadsheet lists the due dates by provider ID, National Provider Identifier (NPI), provider name and provider type.

Visit the [Provider Type Information for Revalidation web page](#) for specific instructions by provider type and specialties.

Visit the [Home and Community-Based Services \(HCBS\) Provider Enrollment Information web page](#) for specific instructions.

Refer to the [Revalidation Quick Guide](#) to start an application.

Visit the [Revalidation web page](#) to review the section [What information can be updated through revalidation?](#) to verify the information types.

### **Additional Resources**

- [Provider Enrollment web page](#)
- [Provider News web page](#)
- [Provider Revalidation Manual](#)
- [Revalidation web page](#)

Contact the [Provider Services Call Center](#) with any questions or for more information.

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