COLORADO
Department of Health Care Policy & Financing

# Provider News & Resources

May 12, 2025 Issue 116

***In This Issue:***



## Provider Services Call Center Self-Service Options

Providers can now take advantage of newly enhanced self-service options when calling the Provider Services Call Center.

Self-service options are helpful to check statuses on a variety of common provider questions, while avoiding wait times.

**Did you know that prior authorization requirements are listed on the** Rates and Fees Schedule web page**?** Providers do not need to wait to speak to an agent to verify member eligibility, check benefits or check to see if an authorization is required.

The Provider Services Call Center self-service options allow providers to use the automated phone dialing system to perform a variety of options, including:

- Verifying member eligibility status
- Checking claim status (13-digit ICN is **not** needed)

Group Affiliations: EOB 3110: Claims will Not Deny for Individual Not Being Linked to the Group

Apply to Join the Medical Care Advisory Committee (MCAC)

Recently Updated Billing Manuals and Fee Schedules

***Known Issues:***

Claims for Comprehensive Safety Net Provider Services Are Denying for Explanation of Benefits (EOB) 1040

Some Claims Billed by Pediatric Behavioral Therapy Providers Enrolled as Provider Type 24 with Date of Services (DOS) on or after 4/1/25 are Denying for Explanation of Benefits (EOB) 3385

Providers Who Utilize Electronic Visit Verification (EVV) are Experiencing a Delay in the Creation of The EVV Sandata Account

***Resolved Known Issues:***

Physician Services/Clinics: Resolved 4/16/25: Practitioner and Clinic Services Denying for Explanation of Benefits (EOB) 1030

    - Providers can get details about submitted claims, including line item status
- Hearing a review of weekly payment details
- Checking information regarding when the provider's next revalidation is due

If additional support is needed beyond the capabilities of the automated self-service options, providers can opt to connect to an agent at any time.

Providers are also reminded that many resources are always available on the Provider Resources web page. The Provider Resources page has links to other helpful pages, including the Billing Manuals web page, Quick Guides web page, and the Rates and Fee Schedules web page where providers can find prior authorization requirements.

Physician Services/Clinics: Resolved 5/9/25: Some Practitioner and Clinic Services Billed with Procedure Codes on Professional Claims were Denying for Explanation of Benefits (EOB) 1997

***Featured Resources:***

Provider Maintenance Quick Guide

## Provider Services Call Center Vendor Transitioned Effective May 1, 2025

Providers are reminded that management of the Provider Services Call Center transitioned from Gainwell Technologies (Gainwell) to OptumInsight (Optum).

The new Provider Services Call Center phone number is 833-468-0362. The previous number will advise the caller to use the new number but will not forward the call.

Visit the Colorado Medicaid Enterprise Solutions (CMES) Transition web page for more information.

## New Password Reset Webform Available

The Password Reset Process for Administrators web page has been updated with the new Password Reset Webform. The new Webform is an easy method to request for password reset. Attachments are not required.

Providers may have one (1) account administrator on the administrative account. The

administrative account gives the user full access to the functions available within the Provider Web Portal. Administrators are encouraged to follow Steps 1-3 on the web page before submitting a new request for password reset.

Once the request is submitted, the user will be contacted by Gainwell Technologies (Gainwell). If any further validation is required, the user can reply directly to the Gainwell representative.

**Note:** The account administrator is responsible for creating delegate accounts and resetting delegate passwords in the Provider Web Portal. The Provider Services Call Center cannot reset delegate passwords. Delegates **may not** request an administrative password reset.

---

## Non-Emergent Medical Transportation (NEMT) Provider Type 73

## NEMT Billing Guidelines for the Denver County Areas

Transdev is responsible for administering NEMT in nine (9) Colorado counties: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, Larimer, and Weld. Transdev utilizes the least costly, medically appropriate means of transportation for each member and arranges those transportation services. IntelliRide by Transdev Health Solutions is the Department's State Designated Entity as its contracted NEMT broker.

All providers within these nine (9) counties must contract with Transdev for all billing and may not submit claims directly to Gainwell Technologies. Changes to billing status are not being made.

Contact NEMT@state.co.us with any additional questions.

### New Enrollment

The moratorium of six (6) months on new enrollments approved by the Centers for Medicare & Medicaid Services (CMS) for Non-Emergent Medical Transportation (NEMT) has been extended and will be in effect until at least September 30, 2025.

---

## Attachment File Size for Provider Enrollment and Provider Web Portal

A maximum of five (5) MB is allowed for "Attachments" under "File Transfer" when submitting claims anywhere on the Provider Web Portal. If an attachment larger than five (5) MB is uploaded, the user will receive an error message after submitting the claim.

---

## Provider Enrollment Training

Join the Department of Health Care Policy & Financing (the Department) for a training webinar on Provider Enrollment.

Provider enrollment training is designed for providers at various stages of the initial enrollment process with Health First Colorado. It provides an overview of the program and guidance on the provider application process, including enrollment types, common errors and enrollment with other entities (e.g., DentaQuest, Regional Accountable Entities [RAEs], Health First Colorado vendors). It also provides information on next steps after enrollment. Note that it does not provide guidance on revalidation for already enrolled providers.

Click the title of the training session to register for the webinar. An automated response will confirm the reservation.

Provider Enrollment Training
**Wednesday, May 14, 2025**
**9:00 a.m. – 11:30 a.m. Mountain Time**

---

## Provider Enrollment Processing Timelines

New applications, revalidations and enrollment updates are currently being processed, on average, within five (5) business days, by the Department's fiscal agent.

---

## Provider Enrollment Approval Letters

Providers are reminded that enrollment approval letters will be sent to the "Contact Email" on file. Providers are encouraged to use the most appropriate email address for updates and approvals for the enrollment applications (e.g., doctor, credentialing specialist). Refer to the Provider Address Usage table on the Quick Guides web page under Resources to review the usage of addresses in a provider's Provider Web Portal profile.

---

## Group Affiliations

## EOB 3110: Claims will Not Deny for Individual Not Being Linked to the Group

Some providers have questions about claims with Explanation of Benefits (EOB) code 3110: "The rendering provider is not a group member." Notations that affiliations are missing do not cause the claim to deny and are informational only.

The Department has extended the grace period allow providers to make all necessary updates to their affiliations to avoid future claims denials. If EOB code 3110 appears on a claim, providers should check their affiliations and make sure they are up to date and check other EOB codes to see why the claim denied.

Updated affiliations are currently taking up to five (5) days for final approval.

---

## Help Shape the Future of Health First Colorado: Apply to Join the Medical Care Advisory Committee (MCAC)

The Department is now recruiting for the Medical Care Advisory Committee.

In 2024, the Centers for Medicare and Medicaid Services updated federal requirements (42 CFR 431.12) directing states to establish and operate a public Medicaid Advisory Committee.

This new committee will play an important role in improving quality of care, advancing health equity, and strengthening Medicaid services across Colorado.

Individuals are being sought with relevant experience in health care or advocacy who:

- Serve or represent Health First Colorado members
- Have demonstrated leadership or expertise in their field
- Are open to diverse viewpoints
- Have a desire to improve Medicaid services for all members.

Applications are open from May 12, 2025 to July 1, 2025.

Learn more about the committee and eligibility requirements on the Medical Care Advisory Committee website.

Individuals are encouraged to apply or share this opportunity with others who may be interested.

View the application

---

## Recently Updated Billing Manuals and Fee Schedules

### Billing Manuals

- Inpatient-Outpatient Billing Manual
- Telemedicine and eConsult Billing Manual
- Appendix R - Remittance Advice (RA) Messages
- Appendix X - HCPCS/NDC Crosswalk

Visit the Billing Manuals web page to locate all published manuals.

### Fee Schedules

Visit the Provider Rates and Fee Schedule web page to locate all published fee schedules.

---

# Known Issues

## Comprehensive Safety New Provider Services

### Claims for Comprehensive Safety Net Provider Services Are Denying for Explanation of Benefits (EOB) 1040

Claims for Comprehensive Safety Net Provider Services with Date of Service (DOS) on or after 7/1/2024 are denying for Explanation of Benefits (EOB) 1040 – "Contract Could Not Be Determined."

Affected claims will be reprocessed.

A resolution is in process.

---

### Providers Who Utilize Electronic Visit Verification (EVV) are Experiencing a Delay in the Creation of The EVV Sandata Account

Some providers on or after 4/24/25 are experiencing a delay in the creation of their EVV Sandata account. This impact includes both providers eligible to submit the EVV Attestation Form and Provider Type (PT) 10 Home Health, PT 36 Home and Community Based Services (HCBS) and PT 60 Personal Care Agency.

A file issue has been identified between Gainwell Technologies and Sandata affecting Sandata's access to new provider IDs and ability to create EVV accounts for EVV visit submission.

A resolution is in process and is anticipated to be resolved this week.

---

## Pediatric Behavioral Therapists

### Some Claims Billed by Pediatric Behavioral Therapy Providers Enrolled as Provider Type 24 with Date of Services (DOS) on or after 4/1/25 are Denying for Explanation of Benefits (EOB) 3385

Some claims billed by Pediatric Behavioral Therapy providers enrolled as Provider Type 24

with Date of Service (DOS) on or after 4/1/25 are denying for EOB 3385 "Provider license not active on date of service".

Affected claims are being reprocessed.

A resolution is in process.

---

## Resolved Known Issues

### Physician Services/Clinics

### Resolved 4/16/25: Some Practitioner and Clinic Services Billed with Procedure Codes 98000 through 98016 Denying for Explanation of Benefits (EOB) 1030 - "The place of service is invalid for procedure code."

Practitioner and Clinic services billed with procedure codes 98000 through 98016 were denying for EOB 1030 - "The place of service code is invalid for procedure code. Correct the place of service code. Refer to the Provider Manual or Help Screens for valid place of service codes."

These codes were modified to add Place of Service (POS) 02 and 10 for telemedicine with a Date of Service (DOS) on or after 1/1/25.

Affected claims were reprocessed on 4/22/25.

Issue resolved 4/16/25.

---

### Physician Services/Clinics

### Resolved 5/9/25: Some Practitioner and Clinic Services Billed with Procedure Codes 90911, 90912, 90913, 96112, 96113, G0515, 20560,

## 20561, L1960, L3730, L3763, L3764, L3808, L3900, L3906, L3908, L3912, L3919, L3923, L3925, L3929, L3933, L3982, Q4040 or Q4048 on Professional Claims were Denying for Explanation of Benefits (EOB) 1997

Some Practitioner and Clinic services billed with procedure codes 90911, 90912, 90913, 96112, 96113, G0515, 20560, 20561, L1960, L3730, L3763, L3764, L3808, L3900, L3906, L3908, L3912, L3919, L3923, L3925, L3929, L3933, L3982, Q4040 or Q4048 on professional claims were denying for EOB 1997 – "The referring, ordering, prescribing or attending provider is missing or not enrolled. Please resubmit with a valid individual National Provider Identifier (NPI) in the attending field."

Affected claims reprocessed on 5/9/25.

Issue resolved 5/9/25.