Colorado Medicaid (HCPF) Glossary

Terms as the Colorado Department of Health Care Policy and Financing (HCPF) uses them, collected from its public Health First Colorado provider bulletins, weekly Provider News issues, Operational Memos, EVV references and EDI companion guides. Each entry cites the publication and page it comes from.

> This is an independent reference, not an official HCPF document. Definitions are paraphrased; the cited publication is the authority, and rules change, so check the current publication at hcpf.colorado.gov before relying on an entry. Compiled November 2026 by HomeCareBilling (homecarebilling.com).

How to read an entry

Entries are alphabetical by the term the state uses. Each gives what the term **Means** (paraphrased from the state's wording), its **Source** (the publication below, and the page it is on), and, where a later publication changed the rule, what **Changed** and when. Dates are year-month-day. "DOS" is date of service.

Sources

Every source is a public HCPF publication, available at hcpf.colorado.gov under Provider Bulletins, Provider News, the Memo Series, EVV resources and EDI companion guides. Page numbers are PDF page numbers, which for these publications are also the printed page numbers; an Operational Memo's page is its own "Page N of M".

Key	Publication	Issued
B2500530	Health First Colorado Provider Bulletin B2500530	Oct 2025
B2600533	Health First Colorado Provider Bulletin B2600533	Jan 2026
B2500518	Health First Colorado Provider Bulletin B2500518 (its running header misprints "B2400518")	Jan 2025
B2500522	Health First Colorado Provider Bulletin B2500522	Apr 2025
B2500523	Health First Colorado Provider Bulletin B2500523	May 2025
B2500524	Health First Colorado Provider Bulletin B2500524	Jun 2025
B2500525	Health First Colorado Provider Bulletin B2500525	Jul 2025
B2500526	Health First Colorado Provider Bulletin B2500526	Aug 2025
B2500527	Health First Colorado Provider Bulletin B2500527	Sep 2025

Key	Publication	Issued
B2500528	Health First Colorado Provider Bulletin B2500528 (Special Bulletin, rate reductions)	Sep 2025
B2500532	Health First Colorado Provider Bulletin B2500532	Dec 2025
B2600534	Health First Colorado Provider Bulletin B2600534 (the revised edition HCPF re-published 2026-02-10)	Feb 2026
B2600537	Health First Colorado Provider Bulletin B2600537	Apr 2026
B2600538	Health First Colorado Provider Bulletin B2600538	May 2026
B2600539	Health First Colorado Provider Bulletin B2600539	Jun 2026
B2600540	Health First Colorado Provider Bulletin B2600540	Jul 2026
B2600541	Health First Colorado Provider Bulletin B2600541	Aug 2026
B2600542	Health First Colorado Provider Bulletin B2600542	Sep 2026
EVV-QRG	EVV Code Quick Reference Guide	Jun 2020
EVV-XW	EVV Crosswalk of Codes	Sep 2025
837P-CG	837P Professional Claim Companion Guide	Jul 2026 (rev. 2026-07-15; footer reads June 2026 v2.6)
276-CG	276/277 Claim Status Companion Guide	Jun 2026
TP-TRAIN	Edifecs Trading Partner EDI Training deck	Jul 2026
PN-141	Provider News and Resources, Issue 141	2026-04-06
PN-143	Provider News and Resources, Issue 143	2026-05-04
PN-146	Provider News and Resources, Issue 146	2026-06-19
PN-147	Provider News and Resources, Issue 147	2026-06-29
PN-150	Provider News and Resources, Issue 150	2026-08-10
PN-151	Provider News and Resources, Issue 151	2026-08-27
PN-152	Provider News and Resources, Issue 152	2026-09-04
PN-153	Provider News and Resources, Issue 153	2026-09-18
PN-136	Provider News and Resources, Issue 136	2026-01-05
OM 25-039	Operational Memo 25-039 (Extraordinary Cleaning waiver benefit)	issued 2025-06-17

Key	Publication	Issued
OM 25-043	Operational Memo 25-043 (Direct Care Services Calculator)	issued 2025-06-25
OM 25-057	Operational Memo 25-057 (CFC implementation; supersedes OM 25-030, which superseded OM 25-026)	issued 2025-08-14
OM 25-068	Operational Memo 25-068 (live-in EVV exemption pause; supersedes OM 25-008)	issued 2025-11-05
OM 25-075	Operational Memo 25-075 (Nurse Assessor program ending)	issued 2025-12-15
OM 26-042	Operational Memo 26-042 (7-hour LRP Homemaker limit; supersedes OM 26-004)	issued 2026-06-15
OM 26-043	Operational Memo 26-043 (weekly caregiver cap)	issued 2026-06-15
TPA	Trading Partner Agreement (headed Revised July 2026, posted June 2026)	Jun 2026

A

Across-the-board (ATB) rate reduction

- **Means:** A percentage cut applied to every rate in a group of services by legislative budget action, as opposed to a targeted cut to named codes. HB 26-1410 enacted a 2.0% ATB reduction for DOS on or after 2026-07-01. For HCBS waiver services and Community First Choice it needs no CMS approval, so it applies from that date without waiting.
- **Source:** B2600539 p. 3-4; B2600540 p. 5-6. Earlier *targeted* HCBS rate cuts needed CMS approval through a waiver amendment: B2500530 p. 6.
- **Changed:** the same services moved three times in a year. A 1.6% ATB increase from 2025-07-01 (B2500524 p. 3-4); that increase rolled back for DOS from 2025-10-01 by Executive Order D 2025 014 (B2500528 p. 1, 4); then the 2.0% cut from 2026-07-01. B2600539 (Jun 2026) listed the affected waivers; B2600540 (Jul 2026) repeated the list with CwCHN and CIH in place of CHCBS, CLLI and SCI.

Adjustment (claim adjustment) / void

- **Means:** An update to a claim that was already PAID is sent as an adjustment. Void and rebill only when the claim was billed in error or for the wrong member. Adjustments go electronically, never on paper. The Provider Web Portal refuses submissions, adjustments or voids with more than 50 detail lines; those go by EDI batch, which allows up to 999 lines per claim. An adjustment of a claim with more than 50 lines attempted in the portal denies with EOB 1330.
- **Source:** B2500530 p. 2; B2600539 p. 3; B2600540 p. 4. The X12 shape: 837P-CG p. 8 (CLM05-3 value 7 or 8 needs the Payer Claim Control Number, 2300 REF F8, carrying the ICN of the claim being adjusted).

Agency Care Plan

The state's name for the plan a provider agency writes from the completed DCSC to guide scheduling and delivery. An IHSS agency submits it to the Case Manager for approval; its format is free, but its total hours must equal the authorized hours. Source: OM 25-043 p. 5.

Agency-Based IHSS

See **IHSS**.

Appeal / reconsideration

- **Means:** HCPF defines an appeal as a legal proceeding. A provider may instead submit a reconsideration, but resubmitting unchanged gets the same result. The state's advice is to call the Provider Services Call Center first and resubmit a corrected claim as a brand-new claim.
- **Source:** B2600534 p. 2. Reconsiderations need no marking on a timely-filing resubmission: B2600541 p. 7.

Atrezzo

The Acentra Health provider portal used to submit a PAR under the ColoradoPAR program. Source: B2600533 p. 8. See **ColoradoPAR Program**.

B

Bridge (the Bridge)

The state system Case Managers use for service plans and prior authorizations. Source: PN-136 p. 3-4.

Base Wage Attestation and Workforce Reporting

- **Means:** An annual report every HCBS provider delivering base-wage-qualifying services must file: per Direct Care Worker wage rates, hours, benefits and employment status, plus a signed Base Wage Attestation Form. The 2026 filing opened 2026-07-01 and was due 2026-08-31. Providers that miss it are publicly identified and have claim payments suspended until it is received.
- **Source:** B2600538 p. 12; B2600540 p. 21; B2600542 p. 25-26.
- **Changed:** the same annual cycle ran in 2025, with payment suspensions from 2025-09-15 (B2500525 p. 14; B2500526 p. 7). B2600542 (Sep 2026) announced the 2026 suspensions.

C

Case Management Agency (CMA) / case manager

- **Means:** The agency whose case manager assesses the member, authorizes HCBS services and their units, and coordinates with providers. HCBS providers get the final status of a prior authorization from the case manager. Providers must coordinate with the member's CMA when requesting a weekly caregiver limit exception.
- **Source:** B2500530 p. 17; B2600540 p. 25; B2600541 p. 17.

CDASS (Consumer-Directed Attendant Support Services)

- **Means:** A consumer-directed MODEL for delivering attendant support, run by a "CDASS employer" rather than a provider agency. The state names it as a delivery model alongside Agency-Based IHSS, not as a waiver. EVV service group 101; billed on T2025 with the member's program modifier (`U1`, `U1 SC`, `U2`, `U6`, `U8`, `UA`).
- **Source:** B2600540 p. 24 ("delivered through Agency-Based IHSS and CDASS models"); EVV-QRG p. 1; EVV-XW p. 1.

CFC (Community First Choice)

- **Means:** Section 1915(k) of the Social Security Act: an optional Medicaid STATE PLAN program for home and community-based attendant services, not a 1915(c) HCBS waiver. CMS approved Colorado's State Plan Amendment in December 2024 and CFC started 2025-07-01. A member qualifies by being

eligible for Health First Colorado or an HCBS waiver and meeting an institutional Level of Care set by the CMA; CFC creates no new eligibility category. Personal Care, Homemaker and Health Maintenance Activities are its core services (the DCSC is the CFC calculator for exactly those three), billed with modifier `U2`. The member may self-direct or use an agency. CMAs do CFC service planning and prior authorizations exactly as for HCBS. CFC added the Acquisition, Maintenance and Enhancement of Skills (AME) task to Personal Care and Homemaker, and requires a Class A or Class B Home Care Agency license to provide Personal Care. Procedure codes mostly stayed the same; CFC is marked by its own modifier (OM 25-057 p. 2-4, 8).

- **Source:** OM 25-057 (issued 2025-08-14); B2500525 p. 15-17 (CFC and 1915(k)); B2500526 p. 8 (CFC and EVV); B2600539 p. 4 and B2600540 p. 6 (listed apart from the "HCBS -" waivers); B2600542 p. 29 ("CFC – Community First Choice"); EVV-XW p. 1-2 and 4 (every `U2` row effective 2025-07-01). The state is not consistent: B2500524 p. 4 and B2500525 p. 3 say "the Community First Choice (CFC) waiver".
- **Changed:** CFC billing under `U2` started 2025-07-01 (EVV-XW). Personal Care, Homemaker and HMA moved from the waivers to CFC one member at a time, at each member's Continued Stay Review, between 2025-07-01 and 2026-06-30; from 2026-07-01 they are available only through CFC (B2500525 p. 15; B2500526 p. 8). That is why one member can carry two program modifiers in claim history, and why the July 2026 EBD schedule has no `T1019` rows. IHSS on the CHCBS waiver moved to CFC, parent caregivers included (B2500525 p. 17).

CMES (Colorado Medicaid Enterprise Solution)

- **Means:** The umbrella name for HCPF's set of contracted systems (the MMIS run by Gainwell, the EDI module run by Edifecs, the integration platform). The EDI vendor change is published as part of the CMES transition.
- **Source:** TPA p. 1; B2500530 p. 3; B2600538 p. 2.

CNA (Certified Nurse Aide) services

- **Means:** The home health aide discipline under Long-Term Home Health, billed on revenue codes 0570, 0571, 0572 and 0579 (EVV group HHBAS). A PAR for CNA services needs a Plan of Care listing amount, frequency, duration and each task. State rules prohibit billing LTHH CNA services and IRSS for the same member on the same DOS; since 2026-04-29 interChange enforces it (CNA on 0570-0579 is not billable while an IRSS benefit is active; IRSS denies if CNA was already reimbursed for that DOS).
- **Source:** B2600533 p. 7; B2600534 p. 4; B2600538 p. 11; EVV-XW p. 1.

Continued Stay Review (CSR)

The CMA's periodic reassessment of a member. Each member's waiver Personal Care, Homemaker and HMA moved to CFC at that member's CSR between 2025-07-01 and 2026-06-30. Source: B2500525 p. 15; B2500526 p. 8. The Service Plan's "Service Plan Type" field offers CSR.

Colorado interChange

- **Means:** The state's claims processing system (the MMIS), operated by the fiscal agent. Rates "are updated in the Colorado interChange".
- **Source:** B2600539 p. 4; B2500530 p. 17.

ColoradoPAR Program

- **Means:** A third-party fee-for-service Utilization Management program administered by Acentra Health, re-awarded to Acentra in 2026. It reviews PARs for Long-Term Home Health, Private Duty Nursing, therapies and DME, submitted through Acentra's Atrezzo portal. From 2026-01-01 (CMS Interoperability rule): standard PARs are decided within 7 calendar days, expedited within 72 hours,

a pend for information is 7 calendar days (was 10 business days), a second pend is not allowed, and every PAR must be processed within 21 days.
- **Source:** B2500530 p. 8; B2600533 p. 7-8; B2600534 p. 3-4; B2600539 p. 7.

Compliance validation

- **Means:** What the Edifecs Trading Partner Enrollment and Testing Site calls X12 testing: the trading partner uploads a file for every transaction it will send in production and receives a 999 back. It does not test end to end (no 835 or 271 comes back).
- **Source:** TP-TRAIN p. 20-21.

D

DCSC (Direct Care Services Calculator)

- **Means:** The state calculator case managers use to set CFC Homemaker, Personal Care and HMA hours. From 2025-12-22 case managers again determine HMA hours with the DCSC themselves, after the Nurse Assessor program ended (HCPF OM 25-075). The DCSC was made by combining the CDASS Task Worksheet with the IHSS Care Plan Calculator, has an adult and a child version, and is used at CFC enrollment and every Continued Stay Review. It is for the Case Manager and Nurse Assessor ONLY: a DCSC completed by a provider agency is not valid. The agency receives the completed copy and writes its own **Agency Care Plan** from it; an IHSS agency sends that plan to the Case Manager for approval, and its total hours must match the hours the DCSC authorized.
- **Source:** OM 25-043 p. 1-2, 4-5; B2600533 p. 16; OM 25-075.

Denver Minimum Wage Regional Pricing (HX)

- **Means:** Since 2025-01-01, HCBS services rendered INSIDE Denver bill the Denver rate, marked with modifier `HX`; services rendered elsewhere bill the standard rate. The test is where the service was rendered, no longer the member's county of residence on file, and `HX` is added on the claim only; it never appears on the PAR. The old workaround (procedure code T2034, or a Denver ZIP in the claim note) ended.
- **Source:** B2500518 p. 11 (Jan 2025). The billing manual appendix is still maintained: PN-150 p. 5 ("HCBS - Denver Minimum Wage Regional Pricing Appendix") and PN-153 p. 4 ("HCBS - Denv er Minimum Wage Appendix") list it among updated manuals.
- **Changed:** before 2025-01-01 claims adjudicated on the member's county of residence.

DCW (Direct Care Worker)

- **Means:** The hands-on caregiver of a long-term care member. Colorado uses the term for the base wage reporting and for the Direct Care Worker Tax Credit, under which long-term care employers (HCBS provider type 36, home care agencies type 10) report each eligible worker's hours to the Department of Revenue by January 31 (penalty $500). Eligible workers exclude CNAs and must have worked at least 720 hours in the tax year.
- **Source:** B2600533 p. 14-15; B2600538 p. 12.

DOS (Date of Service)

The date a service was rendered; timely filing, eligibility and license checks all key off it. Source: B2600541 p. 5.

E

EDI (Electronic Data Interchange)

- **Means:** Batch X12 exchange between a trading partner and HCPF. The bulletins expand it both as "Electronic Data Interchange" and "Electronic Data Integration"; they mean the same function.

- **Source:** B2500530 p. 2 ("Integration"); B2600539 p. 6 ("Interchange").

Edifecs (a Cotiviti business)

- **Means:** The vendor that took HCPF's EDI function (batch processing, trading partner enrollment and file exchange) from Gainwell's MMIS. Three phases: X12 File Naming Standards (2026-01-07); new agreement, new file platform (MFT), new credentials and the new Trading Partner Enrollment and Testing Site (2026-06-24), with enrollment required by 2026-08-31; a final phase in fall 2026. Unchanged: the Provider Web Portal for individual claims, the Provider Services Call Center, and existing TPIDs.
- **Source:** B2500530 p. 2-3; B2600534 p. 2-3; B2600538 p. 2; B2600540 p. 7-9; B2600541 p. 7-8; B2600542 p. 6-8; TP-TRAIN p. 4, 7.
- **Changed:** B2500530 (Oct 2025) named the vendor "Cotiviti (formerly Edifecs)"; later bulletins say "Edifecs, a Cotiviti business". B2600538 (May 2026) targeted phase 2 for summer; B2600540 (Jul 2026) records it live on 2026-06-24. After the 2026-08-31 deadline passed, PN-152 (2026-09-04) warned that a trading partner not enrolled by 2026-09-15 may have its EDI transactions disrupted. PN-147 (2026-06-29) still told trading partners to use MOVEit rather than the Provider Web Portal.

EOB (Explanation of Benefits) code

- **Means:** Colorado interChange's own numbered denial and status codes, printed on the proprietary Remittance Advice. Examples: EOB 0000 (pending program review, used while new HCPCS codes load each January), EOB 1330 (invalid total claim charge), EOB 3054 ("EVV Record Required and Not Found"), EOB 3056 (informational: no live-in caregiver exemption documentation on file; the claim still pays), EOB 3110 (rendering provider not a group member), EOB 3385 (provider license not active on DOS), EOB 4758 (billing provider type/specialty restriction on the procedure).
- **Source:** B2600533 p. 3; B2600540 p. 4; B2600542 p. 3, 5; B2600538 p. 1; PN-141 p. 7-8; B2500532 p. 10.

EVV (Electronic Visit Verification)

- **Means:** The federally required electronic record of an in-home visit (who, whom, what service, where, when it started and ended). Colorado reviews whether EVV visit duration matches the units billed; providers must keep billed units aligned with verified EVV data and correct discrepancies, and continued misalignment risks corrective action plans or program integrity referral.
- **Source:** B2600539 p. 14-15.
- **Changed:** B2600539 (Jun 2026) announced the EVV-to-claims duration review.

EVV live-in caregiver exemption

- **Means:** An exemption from EVV for a caregiver who lives with the member. With an active exemption on file, the claim is billed with Place of Service 99 (professional) or Condition Code 23 (institutional). The state names two kinds: live-in caregiver (LIC) and ADA reasonable modification (the latter needs pre-approval). Exemption documentation, including the EVV Attestation of Exemption Form, must be kept current and renewed annually. New live-in exemption requests in the Provider Web Portal are paused until further notice; claims without exemption documentation in the portal post informational EOB 3056 and still pay.
- **Source:** B2500522 p. 10; B2500532 p. 10-11; PN-146 p. 4; B2600540 p. 22-23.
- **Changed:** Operational Memo 25-008 (Jan 2025) replaced the "EVV Live-in Caregiver Attestation Form" with a new EVV Exemption Form, moved requests into the Provider Web Portal (due within 30 days of the member's attestation) and announced a prepayment edit that would deny LIC/ADA-exempt claims with no active exemption on file (B2500522 p. 10, Apr 2025). Operational Memo 25-068, issued and effective 2025-11-05, superseded OM 25-008 and paused the portal process for live-in caregivers (OM 25-068 p. 1-2; B2500532 p. 10, Dec 2025); the pause was repeated in PN-146 (2026-06-19) and B2600540 (Jul 2026) and is current.

Extraordinary Cleaning

A homemaker-type HCBS benefit on the SLS and CES waivers since 2025-07-01 (Operational Memo 25-039), billed on `S5130 U7 SC` / `S5130 U8 SC` (with `HX` variants). It is NOT subject to EVV. Source: OM 25-039 (issued 2025-06-17); B2500527 p. 12; B2500532 p. 11; OM 25-057 p. 4 (it replaced the extraordinary cleaning tasks of "Enhanced Homemaker").

EVV service group (group code)

- **Means:** The state's grouping of procedure code and modifier combinations into EVV service types, each with a telephony code. The ones home care agencies meet: `CDASS` (101), `HMKR` Homemaker (104), `IHSS` In-Home Support Services (105), `PRSNL` HCBS Personal Care (106), `RSPT` Respite (107), `HHBAS` Home Health Basic (110), `PEDPC` Pediatric Personal Care (117). The crosswalk lists which code and modifier rows belong to each group; for example `H0038` rows sit in the IHSS group, and every `KX` row is IHSS.
- **Source:** EVV-QRG p. 1; EVV-XW p. 1-4.

F

FMS (Financial Management Services) vendor

One of the two kinds of billing provider the state names for CFC services, alongside provider agencies; both must collect EVV for EVV-required CFC services. Source: B2500526 p. 8.

Fiscal agent

- **Means:** The contractor that processes claims for HCPF: Gainwell Technologies. Timely filing is measured from when the fiscal agent documents receipt; adjustments and recoupments it initiates open a 60-day resubmission window.
- **Source:** B2600541 p. 5-6, 25; B2600534 p. 2.

H

HCBS (Home and Community-Based Services)

- **Means:** Long-term services delivered at home or in the community under Colorado's 1915(c) waivers, instead of in an institution. All HCBS services require prior authorization: an approved authorization with the matching procedure codes AND modifiers must be on file before services are rendered and billed, or the claim may deny. HCBS and CFC providers are provider type 36.
- **Source:** B2500530 p. 17; B2600541 p. 25; B2600533 p. 14.

HCBS waiver

- **Means:** One of Colorado's 1915(c) waiver programs. The ones named in 2026 bulletins:

Acronym	Name
BI	Brain Injury
CES	Children's Extensive Support
CHCBS	Children's Home and Community-Based Services (listed Jun 2026 and in the Sep 2026 licensure table)
CHRP	Children's Habilitation Residential Program
CIH	Complementary and Integrative Health
CLLI	Children with Life Limiting Illness (listed Jun 2026)

Acronym	Name
CMHS	Community Mental Health Supports (B2600542 p. 28 expands it "Center for Mental Health Services"; the fee schedule and the earlier bulletins say "Community Mental Health Supports")
CwCHN	Children with Complex Health Needs (listed Jul 2026)
DD	Developmental Disabilities
EBD	Elderly, Blind and Disabled
SCI	Spinal Cord Injury (listed Jun 2026)
SLS	Supported Living Services

- **Source:** B2600539 p. 4; B2600540 p. 6; B2600538 p. 10-11; B2600542 p. 28-29.
- **Changed:** CwCHN started 2025-07-01, combining the CHCBS and CLLI waiver populations (B2500525 p. 17), which is why B2600540 (Jul 2026) lists CwCHN where B2600539 (Jun 2026) still listed CHCBS and CLLI.

HCBS Benefit Plan / aid code

The eligibility record in interChange that says which waiver a member is enrolled in (for example EBD). The Provider Web Portal can show the HCBS aid code and Level of Care with no specific waiver Benefit Plan yet, which means the member is HCBS-eligible but the plan has not been created. Source: B2500518 p. 12.

HCPF ("the Department")

Colorado's Department of Health Care Policy and Financing, the state Medicaid agency. Bulletins call it "the Department". Source: B2600538 p. 11.

Health First Colorado

Colorado's Medicaid program's public name. Source: B2600541 p. 4 ("Health First Colorado (Colorado's Medicaid program)").

HMA (Health Maintenance Activities)

- **Means:** A skilled-task service category, authorized by the case manager with the DCSC and, until Dec 2025, assessed by a Nurse Assessor. Billed on `H0038`, which the EVV crosswalk puts in the IHSS group (`H0038 U1`, `U1 SC`, `U2`, `U5`, with `HX` variants; `U2` from 2025-07-01). HMA counts toward the weekly caregiver limit. Case managers set HMA hours with the DCSC.
- **Source:** EVV-XW p. 2; B2600540 p. 24; B2600533 p. 16; B2500530 p. 8.
- **Changed:** Nurse Assessor referrals for HMA were still required in Oct 2025 (B2500530 p. 8) and ended in Dec 2025 (B2600533 p. 16).

Homemaker (HMKR)

- **Means:** The homemaker service. EVV group HMKR (104); billed on `S5130` with the program modifier (for CFC `S5130 U2`, `U2 HX` Denver; IHSS homemaker carries `KX`). Counts toward the weekly caregiver limit; homemaker paid to Legally Responsible Persons is capped separately (see **LRP**).
- **Source:** EVV-QRG p. 1; EVV-XW p. 1-2; B2600540 p. 24, 26.

I

ICN (Internal Control Number)

- **Means:** The number interChange assigns to a claim. It identifies the claim for status inquiries, adjustments (2300 REF F8) and timely-filing resubmissions.

- **Source:** 837P-CG p. 8; 276-CG p. 4; B2600541 p. 6.

IHSS (In-Home Support Services)

- **Means:** Personal care, homemaker and health maintenance delivered through an IHSS agency, enrolled as provider specialty 656 "In-Home Support Services Agency" for CFC, CHCBS, CIH and EBD. The state calls this delivery model "Agency-Based IHSS". EVV group IHSS (105). Its billing rows carry `KX` (for example `T1019 U2 SC KX`, `S5130 U2 KX`), plus `HR` for a relative and `HA` for a legally responsible person.
- **Source:** EVV-QRG p. 1; EVV-XW p. 2; B2600541 p. 25; B2600540 p. 24 ("Agency-Based In-Home Support Services (IHSS)"); B2500530 p. 17 (IHSS `KX` rates corrected).
- **Changed:** B2500530 (Oct 2025) records the IHSS `KX` rates as wrong in interChange from 2025-07-01 and mass-adjusted for DOS 2025-07-01 to 2025-08-20.

IRSS / GRSS (Individual / Group Residential Services and Supports)

DD-waiver residential habilitation. State rules prohibit billing IRSS and LTHH CNA for the same member on the same DOS; interChange has enforced it since 2026-04-29. Source: B2600538 p. 11; B2600541 p. 16.

L

Licensure (license on file)

- **Means:** HCPF must hold a current provider license. Claims with DOS on or after 2026-08-01 deny with EOB 3385 if the updated license is not on file. From 2026-10-01, provider types 10 (Home Health) and 36 (HCBS/CFC, including specialty 656 IHSS agency and 666 Personal Care/Homemaker) may be denied when license dates at CDPHE do not match the MMIS. Providers have 60 days from a license's "issued on" date to update it through a Provider Maintenance Request, and must resubmit denied claims afterwards.
- **Source:** B2600538 p. 1; B2600541 p. 24-26; B2600542 p. 5-6, 28-30.
- **Changed:** B2600538 (May 2026) set the EOB 3385 denial from 2026-05-18; B2600542 (Sep 2026) says DOS from 2026-08-01.

LOC (Level of Care)

The institutional level-of-care determination the CMA makes annually with the state's assessment; it is a condition for HCBS waivers and for CFC. Source: B2500525 p. 15; B2500518 p. 12.

Load letter

A letter letting a provider bill outside the 365-day timely filing period when a member's eligibility was backdated. It is not proof of eligibility. Source: B2600533 p. 2.

LRP (Legally Responsible Person)

- **Means:** A person with legal responsibility to care for the member: for a child, a parent or legal guardian; for an adult, ONLY the spouse (by marriage or common-law marriage), never the parent of an adult child (10 CCR 2505-10 8.7502.W). Homemaker hours an LRP provides under CFC are capped PER MEMBER at 7 hours per week, shared among all LRPs, with no exception. The member may still be authorized more Homemaker hours; the rest must come from a non-LRP caregiver. The cap applies to CFC Homemaker, not to Homemaker still on a waiver. LRP homemaker rows carry `HA`.
- **Source:** OM 26-042 p. 1-4; B2600540 p. 26; B2600541 p. 23-24; EVV-XW p. 2 (`S5130 U2 KX HA`); OM 25-057 p. 4.
- **Changed:** three rules in a year. At CFC launch an LRP could provide up to 10 hours per week of Homemaker (OM 25-057 p. 4, Aug 2025). Then up to two LRPs, 5 hours per week EACH (OM 26-004, since superseded; quoted in OM 26-042 p. 1). Then 7 hours per week PER MEMBER: the

Medical Services Board approved it on 2026-06-12 (the date the bulletins give) and OM 26-042 makes it effective 2026-06-13 for Homemaker authorized from that date. Case managers must bring every affected Service Plan and PAR into line by 2026-09-30, with all service changes effective by 2026-11-30 (OM 26-042 p. 3).

LTHH (Long-Term Home Health)

- **Means:** The long-term home health benefit (nursing and CNA), distinct from Acute Home Health, prior authorized through ColoradoPAR. The Skilled Care Acuity Assessment requirement was waived when PARs resumed on 2025-08-01. LTHH nursing and CNA count toward the weekly caregiver limit.
- **Source:** B2500530 p. 8; B2600534 p. 4; B2600540 p. 24.

LTSS (Long-Term Services and Supports)

The state's umbrella for long-term care services (HCBS, CFC, LTHH, nursing facilities). The weekly caregiver limit and the licensure checks are LTSS policies. Source: B2600540 p. 23; B2600541 p. 24.

M

Member

- **Means:** The state's word for the person enrolled in Health First Colorado.
- **Source:** every bulletin, e.g. B2600533 p. 4 (Member Billing).

Member billing

Providers may not bill members for covered services, for services denied on a PAR for lack of information, for any denied portion of a PAR or units beyond it, or for the difference between charges and what third parties and Medicaid paid. Source: B2600533 p. 4.

MFT (Managed File Transfer)

- **Means:** The Edifecs file exchange platform. Trading partners connect either by SFTP with key-based authentication (hostname, username and private key issued on the MFT Setup task; scriptable) or with the Edifecs MFT Agent (manual). Multi-factor authentication applies to the Enrollment and Testing Site, not to SFTP.
- **Source:** B2600534 p. 3; TP-TRAIN p. 9, 13, 17-19.

MMIS (Medicaid Management Information System)

The state claims system, operated by Gainwell; Colorado interChange is its name for providers. Source: B2600540 p. 7; B2600541 p. 25.

Modifiers (U1, U2, U6, UA, SC, KX, HR, HA, HX)

- **Means:** Modifier 1 names the program (waiver or CFC) the service is billed under; the others mark IHSS (`KX`), relative (`HR`), legally responsible person (`HA`) and the Denver County rate (`HX`). HCBS prior authorizations must carry the same codes and modifiers the claim bills, except `HX`, which never appears on the PAR (see **Denver Minimum Wage Regional Pricing**).
- **Source:** EVV-XW p. 1-4; B2500530 p. 17; B2500518 p. 11.

MOVEit (Move-It FTP)

Gainwell's SFTP server used for X12 exchange before Edifecs. Trading partners were told to use it rather than the Provider Web Portal. Replaced by Edifecs MFT at enrollment. Source: B2600538 p. 2; TP-TRAIN p. 7.

O

OM (Operational Memo)

HCPF's numbered policy memos, the full text behind a bulletin notice. Each states an effective date, an expiration date and the memo it supersedes. The ones a home care agency needs are in the Sources table: OM 25-039, 25-043, 25-057, 25-068, 25-075, 26-042, 26-043. Informational (IM) and Policy (PM) memos are separate series. Source: the memos themselves; B2600533 p. 16; B2600540 p. 25-26.

P

PAR (Prior Authorization Request) / prior authorization

- **Means:** Approval, before services are rendered, of the codes, modifiers, units and date range a provider may bill. For HCBS it is established through the member's case manager; for LTHH, PDN, therapies and DME it is requested from Acentra under ColoradoPAR. A claim without a matching approved authorization may deny. A partially approved PAR counts as covered; the member cannot be billed beyond it. A PAR is not a guarantee of payment. HCBS PARs can be read in the Provider Web Portal by PAR number. The Denver `HX` modifier never appears on an HCBS PAR.
- **Source:** B2500530 p. 17; B2600533 p. 4, 7; B2500523 p. 8-9; B2500532 p. 12; B2500518 p. 11.
- **Changed:** during the 2023-2025 LTSS system problems the state let HCBS claims pay without an active PAR (B2500518 p. 11-12). It announced the reversal in May 2025 (B2500523 p. 8) and reinstated the PAR system edits in December 2025: a claim without a valid PAR, or beyond its approved units, denies (B2500532 p. 12).

PPA (Pre Prior Authorization)

The prior authorization a Case Manager builds and submits in the Bridge from the Service Plan. Source: PN-136 p. 3-4.

PCSP (Person-Centered Service Plan)

- **Means:** The service plan the case manager signs with the member; providers deliver and bill against it and the PAR. The state expands the acronym both ways, and still does: "Person-Centered Support Plan" (B2500522 p. 9, Apr 2025; OM 26-042 p. 3-4, Jun 2026, which defines "PCSP" that way) and "Person-Centered Service Plan" (B2600537 p. 10, Apr 2026).

Pending Update

- **Means:** What the Provider Web Portal shows on the Benefits Details panel while an HCBS member's waiver benefit is being processed: daily 6:00 to 7:30 p.m. MT Monday to Friday, and the last Saturday of each month. Coverage cannot be verified then; recheck after.
- **Source:** B2600540 p. 23; B2600541 p. 16; PN-141 p. 4.
- **Changed:** in April 2026 the window was 6:00 to 9:00 p.m. MT, waiver benefits simply did not show, and HCBS claims could deny during it and were reprocessed automatically (PN-141 p. 4). The "Pending Update" display and the 6:00 to 7:30 p.m. window started 2026-07-08.

Personal Care (PRSNL)

- **Means:** The personal care service. EVV group PRSNL "HCBS Personal Care" (106), billed on `T1019` with the program modifier (for CFC `T1019 U2`, `U2 HX` Denver; relative `HR` rows under the waivers). Counts toward the weekly caregiver limit. Pediatric Personal Care is a separate group (`PEDPC`, bare `T1019`).
- **Source:** EVV-QRG p. 1; EVV-XW p. 4; B2600540 p. 24.

Place of Service (POS) 99

The place-of-service code a professional claim uses when a live-in caregiver with an active EVV exemption delivered the service. See **EVV live-in caregiver exemption**. Source: B2600540 p. 22.

Provider Participation Agreement

The agreement every Health First Colorado provider signs (revised 2023). It requires records supporting every billed service, created contemporaneously, and notification of ownership or enrollment changes within 35 days. Source: B2600541 p. 4-5; B2600542 p. 3.

Provider Services Call Center

The single support line for claims, the portal and EDI, including the new Edifecs site. A trading partner says "EDI" to be routed, without entering an NPI or provider ID. Source: B2600540 p. 9; TP-TRAIN p. 5.

Provider type / provider specialty

- **Means:** The enrollment category (type) and service line (specialty) HCPF enrolls a provider under. For home care: type 10 Home Health (specialty 385) and type 36 HCBS/CFC, with specialty 656 In-Home Support Services Agency (CFC/CHCBS/CIH/EBD) and 666 Personal Care/Homemaker (BI/CFC/CIH/CMHS/EBD). Effective 2026-04-29 eight HCBS specialties were condensed into four, with automatic re-enrollment.
- **Source:** B2600541 p. 25-26; B2600542 p. 29; B2600538 p. 10-11.

Provider Choice System

The state's name for an EVV system the provider chose itself. When CFC introduced new procedure codes in July 2025 such systems had to map them to the unchanged EVV service group codes. Source: B2500526 p. 8.

Provider Web Portal

- **Means:** The state's web portal for individual claims (50 detail lines at most), eligibility checks, enrollment and license updates (Provider Maintenance Request), EVV exemption requests and the weekly proprietary Remittance Advice. Trading partners may not use it for X12 exchange, and the X12 835 is no longer available there.
- **Source:** B2600538 p. 2; B2600540 p. 4, 7, 22.

R

RA (Remittance Advice) / ERA (835)

- **Means:** The RA is the proprietary weekly report of all claims processed the previous week, available every Monday in the Provider Web Portal (PDF back to March 2017; CSV for the latest 10 files). The electronic X12 835 goes only to trading partners over SFTP, and reports and responses are deleted from the SFTP server after 15 days.
- **Source:** B2600540 p. 7; B2600533 p. 2.

RAE (Regional Accountable Entity)

Health First Colorado's regional managed care organizations for care coordination and quality oversight; with MCOs they are Managed Care Entities (MCEs). Medical records they request for a quality review are due within 45 calendar days. Source: B2600539 p. 5-6; B2600540 p. 4-5.

Relative / family caregiver

Under CFC, family members may be hired as Attendants for Homemaker, Personal Care and HMA like any other Attendant, and the state dropped "Relative Personal Care" as a separate category with its own limits. The only family-specific limit left is the LRP Homemaker cap. Source: OM 25-057 p. 3-4.

Revalidation

Every provider must revalidate enrollment at least every five years; notice arrives by email six months ahead. A missed deadline is not fixed by re-enrolling. Source: B2600542 p. 6; B2500530 p. 6.

T

Task norm

The state's standardized estimate of how long a caregiver typically takes for a task; a guide, not a rigid limit. Source: OM 25-043 p. 5.

Timely filing

- **Means:** A claim must be RECEIVED within 365 days of the DOS, even if it then denies. After 365 days a claim without third-party liability stays timely if resubmitted every 60 days, referencing the most recent ICN. A fiscal-agent adjustment or recoupment opens a 60-day resubmission window. With Medicare primary, 120 days from the Medicare EOB. Vendor or clearinghouse problems are not an excuse.
- **Source:** B2600541 p. 5-7; B2600534 p. 2; B2600533 p. 4; B2500530 p. 18; B2500527 p. 1. X12 shape: 837P-CG p. 8 and B2600541 p. 6 (they differ).

TPID (Trading Partner ID)

- **Means:** The ID HCPF assigns a trading partner; it is the ISA sender/receiver ID on every X12 file. Active trading partners keep it through the Edifecs move, but only if they register with the email address originally on file; another address creates a duplicate TPID.
- **Source:** B2600540 p. 8; B2600542 p. 7; TP-TRAIN p. 10-11; 837P-CG p. 6.

Trading partner

An entity that submits X12 transactions for providers: a clearinghouse, a software vendor or a billing agent. Source: B2600533 p. 2.

Trading Partner Agreement (TPA)

The agreement between the submitter and HCPF naming the contractors (Gainwell, EY's integration platform, Cotiviti/Edifecs). Existing trading partners had to sign the new one on the Edifecs site. Source: TPA p. 1; B2600540 p. 7.

Trading Partner Enrollment and Testing Site (SmartTradingCloud)

The Edifecs cloud site where trading partners register, enroll, sign the TPA, set up MFT and run compliance validation. Its work is organised as Programs made of Tasks. Source: TP-TRAIN p. 12, 14-16.

W

Weekly caregiver limit

- **Means:** The most hours one caregiver may provide to one member per week, unless an approved exception is in place: 84 hours (2026-07-01 to 2026-12-31), 70 (2027-01-01 to 2027-06-30), 56 (from

2027-07-01). Applies to LTHH nursing and CNA, Homemaker, Personal Care and HMA, including Agency-Based IHSS and CDASS. The week runs Sunday to Saturday. Separately, since 2025-07-01 no caregiver may work more than 16 hours in a day (midnight to 11:59 p.m.) across ALL the members they serve together, Private Duty Nursing included, except in a documented emergency. Agencies must monitor hours, coordinate with other agencies serving the same member, request exceptions (HCPF decides them; the case manager only attests), sign a Provider Agency Attestation every year (the first by 2027-01-01), and produce a Caregiver Compliance Workbook within 10 business days of a request, with every entry verifiable against timesheets or EVV. The agency alone carries any recoupment.

- **Source:** OM 26-043 p. 1-6; B2600540 p. 23-25; B2600541 p. 21-23; OM 25-057 p. 3 (the 16-hour day under CFC).

X

X12 File Naming Standards

The file naming HCPF requires on every X12 file since 2026-01-07; response and acknowledgement files (the ERA included) carry new names from 2026-01-08. Source: B2600533 p. 2; B2600538 p. 2.