

Nursing Facility Post Eligibility Treatment of Income

Health First Colorado Medical Assistance Program

PETI Program

September 2019

Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**

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
- Resources Web Address www.colorado.gov/hcpf

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, eye glasses and acupuncture.

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 of 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.

Nursing Facility Activity Log

Provider NPI:**RESIDENT NAME:****MEDICAID ID:**[illegible]

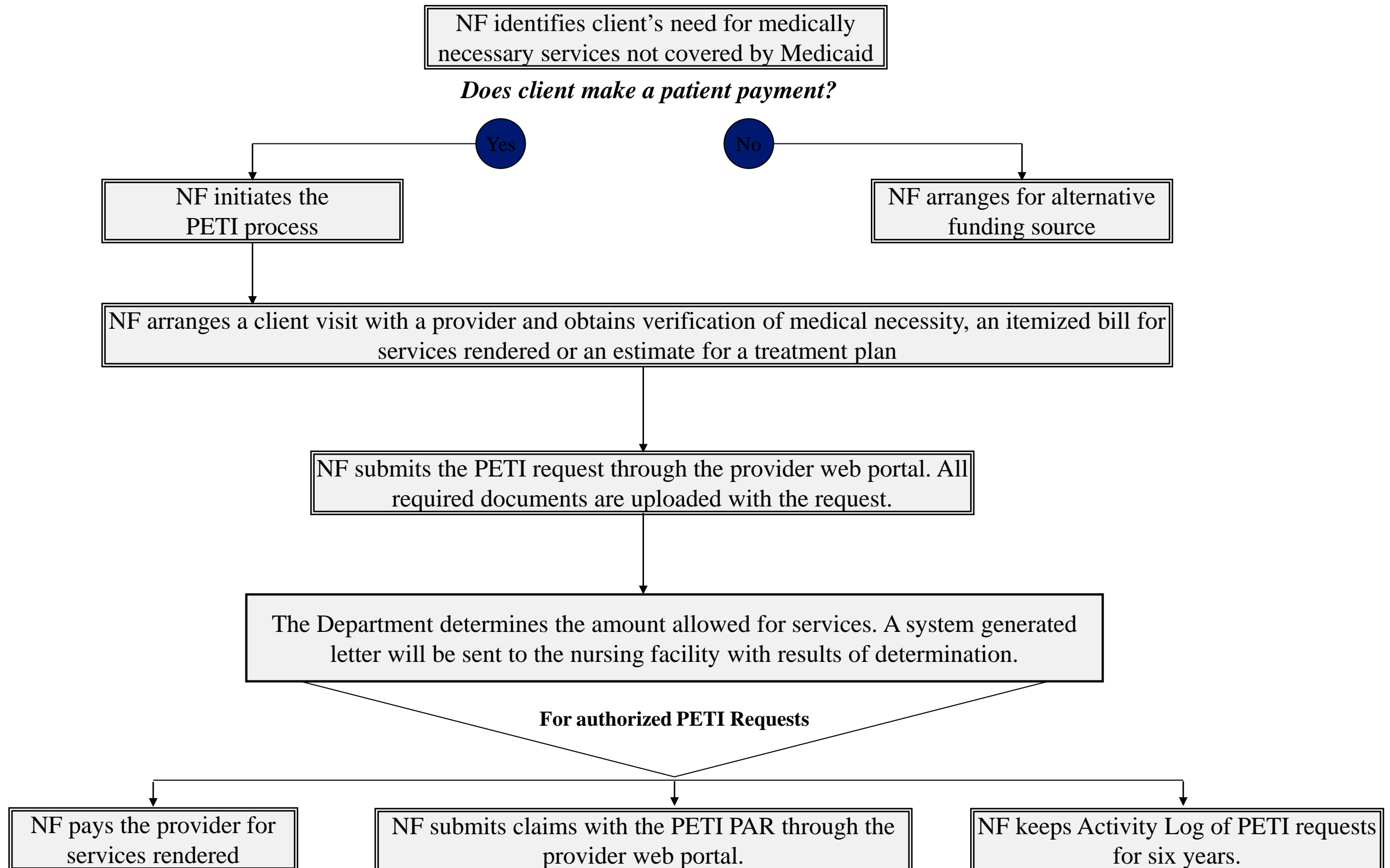
**If there is no patient liability
amount (patient payment)**

There is no PETI



Post Eligibility Treatment of Income

Nursing Facility PETI Process



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
- Health insurance premiums
- Hearing aids - services
- Dental
- Vision
- Other incurred medical expenses that are not a benefit of Colorado Medicaid



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
- ☐ DentaQuest EOB verifying \$1500 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)
(Note: BC HIS is not an acceptable license to perform the audiogram)

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

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

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
- 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 invoice
- 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

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
- DentaQuest, Estimate of Benefits (EOB)
verifying \$1500 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 age 21 years and over, including NF clients using the PETI program.
- Annual dental benefit is \$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. These services must be prior authorized by DentaQuest.

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.
- Providers can contact Dental Quest at www.dentaquest.com or call 1-855-225-1729 for additional information.

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




Resources

- Login Access to the Provider Web Portal
 - Copy and paste the address:
<https://colorado-hcp-portal.xco.dcs-usps.com/hcp/provider/Home/tabid/135/Default.aspx>
- Website Location : www.colorado.gov/hcpf
- Click on: For Our Providers > Providers Services
 - See slides 45-50 of this training for path details
- Other Long-Term Services & Supports information:
 - www.colorado.gov/hcpf/long-term-services-and-supports-programs

Colorado Provider Portal > Home
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](#)

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.

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


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

Would you like to enroll as a Trading Partner?

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[Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [Resources](#)


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](#)

[Home](#) | [Eligibility](#) | [Claims](#) | **Care Management** | [Resources](#)

[Create Authorization](#) | [View Authorization Status](#) | [Maintain Favorite Providers](#)

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

Create Authorization ?

* Indicates a required field.

* **Authorization Type** Expand All | Collapse All

Requesting Provider Information

+

Member Information

+

Service Provider Information

+

Diagnosis Information

+

Service Details

+

Submit

Cancel

[Contact Us](#) | [Logout](#)

[Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [Resources](#)

[Create Authorization](#) | [View Authorization Status](#) | [Maintain Favorite Providers](#)

[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 PETI NURSING FACILITY

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

Requesting Provider Information-

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

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Department of Health Care
Policy & Financing

33

Diagnosis Information

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.
Click the **Remove** link to remove the entire row.

Diagnosis Type	Diagnosis Code	Action
<div> <div>Click to collapse.</div> </div>		
<div> <div>*Diagnosis Type</div> <div>ICD-10-CM</div> </div>	<div> <div>*Diagnosis Code</div> <div></div> </div>	
<div> <div>Add</div> <div>Cancel</div> </div>		

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
 - Or a date range that is not in the future
- 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 -

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

Line #	From Date	To Date	Code	Modifiers	Units		Action
<div style="display: flex; align-items: center;"> <input type="checkbox"/> Click to collapse. </div>							
<div style="display: flex; justify-content: space-between;"> <div> <p>*From Date <input type="text" value="02/08/2017"/> </p> <p>Units <input type="text"/></p> <p>*Requested Dollars <input type="text"/></p> <p>*Medical Justification <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div></p> </div> <div> <p>To Date <input type="text" value="02/08/2017"/> </p> <p>Frequency <input type="text" value=""/></p> <p>Additional Service Code Description <input type="text"/></p> </div> <div> <p>*Code Type Revenue </p> <p>*Code 0479-AUDIOLOGY OTHER </p> </div> </div>							

- 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

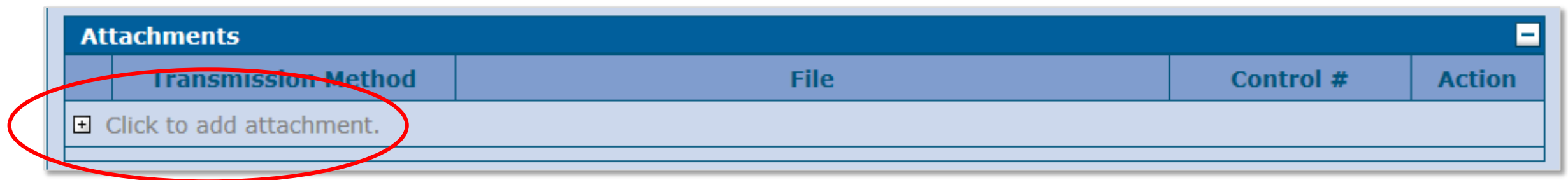
- Use the drop down box to select the Location from the list below
 - Mobile Unit
 - Independent Clinic
 - Rural Health Clinic
 - Skilled Nursing Facility
 - Nursing Facility
 - Intermediate Care Facility

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 software interface showing a blue header bar with the word "Attachments" and a minus sign. Below the header is a table with columns: "Transmission Method", "File", "Control #", and "Action". Below the table is a row with a minus sign and the text "Click to collapse." Below this row is a form with the following fields: "*Transmission Method" with a dropdown menu showing "EL-Electronic Only", "*Upload File" with a text input field and a "Browse..." button, "*Attachment Type" with a dropdown menu, and "*Description" with a text input field. At the bottom of the form are two buttons: "Add" and "Cancel".

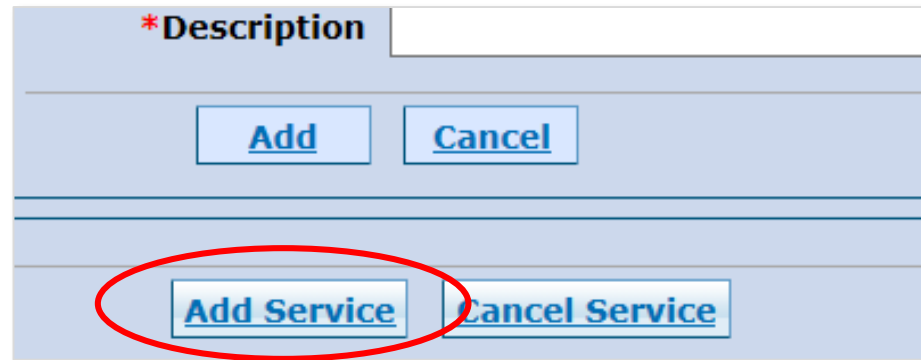
- Browse for the attachment to upload. This is where the processor has stored the document on their computer
 - **Documents to Upload Should Include:**
 - Signed Medical Necessity form with all required legible signature on the same form
 - Invoice with procedure codes and fees
 - Audiogram performed 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 web form. At the top, there is a text input field with the label ***Description** in red. Below the input field, 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

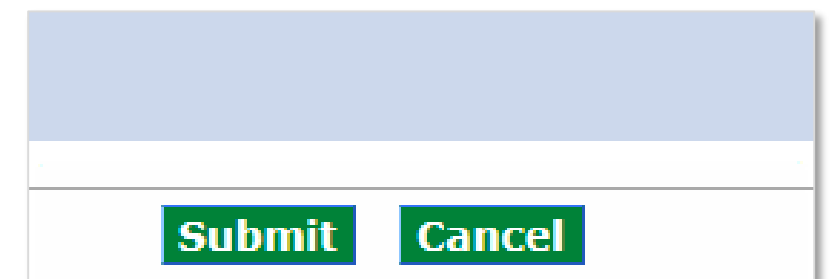


- The Service Details box will change. The service added now appears in the light blue line under the table headers. If incorrect, use the Remove Link to remove the service and add the correct service.

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

Search for Doctors



The screenshot shows the homepage of the Colorado Department of Health Care Policy & Financing. At the top left are the state of Colorado logo and the HCPF logo. To the right is the text "COLORADO Department of Health Care Policy & Financing". Below this is a navigation bar with five tabs: "Home", "For Our Members", "For Our Providers", "For Our Stakeholders", and "About Us". The "For Our Providers" tab is highlighted. Below the navigation bar is a statement: "We administer Health First Colorado (Colorado's Medicaid Program), Child Health Plan *Plus*, and other health care programs." Below this statement are four large blue buttons: "Explore Programs & Benefits" (with a magnifying glass icon), "Apply Now" (with a checkmark icon), "Find Doctors" (with an icon of three people), and "Get Help" (with an information icon). At the bottom of the page are two grey boxes. The left box contains the "Health First COLORADO" logo and the text "Colorado's Medicaid Program". The right box contains a nurse icon, the text "Feeling Sick?", and the phone number "800-283-3221".

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Department of Health Care
Policy & Financing

Home 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.

Explore Programs & Benefits Apply Now Find Doctors Get Help

Health First COLORADO
Colorado's Medicaid Program

Feeling Sick?
For medical advice, call the Nurse Line:
800-283-3221


Go to

www.Colorado.gov/hcpf

Click on Find
Doctors Tab

Search for Doctors, Dentists

Enter
Search
Information

**COLORADO**
Department of Health Care
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HomeFor Our MembersFor Our ProvidersFor Our StakeholdersAbout Us

For Our Members › Find a Doctor

Print Search ResultsJump To Map

Search for doctors, dentists, waiver services, & pharmacies:

Find Providers Near Me ([find me](#))

Enter an address, city, or zip

within

5 miles

☐ New Patients:

Find Providers By Name

Enter a provider name

Find Providers By Health Plan

Health First Colorado (Medicaid)

Find Providers By Type

Any provider type

Find Providers By Specialty

Any specialty type

Search

Reset

54,852 providers found. 100 shown.

Gibson, Robert
Licensed Behavioral Health Clinician — Psychologist, Psychologist - Counseling
11059 E Bethany Dr — Aurora, CO 80014
Phone: [303-923-6386](tel:303-923-6386) — [Website](#) — [Get Directions](#)
Gender: Male — Languages: English — Accepting New Patients: Yes
ADA Compliant: Yes

Robles, Bertha
Physician Assistant — Physician Assistant
9720 Grant St — Thornton, CO 80229
Phone: [303-756-3499](tel:303-756-3499) — [Website](#) — [Get Directions](#)
Gender: Female — Languages: English — Accepting New Patients: Yes

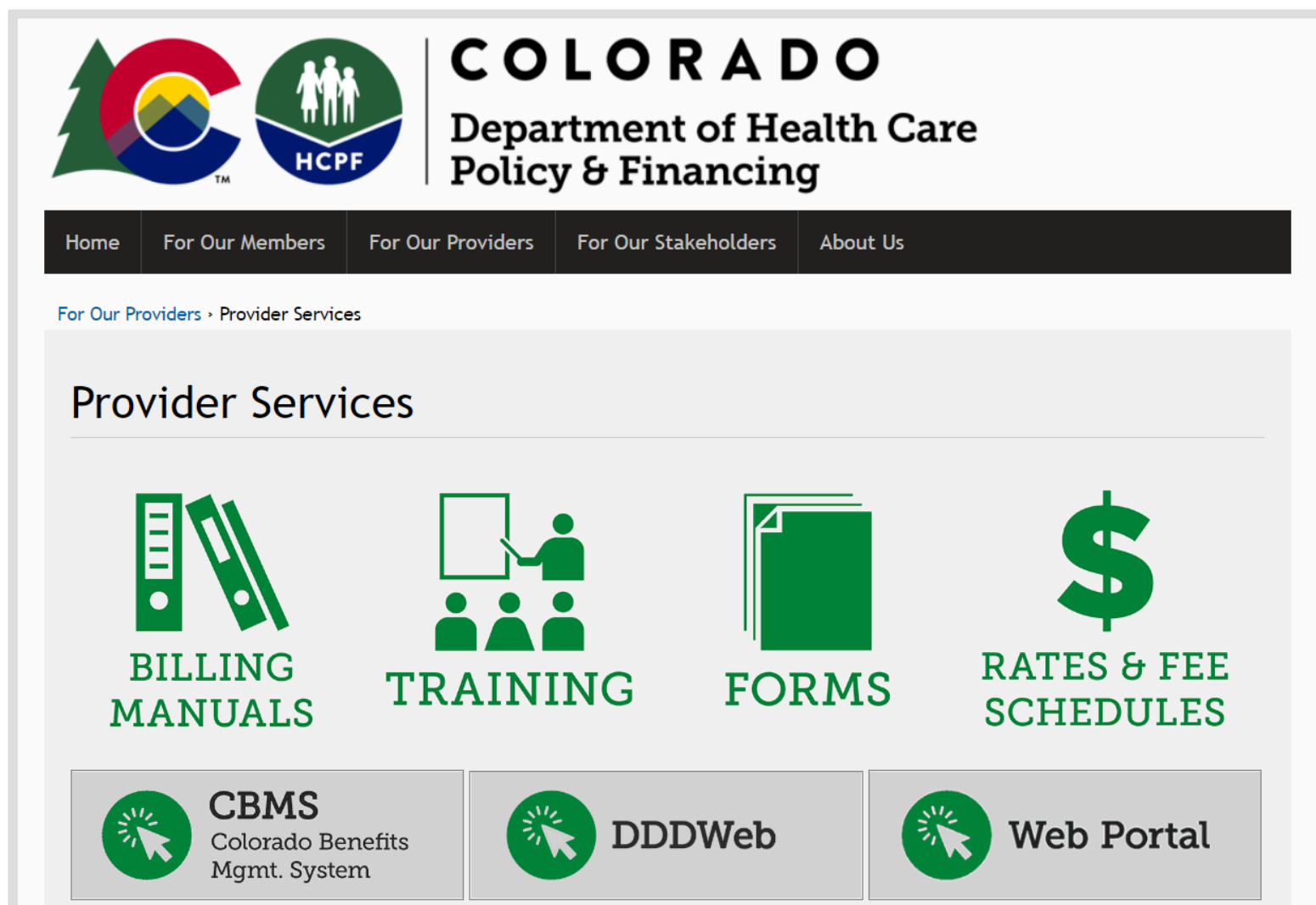
Wilson, Abraham
Optometrist — Optometrist, Optometrist - Corneal and Contact Management, Optometrist - Low Vision Rehabilitation, Optometrist - Pediatrics, Optometrist - Sports Vision, Optometrist - Occupational Vision
2770 Woodgate Rd — Montrose, CO 81401
Phone: [197-024-9233](tel:197-024-9233) — [Get Directions](#)
Gender: Male — Languages: English, Spanish — Accepting New Patients: Yes
ADA Compliant: Yes

Where to find the PETI Fee Schedule

Click: For Our Providers

Click: Provider Services (forms, rates billing manuals)

Click: Rates & Fee Schedules



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Department of Health Care
Policy & Financing

Home For Our Members For Our Providers For Our Stakeholders About Us

For Our Providers > Provider Services

Provider Services

**BILLING
MANUALS**

TRAINING

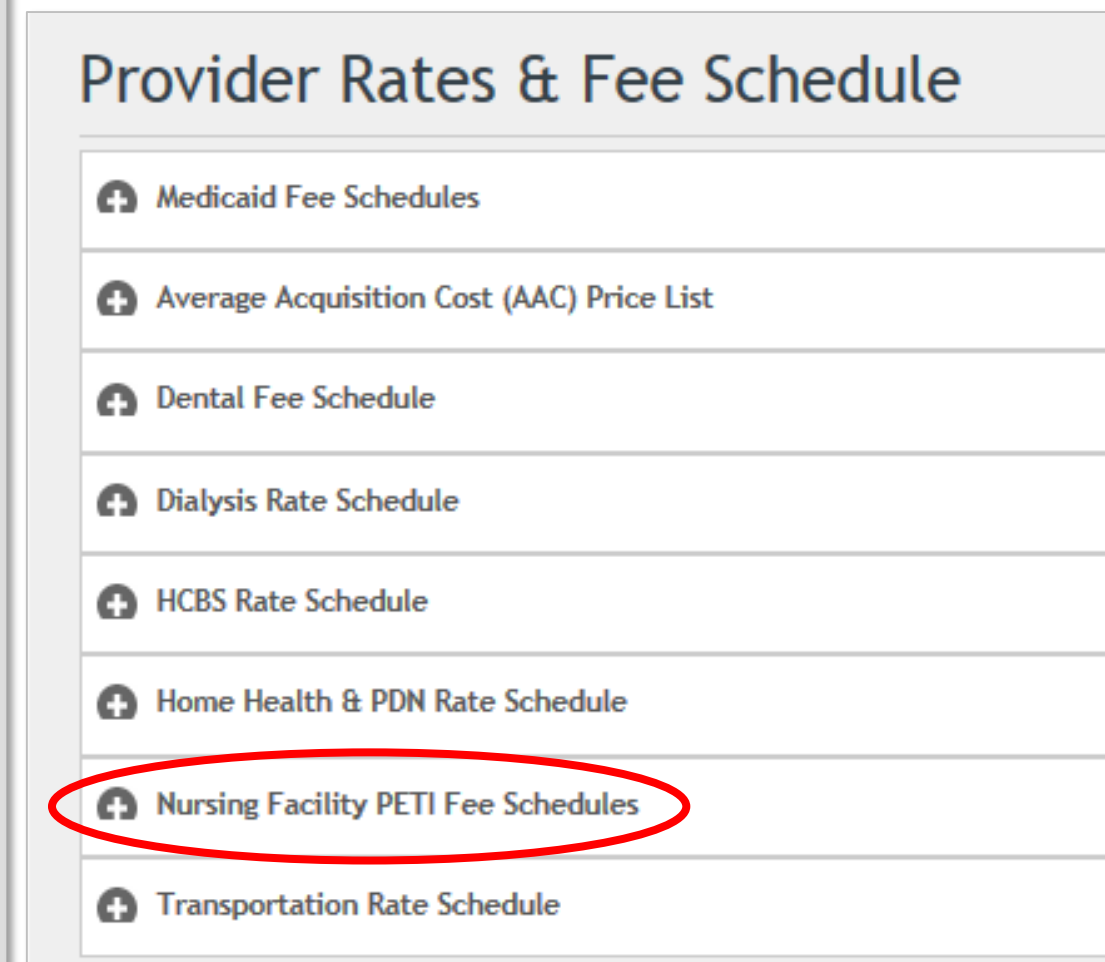
FORMS

**RATES & FEE
SCHEDULES**

CBMS
Colorado Benefits
Mgmt. System

DDDWeb

Web Portal



Provider Rates & Fee Schedule

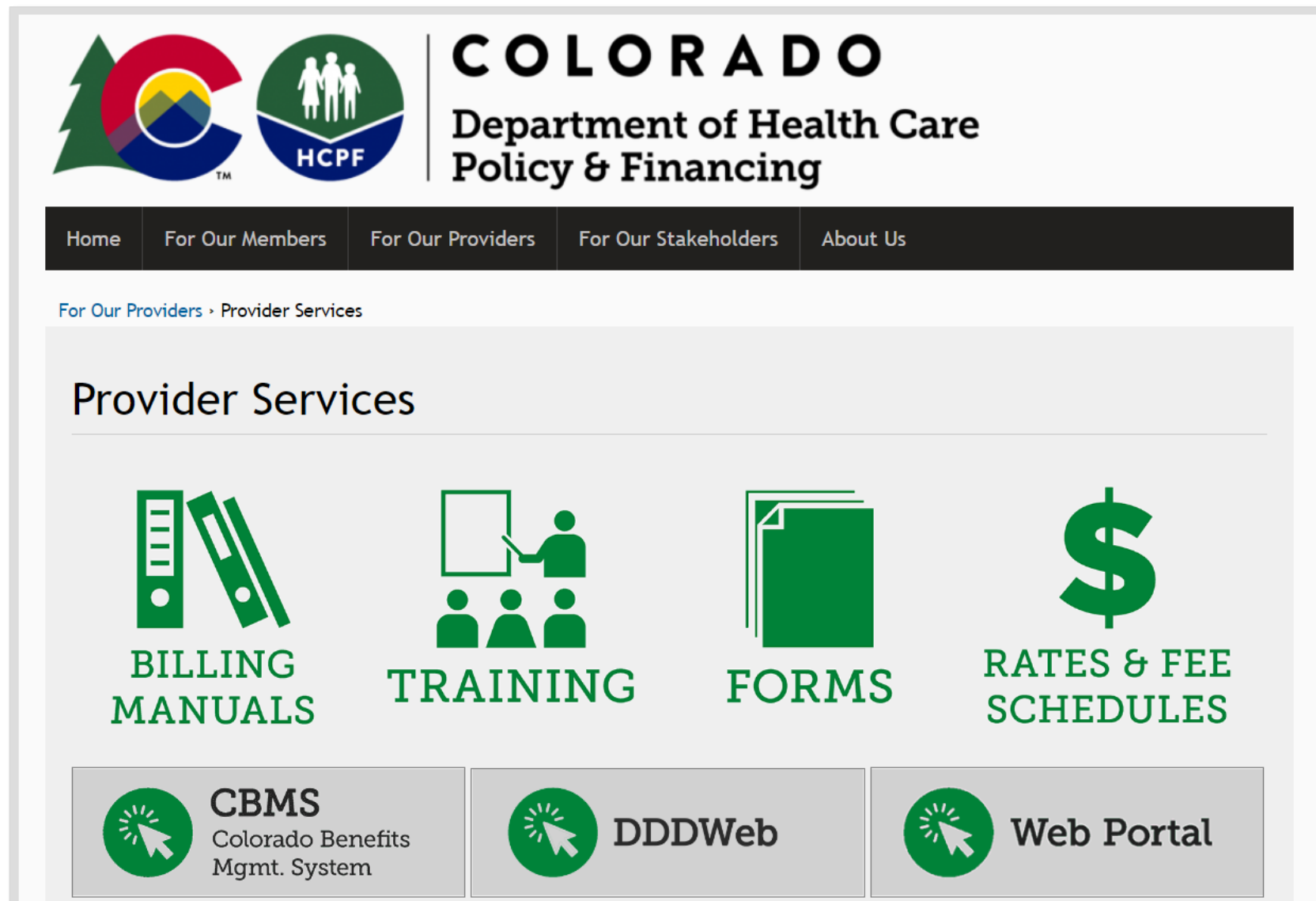
- + Medicaid Fee Schedules
- + Average Acquisition Cost (AAC) Price List
- + Dental Fee Schedule
- + Dialysis Rate Schedule
- + HCBS Rate Schedule
- + Home Health & PDN Rate Schedule
- + Nursing Facility PETI Fee Schedules**
- + Transportation Rate Schedule

Where to find NF PETI forms

Click: For Our Providers

Click: Providers Services (forms, rates,& billing manuals)

click: Forms



COLORADO
Department of Health Care
Policy & Financing

Home For Our Members For Our Providers For Our Stakeholders About Us

For Our Providers > Provider Services

Provider Services

BILLING MANUALS

TRAINING

FORMS

RATES & FEE SCHEDULES

CBMS
Colorado Benefits
Mgmt. System

DDDWeb

Web Portal

+ Fingerprinting
+ Fraud Reporting
+ Home Health Forms
+ Long-Term Services and Supports Case Management Tools
+ Pharmacy
+ Post-Eligibility Treatment of Income Forms (PETI)
+ Prior Authorization Request (PAR) Forms
+ Provider Enrollment & Update Forms
+ Sterilization Consent Forms

Where to find NF PETI Training

Click: For Our Providers

Click: Providers Services

Click: Training

Click: Long-Term Services and Support

Click: LTSS Training Page

Click: Nursing Facility Post Eligibility-Treatment of Income (PETI)



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Home For Our Members For Our Providers For Our Stakeholders About Us

For Our Providers > Provider Services

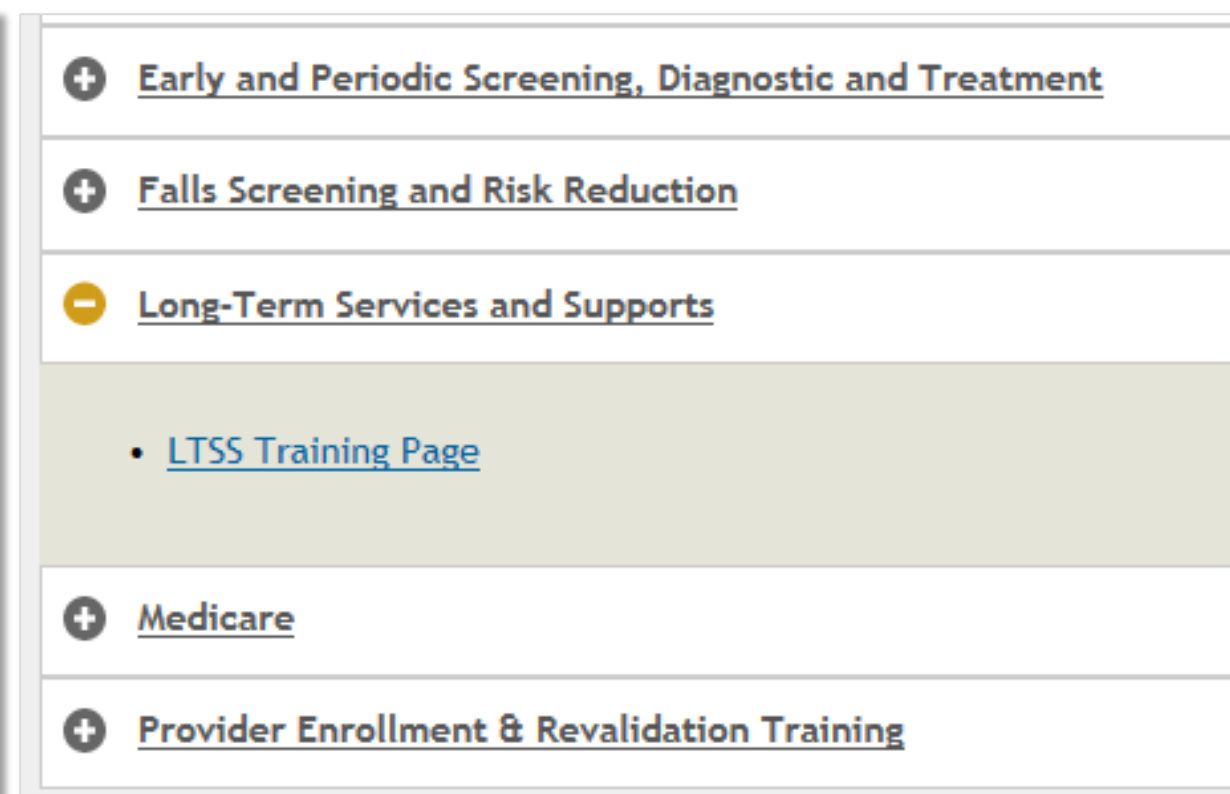
Provider Services

**BILLING
MANUALS**

TRAINING

FORMS

**RATES & FEE
SCHEDULES**



- + [Early and Periodic Screening, Diagnostic and Treatment](#)
- + [Falls Screening and Risk Reduction](#)
- [Long-Term Services and Supports](#)
 - [LTSS Training Page](#)
- + [Medicare](#)
- + [Provider Enrollment & Revalidation Training](#)

Where to find Rule Reference

PETI Rule Reference = 10 CCR 2505-10, Section 8.482.33

www.colorado.gov/hcpf - click For Our Stakeholders



- Click on Explore Regulatory Resource Center
- Scroll down to Department Resources
- Click on [Department Program Rules and Regulations](#)
- Click on 8.400-8.499
- Click on current version of rule
- Scroll to page 148
- See section 8.482.33 Post Eligibility Treatment of Income

Contact Information

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PETI Operations Specialist

Department of Health Care Policy & Financing

303-866-4372

Provider Web Portal: www.colorado.gov/hcpf

Click on For Our Providers, Click on Web Portal - Log In

Provider Services Call Center

For Claims Processing, Enrollment Revalidation Information

Provider Web Portal Questions or System Issues

1-844-235-2387