

# Colorado Gold Card Program

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## Overview

**Beginning Jan. 1, 2026**, providers of certain behavioral health services in Colorado are exempt from prior authorization requirements. These Colorado Gold Card waivers comply with all state requirements, are **Taxpayer Identification Number (TIN)**-specific and apply to the following:

- Eligible fully insured commercial and Individual Exchange\* plan members
- Accounts that are in plan and in-network for identified services

We send qualifying providers a list of their Gold Card service exemptions via email.

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## Program eligibility and requirements



According to Colorado statutes, codes and HB 24-1149 regulations, practices qualify for the Colorado Gold Card Program when they meet the following criteria:

- Network participation in a fully ensured Commercial plan. Colorado Gold Card waivers do not apply to members covered by a Medicare Advantage or Medicaid plan.
- Provider has submitted a minimum of at least 10 eligible prior authorizations with a 90% authorization approval rate or more, during the 12-month evaluation period that runs from Jan. 1, 2024 – Dec. 31, 2024.

Optum Behavioral Health will continue to review program eligibility. Any changes to the eligibility criteria will be communicated in advance.

### State requirements



The Colorado Gold Card state mandates and requirements supersede the [UnitedHealthcare National Gold Card Program](#). That means:

- State criteria is applied criteria first
- The UnitedHealthcare National Gold Card program will then apply for qualifying providers and codes where it does not conflict with state requirements.

## How providers will be notified



- **Gold Card qualified:** Optum automatically notifies qualifying providers of prior authorization exemptions. A notice will be sent electronically after the corresponding evaluation period. It will indicate the services that are exempt from prior authorization.
- **Exemption rescinded:** In the event a Gold Card exemption(s) is rescinded, we will notify you through email and explain the reason the exemption was rescinded.

## What providers need to do



### Optional Advance Notification

Providers and facilities that earn Colorado Gold Card status may complete a simple, optional advance notification to easily validate if the service is covered. Additional benefits to completing this notification include:

- Checking member eligibility and network status
- Processing requests quickly
- Providing a notification number to reference when submitting claims to help ensure timely payment

### How Advance Notification works

Advance Notification begins with the same process you currently use to submit prior authorizations:

- **Online:** For most intensive outpatient services/partial hospitalization programs and psychological testing, you'll submit notification online through the Provider Express secure portal. Here's how:
  - Go to [Providerexpress.com](https://Providerexpress.com) and log into the secure portal (upper right corner) with your One Healthcare ID and password.
  - Select "Auths" from the menu at the top of the page, then select "Auth Request" from the drop-down menu.
- **By phone:** You may occasionally discover some health plans or certain services that the Provider Express secure portal is not set up to accept. In those instances, please call the number on the back of the member ID card to provide notification for those services
- If the case is Gold-Card eligible, after you answer some non-clinical questions will give you a notification number to use when submitting claims to help ensure timely payment. If it's not eligible, you'll proceed with the prior authorization process



### If you received a prior authorization exemption(s)

Beginning Jan. 1, 2026, providers who qualify for a Colorado Gold Card waiver will **not** need to submit prior authorization requests for the exempt TIN and select procedure and revenue codes.

### Submitting claims when you have an exemption(s)

When you receive Gold Card exemptions, you may complete the optional advance notification process or skip the prior authorization and submit your claims through the normal claims process. Be sure to include your TIN when submitting claims. Not including the TIN will result in claims being denied due to lack of prior authorization.



### If you did not receive a prior authorization exemption(s)

If you did not qualify for a waiver, you must continue to submit prior authorization requests for all services that require approval before services are rendered. You can review prior authorization requirements via the:

- [Prior authorization webpage](#) on Providerexpress.com > Admin Resources > Prior Authorization and Notification Information > Commercial Plans

## How to appeal your Gold Card status



### Appeal

If you don't receive prior authorization exemption, you may submit an appeal for each service one time per calendar year. The request should include reasons why you believe you should receive a prior authorization exemption and be emailed to [bh\\_gold\\_card@optum.com](mailto:bh_gold_card@optum.com).

Your Gold Card status may change as a result of an appeal. Any change of status, as well as the effective date, will be communicated through email.

### Optional steps beyond your reconsideration/appeal

- **Expedited, informal resolution:** If your appeal is denied, Colorado's House Bill 1149 allows you to request an expedited, informal resolution.
  - **Binding arbitration:** If you aren't satisfied with informal resolution, you may request binding **arbitration within 12 months of the dispute date** and after administrative remedies (reconsideration/appeals, any other applicable processes required by the plan) are exhausted.

## Eligibility review timing



Optum Behavioral Health will review Gold Card eligibility and qualifications every 12 months. Any changes to the timing of Gold Card qualification reviews will be communicated in advance.

## Questions? We're here to help.



Email Optum Behavioral Health at [bh\\_gold\\_card@optum.com](mailto:bh_gold_card@optum.com).

\* UnitedHealthcare Individual Exchange plans are also referred to as UnitedHealthcare Individual & Family ACA Marketplace plans.