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Did You Know?

Providers must have enrollment and revalidation requirements completed to continue to receive claim payments when the Public Health Emergency (PHE) ends.

Application fees, fingerprinting, and site visits are required for enrollment for some provider types. If any of these requirements were waived for the PHE, providers are encouraged to check the enrollment status and requirements by contacting the [Provider Services Call Center](#).

All Providers

Fiscal Year 2022-2023 Provider Rate Adjustments

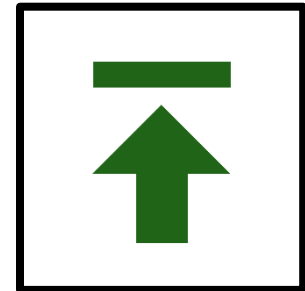
Health First Colorado (Colorado's Medicaid program) across-the-board provider rate increases were approved by the Joint Budget

Improve health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

Committee during the 2022 legislative session and are effective for dates of service beginning July 1, 2022, pending State Plan Amendment (SPA) approval from the Centers for Medicare and Medicaid Services (CMS) prior to implementation. The fee schedules located on the [Provider Rates & Fee Schedule web page](#) will be updated to reflect the approved 2.0% across-the-board rate increases. Rates will be updated in the Colorado interChange once CMS approval is received for dates of service beginning July 1, 2022.

The 2.0% across-the-board increase for Home and Community Based Services (HCBS) waivers services does not require CMS approval. Claims with dates of service on or after July 1, 2022, will be reimbursed at an increased rate for providers for the following waivers:

- HCBS - Brain Injury (BI)
- HCBS - Children's Extensive Supports (CES)
- HCBS - Children's Home and Community Based Service (CHCBS)
- HCBS - Children with Life Limiting Illness (CLLI)
- HCBS - Children's Residential Habilitation Program (CHRP)
- HCBS - Community Mental Health Supports (CMHS)
- HCBS - Developmental Disability (DD)
- HCBS - Elderly, Blind and Disabled (EBD)
- HCBS - Spinal Cord Injury (SCI)
- HCBS - Supported Living Services (SLS)



Updates will be published as they become effective. Contact Victoria Martinez at Victoria.L.Martinez@state.co.us with questions or concerns.

National Correct Coding Initiative (NCCI) Notification of Quarterly Updates

Providers are encouraged to monitor the [Centers for the Medicare & Medicaid Services \(CMS\) website](#) for updates to NCCI rules and guidelines. Updates to the procedure-to-procedure (PTP) and medically unlikely edit (MUE) files are completed quarterly with the next file update available July 2022. For more information, visit the [CMS National Correct Coding Initiative Edits web page](#).

Ordering, Prescribing, Referring (OPR) Claim Identifier Project - Update

Effective July 1, 2022, the Department of Health Care Policy & Financing (the Department) will begin a *soft enforcement* of the federal requirement 42 CFR § 455.440 that claims for

certain types of services contain the National Provider Identifier (NPI) of the provider who ordered the service, and that the NPI is actively enrolled with Health First Colorado.

The OPR claim edits will initially be set to “pay and report” instead of “deny”. This will allow providers to analyze their claim Remittance Advice and identify which claims are missing the required OPR NPI number. The Department will continue to monitor claims and keep providers notified of changes.

Providers are required to enter the NPI of the ordering provider into the following locations for claim submission. In the [Provider Web Portal](#) this field may be labelled as “Referring Provider”.

Professional claims

- Paper claims use field 17.b
- Electronic submissions use loop 2420e with qualifier DK.

Institutional claims

- The Attending Provider field (#76) or the Other ID fields (#78 or #79) for both paper and electronic claims.
- Providers should refer to their applicable [UB-04 billing manuals](#) for guidance on how each field is used.



Visit the [Ordering, Prescribing, and Referring Claim Identifier Project web page](#) for further information on this project.

Contact the [Provider Services Call Center](#) for assistance with claim submission.

Accountable Care Collaborative (ACC) Providers

Update to ACC Member Disenrollment Rules

Effective June 15, 2022, ACC disenrollment rules will be updated. Previously, when a Primary Care Medical Provider (PCMP) updated their accepted age ranges for member enrollment, the change would not affect enrolled members. Beginning June 15, when a PCMP updates the accepted age ranges, all geographically attributed members who fall outside the PCMP’s accepted age ranges will be disenrolled at the end of the month in which the updates are made. This change will not affect members who are attributed via client choice or via claims history. PCMPs should work with the Regional Accountable Entities (RAEs) to ensure that all accepted age ranges are accurate.

Contact HCPF_accenrollment@state.co.us for more information.

Behavioral Health Providers

Update of Billing Modifiers

Modifier FQ (audio only) - Behavioral Health providers who provide services via telemedicine, as indicated by Place of Service (POS) 02 and 10 should now include Modifier FQ when the service is provided via telephone (audio only). This guidance will be published in the July 1, 2022, edition of the Uniform Service Coding Standards (USCS) Manual under Telemedicine Policy for future reference.

Modifier HO - Behavioral Health Providers who are not eligible to enroll in Medicare (such as Licensed Professional Counsellors (LPC), Licensed Marriage and Family Therapists (LMFT) and Licensed Addiction Counsellors (LAC)) and who provide services to members with dual eligibility (Health First Colorado and Medicare), must use the modifier "HO" in the last position on a claim to indicate Health First Colorado is the primary payer for the service. This guidance will be published in the July 1, 2022, edition of the Uniform Service Coding Standards (USCS) Manual for future reference.

Durable Medical Equipment, Prosthetics, Orthotics & Supplies (DMEPOS) Providers

Omnipod® Coding Update

Procedure code A9274 with modifier U1 is a covered service and requires prior authorization for Omnipod® 5 and DASH® products.



This code and modifier combination is manually priced. See the [Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\) billing manual](#) for details on manually priced Durable Medical Equipment. Claims must be submitted via the provider web portal with an invoice or manufacturer's suggested retail price MSRP attached and the appropriate modifier for pricing.

Contact Haylee Rodgers at Haylee.Rodgers@state.co.us with questions.

Family Planning Providers

Family Planning Expansion

Effective July 1, 2022, several changes will occur related to the family planning benefit, including:

- Coverage of family planning for Health First Colorado (Colorado’s Medicaid program) members regardless of their immigration or citizenship status.
- Coverage of family planning and family planning-related services for individuals with a higher income than the standard Medicaid limit (between 133%-260% of the federal poverty level [FPL]).
- Access to a 12-month supply of contraceptives for everyone on Medicaid regardless of their immigration or citizenship status.

Expansion Benefit Summary

	Family Planning Services	Family Planning Related Services
Covered Services	<p>Family planning services are services provided in a family planning setting that can help members choose if, or when, to become pregnant or to become a parent.</p> <p>Including:</p> <ul style="list-style-type: none"> • Any contraceptive drug, device or product approved by the FDA. • Services related to the administration and monitoring of such products, including management of side effects. • Counseling services for continued adherence to a prescribed regimen. • Device insertion and removal. • Any other contraceptive method and counseling services identified by the Department of Health and Human Services or the Women’s Preventive Services Guidelines. 	<p>Family planning-related services are medically necessary services provided in a family planning setting as part of or as follow-up to a family planning visit.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • Diagnosis, treatment, prevention and follow up visits for sexually transmitted infections, lower genital tract and genital skin infections and urinary tract infections if diagnosed at a family planning visit. • Cervical cancer screening and prevention • Related evaluations or preventative services such as tobacco cessation services. • Additional services provided at an annual family planning visit.
Claim Modifier	FP	FP+32
Benefit Expansion Eligibility	<ul style="list-style-type: none"> • Enrolled or presumptively eligible expanded income members (Income between 133%-260% FPL) • Enrolled undocumented members 	<ul style="list-style-type: none"> • Enrolled or presumptively eligible expanded income members (Income between 133%-260% FPL)

	Family Planning Services	Family Planning Related Services
Co-pay Required?	No	No

Billing Guidance

Visits for this benefit expansion will be identified using specific modifiers on the claim, FP for family planning and FP+32 for family planning related services. Undocumented members are NOT covered for family planning related services; claims with the FP+32 modifier will be denied for these members.

Health First Colorado will conduct a claims analysis to monitor utilization of the FP and FP+32 modifiers through:

1. Claims analysis:
 - The team will look at diagnosis, procedure code, place of service, modifier and provider type.
 - Providers will be contacted by the Department if there are claims concerns and will work with Program Integrity.
2. High-cost claims suspension with manual review.
 - High-cost claims will be temporarily suspended for manual reviews to ensure the reduction of clerical errors. Once reviewed for appropriate service, these claims will pay.
3. Benefit assessment and utilization after 12 to 18 months to create a limited benefit package.

A new billing manual for expanded income and undocumented family planning services, including more details on enrollment for members and billing by providers, will be issued in June. Sign up for the Maternal, Child and Reproductive Health Newsletter and visit the [Maternal, Child and Reproductive Health web page](#) for the latest information regarding this program.

Email hcpf_MaternalChildHealth@state.co.us with questions about these changes.

Federally Qualified Health Centers, Rural Health Centers, Indian Health Services Providers, Physician Services, Telemedicine

Increased Broadband Access Grant

Colorado [House Bill 21-1289](#) appropriated monies from the American Rescue Plan Act (ARPA) fund to award grants through the Office of Information Technology (OIT) to increase access to broadband services for providers, non-profits, correctional facilities and county jails and other health service providers who lack quality internet access and devices for telemedicine visits.



Eligible applicants that receive this grant shall use the funds to meet the telemedicine delivery needs of its patients, providers and other staff. The grant opened for applications effective April 22, 2022, and closes mid-June.

Visit the [Colorado Vendor Self-Service web page](#) for more information on applying (click the Public Access button and type HB21-1289 Project Broadband Grant into the keyword search). Refer to page 10 of the request for authorization (RFA) for submission instructions.

Home and Community Based Services (HCBS) Providers

Respite Rate Updates Effective April 1, 2022

Due to an error in the application of temporary rate increases related to the American Rescue Plan Act (ARPA) for HCBS Respite services, there were adjustments made to correct these rate increases.

Effective April 1, 2022, adjustments have been made to Alternative Care Facility Respite and In-Home Respite on the Adult Long-Term Services and Supports (LTSS) Waivers, Individual Respite (15 minute and Day unit) on the Supported Living Services (SLS) and Children's Extensive Support (CES) waivers, Unskilled Respite on the Children With Life Limiting Illness (CLLI) waiver, and Individual- In Family Home (15 minute and Day unit) on the Children's Habilitation Residential Program (CHRP) waiver. These changes are reflected in the fee schedule posted on the [Provider Rates and Fee Schedule web page](#).

No claims reprocessing will take place. Providers need to adjust claims to receive the higher rate on the fee schedule.

Thank you for your continued patience and service to members.

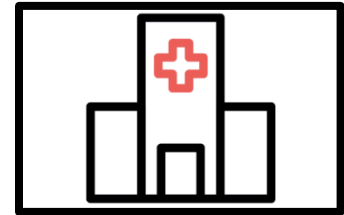
Hospital Providers

General Updates

All Hospital Providers

Hospital Stakeholder Engagement Meetings

Bi-monthly Hospital Engagement meetings will continue to be hosted to discuss current issues regarding payment reform and operational processing. [Sign up to receive the Hospital Stakeholder Engagement Meeting newsletters.](#)



- The All-Hospital Engagement meeting is scheduled for [Friday, July 8, 2022, from 1:00 p.m. - 4:00 p.m. MT](#) and will be hosted virtually.

Visit the [Hospital Stakeholder Engagement Meeting web page](#) for more details, meeting schedules and past meeting materials. **Calendar Year 2022 meetings have been posted.**

Across the Board Rate Increase

[House Bill 22-1329](#) (2022-23 Long Bill) authorizes a 2% increase to fee-for-service hospital rates effective July 1, 2022. These rate increases will be applied to hospitals' Diagnosis-Related Groups (DRG), Enhanced Ambulatory Patient Grouping (EAPG) base rates. Per diem rates for Mental Health and Rehabilitation, Long-term Acute Care, and Spine/Brain Injury hospitals will also be increased by 2%. Approval from the Centers for Medicare and Medicaid Services (CMS) via State Plan Amendment (SPA) is required prior to implementation. Rates will be implemented within the Department's Medicaid Management Information System and any impacted claims will be adjusted to reflect their new payment rates once CMS approves of the related SPAs.

Visit the [Inpatient Hospital Payment web page](#) for a listing of the inpatient hospital base rates. Contact Diana Lambe at Diana.Lambe@state.co.us with any questions regarding these rates.

Visit the [Outpatient Hospital Payment web page](#) for a listing of the outpatient hospital base rates. Contact Tyler Samora at Tyler.Samora@state.co.us with questions regarding these rates.

Visit the [Inpatient Per Diem Payment web page](#) for a listing of Mental Health, Rehabilitation, Long-term Acute Care, and Spine/Brain injury hospital base rates. Contact Andrew Abalos at Andrew.Abalos@state.co.us with questions regarding these rates.

Outpatient Hospitals

Rule Proposal for Enhanced Ambulatory Patient Groups (EAPG) Rate Setting

During the June 10, 2022, Medical Services Board meeting, a language modification will be proposed to the Code of Colorado Regulations, impacting the calculation of the EAPG base rates used for outpatient hospital payments. The intent of this rule change is to better define



the peer groups used in the calculation of EAPG base rates for newly enrolled and out-of-state hospitals, effective September 1, 2022. As this change will require CMS approval via State Plan Amendment, hospital rates impacted by this rule change will be implemented following CMS approval.

Contact Andrew Abalos and Tyler Samora at Andrew.Abalos@state.co.us and Tyler.Samora@state.co.us for questions regarding this rule.

Rural Health Clinics

Bi-monthly Rural Health Clinic Engagement meetings will continue to be hosted to discuss current issues regarding payment reform and operational processing.

- The next Rural Health Clinic Engagement meeting is scheduled for **Thursday, July 7, 2022, from 12:30 p.m. to 1:30 p.m. MT** and will be hosted virtually on Zoom.

Visit the [Rural Health Clinic Engagement Meeting web page](#) for more details, meeting schedules and past meeting materials.

Contact Erin Johnson at Erin.Johnson@state.co.us with any questions or topics to be discussed at future meetings. Advanced notice will provide the Rates team time to bring additional Department personnel to the meetings to address different concerns.

Rural Health Clinic Managed Care Accuracy Audit Reports

Rural Health Clinic Managed Care Accuracy Audit reports for visits from the April - June 2021 quarter are due **June 30, 2022**. Please submit the data section and attestation statement to Erin Johnson at Erin.Johnson@state.co.us.

Visit the [Rural Health Clinic Forms web page](#) for more details, forms and instructions.

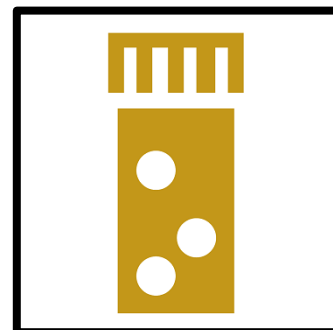
Pharmacy and All Medication Prescribers

Brand Name Medication Favored Over Equivalent Generic

Certain brand name products are managed by favoring them over the generic equivalent non-preferred medications. **Brand favored over Generic products are listed on a document titled, “Brand Favored Product List”** which may be accessed from the [Pharmacy Resources web page](#).

If a generic is medically necessary for the member, when an equivalent brand is favored over generic, additional clinical information will need to be provided during the normal prior authorization process.

As a reminder, Brand Suboxone Film is favored over generic buprenorphine-naloxone film and does not require a prior authorization. Refer to [Appendix P](#), BUPRENORPHINE CONTAINING PRODUCTS section, for details.



Effective May 12, 2022, the following **brand** name medications are no longer favored by Health First Colorado.

- Novolog Mix (insulin aspart-insulin aspart protamine) Vial

Effective May 12, 2022, the following **generic** medications are preferred by Health First Colorado, in addition to the currently preferred Brand name.

- Tacrolimus (generic Protopic) Ointment
- Insulin Aspart-Insulin Aspart Protamine (generic Novolog Mix) Pen
- Insulin Aspart (generic Novolog) Cartridge and Pen
- Insulin Lispro Protamine Mix (generic Humalog Mix) Kwikpen
- Insulin Lispro Junior (generic Humalog Junior) Kwikpen
- Insulin Lispro (generic Humalog) Pen and Vial

Refer to the Preferred Drug List (PDL) on the [Pharmacy Resources web page](#) for more information. Pharmacies may reach out to Magellan Rx Management Pharmacy Center at 1-800-424-5725 for assistance, if needed, available 24 hours a day, 7 days a week.

Carved-out Procedure Codes - Reminder

Providers are reminded that these certain procedure codes which are currently carved out from the two physical health managed care plans (Denver Health and Rocky Mountain Health Plans) will be ending effective July 1, 2022.

86701	87389	87806	96372	99202	99203
99204	99205	99211	99212	99213	99214
99215	99401	99402	99403	99404	99406
99407	99408	99409	99411	99412	99441
99442	99443	G0108	G0109	G0433	

Providers who have not already done so are encouraged to enroll with Rocky Mountain Health Plans and Denver Health Plans as soon as possible, since these managed care organizations will become responsible for claim reimbursement for their members when the carveout ends.

Contact Cameron Amirfathi at Cameron.Amirfathi@state.co.us with any questions.

Emergency Use Authorization (EUA) COVID-19 Antivirals Claim Requirements



COVID-19 medications that were procured by the federal government are free-of-cost to pharmacy providers. These medications (e.g., Paxlovid) still need to be billed to Health First Colorado even though they are free of cost, and the claim requirements for billing free medications are outlined below:

- **Ingredient Cost** = \$0.01 per unit

Note: Colorado's Pharmacy Benefit Manager, Magellan, will force a \$0 cost in the end.

- **Basis of Cost Determination** = This is not a required field on the claim, but 05 (Acquisition) or 08 (340B/Disproportionate Share Pricing/Public Health Service) will be accepted if submitted on the claim.
- **DUR (440-E5)** = DD, ER, HD or PG
- **Dispensing (Incentive) Fee** = Standard dispense fee based on a pharmacy's total annual prescription volume will still apply.

Contact Kristina Gould at Kristina.Gould@state.co.us with any questions.

Family Planning-Related Services and Pharmacy Claims

Effective July 1, 2022, members within the expanded income (with an income up to 260% of the federal poverty level) and Title XIX (fee-for-service) eligibility categories may receive family planning-related medications at a \$0 copay.

Pharmacy providers should utilize field 461-EU on the pharmacy claim to indicate "6-Family Plan" to receive a \$0 copay on family planning-related medications. This will allow the pharmacist to determine if the medication was prescribed in relation to a family planning visit (e.g., tobacco cessation and STI/STD medications).

Contact Kristina Gould at Kristina.Gould@state.co.us with any questions.

Pharmacy Administered Adult Vaccines

Effective May 5, 2022, Health First Colorado members aged 19 years and over will be eligible to receive all Advisory Committee on Immunization Practices (ACIP)-recommended vaccinations at a Health First Colorado-enrolled pharmacy. Claims must be billed through the medical benefit. Vaccines that are newly available in the pharmacy include the following:

Vaccine	CPT Codes	Age Restrictions
Meningococcal	90619 90620 90621 90733 90734	19+ 19+ 19+ 19+ 19+
Hepatitis A	90632 90636	19+ 19+
Hepatitis B	90636 90739 90746	19+ 19+ 19+
Haemophilus Influenzae Type B	90647	19+
HPV	90649 90650 90651	19+ 19+ 19+
MMR	90707	19+
Varicella	90716	19+

Visit the [Pharmacist Services Billing Manual web page](#) for more information specific to pharmacist enrollment. Refer to the [Immunization Benefits Billing Manual](#) for billing instructions and details.

Rates for the Current Procedural Terminology (CPT) and J Codes can be found on the [Provider Rates & Fee Schedule web page](#) under the [Immunization Rate Schedule](#) section.

Immunizations and injections are billed on a CMS 1500 Professional Claim Form.

Contact the [Provider Services Call Center](#) for claims assistance.

Contact Kristina Gould at Kristina.Gould@state.co.us and Cameron Amirfathi at Cameron.Amirfathi@state.co.us with policy questions.

Pharmacy and Therapeutics (P&T) Committee Meeting

Tuesday, July 12, 2022

1:00 - 5:00 p.m. MT (to be held virtually, not in person)

Agenda and meeting information can be found on the [Pharmacy and Therapeutics \(P&T\) web page](#).

Pharmacy and Therapeutics (P&T) Committee Member Openings

The Department has three open positions for the P&T Committee members.

Submissions are being accepted for the following positions:

- One physician who specializes in the practice of psychiatry;
- One specialty physician
- One member representative



If interested in serving, or know someone who may be interested, please submit/have them submit a CV along with a completed [Conflict of Interest form](#) to:

Colorado Department of Health Care Policy & Financing
 Attn: Brittany Schock, PDL pharmacist
 Fax to 303-866-3590 or email Brittany.Schock@state.co.us

Preferred Drug List (PDL) Announcement of Preferred Products

The full listing of preferred drugs, effective July 1, 2022, will be published on the [Pharmacy Resources web page](#) on June 1, 2022.

Changes were made for the following PDL classes, effective July 1, 2022:

PDL class	Moved to Preferred	Moved to non-preferred
Acne Agents, Oral Isotretinoin	Generic isotretinoin (all manufacturers except Amneal)	Amnesteem and Claravis capsules
Topical Immunomodulators, Other	Imiquimod gel (generic Aldara) Condylox gel Podofilox solution	Aldara cream Veregen ointment Zyclara cream Imiquimod cream (generic Zyclara)
Rosacea Agents	Mirvaso gel with pump	
Topical Steroids, Medium Potency	Triamcinolone 0.1% dental paste	
Androgenic Agents	Testosterone (AG) gel packets (generic Vogelxo) (Upsher-Smith only)	Androgel gel packets

Hemorrhoidal, Anorectal, and Related Topical Anesthetic Agents		Lidocaine-Prilocaine cream (Fougera only)
Colony Stimulating Factors	Nyvepria syringe	Udenyca syringe Ziextenzo syringe
Erythropoiesis stimulating Agents	Procrit vial (effective 5/1/2022)	

PDL Classes with No Changes		
ACE Inhibitors, Single & Combinations	Acne Agents, Topical	Alpha-Blockers
Anticoagulants, Oral	Anticoagulants, Parenteral	Anti-Emetics, Non-Oral
Anti-Emetics, Oral	Antineoplastic Agents, Topical	Anti-Platelets
Anti-Psoriatics, Oral	Anti-Psoriatics, Topical	ARBs, Single & Combinations
Benign Prostatic Hyperplasia (BPH) Agents	Beta-Blockers, Single & Combinations	Bile Salts
Calcium Channel-Blockers	GI Motility, Chronic	H. Pylori Treatments
Lipotropics (Bile Acid Sequestrants, Fibrates & Other)	Non-Biologic Ulcerative Colitis Agents, Non-Oral	Non-Biologic Ulcerative Colitis Agents, Oral
Pancreatic Enzymes	Phosphate Binders	Proton Pump Inhibitors (PPIs)
Pulmonary Arterial Hypertension (PAH) Therapies	Renin Inhibitors, Single & Combinations	Statins & Combinations
Tetracyclines	Topical Steroids, High Potency	Topical Steroids, Low Potency
Topical Steroids, Very High Potency		

Pharmacists

Prescribing Opioid Antagonists When Used For Drug Overdose

Effective January 14, 2022, pharmacists enrolled as prescribers may prescribe opioid antagonists indicated for drug overdoses, such as Naloxone. Pharmacy claims for opioid antagonist for use in prevention of drug overdoses will pay when prescribed by an enrolled pharmacist.

Refer to the [Pharmacist Services Billing Manual](#) for more information on how to enroll as a pharmacist.

Physician Services

Depression Screen Billing Changes: Adding Modifiers and Allowing other Caregivers under Child's ID

Effective July 1, 2022, a billing modifier code on all depression screens delivered to members using HCPCS G8431 (positive screen) and G8510 (negative screen) will be required.

Since August 2014, providers have been allowed to bill depression screens for a birthing parent under the child's Health First Colorado ID. [Senate Bill 21-137](#) requires depression screens delivered to any caregiver of a child enrolled in Health First Colorado to be covered. This change allows caregivers other than a birthing parent to receive depression screens under the child's Health First Colorado ID. The addition of a caregiver screen requires providers to include modifiers to track when a screen is done for the individual whose Health First Colorado ID the screen is being billed under, for the parent who gave birth to the member, or for a caregiver to the member.

The below table illustrates how depression screens will need to be billed starting July 1, 2022. Modifiers may be used in any position on the detail line.

Relationship to Member ID on Claim	Unique Modifier
Self	U1
Parent who gave birth to member	U2
Other primary caregiver to member	U3

Billed depression screens using either Healthcare Common Procedure Code System (HCPCS) G8431 or G8510 without modifiers will be denied since this information is needed to ensure

members are receiving appropriate care. Denied claims may be resubmitted with the appropriate modifier.

Contact Morgan Anderson at Morgan.anderson@state.co.us and Susanna Snyder at susanna.snyder@state.co.us with questions.

Retroactive Rate Update for COVID-19 Booster Vaccines, Effective March 1, 2022

The Centers for Medicare and Medicaid Services (CMS) has approved Health First Colorado Medicaid's request to increase COVID-19 vaccine and booster administration rates to \$61.77 for procedure codes 0003A, 0004A, 0013A, 0034A, 0053A, 0054A, 0064A, 0073A, and 0074A per administration. This increase is effective as of March 1, 2022. Updates are now effective in the Colorado interChange. Providers are encouraged to adjust and resubmit claims to receive the increased reimbursement rate.

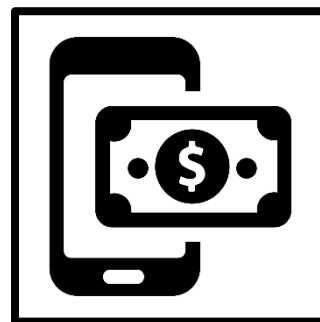
Contact Christina Winship at Christina.Winship@state.co.us with questions.

Primary Care Medical Providers (PCMP) & Specialist Providers

eConsult Platform Informational Update

The Department is implementing a statewide Medicaid electronic consultation platform called the eConsult Platform. This platform will promote the Department's mission to improve healthcare equity, access and outcomes for the people we serve.

The eConsult platform will enable asynchronous (store and forward) clinical communications between a PCMP and a specialist provider. The PCMP will be able to transmit an electronic clinical question to a specialist, and medical information will be reviewed by the specialist provider. The specialist provider will be able to review the case without the member being present. The specialist provider then provides electronic medical consultative guidance that assists the PCMP in the diagnosis and/or management of the member's healthcare needs or facilitates the appropriate referral for a face-to-face visit with a specialist provider when clinically appropriate.



The Invitation to Negotiate (ITN) for the eConsult platform was released in April and currently is in the evaluation and negotiation phase of the procurement. It is expected to have an eConsult vendor selected by this fall/winter.

Anticipated Timeline

- Mid-Spring/Summer 2022 - ITN Posted and Vendor Selection

- Fall/Winter 2022 - Contract Negotiations
- Winter 2023 - Centers for Medicare and Medicaid Services (CMS) Review of Contract
- Spring /Summer 2023 - Implementation Activities
- Summer /Fall 2023 - eConsult Platform Go Live

Note that the timeline is subject to change without prior notice and is only provided as a reference.

Visit the [eConsult Platform web page](#) or send questions to: HCPF_econsult@state.co.us for more information.

Residential Child Care Facility (RCCF)

Residential Child Care Facility Reimbursement Policy

In accordance with the reimbursement policy for child-serving residential providers which took effect Oct 1, 2021, the capitated behavioral health benefit managed by the Regional Accountable Entities (RAEs) will no longer reimburse Residential Child Care Facilities (RCCFs) which are enrolled as Provider Type (PT) 52 effective July 1, 2022; with 2 exceptions to this policy:



1. Providers who are enrolled as PT 52 and PT 36 (Children's Habilitation Residential Program (CHRP) providers) at the same time. This will allow CHRP providers who also offer covered capitation behavioral health benefits to stay enrolled and bill the RAE for covered behavioral health services.
2. Crisis Stabilization Units (CSUs) are currently licensed as RCCFs and do not have a distinct provider type. The Department is looking for a solution for these facilities, but RAEs should continue to reimburse for services provided by CSUs.

Therapy Providers

Changes to PARs for Extended Part C - Early Intervention Providers

Health First Colorado has aligned outpatient physical, occupational, and speech therapy Prior Authorization Requirements (PARs) with the Office of Early Childhood's [Extended Part C Early Intervention program](#).



To accommodate this new program, Prior Authorization Requests (PAR) for Early Intervention Physical Therapy (PT)/ Occupational Therapy (OT) and Speech Therapies are permitted to have ‘end-dates’ which extend outside the window indicated on the member’s Individualized Family Service Plan (IFSP) and may be entered for children ages 0 through 3. The PAR must still have a copy of the approved IFSP attached as the required documentation for medical necessity.

No new documentation is required to be submitted (i.e., documentation that the child is approved for Part B services is not required to be submitted), nor will providers be asked to provide notes or comments as to whether the extended Part C services are being provided.

Medically Necessary Outpatient Physical Therapy (PT)/ Occupational Therapy (OT) and Speech Therapies are still covered for children who age-out of the Early Intervention program and beyond the Extended Part C allowances. See the [Physical and Occupational Therapy](#) and [Speech Therapy](#) billing manuals for details regarding documentation standards for non-Early Intervention services.

Contact Devinne Parsons at Devinne.Parsons@state.co.us for more information.

Individual Family Services Plan or Plan of Care Needed

Effective July 1, 2022, Outpatient Speech Therapy (ST), Physical Therapy (PT), and Occupational Therapy’s (OT) prior authorization requests (PARs) will require the submission of either an appropriate Individual Family Services Plan (IFSP) or a signed Plan of Care (POC) (e.g. treatment plan, therapy plan, patient analysis etc.) effective July 1, 2022. The prior authorization section of the outpatient speech therapy billing manual has been updated to reflect the new authorization requirement.

The utilization management vendor, Kepro, will be reviewing the prior authorization requests (PARs). Visit the [ColoradoPAR: Health First Colorado Prior Authorization Request Program web page](#) for more information about getting access to the PAR Portal, and available training opportunities.

Contact hcpf_UM@state.co.us with additional questions about the PAR process not available on the PAR web page.

Contact Devinne Parsons at Devinne.Parsons@state.co.us with policy and program questions.

Vision Providers

Postoperative Care for Eye Surgery Updates, Effective June 1, 2022

Reimbursement for Current Procedural Terminology (CPT) codes 66821, 66982 and 66984 will be updated effective June 1, 2022, to allow the use of modifiers 54 and 55. This update will allow separate reimbursement for postoperative care for eye surgeries to split the global payment for these procedure codes. These procedure codes will reimburse 80% of the global

reimbursement rate for the procedure codes with the modifier 54 present and 20% of the global reimbursement rate for procedure codes with the modifier 55 present.

Refer to the [Medical-Surgical Billing Manual](#) for additional information and the [Fee Schedule](#) for rate information.

Contact Christopher Lane at Christopher.Lane@state.co.us for policy-related questions and Victoria Martinez at Victoria.L.Martinez@state.co.us or Eric Schmitz at Eric.Schmitz@state.co.us for rates-related questions.

Provider Billing Training Sessions

June 2022 Provider Billing Webinar-Only Training Sessions

Providers are invited to participate in training sessions for an overview of Health First Colorado billing instructions and procedures. The current and following months' workshop calendars are shown below.

Who Should Attend?

Staff who submit claims, are new to billing Health First Colorado services, or need a billing refresher course should consider attending one or more of the following provider training sessions.

The institutional claims (UB-04) and professional claims (CMS 1500) training sessions provide high-level overviews of claim submission, prior authorizations, navigating the [Department's website](#), using the [Provider Web Portal](#), and more. For a preview of the training materials used in these sessions, refer to the Beginner Billing Training: Professional Claims (CMS 1500) and Beginner Billing Training: Institutional Claims (UB-04) available on the [Provider Training web page](#) under the Billing Training - Resources drop-down section.

For more training materials on navigating the Provider Web Portal, refer to the Provider Web Portal Quick Guides available on the [Quick Guides web page](#).

Note: Trainings may end prior to 11:30 a.m. MT. Time has been allotted for questions at the end of each session.



June 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9 Beginner Billing Training: Professional Claims (CMS 1500) 9:00 a.m. - 11:30 a.m. MT	10	11
12	13	14	15	16	17	18
19	20	21	22	23 Beginner Billing Training: Institutional Claims (UB-04) 9:00 a.m. - 11:30 a.m. MT	24	25
26	27	28	29	30		

Live Webinar Registration

Register for a live webinar by clicking the title of the desired training session in the calendar above and completing the webinar registration form. An automated response will confirm the reservation. For questions or issues regarding webinar registration, email co.training@gainwelltechnologies.com with the subject line "Webinar Help." Include a description of the issue being experienced, name and contact information (email address and phone number), and the name and date of the webinar(s) to be attended. Allow up to 2-3 business days to receive a response.

Upcoming Holidays

Holiday	Closed Offices/Offices Open for Business
<p style="text-align: center;">Juneteenth Monday, June 20 (observed)</p>	<p>State Offices and the ColoradoPAR Program will be closed. Capitation cycles may potentially be delayed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks. Gainwell Technologies and DentaQuest will be open.</p>
<p style="text-align: center;">Independence Day Monday, July 4</p>	<p>State Offices, Gainwell Technologies, DentaQuest and the ColoradoPAR Program will be closed. Capitation cycles may potentially be delayed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks.</p>