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Did You Know?

A spreadsheet of provider types with associated manuals can be found on the [Billing Manuals web page](#). This can be found at the top of the page as a link titled "Which billing manual should I use based on my provider type?"

All Providers

Deficit Reduction Act of 2005 (DRA) due November 1, 2022

Section 6032 of the [Deficit Reduction Act](#) requires providers who meet the definition of entity and who make or receive annual Medicaid payments of \$5 million or more to establish and disseminate certain written policies for preventing and detecting fraud, waste and abuse. The entities must also provide information to employees and contractors about the Federal False Claims Act and other applicable federal and state false claims laws, the administrative remedies for false claims and statements, and the "whistleblower" protections afforded under such laws.

Federal Fiscal Year 2022 (FFY2022) providers who are subject to Section 6032 must submit the [DRA Declaration FFY2022 form](#), a copy of the employee handbook or Code of Conduct containing the written policies, the rights of employees to be protected as whistleblowers and a copy of policies and procedures for detecting and preventing fraud, waste and abuse.

The completed DRA Declaration and all required documents listed above must be emailed to hcpf_draact2005@state.co.us no later than November 1, 2022.

Contact Eileen Sandoval at hcpf_draact2005@state.co.us with questions related to the DRA.

Member Billing

Health First Colorado (Colorado's Medicaid Program) members cannot be billed for services covered by Health First Colorado.

Providers cannot bill members in the following circumstances:

- Third-Party Liability (TPL) co-pays and deductibles - Providers cannot bill members for the difference between commercial health insurance payments and the billed charges. The provider also cannot bill members for co-pay or deductibles assessed by the TPL (commercial insurance).
- Delayed Notification of Eligibility from the member - Providers must verify eligibility within 365 days of the date of service. Providers must not solely rely on the member to provide eligibility information but must verify through batch submissions or the provider web portal.
- Claim denials - Timely filing, place of service invalid, contract invalid, no valid prior authorization or other denials for the line item or the entire claim are not valid reasons to bill the member.
- Provider is not enrolled with Health First Colorado - Once the services have been rendered to the member, the provider must enroll with Health First Colorado in order to receive payment. The provider may not bill the member if they choose to not enroll.



Providers shall not send overdue Health First Colorado member accounts to collection agencies unless the billing is for a non-covered service and the member has reneged on a written payment agreement.

If providers treat members aged 20 and under and it is determined that a non-covered service or item is medically necessary at that time for the member, a request may be submitted to Health First Colorado to cover that service or item for that child/youth/young adult.

Visit the [Early and Periodic Screening, Diagnostic and Treatment \(EPSDT\) web page](#), Exceptions, Forms and Processes section for more information, or contact the utilization management vendor for more information.

Visit the [Policy Statement: Billing Health First Colorado Members for Services web page](#) for more information.

New Provider Participation Agreement (PPA) Will Go into Effect on December 1, 2022

The Provider Participation Agreement (PPA) exists to define the Department of Health Care Policy & Financing's (the Department) expectations and outlines some of the state and federal requirements applicable to providers who perform services and submit billing, transactions, and/or data to the Colorado Medical Assistance Program.



The Department has updated the PPA to comply with changing state and federal requirements, and to clarify the Department's expectations of how providers should comply with those requirements. These revisions will go into effect for all currently enrolled and future providers on December 1, 2022.

No action on the provider's part is required for the revised PPA to go into effect. It is the provider's responsibility to review and assess the implications of any modifications to the PPA. Submission of a claim for reimbursement, continuing to provide covered services to members, or continued enrollment as a provider in the program constitutes acceptance of any modifications of the PPA.

The revised PPA can be found on the [Provider Forms web page](#) under "Provider Enrollment & Update Forms".

Updates to the Addresses Panel during Revalidation

Providers currently cannot update service location information in the Addresses panel on a revalidation application in the [Provider Web Portal](#).

Providers will soon be able to edit all information in the Addresses panel for the service location address during revalidation in the Web Portal. When a revalidation application is approved, providers will be able to view the updated service address information in the provider's record.

Visit the [Revalidation - Provider Web Portal Quick Guide](#) for more information.

Contact the [Provider Services Call Center](#) with questions on these changes.

All Providers who Submit Prior Authorization Request (PARs) ColoradoPAR

General Updates

Requesting Modifications to Existing PARs

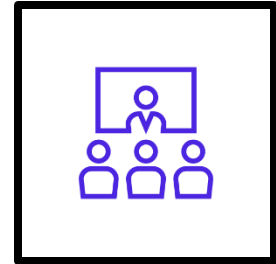
It is not necessary to create a “New” case in the PAR portal (Atrezzo®) to request a Revision to an existing PAR. Use the “Action” drop-down on the previously approved case and then select “Request Authorization Revision” to request a modification to the existing PAR.

Contact Kepro Customer Service at 720-689-6340 or send email to coproviderissue@kepro.com with questions about submitting modifications to existing PARs.

Kepro Atrezzo® System Training

Kepro is holding monthly Atrezzo® system training sessions. The next sessions will be held on October 26, 2022, at 8:30 a.m. and 12:00 p.m. Announcements with sign up information will be sent.

Ensure the correct email address is used when registering to receive the registration invite, which will contain links to join the event or to cancel registration. Email coproviderregistration@kepro.com with questions regarding training.



Upcoming changes: Questionnaires for Medical and Diagnostic Imaging PARs

The utilization management vendor, Kepro, will be adding additional required questionnaires to Physician Services and Diagnostic Imaging PARs to assist providers with submitting all required information, thereby decreasing pends for additional information. These changes will occur during the month of October, and the questionnaires will become a required part of submitting PARs for medical and imaging services. Contact Kepro at coproviderissue@kepro.com with questions about submitting PARs or filling out questionnaires.

Therapy (PT/OT/ST) Providers

Outpatient Therapy Prior Authorization Requests (PARs)

When requesting services for 12 months, the Billing Manual states: *The therapist's plan of care must be reviewed, revised if necessary, and signed, as medically necessary by the member's physician, or other licensed practitioner of the healing arts within the practitioner's scope of practice under state law at least once every 90 days. The care plan may not cover more than a 90-day period, or the time frame documented in the approved IFSP. However, 12-month PARs are reviewed for medical necessity, and the Plan of Care or Order must align with the request.* In addition, it is not *required* to make a 12-month request.

Contact Kepro Customer Service at 720-689-6340 or email coproviderissue@kepro.com with questions about submitting PARs for therapy services.

Behavioral Health Providers

Peer Provider Forum



The Behavioral Health Administration (BHA) and the Department are extending an invitation to a provider forum for organizations pursuing licensure as a Recovery Support Services Organization (RSSO) as well as any other entities currently providing peer services on October 19, 2022 (see invitation below). This forum was created to provide state level support for providers related to BHA licensing, Medicaid enrollment, billing and coding, and other topics. This is to ensure providers have the needed knowledge, communication pathways, and resources to serve well as opportunities for peer support professionals to support Coloradans are expanded. Contact hcpf_peerservices@state.co.us with questions about peer services.

Peer Services Provider Forum

When: Wednesday Oct 19, 2022, 2:00 p.m. - 3:00 p.m. (MT - Denver)

[Register in advance for this meeting](#)

A confirmation email containing information for joining the meeting will be received after registration.

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

Bed Rail Policy Update

Bed rails will only be approved for hospital beds for member safety and to reduce the risk of negative outcomes. Bed rails must also be from the same manufacturer as the bed on which they will be installed. This update will be published in the [DMEPOS Billing Manual](#).

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

Family Planning Providers

Family Planning Expansion Benefits

Effective July 1, 2022, Health First Colorado covers family planning services for eligible non-citizens and family planning and related services for individuals within the 133%-260% federal poverty level (FPL) income bracket.

FP and 32 Modifiers

Providers must use the FP and 32 modifiers for family planning-related services on the claim. Family planning-related services are services provided pursuant to a family planning visit and do not require a prior authorization or co-pay. Reference the [Family Planning Benefit Expansion for Special Populations Billing Manual](#) for more information on what is considered a family planning-related service.

Pharmacy Claim Billing

Effective November 1, 2022, Health First Colorado will implement a list of family planning-related drugs that will be covered by the family planning benefit and not require prior authorization. If the medication is not on the list, the provider will have to submit a prior authorization request (PAR) and confirm that the drug was prescribed in relation to a family planning visit. This change will reduce incorrectly paid claims to ensure program integrity without inhibiting access to care.



Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)

Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) are instructed to follow common billing practices when submitting a claim for members on the Family Planning Benefit Plan and EMS Benefit Plans. Family planning and family planning-related services should have the appropriate modifiers (FP or FP+32), and additional services provided at the visit should be added to the cost report. Concerns regarding denied claims or incorrect information should be sent to hcpf_maternalchildhealth@state.co.us.ok.

Learn more and stay engaged with new Family Planning benefits:

- Providers can learn more about program information and updates by joining the monthly Provider Question & Answer sessions:

Wednesday, October 5, 2022, at 11:00 a.m. - 12:00 p.m.

Video call link: <https://meet.google.com/pgm-ygdi-bds>

Or dial: (US) +1 413-398-2446 PIN: 404 148 895#

Providers and stakeholders can sign up for a [monthly newsletter](#).

All questions and feedback can be sent to hcpf_maternalchildhealth@state.co.us.

Home and Community Based Services (HCBS)

HCBS-IDD Providers Requiring Program Approval: Additional Enrollment Information Required

Effective October 1, 2022, Home and Community Based Services (HCBS) providers enrolling in specialties that require program approval in order to become a Program Approved Service Agency (PASA) must attach their approved PASA applications from the Department of Public Health and Environment to their enrollment applications. New enrollment applications will be returned to providers and change applications will be denied if PASA applications are missing from enrollment applications.

Contact the [Provider Services Call Center](#) with any questions.

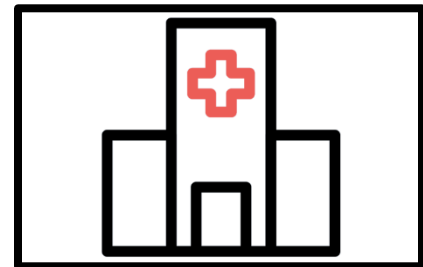
Hospital Providers

Co-Pay Rate Update

Effective July 1, 2022, the co-pay amount for non-emergency services rendered in an outpatient emergency department has changed from \$6 to \$8.

Providers are reminded that to collect this copayment they must:

- Determine that the medical condition does not meet the threshold for emergency care services, as defined at [10 C.C.R. 2505-10](#), Section 8.300.1.1
- Inform the member that the condition does not require emergency care services
- Inform the member of the amount of their cost sharing obligation for non-emergency services provided in the emergency room
- Provide the member with the name and location of an available and accessible alternative non-emergency services provider
- Determine that the alternative provider can offer services to the member in a timely manner with the imposition of a lesser cost sharing amount or no cost sharing if the member is otherwise exempt from cost sharing
- Provide a referral to coordinate scheduling for treatment by the alternative provider.



Refer to [10 C.C.R. 2505-10](#), Section 8.754.2 for more information.

General Updates

All Hospital Providers

Inpatient Hospital Base Rate Methodology Draft

Hospital stakeholders are strongly encouraged to review the DRAFT Inpatient Hospital Base Rate Model that was uploaded to the [Inpatient Hospital Payment web page](#) in August. Hospitals are also encouraged to check the [Inpatient Hospital Payment web page](#) in the event a new model is deposited based on resulting feedback prior to the new October and regularly scheduled November Hospital Engagement Meetings. Hospital stakeholders will be notified through the newsletter of any new models that are deposited. Use the link under the Hospital Stakeholder Engagement Meetings section below to sign up if not already subscribed.

Contact [Diana Lambe, Andrew Abalos, and Kevin Martin](#) with any input or questions on the model.

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.](#)

- An additional [All-Hospital Engagement meeting](#) is scheduled for [Friday, October 7, 2022, from 9:00 a.m. to 12:00 p.m. MT](#) and will be hosted virtually. This meeting is specifically designed to receive feedback from hospital stakeholders on the new Inpatient Base Rate Model due to be instituted on July 1, 2023.



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

Contact Tyler Samora at Tyler.Samora@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.

Outpatient Hospitals

Transition to Enhanced Ambulatory Patient Grouping (EAPG) version 3.16

On July 6, 2022, approval was received from Centers for Medicare & Medicaid Services (CMS) to implement version 3.16 of the EAPG methodology, effective January 1, 2022. As of July 28, 2022, the new methodology and the associated hospital base rates were implemented into interChange, with claim adjustments beginning soon after. The adjustments are expected to continue through October.

Visit the [Outpatient Hospital Payment web page](#) for information relating to the outpatient hospital base rates and EAPG weights

Line Level Denials for National Correct Coding Initiative (NCCI) and National Drug Code (NDC)

As discussed in the September Hospital Engagement meeting, most claims processing through EAPG version 3.16 are paying as expected. However, there are a few trends in payment discrepancies that are coming from line level denials relating to NCCI or NDC errors. Visit the [Centers for Medicaid & Medicare Services website](#) or refer to the Department's monthly [provider bulletins](#) to view any updates related to NCCI edits.

COVID-19 Vaccination Status Denials

In the August and September Hospital Engagement Meetings, the Department discussed outpatient hospital claims that were incorrectly denying due to the inclusion of COVID-19 vaccination status diagnosis codes that were effective April 1, 2022. COVID-19 vaccination status diagnosis codes are no longer causing denials to outpatient hospital claims with the implementation of version 3.16. Consistent with the discussion on these denials in the August Hospital Engagement Meeting, the Department will not resubmit any claims that did not pay due to this error. Providers are expected to resubmit claims for which payment is expected. Contact [Tyler Samora and Andrew Abalos](#) if any help is needed in identifying claims that denied for this reason.

Billing Manual Updates

The Inpatient/Outpatient Billing Manual will have language added which describes processes for coding multiple drugs with the same Healthcare Common Procedure Coding System (HCPCS) and multiple National Drug Codes (NDCs), as well as clarification around payment policies for observation stays through the Enhanced Ambulatory Patient Grouping (EAPG) methodology. Review the updates to the Billing Manual and contact [Tyler Samora and Andrew Abalos](#) with any questions.



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, November 3, 2022, from 12:30 p.m. to 1:30 p.m. and will be hosted virtually. The meetings are now held on Zoom.

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

Contact Andrew Abalos at Andrew.Abalos@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.

Hospital and Emergency Department Providers

Substance Use Disorder - Opiate Antagonist

Effective July 8, 2022, [HB 22-1326 Section 50](#) was implemented, which stipulates that a hospital or an emergency department shall receive reimbursement for the cost of an opiate antagonist when dispensed upon discharge to a Health First Colorado member.

Providers must bill for the service provided and must include the National Drug Code (NDC) of the opiate antagonist dispensed to the member. The table below provides guidance for the covered services.

HCPCS	NDC	HCPCS Billing Units (Per package dispensed)	Rate	Effective Date	End Date
G1028	59467067901	1	\$125.00	07/08/2022	12/31/2999
G2215	00093216568	1	\$116.50	07/08/2022	12/31/2999
	00781717612	1	\$116.50	07/08/2022	12/31/2999
	45802081184	1	\$116.50	07/08/2022	12/31/2999
	69547035302	1	\$116.50	07/08/2022	12/31/2999

Contact Tyler Samora at Tyler.Samora@state.co.us with questions.

Hospitals, Freestanding Birth Centers, Physician Services, Clinics, Hospitals, Women's Services

The Emergent Add-A-Baby Request Process

The Add-A-Baby process was implemented to offer medical providers an alternative way to add a needy newborn(s) to an eligible mother's medical assistance case **only** if the need is for intensive medical care. Mothers must be eligible for medical assistance at the time of the baby's birth for an emergent request.

The Department accepts and processes emergent requests from medical providers for newborns that need intensive medical care for:

- Border
- Synagis
- Neonatal Intensive Care Unit (NICU)



Emergent requests can be submitted only through the [Health First Colorado Add-A-Baby Emergent Request Form](#). *This link is for medical providers only. Requests submitted by non-medical providers or by the parent will not be processed.*

PLEASE NOTE: Do not fax the outdated Medicaid Add-A-Baby Request Form, as it is outdated and will not be processed.

Helpful Tips for Providers:

- Before submitting a request, verify with the parent(s) that they have not submitted newborn information to the county or through PEAK® or the Health First Colorado App to add the baby.
- Let the parent(s) know a request has been submitted to add the newborn and not to add the newborn again through the county, PEAK® or the Health First Colorado App.
- If a request has already been submitted by the parent to the county or through PEAK® or the Health First Colorado App, **do not** submit another emergent request. Submitting another request will cause a delay in approval of benefits and a delay of provider payments.
- Make sure to review the request form for accuracy before submitting the request.
- Do not use this form to get a member ID for the newborn. Providers can get the member ID through the [Provider Web Portal](#).
- Providers can verify a newborn's eligibility through the Provider Web Portal. Providers can search with two of the following: name, Social Security Number (SSN) or date of birth (DOB). This information can be found on the Eligibility verification section in the Provider Web Portal (see [Verifying Member Eligibility Quick Guide](#)).

Non-Emergent Requests

It is requested that providers work directly with the parent's county department of human services or Medical Assistance (MA) Sites when a request is needed to add non-emergent newborns for mothers eligible for Medical Assistance. Parents can also contact their county department of human services or can add the newborn through [PEAK®](#) or the [Health First Colorado App](#).

Email hcpf_add-a-baby@state.co.us for more information on how to submit an Emergent Add-A-Baby Request.

Pediatric Behavioral Therapy Providers

Electronic Visit Verification (EVV) Update



Electronic Visit Verification (EVV) is an electronic system that verifies Home & Community-Based Services (HCBS) visits by documenting six points of data, including the type, date and location of service; the individuals receiving and providing the service; and the time service begins and ends. On August 3, 2020, EVV became mandated by [Colorado Code of Regulation 2505-10 8.001](#), and on February 1, 2022, the EVV pre-

payment claim edit was activated, further described in [Operational Memo 21-075](#).

Pediatric Behavioral Therapies (PBT) - Telehealth Requires EVV

Effective October 1, 2022, PBT services performed by Telehealth/Telemedicine in the following places of service will require EVV prior to claims processing. If EVV is incomplete or not present, the claim will not pay.

- 02 - Telehealth Provided Other than in Patient's Home
- 10 - Telehealth Provided in Patient's Home

PBT providers are not eligible for the Live-In Caregiver EVV Exemption, and claims billed using the CMS 1500 billing methodology, Place of Service (POS) 99, requires EVV.

Providers are responsible to ensure that the member's location is correctly captured when services are rendered by Telehealth/Telemedicine. Guidance on Telehealth/Telemedicine, Alternate Location, and Methodology can be found in the [EVV Program Manual](#).

Many EVV technologies automatically record the location of the caregiver providing services through Telemedicine/Telehealth. The location in the EVV record must indicate the location of the member receiving services through Telemedicine/Telehealth. Provider Agencies may utilize the Alternate Location methodology as needed.

Newly enrolled PBT providers are not automatically enrolled in the EVV Program and are responsible to submit the [EVV Attestation form](#) for EVV enrollment. In addition, a 30-day grace period is given from the EVV requirement after enrollment to complete EVV setup.

Additional Information

The [EVV Program Manual](#) is updated regularly. EVV stakeholder meetings are held monthly; more information on these meetings can be found on the [EVV stakeholder workgroup webpage](#). Visit the [Electronic Visit Verification web page](#) for information about EVV.

Contact the [Provider Services Call Center](#) with questions regarding billing.

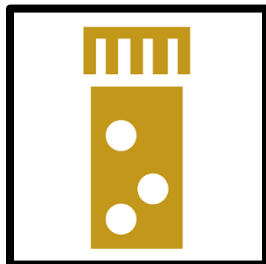
Contact Sandata Technologies by phone at 855-871-8780, or email cocustomercare@sandata.com with questions regarding the State EVV Solution or connecting a Provider Choice EVV System.

Contact the Department's EVV team at evv@state.co.us with all other EVV policy-related questions.



Pharmacies and All Medication-Prescribing Providers

Brand Name Medication Favored Over Equivalent Generic



Certain brand name products are managed by favoring them over the generic equivalent non-preferred medications. Brand name required (BNR) medications are listed on the [Brand Favored Product List](#), accessible from the [Pharmacy Resources web page](#).

Pharmacies may contact Magellan Rx Management Pharmacy Call Center at 1-800-424-5725 for assistance, if needed, available 24 hours a day, 7 days a week.

Brand Suboxone Film remains favored over generic buprenorphine-naloxone film and does not require a Prior Authorization. Refer to the [Appendix P](#), BUPRENORPHINE CONTAINING PRODUCTS section, for more details.

Family Planning for Expanded Eligibility Population and Pharmacy Claims

Effective July 1, 2022, members within the expanded income eligibility category (with an income up to 260% of the federal poverty level [FPL]) were eligible to receive family planning and family planning-related medications at a \$0 co-pay.

REMINDER:

- Members within this eligibility category are eligible to **only** receive family planning and family planning-related services. If the medication has been determined to be family planning or family planning-related, it should be documented in the prescription record.
- If a medication is denying and **is not** a family planning or family planning-related medication, it is not a covered service for this population and providers should not be entering “6-Family Plan” code on the claim.

Contact Korri Conilogue at Korri.Conilogue@state.co.us with any questions.

Preferred Drug List (PDL) Announcement of Preferred Products

The full listing of preferred drugs are published on the PDL, available from the [Health First Colorado Pharmacy Resources web page](#).

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

PDL class	Moved to Preferred	Moved to non-preferred
Contraceptives, Oral - Extended Cycle	Ethinyl Estradiol/Drospirenone tablet	

PDL class	Moved to Preferred	Moved to non-preferred
	Camrese 0.15-0.03-0.01 mg tablet	
Contraceptives, Oral - Low Dose Monophasic	Kalliga 28-day tablet	Tarina FE 1-20 tablet
Glucagon, self-administered	Baqsimi Spray Zegalogue Autoinjector	Gvoke Syringe and Pen Glucagon 1 mg emergency kit (Amphastar)
Diabetes Management Classes, Non-Insulins - DPP-4 Inhibitors and Combinations	Jentadueto tablet Jentadueto XR tablet	
Prenatal Vitamins/Minerals	Taron-C DHA Capsule	

No changes were made for the following PDL classes:

- Androgenic Agents - Topical, Injectable, Oral
- Anti-Hyperuricemics
- Bone Resorption Suppression and Related Agents
- Benign Prostatic Hyperplasia (BPH) Agents
- Contraceptives, Oral - Biphasic
- Contraceptives, Oral - Continuous
- Contraceptives, Oral - High Dose Monophasic
- Contraceptives, Oral - Progestin
- Contraceptives, Oral - Tri Four-Phasic
- Contraceptives, Topical
- Diabetes Management Classes, Insulins:
 - a) Rapid-Acting
 - b) Intermediate-Acting
 - c) Long-Acting
 - d) Mixtures
- Diabetes Management Classes, Non-Insulins:
 - a) Amylin
 - b) Biguanides
 - c) GLP-1 Analogues

- d) Other Hypoglycemic Combinations
 - e) Meglitinides & Combinations
 - f) SGLT-2 Inhibitors & Combinations
 - g) TZDs and Combinations
- Estrogen Agents, Parenteral
 - Estrogen Agents, Oral/Transdermal
 - Growth Hormones
 - Phosphate Binders
 - Overactive Bladder Agents
-

Pharmacy and Therapeutics (P&T) Committee Meeting

Tuesday, October 4, 2022

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

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

Pharmacy and Therapeutics (P&T) Committee Member Openings

There are 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, submit a CV along with a completed [Conflict of Interest form](#) to:

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

Use of Emergency Supply to Allow for Prior Authorization

Prior authorization (PA) requests can be made by a phone call, fax or in real time (ePA) via an electronic health record (EHR). They are processed within 24 hours of receipt unless additional information is needed from the provider to render a decision.

If a member needs a PA, a three (3)-day emergency supply is allowed in most cases. Pharmacies may contact the Magellan Rx Management Pharmacy Call Center via phone at 1-800-424-5725 (available 24 hours a day, 7 days a week) to request a 3-day override for emergency situations while a PA is being processed.

Visit the [Pharmacy Resources page - Appendix P](#) for more information.

Pharmacy Providers

Total Annual Prescription Volume (TAPV) Reminder

Myers and Stauffer is the contracted vendor responsible for conducting the TAPV survey for pharmacy providers on behalf of the Department. The prescription volume information submitted by most pharmacy types will be used to determine their dispensing fee for the 2023 calendar year.

- Pharmacies which meet the regulatory definition of a government or rural pharmacy will have their dispensing fee determined by their pharmacy type and will not be included in the TAPV surveying process as defined in [10 CCR 2505-10](#), Sections 8.800.1 and 8.800.13.
- COVID-19 vaccinations may be excluded from the TAPV count, per guidance received from the Centers for Medicare and Medicaid Services (CMS). This exclusion will be granted for the September 1, 2021, through August 31, 2022, reporting volume timeframe only.

Myers and Stauffer will distribute the surveys to pharmacy providers starting October 1, 2022. Completed surveys must be returned to Myers and Stauffer by October 31, 2022. Survey materials and submission form templates will be available on the [Myers and Stauffer website](#) on or before October 1, 2022.

Pharmacy providers (other than government or rural pharmacies) which do not participate in the prescription volume survey will be placed in the lowest dispensing fee tier of \$9.31. Below are the current dispensing fee tiers:

Total Annual Prescription Volume	Dispensing Fee
0 - 59,999 TAPV	\$13.40
60,000 - 89,999 TAPV	\$11.49
90,000 - 109,999 TAPV	\$10.25

Total Annual Prescription Volume	Dispensing Fee
110,000+ TAPV	\$9.31
Rural Pharmacy	\$14.14
Government Pharmacy	\$0.00

Surveys can be completed online by visiting the Myers and Stauffer website and clicking the “2022 Colorado TAPV Survey” link located under the Total Annual Prescription Volume Survey section.

- Website URL: <https://myersandstauffer.com/client-portal/colorado/>

Contact Myers and Stauffer at pharmacy@mslc.com with questions about the survey or for alternative submission methods.

If a survey request is not received and the location does not qualify as a rural or government pharmacy, contact the Myers and Stauffer Pharmacy Help Desk at 800-591-1183 or at pharmacy@mslc.com to request a survey form.

REMINDER: Providers must ensure that the address, contact person, telephone number and email address of a provider’s location (where goods and services are rendered) is up to date in the Department’s enrollment system pursuant to [10 CCR 2505](#), Section 8.130.1.C.

- Provider enrollment assistance is available by contacting the [Provider Services Call Center](#).

Contact Kristina Gould at Kristina.Gould@state.co.us with questions related to this guidance.

Physician-Administered Drugs (PAD) Providers

Prior Authorization Update

Effective October 1, 2022, a select number of additional physician-administered drugs (PADs), listed below, will be subject to prior authorization (PA) requirements. These codes are in addition to the PADs that have required PA since January 18, 2022.

Providers should ensure that any Health First Colorado member due to receive any of the following PADs have an approved PA on file prior to administration.

All PAD PA procedures, clinical criteria, and additional PADs subject to PA can be found on [Appendix Y: Physician Administered Drug Medical Benefit Prior Authorization Procedures and Criteria](#), accessible via the PAD Resources webpage.

Additional information regarding PAD PA requirements can be found via [ColoradoPAR: Health First Colorado Prior Authorization Request Program](#) and the [Physician Administered Drug Provider Resources web page](#).

All other PAD questions can be directed to HCPF_PAD@state.co.us.

Drug Class	HCPCS	Drug Name
	J0178	Eylea (aflibercept)
Lupus Agents	J0490	Benlysta (belimumab)
	J0491	Saphnelo (anifrolumab)
Multiple Sclerosis Agent	J0202	Lemtrada (alemtuzumab)
Pompe Disease Agents	J2796	Nplate (romiplostim)
Pompe Disease Agents	J0221	Lumizyme (alglucosidase alfa)
	J0219	Nexviazyme (avalglucosidase)
	J3241	Tepezza (teprotumumab)
	J1303	Ultopmiris (ravulizumab)
	J3032	Vyepti (eptinezumab)

Quarter 4 Rate Update 2022

The Physician Administered Drugs (PAD) rates for the fourth quarter of 2022 have been updated. The new rates are effective October 1, 2022, and are posted to the [Provider Rates & Fee Schedule](#) web page under the [Physician Administered Drug Fee Schedule section](#).

Contact Tyler Collinson at Tyler.Collinson@state.co.us with any questions about PAD rates.

Physician Services, COVID Vaccine Providers

COVID-19 Bivalent Booster Vaccines

Effective August 31, 2022, bivalent boosters of the COVID-19 vaccine are a covered benefit. The following Common Procedure Terminology (CPT) COVID-19 vaccine booster codes are now

available: 91312, 91313, 0124A and 0134A. Claims with a date of service of August 31, 2022, or later will be reprocessed.

Effective September 12, 2022, monovalent COVID-19 vaccine boosters are no longer a covered benefit. The following CPT codes will close, and claims with dates of service of September 12, 2022, or later will deny: 0004A, 0034A, 0054A, 0064A and 0094A.

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

Physician Services

Global Surgery Modifier Update

The use of modifier -FT to report unrelated critical care services (CPTs 99291, 99292) during a global surgical period will be recognized for dates of service beginning October 1, 2022.

Refer to the [Medical/Surgical Billing Manual](#) for additional details.

Contact Chris Lane at Christopher.Lane@state.co.us with any questions.

Provider Billing Training Sessions

October and November 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 Beginning Billing Training: Professional Claims (CMS 1500) and Beginning 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.

October 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5	6	7	8
9	10	11	12	13 <u>Beginner Billing Training: Professional Claims (CMS 1500) 9:00 a.m. - 11:30 a.m. MT</u>	14	15
16	17	18	19	20	21	22
23	24	25	26	27 <u>Beginner Billing Training: Institutional Claims (UB- 04) 9:00 a.m. - 11:30 a.m. MT</u>	28	29
30	31					

November 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	10 Beginner Billing Training: Professional Claims (CMS 1500) 9:00 a.m. - 11:30 a.m. MT	11	12
13	14	15	16	17 Beginner Billing Training: Institutional Claims (UB-04) 9:00 a.m. - 11:30 a.m. MT	18	19
20	21	22	23	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
Frances Xavier Cabrini Day, Monday, October 3	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.
Veterans Day, Friday, November 11	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.
Thanksgiving Day, Thursday, November 24	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.
Day After Thanksgiving, Friday, November 25	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.

Gainwell Technologies Contacts

Provider Services Call Center

1-844-235-2387

Gainwell Technologies Mailing Address

P.O. Box 30

Denver, CO 80201