Provider Bulletin

Reference: B2300490

Feb. 2023

COLORADO
Department of Health Care
Policy & Financing

Table of Contents

Did You Know?

The most updated status for current known issues, important updates, system changes and other hot topics are posted on the Known Issues and Updates web page.

A summary of these items can be found in the newsletters posted on the Provider News web page. These pages can be accessed easily by visiting the Department of Health Care Policy & Financing (the Department) website, clicking the For Our Providers link at the top and clicking the green Provider Resources button.

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

Provider resources: Quick guides, known issues, EDI, & training
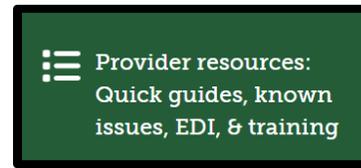
All Providers

### Authenticating When Contacting the Provider Services Call Center

An additional verification is now required when a provider contacts the Provider Services Call Center. The fiscal agent is asking for the caller to provide an 8- to 10-digit Health First Colorado (Colorado's Medicaid program) ID and the National Provider Identification (NPI) (if applicable) to release Health Insurance Portability and Accountability Act (HIPAA) protected information.

Providers whose enrollment types or specialties do not require an NPI may authenticate using their Health First Colorado ID only. If the caller is a submitter or trading partner calling for electronic

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

data interchange (EDI) support, the term "EDI" can be used in order to be directed into the correct queue. Once connected to an agent, the Trading Partner ID (TPID) is required for authentication.

The Health First Colorado ID is displayed in the following locations:

- The welcome letter received when the provider enrolled.

- The blue banner on the home page in the Provider Web Portal.
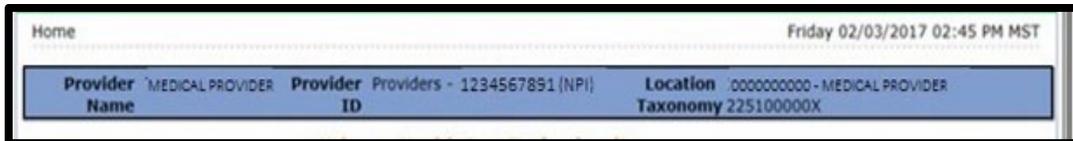
- The Remittance Advice (RA) in the Payee ID field.
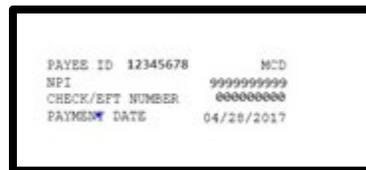
Providers that use a third-party vendor or billing agency to check claim status or to verify eligibility or provider enrollment information must ensure the vendor is given both the NPI and the Health First Colorado ID.

Resources

Visit the Provider Web Portal Administrative Password Reset Process web page to make changes on the administrative account.

Refer to the Delegates - Provider Web Portal Quick Guide to remove a delegate.

Refer to the Provider Maintenance - Provider Web Portal Quick Guide to update contact information.

Refer to the article "Keep Information Current on Administrative Accounts in the Provider Web Portal" published in the October 10, 2022, Provider News & Resources newsletter.

Reminder: Health First Colorado Payer of Last Resort

Providers are reminded that Health First Colorado is the payer of last resort when a member has Medicare or other insurance. Providers are also reminded to check member eligibility to verify primary insurance coverage.

Medicare and commercial insurance carriers must be billed prior to submitting a claim to Health First Colorado. The date of payment or denial must be indicated on the claim form.

The explanation of benefits (EOB) must be retained but is *not required* to be attached to the claim.

Claims may deny for the following EOBs:

- EOB 2590 - CLIENT COVERED BY MEDICARE B

- EOB 4000 - CLIENT COVERED BY PRIVATE INSURANCE

Providers and billers who bill on the Provider Web Portal are encouraged to review the Submitting a Claim with Other Insurance or Medicare Crossover Information Quick Guide.

Refer to the Payer of Last Resort section of the General Provider Information Billing Manual for more information.

All Providers Who Utilize the ColoradoPAR Program

General Updates

Fill Out the ColoradoPAR Provider Survey

The ColoradoPAR Survey for all providers is scheduled to be released on March 6, 2023, and will be open until April 17, 2023. This survey intends to obtain provider feedback regarding Kepro® services for providers who submit Prior Authorization Requests (PARs) using the Atrezzo® platform.

Contact Kepro Customer Service at 720-689-6340 or send an email to coproviderissue@kepro.com for any questions regarding PARs or the Atrezzo system.

Inpatient Hospital Review Program (IHRP) 2.0

The IHRP was suspended in April 2020 as a result of the COVID-19 pandemic and Public Health Emergency (PHE) impact on hospitals. The planning stages of relaunching IHRP, now referenced as IHRP 2.0, are currently in effect. IHRP 2.0 is a redesigned, focused program whose primary goal is to help hospitals coordinate with the appropriate Regional Accountable Entity (RAE) for efficient and effective discharge planning and care coordination. The program will focus on inpatient admission reviews for a small set of surgical procedures and post-admission clinical reviews for care coordination purposes.
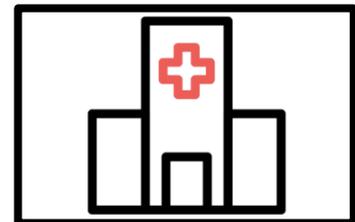
Additional information about IHRP 2.0 is found on the Inpatient Hospital Review Program (IHRP) 2.0 web page. Contact either the ColoradoPAR Program Utilization Management (UM) Team at hcpf_um@state.co.us or Kepro Provider Relations at coproviderissue@kepro.com with any questions.

Durable Medical Equipment (DME) Providers Submitting Prior Authorization Requests (PARs) to Kepro®

The January 2023 Provider Bulletin (B2300488) and the January Special Provider Bulletin – Healthcare Common Procedure Coding System (HCPCS) Update for 2023 (B2300489), both of which can be viewed on the Bulletins web page under the 2023 drop-down section, included information on the HCPCS code changes as well as expected system delays in the Colorado interChange. Until the system changes occur, PARs can be submitted to Atrezzo® with the current HCPCS codes. The release will be announced via provider bulletin. A modification can then be done on the PARs in Atrezzo with the new HCPCS codes, and the claim can be submitted to receive payment. DME PARs are allowed to be submitted up to 90 days after services were provided, allowing members to receive the necessary services during this change.

Below is an example of a HCPCS code change and how to complete PARs for the following DME codes changing in 2023.

Submit HCPCS K0553 and K0554 for Continuous Glucose Monitors (CGM)

When trying to submit a fee for service Prior Authorization Request (PAR) that will contain a 2023 Healthcare Common Procedure Coding System (HCPCS) code, providers have two options to proceed with a PAR request before the Department releases those codes, which are:

1. A PAR can be submitted with the old, or a best-match code, including a note in the PAR stating a HCPCS code modification request will be submitted at a later date. Once the codes are released by the Department, that PAR modification can be submitted with the updated 2023 HCPCS code(s).

    Example: CGM and/or CGM supplies - The PAR is submitted with the current CGM codes with a note stating the PAR will be updated once the new HCPCS codes are released. Once the new HCPCS codes are released, PAR modification can be requested with a note stating the PAR is being modified to the 2023 HCPCS code.

    or

2. A retro PAR can be submitted once the codes have been released by the Department. When submitting retroactively, a note explaining the reason for the delay is included.

Contact the Utilization Management (UM) inbox at HCPF_UM@state.co.us with any additional issues or questions about PARs or billing for K0553 and K0554.

Atrezzo® System Enhancements

Kepro® released Atrezzo portal enhancements to improve the end user experience in late January, based upon provider feedback. The "UM Create Case Wizard" enhancement is now live and designed to improve provider experience and decrease provider burden when submitting Health First Colorado Prior Authorization Requests (PARs) to Kepro for review. Visit the ColoradoPAR: Health First Colorado Prior Authorization Request Program web page for additional details regarding these changes.

Contact Kepro Customer Service at 720-689-6340 or send an email to coproviderissue@kepro.com for any questions regarding PARs or the Atrezzo system.

Family Planning Providers

Basic Fertility Services Coverage

Basic fertility services are covered by Health First Colorado, including for members eligible for the Emergency Medical Services (EMS) and Family Planning Limited (FAMPL) benefit plans.

Covered fertility services include:

- Counseling regarding the reproductive system and fertility awareness (e.g., helping individuals predict when ovulation will occur)

- Initial evaluations on a member's ability to achieve a healthy term pregnancy (e.g., sperm analysis or ultrasound to determine any anatomical barrier) that would occur in a family planning setting

Covered services should focus on identifying potential causes or reasons an individual is unable to become pregnant. Providers may work with members to initiate an evaluation of potential causes for the inability to achieve pregnancy and then make appropriate referrals to specialty care if infertility continues. Services to treat identified fertility concerns and infertility treatment and related tests are not covered under Health First Colorado.

Contact Maternal Child Health at hcpf_maternalchildhealth@state.co.us with questions.

Hospital Providers

General Updates

All Hospital Providers

Inpatient Hospital Base Rate Methodology Draft

Hospitals are strongly encouraged to check the [Inpatient Hospital Payment web page](#) to review the new base rate methodology document [Draft Inpatient Rate Model November 2022 Stakeholder Review](#). The model is 99% finished with only slight adjustments expected if during roll-out some changes are necessary, or some portion of the model is determined to not work as expected. The new methodology will need to be characterized in the Code of Colorado Regulations (CCR 8.300: Hospital Services) and as such the initial DRAFT language can be reviewed on the [Inpatient Hospital Payment web page](#). To listen to the meeting discussing the upcoming changes to CCR 8.300: Hospital Services, review the [recorded meeting](#).

Contact Diana Lambe, Andrew Abalos, and Kevin Martin with any input or questions on the model or the wording in DRAFT CCR 8.300.

Hospital Stakeholder Engagement Meetings

Bi-monthly Hospital Engagement meetings will continue to be hosted to discuss current issues regarding payment reform and operational processing. As this is the beginning of a new year, ensure to have all necessary contacts sign up to receive the Hospital Stakeholder Engagement Meeting newsletters. Visit the Hospital Engagement Meeting web page for more details, meeting schedules and past meeting materials. **Calendar Year 2023 meetings have been posted.**

The next All-Hospital Engagement meeting is scheduled for Friday, March 3, 2023, from 9:00 a.m. to 11:00 a.m. MT and will be hosted virtually.

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.

Billing Manual Updates

The Enhanced Ambulatory Patient Groups (EAPG) Inpatient Only List has been updated. Fourteen (14) procedure codes have been added to the list. All procedure codes on this list will map to EAPG 993 (Inpatient Only) procedures and are not reimbursable on outpatient hospital claims. Refer to the updated Appendix O for these updates. There are 27 add-on codes on a new tab within Appendix O. When these add-on codes are billed together with the corresponding primary code, they will be assigned EAPG 993.

The Outpatient Hospital Unbundled DME Codes List within Appendix G have been updated. Any code on the unbundled list should be billed separately on the Centers for Medicare & Medicaid Services (CMS) 1500 form for reimbursement. These codes are subject to the Durable Medical Equipment (DME) or supplier benefit rules, which means that payment for these codes are not guaranteed.

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, March 2, 2023**, from 12:30 p.m. to 1:00 p.m. MT and will be hosted virtually. The meetings are 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.

Emergent Add-A-Baby Request Process

As a reminder, this existing process was implemented to offer medical providers an alternative for adding needy newborns of eligible mothers to their Medical Assistance (MA) case for intensive medical care. Mothers need to be eligible for MA at the time of baby's birth for an emergent request.

Emergent requests are accepted and processed from medical providers for newborns that need intensive medical care for:

- o Border,
- o SYNAGIS, or
- o Neonatal Intensive Care Unit (NICU)

Emergent requests can only be submitted 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.**

Note: Do not fax the old 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 Colorado PEAK or the Health First Colorado App to add the baby.

- Let the parent(s) know that a request has been submitted to add the newborn so they will not duplicate efforts by adding the newborn through Colorado PEAK, the Health First Colorado app or through the county.

- If a request has already been submitted by the parent(s) to the county or through Colorado PEAK or the Health First Colorado app, do not submit another emergent request as duplicate requests can cause a delay in approval of benefits and a delay of provider payments.

- Review the request form for accuracy before submitting the request.

- Do not submit a request to obtain only the newborn's member ID. Providers can get the member ID through the Provider Web Portal.

- Providers can verify a newborn's eligibility through the 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 Web Portal. Refer to the Verifying Member Eligibility Quick Guide.
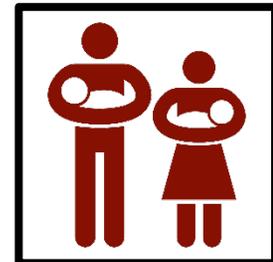
Non-Emergent Requests

Providers are requested to work directly with the parent's county department of human services or MA sites when a request is needed to add non-emergent newborns for mothers

eligible for MA. Parents can also contact their county department of human services or can add the newborn through Colorado PEAK or the Health First Colorado app.

Provider Billing Training Sessions

February and March 2023 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 who 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 the 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 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.

February 2023

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

March 2023

Monday	Tuesday	Wednesday	Thursday	Friday
		1	2	3
6	7	8	9 **Beginner Billing Training: Professional Claims (CMS 1500)** **9:00 a.m. – 11:30 a.m. MT**	10
13	14	15	16	17
20	21	22	23 **Beginner Billing Training: Institutional Claims (UB-04)** **9:00 a.m. – 11:30 a.m. MT**	24
27	28	29	30	31

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
Presidents Day, Monday, February 20	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.

Gainwell Technologies Contacts

Provider Services Call Center
1-844-235-2387

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