Provider Bulletin

Reference: B2000447

Apr. 2020

Did You Know?

Federal screening regulations found at 42 CFR § 455.412 require providers to maintain current licenses, without limitations, throughout the term of their agreement. A license update is required when the license on file is expiring soon. To remain actively enrolled, update the license information in the Provider Web Portal by clicking Provider Maintenance and following the steps under Provider Identification Changes. **A copy of the license showing the effective and end dates must be attached.** For more information, refer to the Provider Maintenance Quick Guide – License Update located on the Quick Guides and Webinars web page.

All Providers

New Format for Provider Billing Manuals

Billing manual information will now be displayed as web pages instead of linked documents. Providers are encouraged to save the specific link to their billing manual instead of downloading the information. This will ensure providers have the most up-to-date information. However, the web pages can still be printed and saved.

Please note: this does not apply to pharmacy and dental manuals.

Contact the Provider Services Call Center at 844-235-2387 for more information on how to use the new billing manual format.

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

Milliman Care Guidelines (MCG) 24th Edition Updates

The Hearst Health network announced the release of its 24th edition of evidence-based care guidelines in February 2020. Many new additions to MCG solutions were driven by the healthcare industry's move to value-based care and include new and updated tools for payers and providers to better leverage available scientific evidence through MCG clinical content. For post-acute care, the 24th edition has enhanced content for chronic care, transition of care and provides an alignment with industry quality measures for recovery facility care and updated level of care tools. Users submitting reviews for inpatient admissions and surgical procedures might experience their requests requiring additional clinical documentation to complete a review due to the updated criteria.

Visit the ColoradoPAR website for more information regarding prior authorization requests (PAR) submissions and clinical documentation.

Dialysis Providers

Payment for Routine Dialysis Services

Providers are reminded that charges by a dialysis facility for routine drugs and laboratory services are included as part of the dialysis service reimbursement paid on the institutional claim and should not be billed separately.

Only non-routine services performed in addition to the dialysis treatment may be reimbursed separately on a professional claim.

For more information and a list of routine services, refer to the Dialysis Billing Manual, located on the Billing Manuals web page under the UB-04 drop-down.
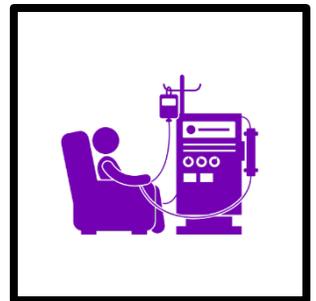
Home & Community-Based Service (HCBS), Home Health, Hospice, Private Duty Nursing, Outpatient Therapy, and Durable Medical Equipment Providers

Electronic Visit Verification (EVV) Mandate Timeline

Providers of Electronic Visit Verification (EVV) services will be required to utilize an EVV system to collect service visit data beginning **Monday, August 3, 2020**.

EVV is an electronic system which verifies that home or community-based service visits occur by documenting six points of data:

- Type of Service
- Date of Service
- Location of Service
- Individual Receiving Service
- Individual Providing service
- Time Service Begins and Ends

Refer to the EVV Types of Service – Service Code Inclusion document located on the Electronic Visit Verification Resources web page to determine if an agency will be required to use EVV.

Provider participation is voluntary until EVV is mandated. EVV implementation is in a Soft Launch period until August 3, 2020. This means that providers may voluntarily collect EVV data and transmit to The Department of Health Care Policy & Financing (the Department). The Department strongly recommends that providers and caregivers participate in EVV during the Soft Launch, as it is an opportunity to:

- Test and interface EVV Systems.
- Familiarize providers with EVV prior to claims integration.
- Review EVV errors appear on the remittance advice (RA) while claims will pay as usual.
- Help the Department identify and develop supplemental training materials.
- Facilitate EVV participation by caregivers and members.
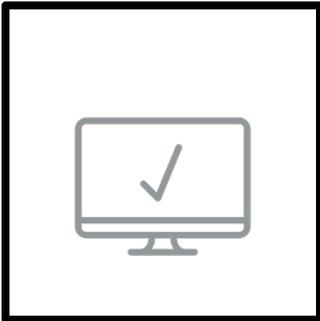
Effective August 3, 2020, claims requiring EVV will be subject to Department review and recoupment if EVV is not used in accordance with Department rule and guidance. The Department understands that collecting EVV data will be a new process for many providers and recoupment is not likely if providers are making earnest efforts to use EVV correctly.

On January 1, 2021, claims requiring the use of EVV will encounter a pre-payment review process. Claims without corresponding EVV records will deny during claims adjudication. To determine which claims will be subject to denial beginning January 1, 2021, review RAs through the Provider Web Portal and look for Explanation of Benefits (EOB) 3054 – "EVV record required and not found."

Visit the Electronic Visit Verification web page for information about EVV implementation in Colorado. The Department hosts monthly stakeholder meetings to discuss EVV and welcomes participation from all stakeholders.

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

Contact the Department at EVV@state.co.us with all other questions.

Hospital Providers

General Updates

Inpatient Hospital Providers

Separation of Mother's Delivery & Newborn Birth Claims

Inpatient claims with a To Date of Service (TDOS) of July 1, 2020, and later, will no longer require hospitals to bill a mother's delivery and services provided to newborns during the mother's inpatient stay under a single combined claim. For additional information, review the meeting materials on the Hospital Stakeholder Engagement Meeting web page.

The Department presented the budget neutral change to the All Patients Refined Diagnosis Related Groups (APR-DRG) Weight Table and table of *estimated changes* in expected payments for all in-state hospitals. The tables are available for review on the Hospital Stakeholder Engagement Meeting web page under the Hospital Stakeholder Engagement Meetings 2020 section and the March 6, 2020, drop-down section . Recording of the meeting and summary of the meeting are also available for review.

Contact Diana Lambe at Diana.Lambe@state.co.us for more information or with questions.

Inpatient Hospital Per Diem Reimbursement

The Inpatient Hospital Per Diem Rate for Long Term Acute Care Hospitals, Rehabilitation Hospitals and Spine/Brain Injury Treatment Specialty Hospitals was loaded on February 26, 2020.

A patch was installed March 12, 2020, to correct the rate mapping issue for Medi care crossover claims. The edit to suspend all claims was removed Tuesday, March 17, 2020. Claims will now be processed automatically by the Colorado interChange. Additionally, billing guidance for claims spanning the implementation date of July 1, 2019, will be posted on April 1, 2020, on the Inpatient Hospital Per Diem Rates web page, emailed via Constant Contact, posted in the next Provider Bulletin and added to the Inpatient and Outpatient Billing Manual.
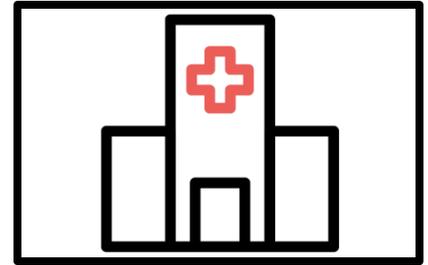
Contact Elizabeth Quaife at Elizabeth.Quaife@state.co.us for additional questions and concerns.

All Hospital Providers

Bi-Monthly Hospital Stakeholder Engagement Meetings

The Department will continue to host bi-monthly Hospital Engagement meetings to discuss current issues regarding payment reform and operational processing. The next meeting is scheduled for **Friday, May 1, 2020, 9:00 a.m. - 12:00 p.m. at 303 E 17th Ave, Denver, Conference Room 7B & 7C. Calendar Year 2020 meetings have been posted.**

Sign up to receive the Hospital Stakeholder Engagement Meeting newsletters.

Please see the Hospital Engagement Meeting web page for more details, meeting schedule and past meeting materials.

Contact Elizabeth Quaife at Elizabeth.Quaife@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 Hospital Providers

Enhanced Ambulatory Patient Grouping (EAPG) Drug Re-Weighting Project

Effective June 1, 2020, the Department will be implementing a payment policy which modifies EAPG payments, resulting in an increase in payment for outpatient hospital drugs for Critical Access Hospitals and Medicare Dependent Hospitals, and a decrease in payment for Non-Independent Urban Hospitals. This change is contingent on the approval of a State Plan Amendment and modification of the Colorado interChange, meaning this payment policy will not be reflected in claims payment until this methodology is approved by Centers of Medicare & Medicaid Services. This change in payment is intended to be a temporary measure to provide financial relief for rural hospitals.

As a long-term measure for the payment of drugs provided in the outpatient hospital setting, the Department is working with a contractor to determine an outpatient hospital drug payment methodology that is an alternative to the EAPG payments. Development and implementation of such a methodology will require resources for the collection and interpretation of outpatient hospitals drug costs and their variation within the Colorado hospital community. Given the resources required for such a change, the Department anticipates an implementation date as early as calendar year 2021.

To stay up to date with this timeline as it evolves, stakeholders are encouraged to attend the Hospital Stakeholder Engagement meetings. Contact Andrew Abalos at Andrew.Abalos@state.co.us with any questions regarding outpatient hospital payment.

Hospital Transformation Program (HTP) Update

HTP Application Materials

A new drop-down section Hospital Transformation Program Application Documents has been added to the HTP web page. This section contains the following documents that pertain to the HTP hospital application process:

- Hospital application
- Application background and instructions
- Application Review Criteria
- Intervention proposal
- Letter of Partnership template
- Ongoing Community and Health Neighborhood Engagement Requirements

Contact Matt Haynes at Matt.Haynes@state.co.us, Special Finance Projects Manager, with any questions regarding these documents.

Update on Federal Authorities

As the federal comment period closed on February 9, 2020, for the HTP 1115 demonstration waiver, the Department is engaged with Centers for Medicare & Medicaid Services (CMS) in discussion of each of those components and is working toward obtaining approval for all components in advance of the target implementation date of October 2020.

HTP Road Show Training for Hospitals

The HTP team would like to thank all those who attended in-person HTP Road Shows that took place across the state over the month of March.

Stakeholders are encouraged to visit the HTP web page and to read past editions of the HTP Newsletter in the online archives for more information.

Contact Courtney Ronner, Hospital Relations and Communication Manager, at Courtney.Ronner@state.co.us with questions about the HTP.

Inpatient Hospital Review Program (IHRP) Suspension

Effective April 1, 2020, the IHRP will be suspended to allow hospitals to direct resources to their COVID-19 response.

Inpatient claims in which the admit date occurs on or after April 1, 2020, will not require an IHRP prior authorization, concurrent or complex case review, or Neonatal Intensive Care Unit (NICU) admission review until further notice.

All Surgical and Hospital Providers

Changing or Updating Surgical Procedure Codes on a Prior Authorization Request (PAR)

Certain surgical procedures require a PAR to determine medical necessity, separate from any Inpatient Hospital Review Program (IHRP) admission review. In certain instances, an approved surgical PAR requires a modification or update. In order to request a modification to an approved PAR, providers should submit a new review through the ColoradoPAR Portal, eQSuite®.

When submitting the new review in the Portal, click Yes on the Untimely PAR Request check box for a retrospective review.

The original Review ID Number and Approved PAR Number will need to be included on the new request along with an explanation of why the codes are being updated in the "Add any additional info pertinent to the request" section.

If the procedure already took place, supporting clinical documentation from the surgery will need to be included at the time of submission. A request to cancel the original PAR needs to be submitted through eQSuite®. For guidance on how to cancel a PAR, visit the ColoradoPAR website.

Contact eQHealth Solutions Customer Service at co.pr@eqhs.com with any questions about this process. Contact the Provider Services Call Center for any claims or billing-related questions.

Pharmacies and All Medication-Prescribing Providers

Appeals Forms

If representing the member in a denied medication appeal, a Non-Attorney Authorization Form will need to be completed giving consent to represent the member in the appeal. The form must be submitted along with supporting documentation to the State of Colorado Office of Appeals Court.

This form can be accessed from the Court Link – General Services web page.

Preferred Drug List (PDL) Announcement

The following PDL drug classes and preferred agents will become effective April 1, 2020.

Atypical Antipsychotics (oral) - Preferred Products			
Aripiprazole tab	Clozapine tab	Latuda 2nd Line	Olanzapine
Quetiapine	Risperidone	Ziprasidone	

Lithium agents - Preferred Products	
Lithium carbonate tab/cap	Lithium ER tab

CGRP Inhibitors - Preferred Products	
Emgality 120mg	Aimovig

Growth Hormones - Preferred Products			
Genotropin	Norditropin		

Insulins (Mixtures) - Preferred Products				
Humalog 50/50 vial	Humalog 75/25 vial	Humalog mix pen	Humulin 70/30 vial/pen	Novolog 70/30 vial/pen

Insulins (Long-acting) - Preferred Products				
Lantus	Levemir			

Insulins (Intermediate-acting) - Preferred Products
Humulin N vial/pen

Insulins (Rapid-acting) - Preferred Products	
Novolog vial/pen/cartridge	Humalog vial/pen/Jr kwikpen/cartridge

Insulins(Short-acting) - Preferred Products	
Humulin R vial	Humulin R U-500 vial/pen

Glucagon, Self-Administered - Preferred Products		
GlucaGen hypokit	Glucagon emergency kit	Gvoke

Intranasal Rhinitis Agents - Preferred Products		
Azelastine	Budesonide	Fluticasone (generic Rx Flonase)
Ipratropium		Triamcinolone (generic Nasacort)

Leukotriene Modifiers - Preferred Products
Montelukast tab/chewable

Statins/Statin Combinations - Preferred Products				
atorvastatin	lovastatin	pravastatin	rosuvastatin	simvastatin

Bile Salts - Preferred Products
Ursodiol

Other Lipotropics - Preferred Products				
Colestipol tab	Cholestyramine	Colesevelam tab	Ezetimibe	Niacin ER
Fenofibrate tab/cap (generic Lofibra and generic Tricor)			Gemfibrozil	Omega-3 (generic Lovaza)

Immune Globulins - Preferred Products			
Gammaplex	Privigen	Gammagard liquid	Gammaked
Gamunex-C		Hizentra	Cuvitru

Multiple Sclerosis Agents - Preferred Products			
Aubagio 2nd Line		Avonex	Betaseron	Copaxone 20mg
Gilenya 2nd Line		Tecfidera 2nd Line		

Neurocognitive Disorder Agents - Preferred Products				
Donepezil 5mg tab	Donepezil 10mg tab	Donepezil ODT	rivastigmine cap/patch	Memantine tab

Anti-Parkinson's Agents - Preferred Products			
Amantadine	Benztropine	Carbidopa/Levodopa IR	Carbidopa/Levodopa ER
Pramipexole IR	Ropinirole IR	Selegeline	Trihexyphenidyl tab/elixir

Ophthalmic Allergy Agents - Preferred Products			
Alrex	Cromolyn	Ketotifen	Lastacaft
Olopatadine		Pazeo	

Ophthalmic Anti-inflammatory Agents - Preferred Products				
Acuvail	bromfenac	diclofenac	ketorolac	flurbiprofen
Lotemax drops/ointment	Pred Mild	FML Forte	Flarex	Prednisolone acetate

Ophthalmic Glaucoma Agents - Preferred Products				
Alphagan P	Azopt	Brimonidine	Combigan	Dorzolamide
Dorzolamide/Timolol		Dorzolamide/Timolol PF		Latanoprost
Levobunolol	Lumigan	Timolol (generic Timoptic)		Travatan Z

Sedative Hypnotics - Preferred Products		
Eszopiclone	Zaleplon	Zolpidem IR/ER
Temazepam 15mg		Temazepam 30mg	Triazolam

Topical Corticosteroids (Low Potency) - Preferred Products			
Fluocinolone acetonide cream	Hydrocortisone cream/oint/supp/lotion	Derma-Smoothe oil	Desonide cream/ointment

Topical Corticosteroids (Medium Potency) - Preferred Products		
Fluticasone cream/oint	Mometasone cream/oint/solution	Triamcinolone acetonide cream/ointment/lotion
Betamethasone dipropionate lotion		Betamethasone valerate ointment

Topical Corticosteroids (High Potency) - Preferred Products	
Betamethasone Dipropionate/Propylene Glycol cream	Fluocinonide gel/solution
Triamcinolone cream/oint	Fluocinonide oint

Topical Corticosteroids (Very High Potency) - Preferred Products	
Betamethasone Dipropionate/Propylene Glycol oint	Clobetasol Propionate cream/gel/oint/solution

Hemorrhoidal and Related Anorectal Agents - Preferred Products				
Hydrocortisone acetate 25mg supp			Cortifoam aerosol	Proctosol-HC 2.5% cream
Hydrocortisone 2.5% cream	Proctozone-HC 2.5% cream	Procto-Pak 1% cream	Procto-med HC 2.5% cream	Hydrocortisone enema
Proctofoam-HC 1%-1%	Hydrocortisone-Pramoxine 1%-1%/2.5%-1% cream		Lidocaine-Hydrocortisone 3-0.5% cream	

Pharmacy and Therapeutics Committee Meeting

Tuesday, April 7, 2020

1:00 p.m. – 5:00 p.m.

MEETING HAS CHANGED TO A VIRTUAL MEETING – Visit the Pharmacy and Therapeutics (P&T) Committee web page for conference line and/or webinar details, agenda and meeting information.

First Databank (FDB) Termination of Selected National Drug Codes (NDCs)

The following products from Mission Pharmacal and Acella Pharmaceutical may not be payable through the pharmacy system after March 31, 2020:

- Ferralet 90 Tablet
- Citranatal Harmony Capsule
- Citranatal 90 DHA Combo Pack
- Citranatal Rx Tablet
- Citranatal Assure Combo Pack
- Citranatal DHA Pack
- Prenaissance Plus Softgel

FDB will terminate the products' NDCs from their system, which may cause rejected claims. Pricing that originates from FDB may not be available.

Health First Colorado (Colorado's Medicaid Program) members utilizing these products should talk with their providers to consider switching to a different agent to avoid possible interruption in therapy. Preferred products are listed on the Preferred Drug List (page 98-99), available on the Pharmacy Resources web page.

Alternative preferred prenatal vitamins/minerals include the following:

CITRANATAL B-CALM	PRENATAL LOW IRON tablet
Complete Natal DHA	PRENATAL VITAMIN PLUS LOW IRON
CONCEPT DHA capsule	PREPLUS tablet
CONCEPT OB capsule	TRINATAL RX 1
M-NATAL PLUS	TRUST NATAL DHA
NESTABS tablets	VIRT-ADVANCE TABLET
PNV OB+DHA COMBO PACK PNV	VIRT-VITE GT TABLET
PNV-FERROUS FUMARATE-DOCU-FA tablet	VOL-PLUS tablet

Prior authorization criteria for non-preferred medications can be found on the Preferred Drug List (PDL) available on the Pharmacy Resources web page. , Contact the Magellan Rx Management Pharmacy Call Center at 1-800-424-5725 with questions regarding rejected claims or prior authorizations.

Physician-Administered Drug (PAD) Providers

Quarter 2 Rate Updates 2020

The PAD rates for the second quarter of 2020 have been updated. The new rates are effective from April 1, 2020, through June 30, 2020, and are posted to the Provider Rates & Fee Schedule web page under the Physician Administered Drug Fee Schedule drop-down section .

Contact Emily Ng at Emily.Ng@state.co.us with any questions about PAD rates.

Provider Billing Training Sessions

April and May 2020 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 UB-04 and 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 UB-04 Beginning Billing Workshop and CMS 1500 Beginning Billing Workshop available on the Provider Training web page under the Billing Training and Workshops drop-down section.

Specialty training sessions provide more training for that particular provider specialty group. Providers are advised to attend a UB-04 or CMS 1500 training session prior to attending a specialty training. For a preview of the training materials used for specialty sessions, visit the Provider Training web page and open the Billing Training and Workshops 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 and Webinars 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.

April 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
5	6	7	8	9 CMS 1500 Provider Workshop 9:00 a.m. – 11:30 a.m. MT	10	11
12	13	14	15	16	17	18
19	20	21	22	23 UB-04 Provider Workshop 9:00 a.m. – 11:30 a.m. MT	24	25
26	27	28	29	30		

May 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8	9
10	11	12	13	14 CMS 1500 Provider Workshop 9:00 a.m. – 11:30 a.m. MT	15	16
17	18	19	20	21	22	23
24	25	26	27	28 UB-04 Provider Workshop 9:00 a.m. – 11:30 a.m. MT	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@dxc.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
Memorial Day Monday, May 25	State Offices, DentaQuest, DXC and the ColoradoPAR Program will be closed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks.

DXC Contacts

Provider Services Call Center
1-844-235-2387