

All Providers

- 1 Did You Know? Timely Filing for Claim Resubmissions
- 1 "Lower of" Pricing Logic for Rate Increases
- 1 Regulatory Efficiency Review Public Notice – 30-Day Comment Period

Anesthesia Providers

- 2 Duplicate Billing of Services Rendered by a Certified Registered Nurse Anesthetist (CRNA) Supervised by an Anesthesiologist

FQHC Providers

- 3 Medicare Crossover Claim Reimbursement

HCBS Providers

- 3 Colorado Choice Transitions (CCT) Program Extension
- 3 New Services Available Under the HCBS-CHRP Waiver
- 4 New Sustainability Services Available Under Certain HCBS Waivers
- 4 New Targeted Case Management – Transition Coordination Benefit for Colorado Choice Transitions Transition Coordination Agency (CCT-TCA) Providers
- 5 Training for In-Home Support Services Now Available

HCBS & Transportation Providers

- 6 Billing Guidelines for Bus Passes

Home Health Agencies

- 6 Self-Audit for Active Certifications and Licenses

Hospital Providers

- 7 General Updates
- 8 Hospital Transformation Program (HTP) Overview & Resources
- 8 Inpatient & Outpatient CHASE Supplemental Payment Percentage Adjustment Factors

Outpatient Physical, Occupational & Speech Therapists

- 13 Code Updates

Pharmacy Providers

- 13 340B Drug Pricing Program

Pharmacies & All Medication-Prescribing Providers

- 14 Brand and Generic Equivalent Changes for Non-Preferred Medications

Physician-Administered Drug (PAD) Providers

- 14 Quarter 2 Rate Updates 2019

Provider Billing Training Sessions

- 14 May & June 2019 Provider Billing Training Sessions

Did You Know?

If a claim was originally submitted within the timely filing guideline and denied or recouped, providers have an additional 60 days from the date of the last remittance advice to resubmit to keep the claim within timely filing guidelines. The previous internal control number must be entered on the claim when resubmitting.

All Providers

"Lower of" Pricing Logic for Rate Increases

If the Department of Health Care Policy & Financing (the Department) implements rate increases, claims that were already billed with and paid at a rate lower than the new rate cannot be adjusted for the higher rate by DXC Technology (DXC). The Department will always use the "lower of" pricing logic. Providers are advised to bill their usual and customary charges.

Regulatory Efficiency Review Public Notice – 30-Day Comment Period

The Department is required by [Executive Order D 2012-002 \(EO2\)](#) to conduct a review of its rules to:

- Assess the continuing need for appropriateness and cost-effectiveness of its rules; and
- Determine if those rules should be continued in their current form, modified or repealed.

Specifically, the Department must consider whether each rule:

- Is necessary and does not duplicate existing rules;
- Is written in plain language and is easy to understand;
- Has achieved the desired intent and whether more or less regulation is needed;
- Can be amended to reduce any regulatory burdens while maintaining its benefits; and
- Is implemented in an efficient and effective manner.

Public comments will be collected between May 1-May 31, 2019, for each section of rule below. Input received will help the Department determine if these rules should be continued in their current form, modified or repealed. All identified rule modifications will go through standard Department rulemaking processes.



- 8.100.1 Medical Assistance Eligibility Definitions
- 8.100.2 Legal Basis
- 8.100.3 Medical Assistance General Eligibility Requirements
- 8.100.4 MAGI Medical Assistance Eligibility
- 8.100.5 Aged, Blind, and Disabled, Long Term Care, and Medicare Savings Plan Medical Assistance General Eligibility
- 8.100.6 Aged, Blind, and Disabled Medical Assistance Eligibility
- 8.100.7 Long Term Care Medical Assistance Eligibility

Email comments to HCPF_EligibilityRegulatory@state.co.us.

Comments can also be mailed to:

Colorado Department of Health Care Policy & Financing
Attention Health Information Office - Eligibility Policy Unit
1570 Grant St, Denver, CO 80203

Input received must include a citation to the section of rule addressed (example: 8.200). Stakeholders who wish to receive a Department response at the close of the public comment period must also provide their name, the organization they represent (if applicable), and their contact information.

Anesthesia Providers

Duplicate Billing of Services Rendered by a Certified Registered Nurse Anesthetist (CRNA) Supervised by an Anesthesiologist

When services are rendered by a CRNA who is supervised by an anesthesiologist, the procedure will only be paid once. If the services are billed by both the CRNA and the anesthesiologist, the second claim will be denied as a duplicate.

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

Federally Qualified Health Center (FQHC) Providers

Medicare Crossover Claim Reimbursement

FQHC claims for visits with members that are eligible for both Medicare and Health First Colorado (Colorado's Medicaid Program) are reimbursed the sum of coinsurance and deductible shown on the crossover claim. This applies to all FQHC claims for dual-eligible members, including claims reimbursed by Managed Care Entities.

Contact Erin Johnson at ErinK.Johnson@state.co.us with any questions.

Home & Community-Based Service (HCBS) Providers

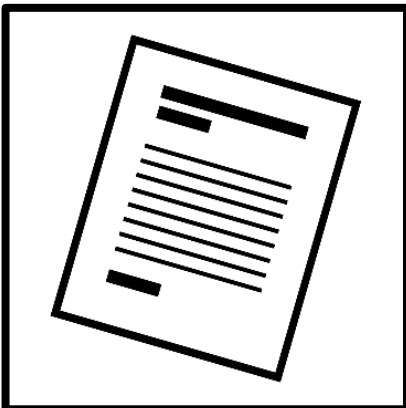
Colorado Choice Transitions (CCT) Program Extension

The Centers for Medicaid & Medicare Services (CMS) has extended funding for the CCT program. June 30, 2019, is the last day for the CCT program to transition individuals into the community. Ancillary services, such as Home Delivered Meals, Peer Mentorship, Independent Living Skills Training and other CCT services will continue for members enrolled by June 30, 2019, for a full year. All services will end completely June 30, 2020.

Members eligible for this program extension must have been in the process of transitioning on December 31, 2018, and actively working with a Transition Coordination Agency. The Department is tracking the status and eligibility of all impacted members.

Contact Nora Brahe at Nora.Brahe@state.co.us with any questions about the CCT program. Visit the [Provider Rates & Fee Schedule web page](#) and [Billing Manuals web page](#) for more information.

New Services Available Under the Home & Community Based Services – Children's Habilitation Residential Program (HCBS-CHRP) Waiver



House Bill 18-1328 authorized the expansion of services available under the HCBS-CHRP waiver. The CHRP waiver currently provides residential services for children and youth in foster care who have a developmental disability and very high needs.

Effective July 1, 2019, pending federal approval from the Centers for Medicare & Medicaid Services (CMS), children residing in the family home will be able to access services, in addition to children in foster care. The following services will also be added:

- Wraparound Facilitator: Intensive and Transition Supports
- In-Home services: Intensive and Transition Supports

In addition to expanded services and eligibility criteria, case management for the HCBS-CHRP waiver will move from each county's Department of Human Services to the Community Centered Boards.

Additional guidance on provider enrollment and billing for these services will be provided in subsequent bulletins and via the [Memo Series web page](#).

Contact Justine Miracle at Justine.Miracle@state.co.us for more information about the upcoming changes to the HCBS-CHRP waiver.

New Sustainability Services Available Under Certain Home & Community-Based Services (HCBS) Waivers

House Bill 18-1326 authorized the expansion of Sustainability Services under the following HCBS waivers:

- Brain Injury
- Community Mental Health Supports
- Developmentally Disabled
- Elderly, Blind and Disabled
- Spinal Cord Injury
- Supported Living Services

These services were previously only available as Demonstration Services under the Colorado Choice Transitions (CCT) program. The new services are:

- Home Delivered Meals
- Peer Mentorship
- Life Skills Training
- Transition Setup Expense
- Transition Setup Coordination



In order to bill for these services, providers must have a valid prior authorization and Service Plan from each member's case manager.

Additional guidance on provider enrollment and billing for these services will be provided in subsequent bulletins and via the [Memo Series web page](#).

Contact Cassandra Keller at Cassandra.Keller@state.co.us with any questions about the new Sustainability Services.

New Targeted Case Management – Transition Coordination Benefit for Colorado Choice Transitions Transition Coordination Agency (CCT-TCA) Providers

House Bill 18-1326 authorized the creation of a new State Plan benefit called Targeted Case Management - Transition Coordination (TCM-TC), which includes transition coordination activities. These activities were previously only available as Demonstration Services under the Colorado Choice Transitions (CCT) program to eligible members enrolled in the CCT- Brain Injury, CCT- Community Mental Health Supports, CCT-

Developmental Disabilities, CCT- Elderly, Blind and Disabled, CCT- Spinal Cord Injury and CCT- Supported Living Services programs.

Member Eligibility

Members are only eligible for the new TCM-TC service if they meet the following criteria:

- Determined financially eligible for Health First Colorado
- Determined eligible for a Home & Community-Based Services (HCBS) waiver by Single Entry Point agency or Community Centered Board
- Reside in a Nursing Facility or Intermediate Care Facility for Individuals with Intellectual Disabilities or Regional Center
- Have expressed interest in moving to a HCBS setting
- Are 18 years of age or older

TCM-TC Benefit Limitations

- Case management services will be available for up to 90 consecutive days of a covered stay in a medical institution.
- Children under the age of 18 cannot receive this service.
- Individuals between ages 22 and 64 who are served in Institutes for Mental Disease or individuals who are inmates of public institutions cannot receive this service.

Unit Maximums and Billing

- A unit of service is defined as each completed 15-minute increment meeting the description of a Transition Coordination activity.
- Delivery of the service is limited to 240 units per transition, a maximum that can be exceeded with approval from the Department.

Only providers enrolled as a CCT-TCA as of December 31, 2018, are able to bill for this benefit at this time.

Additional guidance on provider enrollment and billing for this service will be provided in subsequent bulletins, billing manual updates and via the [Memo Series web page](#).

Contact Nora Brahe at Nora.Brahe@state.co.us with any questions about the new TCM-TC benefit.

Training for In-Home Support Services Now Available



A free provider training for current and prospective In-Home Support Services (IHSS) Agencies has been developed and will be facilitated by the Consumer Direct of Colorado (CDCO).

Trainings will be held twice a month in a hosted webinar format. Training is recommended for IHSS Agency administrators, back-up administrators and key staff.

Visit the [CDCO website](#) to register for IHSS provider training.

Contact Erin Thatcher at Erin.Thatcher@state.co.us or 303-866-5788 for more information.

Home & Community-Based Service (HCBS) and Transportation Providers

Billing Guidelines for Bus Passes

In accordance with the National Correct Coding Initiative, claims for services rendered to a member on the same date of service, by the same provider, will be denied. This includes claims billed for T2003 (non-medical transportation) and T2004 (bus pass). When these two codes are billed for one member by the same provider with the same date of service, claims will be denied for Explanation of Benefits (EOB) 2021 - "A National Correct Coding Initiative (NCCI) procedure to procedure edits that compare procedure code pairs to identify coding logic conflicts."

Providers are advised to bill the entire cost of the bus pass on the date it was purchased and bill non-medical transportation (NMT) services on the dates those services are provided. For example, if a member is authorized for a bus pass in May 2019, the provider should bill the entire cost of the bus pass on May 1, 2019. If the same member is authorized for 10 NMT trips in May 2019, the provider should bill each of the 10 NMT trips on the dates those trips are taken.

Contact Kathleen Homan at Kathleen.Homan@state.co.us with any questions.



Home Health Agencies

Self-Audit for Active Certifications and Licenses

The Audits and Compliance Division will be sending out self-audit letters encouraging Home Health Agency providers to conduct a self-audit to ensure that the certifications for Certified Nurse Aids and licenses for Licensed Practical Nurses and Registered Nurses were active without any limitations at the time services were rendered. Specific instructions for the self-audit will be in the letter.

For information on self-audits, visit the [Provider Self-Audit web page](#).

Contact Saori Kimura at Saori.Kimura@state.co.us or 303-866-6195 with any questions relating to the self-audit.

Hospital Providers

General Updates

Inpatient Hospitals

Fiscal Year 2019-20 Inpatient Hospital Base Rate 30-Day Review Period

Inpatient Hospital Base Rates will be posted mid-May to the [Inpatient Hospital Payment web page](#) after the Long Bill has been passed. Individuals on the [Hospital Engagement Newsletter email list](#) will receive a notification when rates have been posted for the 30-day review period.

All hospitals are strongly encouraged to have their Reimbursement Director and/or Chief Financial Officer review their proposed rate(s) and request calculations from the Department as necessary. After the 30-day review period ends, the Department will work to implement those rates as soon as possible.

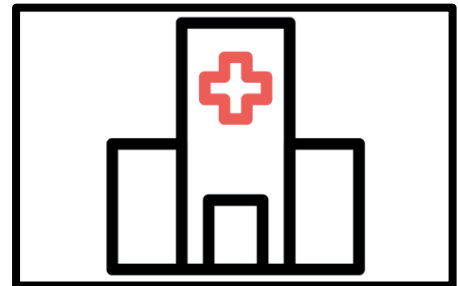
Contact Diana Lambe at Diana.Lambe@state.co.us with any questions.

Inpatient Hospital Per Diem Rate Group

Web Page

A new web page has been created to house the Inpatient Per Diem Rates. Providers are encouraged to visit the [Inpatient Hospital Per Diem Reimbursement Group web page](#).

Our next Inpatient Hospital Per Diem Rate Group meeting is scheduled for Tuesday, May 7, 2019, from 2:00 p.m. - 3:00 p.m. MT. Additional information and past meeting materials are available on the [Hospital Stakeholder Engagement Meetings web page](#).



Outpatient Hospitals

Payment Reform Survey

The Department is planning to conduct a survey regarding its payment reform efforts for Outpatient Hospital Payment. The intent of the survey is to obtain input from the hospital provider community regarding how the Department directs its resources. This survey is also intended to capture information from a broader set of hospitals than the survey distributed in late 2018.

To stay updated on the distribution of the survey, please sign up for the Hospital Stakeholder Engagement Meeting Newsletter mailing list below.

Contact Andrew Abalos at Andrew.Abalos@state.co.us or 303-866-2130 with any questions.

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 3, 2019, 9:00 a.m. - 12:00 p.m. MT at 303 E 17th Ave, Denver, Conference Room 7B & 7C. To see dates for all 2019 Hospital Engagement meetings, refer to the calendar available on the [Hospital Stakeholder Engagement Meetings web page](#).

[Sign up to receive the Hospital Stakeholder Engagement Meeting newsletters.](#)

[Visit the Hospital Engagement Meetings web page for more details, meeting schedule and past meeting materials.](#)

Contact Elizabeth Quaife at Elizabeth.Quaife@state.co.us with any questions and/or topics to be discussed at future meetings. Advance notice will provide the Rates team time to bring additional Department personnel to the meetings to address different concerns.

Hospital Transformation Program (HTP) Overview & Resources

Program Overview

The Hospital Transformation Program (HTP) is a five-year reform initiative that builds upon the existing hospital supplemental payment program to incorporate value-based purchasing strategies into existing hospital quality and payment improvement initiatives. Over time, hospitals across the state will be required to demonstrate meaningful community engagement and improvements in health outcomes in order to receive supplemental payments. The program will outline expectations for key activities and tracking measures in order to establish statewide uniformity while providing the hospitals the flexibility to work with their communities on the best interventions and approaches.

Visit the [Colorado Hospital Transformation Program web page](#) for more information. For a detailed overview of the program and the timeline for implementation and hospital requirements, refer to the [Hospital Transformation Program Concept Paper](#), available under the Hospital Transformation Program Overview & Framework drop-down section on the Colorado Hospital Transformation Program web page.

Stay Updated on All Things HTP

As community engagement and partnership are cornerstones of the program, the HTP Newsletter will be an important channel for providing information and updates about the program to various stakeholders. Refer to the most recent edition of the HTP Newsletter, available under the Newsletters drop-down section on the Colorado Hospital Transformation Program web page.

Providers may [sign up](#) to receive updates about the HTP via the HTP Newsletter. To complete the sign-up process, enter contact information and check the Hospital Transformation Program box. A link to the sign-up form is available on the [HTP Newsletter Archive web page](#).

Contact Hospital Relations and Communication Manager Courtney A. Ronner at 303-866-2699 or Courtney.Ronner@state.co.us with any questions about the HTP.

Inpatient & Outpatient Colorado Healthcare Affordability & Sustainability Enterprise (CHASE) Supplemental Payment Percentage Adjustment Factors



Below are the Inpatient and Outpatient CHASE supplemental payment adjustment factors by hospital for Federal Fiscal Year (FFY) 2018-19. The Inpatient CHASE supplemental payment equals the base rate without add-ons multiplied by an Inpatient percentage adjustment factor, then multiplied by Medicaid discharges and case mix. The Outpatient CHASE supplemental payment equals the estimated outpatient costs multiplied by an Outpatient percentage adjustment factor. The percentage adjustment factors are listed in the table below.

Contact Jeff Wittreich at Jeff.Wittreich@state.co.us or 303-866-2456 with questions.

Hospital	FFY 2018-19 Inpatient Percentage Adjustment Factor (%)	FFY 2018-19 Outpatient Percentage Adjustment Factor (%)
Animas Surgical Hospital	127.21%	59.00%
Arkansas Valley Regional Medical Center	82.00%	76.25%
Aspen Valley Hospital	82.00%	76.25%
Avista Adventist Hospital	119.00%	70.00%
Banner Fort Collins Medical Center	36.27%	31.00%
Boulder Community Health	133.83%	45.00%
Broomfield Hospital	8.00%	8.00%
Castle Rock Adventist Hospital	36.27%	31.00%
Cedar Springs Hospital	0.00%	0.00%
Centennial Peaks Hospital	0.00%	0.00%
Children's Hospital Colorado	7.00%	8.00%
Clear View Behavioral Health	0.00%	0.00%
Colorado Acute Long Term Hospital	5.00%	5.00%
Colorado Canyons Hospital and Medical Center	127.21%	59.00%
Colorado Mental Health Institute Fort Logan	0.00%	0.00%
Colorado Mental Health Institute Pueblo	0.00%	0.00%
Colorado Plains Medical Center	127.21%	59.00%
Community Hospital	10.00%	48.00%
Craig Hospital	5.00%	5.00%
Delta County Memorial Hospital	82.00%	76.25%
Denver Health Medical Center	3.00%	3.00%
Denver Springs	0.00%	0.00%
East Morgan County Hospital	82.00%	76.25%
Eating Recovery Center	0.00%	0.00%
Estes Park Health	82.00%	76.25%

Hospital	FFY 2018-19 Inpatient Percentage Adjustment Factor (%)	FFY 2018-19 Outpatient Percentage Adjustment Factor (%)
Good Samaritan Medical Center	36.27%	31.00%
Grand River Hospital District	82.00%	76.25%
Grandview Hospital	8.00%	8.00%
Gunnison Valley Health	82.00%	76.25%
Haxtun Hospital District	82.00%	76.25%
Heart of the Rockies Regional Medical Center	82.00%	76.25%
Highlands Behavioral Health System	0.00%	0.00%
Keefe Memorial Health Service District	82.00%	76.25%
Kindred Hospital - Aurora	5.00%	5.00%
Kindred Hospital - Denver	5.00%	5.00%
Kit Carson County Health Service District	82.00%	76.25%
Lincoln Community Hospital	82.00%	76.25%
Littleton Adventist Hospital	119.00%	70.00%
Longmont United Hospital	36.27%	31.00%
Longs Peak Hospital	36.27%	31.00%
Lutheran Medical Center	119.00%	70.00%
McKee Medical Center	36.27%	31.00%
Medical Center of the Rockies	133.83%	45.00%
Melissa Memorial Hospital	82.00%	76.25%
Memorial Hospital Central	44.50%	35.65%
Memorial Regional Health	82.00%	76.25%
Mercy Regional Medical Center	127.21%	59.00%
Middle Park Medical Center - Kremmling	82.00%	76.25%
Montrose Memorial Hospital	82.00%	76.25%
Mt. San Rafael Hospital	127.21%	59.00%
National Jewish Health	7.00%	8.00%

Hospital	FFY 2018-19 Inpatient Percentage Adjustment Factor (%)	FFY 2018-19 Outpatient Percentage Adjustment Factor (%)
North Colorado Medical Center	9.30%	10.62%
North Suburban Medical Center	36.27%	31.00%
Northern Colorado Long Term Acute Hospital	5.00%	5.00%
Northern Colorado Rehabilitation Hospital	5.00%	5.00%
OrthoColorado Hospital	36.27%	31.00%
Pagosa Springs Medical Center	82.00%	76.25%
Parker Adventist Hospital	119.00%	70.00%
Parkview Medical Center	133.83%	45.00%
Peak View Behavioral Health	0.00%	0.00%
Penrose-St. Francis Health Services	119.00%	70.00%
Pikes Peak Regional Hospital	127.21%	59.00%
Pioneers Medical Center	82.00%	76.25%
Platte Valley Medical Center	36.27%	31.00%
Porter Adventist Hospital	36.27%	31.00%
Poudre Valley Hospital	87.52%	55.00%
Presbyterian/St. Luke's Medical Center	119.00%	70.00%
Prowers Medical Center	82.00%	76.25%
Rangely District Hospital	82.00%	76.25%
Rehabilitation Hospital of Colorado Springs	5.00%	5.00%
Rehabilitation Hospital of Littleton	5.00%	5.00%
Rio Grande Hospital	127.21%	59.00%
Rose Medical Center	119.00%	70.00%
San Luis Valley Health Conejos County Hospital	127.21%	59.00%
San Luis Valley Health Regional Medical Center	127.21%	59.00%
Sedgwick County Health Center	82.00%	76.25%

Hospital	FFY 2018-19 Inpatient Percentage Adjustment Factor (%)	FFY 2018-19 Outpatient Percentage Adjustment Factor (%)
Sky Ridge Medical Center	119.00%	70.00%
Southeast Colorado Hospital District	82.00%	76.25%
Southwest Health System, Inc.	82.00%	76.25%
Spalding Rehabilitation Hospital	5.00%	5.00%
Spanish Peaks Regional Health Center	82.00%	76.25%
St. Anthony Hospital	36.27%	31.00%
St. Anthony North Health Campus	36.27%	31.00%
St. Anthony Summit Medical Center	127.21%	59.00%
St. Joseph Hospital	36.00%	42.50%
St. Mary-Corwin Medical Center	36.27%	31.00%
St. Mary's Hospital & Medical Center, Inc.	119.00%	70.00%
St. Thomas More Hospital	127.21%	59.00%
St. Vincent General Hospital District	82.00%	76.25%
Sterling Regional MedCenter	127.21%	59.00%
Swedish Medical Center	119.00%	70.00%
The Medical Center of Aurora	119.00%	70.00%
University of Colorado Hospital	24.42%	48.30%
Vail Health Hospital	127.21%	59.00%
Valley View Hospital	127.21%	59.00%
Vibra Hospital	5.00%	5.00%
Weisbrod Memorial County Hospital	82.00%	76.25%
West Springs Hospital	0.00%	0.00%
Wray Community District Hospital	82.00%	76.25%
Yampa Valley Medical Center	127.21%	59.00%
Yuma District Hospital	82.00%	76.25%

Outpatient Physical, Occupational and Speech Therapists

Code Updates

Procedure codes 96112 and 96113 have been added to the procedure code tables in the [Physical/Occupational Therapy \(PT/OT\) Billing Manual](#) and [Speech Therapy Billing Manual](#), both available on the [Billing Manuals web page](#). Coverage for these services is effective January 1, 2019, when the codes began.

Effective June 1, 2019, functional dry needling is to be billed using only CPT 97799. Providers should no longer bill CPT 97140 or any other CPT/HCPCS for functional dry needling.

For speech therapy, the rule found at 10 CCR 2505-10 8.200.3.D.2.b has been copied into the [Speech Therapy Billing Manual](#) for convenience of reference.

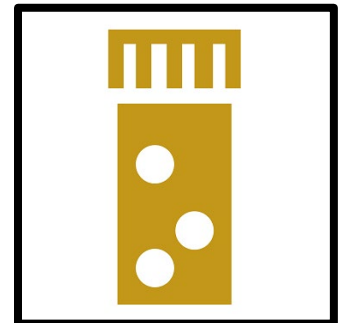
Contact Alex Weichselbaum at Alex.Weichselbaum@hcpf.state.co.us for any questions.

Pharmacy Providers

340B Drug Pricing Program

Pharmacies which participate in the 340B Drug Pricing Program must choose either to provide only 340B-purchased drugs (carve-in) or to provide no 340B-purchased drugs (carve-out) to Health First Colorado members. Providers that choose to carve-in **must**:

1. Have the National Provider Identifier (NPI) number listed on the HRSA 340B Medicaid Exclusion File.
2. Submit the **340B acquisition cost** as the ingredient cost (NCPDP Field #409-D9) on each claim.
3. Submit claims with “**20**” in the Submission Clarification field and “**05**” or “**08**” in the Basis of Cost Determination field.



November 1, 2018, the Department notified providers when:

- The pharmacy NPI number is listed on the HRSA 340B Medicaid Exclusion File and the submitted ingredient cost on the claim exceeds the 340B ceiling price.

Effective May 1, 2019, the Department will deny claims when:

- The pharmacy NPI number is listed on the HRSA 340B Medicaid Exclusion File and the submitted ingredient cost on the claim exceeds the 340B ceiling price.

How to resolve denied claims:

- Pharmacies must resubmit the claim with the appropriate 340B acquisition cost in the submitted ingredient cost field.
- If the pharmacy still receives a denial after submitting the correct 340B acquisition cost, then contact the Magellan Help Desk at 800-424-5725.

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

Pharmacies and All Medication-Prescribing Providers

Brand and Generic Equivalent Changes for Non-Preferred Medications

The Department manages certain brand name non-preferred drugs by favoring them over the generic equivalent non-preferred medications. This list changes on a quarterly basis, with the next update effective May 1, 2019. Refer to the current list available in Appendix P, located on the [Pharmacy Resources web page](#).

If a generic is medically necessary for the member over the equivalent brand, additional clinical information must be provided through a prior authorization.

Other brand/generic changes for preferred drugs are available for reference on the Preferred Drug List (PDL), located on the [Pharmacy Resources web page](#).

Contact Brittany Schock at Brittany.Schock@state.co.us with any questions on the PDL.

Physician-Administered Drug (PAD) Providers

Quarter 2 Rate Updates 2019

The Department has updated the PAD rates for the second quarter of 2019. The new rates have a start date of April 1, 2019, and are posted to the [Provider Rates & Fee Schedule web page](#) under the Physician Administered Drug Fee Schedule drop-down section.

Provider Billing Training Sessions

May & June 2019 Provider Billing 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.

May 2019

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
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12	13	14	15	16	17	18
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
19	20	21	22	23 UB-04 Provider Workshop 9:00 a.m. - 11:30 a.m. MT	24	25

June 2019

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

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. Do **not** register via these links if planning to attend a training session in person at the DXC office (see instructions below for RSVPing to attend in person).

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.

In-Person Training Registration

Providers who would like to attend a training session **in person** should RSVP to co.training@dxc.com by noon the day prior to the training, with the subject line "In-Person RSVP." Please include attendee name(s), organization, contact information (email address and phone number), and the name and date of the training session(s) to be attended. Allow up to 2-3 business days to receive a confirmation for in-person training reservations. Do not send an RSVP via email unless planning on attending **in person**.

In-person training sessions will be held at the following address:

DXC Technology Office
Civic Center Plaza
1560 Broadway Street, Suite 600
Denver, CO 80202

Parking and Transportation

Free parking is not provided, and parking is limited in the downtown Denver area. Commercial parking lots are available throughout the downtown area. The daily rates range between \$5 and \$20. Carpooling and early arrival are recommended to secure parking. Whenever possible, public transportation is also recommended. Some forms of public transportation include the [Light Rail](#) and [Free MallRide](#).

Upcoming Holidays

Holiday	Closed Offices/Offices Open for Business
Memorial Day - Monday, May 27, 2019	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.
Independence Day Thursday, July 4, 2019	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

DXC Office
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1560 Broadway Street, Suite 600
Denver, CO 80202

Provider Services Call Center
1-844-235-2387

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