COLORADO
Department of Health Care Policy & Financing

Provider Bulletin

Reference: B1800419

Aug. 2018

Did You Know? Member Contact Center Phone Number

The Provider Services Call Center phone number, 1-844-235-2387, is for providers only and should **not** be given out to Health First Colorado (Colorado's Medicaid Program) members. The Member Contact Center phone number is 1-800-221-3943.

All Providers

Using a Previous Internal Control Number (ICN)

A previous ICN should **only** be referenced on a claim in the following three scenarios:

1. Timely Filing – If the claim is outside 365 days but was billed within the last 60 days, the previous ICN is needed to show it was kept within timely filing. Refer to the General Provider Information Billing Manual for more information on timely filing.
2. Adjustments – The most recent paid ICN is needed.
3. Voids – The most recent paid ICN is needed.

If none of the above apply, providers should **not** reference previous ICNs. Denied claims that are within 365 days of service should be rebilled as new claims and should not reference the previous ICN.

- Refer to the Copy, Adjust or Void a Claim Provider Web Portal Quick Guide for instructions on billing adjustments or voids in the Provider Web Portal

- Refer to the provider-specific billing manual for instructions on billing adjustments or voids via paper.
- Refer to the TR3 and the companion guides for billing adjustments or voids electronically.

Call the Provider Services Call Center at 844-235-2387 for more questions.

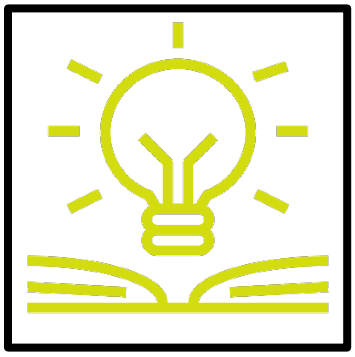
Accountable Care Collaborative (ACC) Phase II—What Providers Need to Know

The most recent iteration of the ACC began July 1, 2018. The Colorado Department of Health care Policy and Financing (the Department) has published resources and guidance for providers, members and other interested parties on Accountable Care Collaborative Phase II web page.

Transition of Care Policy

Per 42 CFR 438.62, the Department must have a transition of care policy in effect to ensure members with special health care needs have continued access to services during a transition from fee-for-service or from one Managed Care Entity (MCE) to another MCE. For more information, see the Department's Transition of Care Policy.

Identifying Denver Health Member Enrollment in the Provider Web Portal



When verifying Health First Colorado member eligibility in the Provider Web Portal, a practice/provider may see that a member has a Managed Care Assignment with Denver Health and Hospital Authority. This does not always mean that a member is enrolled in Denver Health's Medicaid Choice Managed Care Organization. See How to identify Denver Health Member Enrollment in the Provider Web Portal for guidance.

Member Attribution Update

Through ongoing communications with partners and contractors, the Department has identified a handful of issues that may have contributed to some members being attributed to the incorrect primary care medical provider (PCMP), and is working to address these issues at the individual and system level. Health First Colorado members can contact Health First Colorado Enrollment to change their primary care provider.

Member Enrollment in Kaiser Permanente

Kaiser Permanente (KP) has changed its participation with Health First Colorado. As of July 1, 2018, KP will no longer serve as a PCMP outside of the Denver and Boulder area. KP has chosen to **not** contract as a PCMP with the following regional organizations: 1, 2, 4 and 7.

In late June 2018, KP sent letters to approximately 5,600 impacted Health First Colorado members enrolled with KP notifying them of this change. The impacted KP members were disenrolled from KP effective June 30, 2018. Impacted members were assigned a new PCMP and regional organization following the Department's attribution methodology; see the Accountable Care Collaborative Phase II Fact Sheet and Accountable Care Collaborative Phase II FAQs for more information. Members will be notified of this assignment through a letter from Health First Colorado Enrollment. The Department has also published member-facing FAQs.

Primary Care Medical Provider Panel Limits/Caps

PCMPs are **not** required to have a limit on the number of Health First Colorado members that can be attributed, and have the ability to set their own panel limit/cap. Regional Accountable Entities (RAEs) are responsible for working with PCMPs to identify, set or change in the Colorado interChange a PCMPs panel limit/cap. PCMPs must contact their RAE for more information.

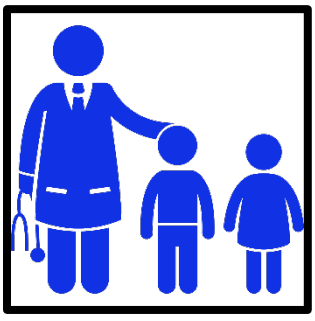
Other Provider Resources

- Behavioral Health Provider Contracting Guidance Fact Sheet
- Primary Care Medical Provider Contracting Guidance Fact Sheet
- What Home and Community Based Service Providers Need to Know
- What Case Managers Need to Know
- Can a Health First Colorado member enroll in regular Health First Colorado Colorado's Medicaid Program)?
- Why do Health First Colorado members need to have a primary care provider?
- Submit Questions & Issues Here

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services and Requests

The EPSDT benefit provides comprehensive and preventive health care services for children under the age of 21 who are enrolled in Health First Colorado. EPSDT ensures that children and adolescents receive medically-necessary and appropriate preventive, dental, mental health, developmental and specialty services.

- **Early:** Assessing and identifying problems early
- **Periodic:** Checking children's health at periodic, age-appropriate intervals
- **Screening:** Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
- **Diagnostic:** Performing diagnostic tests to follow up when a risk is identified, and
- **Treatment:** Control, correct or reduce health problems found.



One of the goals of EPSDT is to establish a regular pattern of healthcare through routine health screenings, diagnostic, and medically necessary treatment. Providers should reference the appropriate codes when rendering care under the EPSDT benefit. Codes that are listed as "Not a Benefit" on the Health First Colorado Fee Schedule may be covered for members 20 years of age and younger if medically necessary. Service limits within the fee schedule are not applicable to this age group.

For these members, eQHealth Solutions renders medical necessity determinations in accordance with the Department's policy and federal EPSDT requirements.

To read about how to request an EPSDT review, view the EPSDT Services Guide or visit the ColoradoPAR Program website.

Behavioral Health Providers

Uniform Service Coding Standards Manual July 2018

The Department has recently updated The Uniform Service Coding Standards Manual (USCS Manual), which provides billing guidance for the Medicaid Capitated Behavioral Health Benefit.

Unless otherwise noted, the Department and the Office of Behavioral Health (OBH) has agreed that it will accept coding provided under the previous edition through July 31, 2018. Providers must implement the July 2018 edition by August 1, 2018, for dates of service July 1, 2018, and thereafter, regardless of submission date.

The corresponding July 2018 Code Manual Changes Form identifies the changes made for the July 2018 version and the rationale.

Contact Stacey Davis at Stacey.Davis@state.co.us with any questions regarding the USCS Manual.

Home Health Providers

Continuation of Benefits During a Member Appeal

A member may ask for continuation of benefits during a state fair hearing prior to the date of services ending and the member may continue to receive the Health First Colorado benefits until a Final Agency Decision in the appeal has been issued; pursuant to 10 CCR 2505-10, Section 80.57.5.

During continuation of benefits, providers shall comply with the rules and regulations set forth by the Colorado Department of Public Health and Environment, the Colorado Department of Health Care Policy & Financing, the Colorado Department of Regulatory Agencies, the Centers for Medicare & Medicaid Services, and the Colorado Department of Labor and Employment to ensure payment of the services and benefits provided during the appeal process. This includes, but is not limited to, seeking physician certifications and re-certifications for services rendered.

Contact Alexandra Koloskus at Alexandra.Koloskus@state.co.us or 303-866-5578 for more information.

Hospital Providers

General Updates

INPATIENT HOSPITALS

Fiscal Year 2018-19 Inpatient Hospital Base Rates Posted

Proposed rates were posted in early July 2018 to the Inpatient Hospital Payment web page for all hospitals to review for 30 days. The Department will then work to implement those rates as soon as possible.

Legacy Mass Adjustments Completed

All mass adjustments relating to ICD-10 and Low Volume Hospitals have been completed for claims that were processed on the Xerox legacy system (July 1, 2016 – February 28, 2017). If a hospital believes claims were missed in this process, contact Diana Lambe at Diana.Lambe@state.co.us with questions.

OUTPATIENT HOSPITALS

Monthly Enhanced Ambulatory Patient Group (EAPG) Meetings

These meetings are intended to be an informal discussion where the Department and its hospital providers can discuss issues relating to billing, payment, and/or the EAPG methodology in general. For recordings of previous meetings, related meeting materials and the current schedule for future meetings, please visit the Outpatient Hospital Payment web page.

Note: Starting July 13, 2018, EAPG meetings were rescheduled to a new time. EAPG meetings will now be held from 11:00 a.m.-12:30 p.m.

For any questions regarding the new EAPG rates or the EAPG methodology in general, contact Andrew Abalos at Andrew.Abalos@state.co.us or 303-866-2130.

Drug Carveout from Outpatient Hospital Claims

The Department is currently exploring alternative options for the reimbursement of drugs delivered in the outpatient hospital setting. Currently, drugs billed on the institutional outpatient hospital claim are reimbursed using the EAPG methodology. After receiving feedback regarding inappropriate levels of reimbursement for drugs as calculated in this way, the Department intends to discuss its progress in exploring these alternatives and the potential impacts this may have on hospital reimbursement during its recurring EAPG meetings.

Mass Adjustment of EAPG Claims Updates

Effective March 11, 2018, 340B drugs reimbursed on the institutional outpatient hospital claim are reimbursed using 80% of their EAPG Relative Adjusted Weight. As of June 2018, the Department fully implemented this change to the Colorado interChange. All known impacted claims were reprocessed as of the July 6, 2018, financial cycle.

Effective July 1, 2018, EAPG rates were increased by one percent. The Department worked with DXC Technology (DXC) to implement these updated rates prior to the effective date, as all authorities were received for early implementation. As such, no mass adjustment is required for EAPG claims to pay at their updated rate. For more information on the updated rates, visit the Outpatient Hospital Payment web page.

For continuing up to date information regarding the scheduling of mass adjustments on EAPG claims, visit the Outpatient Hospital Payment web page or attend the Monthly EAPG Meetings.

For assistance in identifying claims which have been adjusted, contact Andrew Abalos at Andrew.Abalos@state.co.us or 303-866-2130.

Observation Billing Guidance

The Department has recently found that the 3M EAPG module does not utilize the sum of units across multiple claim details billed with code G0378 for the assignment of EAPG 450 (Observation). To accommodate this functionality, for lines billed with G0378, please bill all units (hours) on a single line item using the first date of service of the visit. This will allow the EAPG grouper to accurately recognize and generate payment for observation services, when appropriate. All other payment policies regarding observation services remain in effect, meaning that observation is not separately payable on Significant Procedure visits, Ancillary-Only visits and visits where procedure code G0378 is billed with seven or fewer units.

For more details regarding payment for observation in EAPGs, visit the Colorado EAPG Software Implementation Frequently Asked Questions (FAQs) on the Outpatient Hospital Payment web page.

ALL PHYSICIAN-ADMINISTERED DRUG PROVIDERS

Q3 Rate Updates

The Department updated Physician-Administered Drug rates for the third quarter of 2018. The new rates have a begin date of July 1, 2018. The new rates are posted to the PAD Fee Schedule.

SPECIALTY HOSPITALS

Meetings

The monthly Specialty Hospital meetings have been placed on hold. When meetings resume, it will be communicated via email, Provider Bulletin, Hospital Engagement Meeting web page and Bi-monthly Hospital Engagement Meeting announcements. Contact Elizabeth Quaife at Elizabeth.Quaife@state.co.us with questions, concerns or feedback.

For more information, visit the Specialty Hospital section of the Hospital Engagement Meetings web page.

ALL HOSPITAL PROVIDERS

Hospital Engagement Meetings

The Department will continue to host bi-monthly Hospital Engagement meetings for 2018 to discuss current issues regarding payment reform and operational processing moving forward. The next meeting is scheduled for **Friday, September 7, 2018 from 9:00 a.m.-10:30 a.m. at 303 E 17th Ave, Denver, Conference Room 7B & 7C.**

Sign up here to receive the Hospital Engagement Meeting newsletters.

Registration for the Hospital Engagement Meetings are not required. Participation can be by conference line, webinar and/or in person. The agenda, details, and schedule for upcoming meetings are posted every Monday on the Hospital Engagement Meeting web page.

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, Physician, Clinic, Non-Physician Practitioner, Physician Assistant, X-Ray Clinic Providers

Update to Imaging and Radiology Billing and Policy Manual

The Outpatient Imaging and Radiology Services Billing and Policy Manual has been updated. Providers are notified of the following changes:

- Reorganized information to improve layout.
- Clarified ordering/rendering provider National Provider Identifier requirements.
- Clarified co-pay policy.
- Removed out-of-date Low-Dose Computed Tomography (LDCT) lung cancer screening billing information.

- Clarified clinical trial coverage.
- Added specific exclusions for Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) scans.

A new benefit-specific web page has been created. Visit the Outpatient Imaging and Radiology web page for information.

Contact Alex Weichselbaum at Alex.Weichselbaum@state.co.us with comments or questions.

Pharmacy Providers

340B Drug Pricing Program Provider Notice

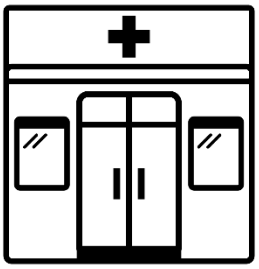
Per Department policy, pharmacies which participate in the 340B Drug Pricing Program must choose either to provide only 340B-purchased drugs (carve-in) or to provide no 340B-purchased drugs (carveout) to Health First Colorado members.

Providers that choose to carve-in must:

1) Have their 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, and
3) Submit claims with **"20"** in the Submission Clarification field and **"05" or "08"** in the Basis of Cost Determination field.

Beginning November 1, 2018, the Department will deny claims when:

- The Submission Clarification and Basis of Cost Determination fields indicate that the drug was purchased through the 340B Drug Pricing Program but the pharmacy NPI number is not listed on the HRSA 340B Medicaid Exclusion File.
- The pharmacy NPI number is listed on the HRSA 340B Medicaid Exclusion File but the Submission Clarification and Basis of Cost Determination fields did not include the correct values.
- 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.



Beginning August 1, 2018, noncompliant claims will trigger a notification:

- Claims which are noncompliant with the above requirements will pay but return a message to the point of sale indicating the issue. This transition period gives pharmacies 90 days to ensure 340B-purchased drugs are appropriately billed to Health First Colorado.

How to resolve denied claims:

- If a pharmacy is billing 340B-purchased drugs to Health First Colorado, then their NPI number must be listed on the HRSA 340B Medicaid Exclusion File: 340B Registration.
- If a provider is enrolled with the 340B Drug Pricing Program, they must submit claims with "20" in the Submission Clarification field and "05" or "08" in the Basis of Cost Determination field.
- If the submitted ingredient cost for a 340B-purchased drug exceeds the 340B ceiling price, pharmacies must resubmit the claim with the correct 340B acquisition cost.

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

Pharmacy and Prescribing Providers

Drug Utilization Review Announcements

Coverage for Brand Name Suboxone Films

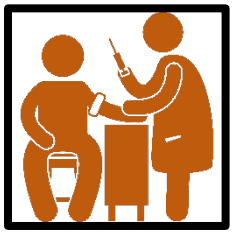
The Food and Drug Administration approved the first generic for Suboxone (buprenorphine/naloxone) sublingual films on June 14, 2018, for the treatment of opioid dependence; however, the generic product has not been available for pharmacies to order since that approval. Due to lack of generic availability, pharmacies were initially instructed to call the pharmacy help desk for overrides on rejected claims for brand name Suboxone films for members receiving this medication.

The pharmacy claims processing system has now been updated to allow use of the Dispense as Written (DAW) 8 code, designating that the generic drug is not currently available in the marketplace. Use of the DAW 8 will allow members with current prior authorization approval for Suboxone films on file to continue to receive paid claims for the brand name product at the pharmacy. This system update will remain in place until confirmation is received that the generic product is available for pharmacies to order.

Contact the Magellan RX Management Pharmacy Call Center at 1-800-424-5725 with any questions.

All Medication-Prescribing Providers

Physician-Administered Drugs



Health First Colorado would like to remind providers of the policy for administration of physician-administered drugs (PADs) or medications administered by a health care professional (not self-administered).

PADs may be covered as a pharmacy benefit only if administered in the member's home or in a long-term care (LTC) facility. Administration of PADs in the pharmacy is not permitted and cannot be billed through the pharmacy benefit. A pharmacy does not qualify as either place of service "12" (home) or as an LTC facility. For more information, refer to Appendix P.

If a PAD is not administered in the member's home or LTC facility, then the medication is not a pharmacy benefit and must be billed as a medical claim. The PAD must be purchased, administered, and billed by the medical provider/clinic/hospital. As a reference, billable HCPCS/NDC combinations are provided on Appendix X.

For additional information on PADs, please refer to the following Bulletins:

- March 2017 Provider Bulletin (B1700394)
- April 2017 Provider Bulletin (B1700397)
- June 2017 Provider Bulletin (B1700399)
- July 2017 Provider Bulletin (B1700400)
- August 2017 Provider Bulletin (B1700401)
- May 2018 Provider Bulletin (B1800415)

Contact Felecia Gephart at Felecia.Gephart@state.co.us with questions.

Physician Services

Rendering Provider Number Requirement

Providers are reminded that all professional claims must include both a billing and a rendering National Provider Identifier (NPI). The individual who renders or supervises the services must be identified on the claim by NPI number as the rendering provider. All individuals, including locum tenens, must be enrolled and affiliated to the group practice. Currently, the Department is giving providers an extended grace period to make all necessary updates to their affiliations to avoid future claims denials. If Explanation of Benefit (EOB) code 3110 appears on a claim, providers should update their affiliations in the Provider Web Portal. Contact the Provider Services Call Center at 1-844-235-2387 for more information.

Clinic, Practitioner, and Outpatient Hospital

Physician-Administered Drug Acquisition Cost Surveys

The Department would like to remind providers that Myers and Stauffer LC (MSLC) has been contracted to conduct a physician-administered drug (PAD) acquisition cost survey and analysis. The analysis will include a review of the current rate-setting methodologies for PADs. The Department strongly encourages the participation of all clinic, practitioner, and outpatient hospital providers to help ensure that PAD rates incorporate market conditions.

Surveys were sent via postal mail on July 9, 2018. Providers are able to submit invoices via secure portal, email, mail or fax. All submitted invoice data will be kept confidential.

General questions about the survey process and documents providers need to submit can be directed to the Myers and Stauffer pharmacy help desk toll-free 1-800-591-1183 or via email at pharmacy@mslc.com.

Upcoming Holidays

Holiday	Closed Offices/Offices Open for Business
Labor Day – Monday, September 3, 2018	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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Provider Services Call Center
1-844-235-2387

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