

Did You Know?

The [Provider Rates & Fee Schedule web page](#) contains the rates and fee schedules dating back three years (Fiscal Year 2017-2018). Not all codes are listed on the Health First Colorado Fee Schedule, so providers are advised to check all fee schedules which apply to their billing practices. If a code is not listed on the Health First Colorado Fee Schedule, it may be listed on a benefit-specific fee schedule.

All Providers

Deficit Reduction Act (DRA) Documentation Due November 2, 2020

Section 6032 of the [Deficit Reduction Act of 2005 \(DRA\)](#) requires providers who meet the definition of entity and who make or receive annual Medicaid payments of \$5 million or more to establish and disseminate certain written policies for preventing and detecting fraud, waste and abuse. The entities must also provide information to employees and contractors about the Federal False Claims Act and other applicable federal and state false claims laws, the administrative remedies for false claims and statements and the whistleblower protections afforded under such laws.

For Federal Fiscal Year 2020 (FFY2020), providers who are subject to Section 6032 must submit the [DRA Declaration FFY2020 form](#), a copy of the employee handbook or Code of Conduct containing the written policies, the rights of employees to be protected as whistleblowers, and a copy of policies and procedures for detecting and preventing fraud, waste and abuse.

All Providers

- 1 Did You Know? Provider Rates & Fee Schedule Web Page
- 1 Deficit Reduction Act (DRA) Documentation Due November 2, 2020
- 2 End of 2020 Payment Error Rate Measurement (PERM) Audit
- 2 National Correct Coding Initiative (NCCI) Notification of Quarterly Updates
- 2 Provider Enrollment Type Changes
- 3 Upcoming Colorado InterChange Update – ClaimsXten™ Claims Editing Solution

DMEPOS Providers

- 4 Attention Durable Medical Equipment (DME)-Complex Rehabilitation Technology (CRT) and Assistive Technology Assessment Therapy Codes Prior Authorization (PA) Update
- 5 Durable Medical Equipment (DME) Oxygen for Members Enrolled in Denver Health Medicaid Choice or Rocky Mountain Health Plans Prime Managed Care Organizations (MCOs)

Home & Community-Based Services (HCBS), Home Health, Hospice, Private Duty Nursing, Outpatient Therapy and Durable Medical Equipment (DME)

- 6 Electronic Visit Verification (EVV) Compliance Timeline

Hospital Providers

- 7 General Updates

Immunization Providers

- 8 Age Range Update for Human Papilloma Virus (HPV) Vaccine

Laboratory, Physician Services and Hospital Providers

- 8 Replacement of Current Procedural Terminology (CPT) Codes with Healthcare Common Procedure Coding System (HCPCS) Codes

Pharmacies and All Medication-Prescribing Providers

- 9 October Preferred Drug List (PDL) Announcement
- 13 Brand / Generic Change for Albuterol Hydrofluoroalkane (HFA) Inhalers
- 13 Pharmacy and Therapeutics (P&T) Committee Meeting
- 13 Pharmacy and Therapeutics (P&T) Committee Open Positions

Pharmacy Providers

- 14 Total Annual Prescription Volume (TAPV) Survey
- 15 Pharmaceutical Rate Methodology
- 15 Reminder to Update Fax Numbers

Primary Care Providers

- 15 Well Care Visits Reminder

Substance Use Disorder Service Providers

- 16 SUD Benefit Expansion

Provider Billing Training Sessions

- 16 September and October 2020 Provider Billing and ClaimsXten™ Webinar-Only Training Sessions

The completed [DRA Declaration FFY2020 form](#) and policies and procedures must be emailed to hcpf_draact2005@state.co.us no later than November 2, 2020.

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

End of 2020 Payment Error Rate Measurement (PERM) Audit

On August 11, 2020, the Centers for Medicare & Medicaid Services (CMS) announced that they had sufficient documentation to complete their national reports for the Payment Error Rate Measurement (PERM) Review Year 2020 audit. Therefore, PERM auditors do not need Health First Colorado (Colorado's Medicaid Program) providers and Child Health Plan *Plus* (CHP+) providers to comply with any outstanding requests for medical records. PERM was suspended by CMS on April 2, 2020, to allow states and medical providers to focus their resources on combatting COVID-19. These announcements can be found on the [CMS Payment Error Rate Measurement \(PERM\) web page](#) and the [Department's Payment Error Rate Measurement \(PERM\) web page](#).



Contact the PERM Program Manager Matt Ivy at 303-866-2706 or at Matt.Ivy@state.co.us with any questions.

National Correct Coding Initiative (NCCI) Notification of Quarterly Updates

Providers are encouraged to monitor the [Centers for Medicare & Medicaid Services \(CMS\) website](#) for updates to NCCI rules and guidelines. Updates to the procedure-to-procedure (PTP) and medically unlikely edit (MUE) files are completed quarterly with the next file update available October 2020. For more information, visit the [CMS National Correct Coding Initiative Edits web page](#).

Provider Enrollment Type Changes

Ordering, Prescribing, and Referring (OPR) to Individual Within a Group (IWG)

OPRs are not allowed to be rendering individuals on a claim. This may prompt individuals enrolled as OPRs to change their enrollment type to an IWG to allow them to be the rendering on a claim. Before the enrollment type can be updated from OPR to IWG, providers must update their license. If only a training license is on file, then the provider must submit a current, full license through the Provider Web Portal. Once the update is submitted, providers must call the [Provider Services Call Center](#) at 1-844-235-2387 to request the change from OPR to IWG. Once the change is



complete, an affiliation must be made. Providers may affiliate via the group profile through the Provider Web Portal, or the individual will have access to make the affiliation after the enrollment type change is made.

Individual Within a Group (IWG) to a Billing Individual (BI)

IWGs do not receive direct payment for services rendered. This may prompt individuals enrolled as IWGs to change their enrollment type to a BI to allow them to submit claims for his/her own services and receive direct payment. (Income is reported to the IRS under the individual's SSN.) Before the enrollment type can be updated from IWG to BI, providers must submit an Electronic Funds Transfer (EFT) update including a W-9 (with the SSN listed) and a voided check or bank letter (signed and dated within the last 6 months). Refer to the [Updating an Electronic Funds Transfer \(EFT\) Provider Web Portal Quick Guide](#) located on the [Quick Guides web page](#). In addition, a separate Provider Maintenance update is required by attaching a completed Affidavit of Lawful Presence form, current license and insurance. The Affidavit of Lawful Presence form is available on the [Provider Forms web page](#) under the Provider Enrollment & Update Forms drop-down section. Once the updates are submitted, providers must call the [Provider Services Call Center](#) at 1-844-235-2387 to request the change from IWG to BI.

Provider Type Changes

The provider type (e.g. Physical Therapist, Podiatrist, Psychologist) cannot be changed.

If an enrolled individual with an SSN wants to change provider types, the existing enrollment needs to be disenrolled, the affiliations ended and a new application completed. Individual providers such as a billing individual, Individual within a group and ordering, prescribing and referring providers may not be enrolled as two different provider types under the same Social Security Number (SSN).

An additional application for any of these individual types with the same SSN will result in the application being denied as a duplicate. Individuals Within a Group may affiliate with multiple groups in different locations.

Upcoming Colorado interChange Update – ClaimsXten™ Claims Editing Solution

The Colorado interChange is being updated with a claims editing solution in accordance with [Senate Bill \(SB\) 18-266](#), which requires the Department of Health Care Policy & Financing (the Department) to implement new initiatives intended to help control Health First Colorado's costs and ensure appropriate claims payment. The Department and DXC Technology (DXC) are working with Change Healthcare to implement the ClaimsXten™ tool.

Professional and Outpatient claims received in Colorado interChange will automatically process through ClaimsXten™ to apply additional editing based on State and Federal policies. This additional editing tool will help to identify inappropriate bill coding and reduce potential overpayments.

- The following claims and providers services are excluded:
 - Professional and Institutional Medicare Crossover claims
 - Home & Community-Based Services (HCBS Waiver)
 - Hospital (Outpatient) - General, Community Clinic *with* Type of Bill (TOB) 13X claims
 - Dental, Inpatient and Long-Term Care Claims
 - Encounter Claims

Ensuring Appropriate Claims Payment Project Webinar

An [informational webinar is now available for viewing](#). This recorded webinar is less than 10 minutes long and provides a high-level walk-through of the purpose, timeline and implementation of the Ensuring Appropriate Claims Payment project.

ClaimsXten™ Training Schedule



The ClaimsXten™ provider training is listed in the Provider Billing Training Sessions section of this bulletin. Providers are encouraged to visit the [Ensuring Appropriate Claims Payment web page](#) for Frequently Asked Questions (FAQs) and other updates.

Contact HCPF_ClaimXten@state.co.us with questions and comments. More information will be provided in future communications.

This article has been updated since its original publication.

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

Attention Durable Medical Equipment (DME)-Complex Rehabilitation Technology (CRT) and Assistive Technology Assessment Therapy Codes Prior Authorization (PA) Update

Effective October 1, 2020, the following DME-CRT Healthcare Common Procedural Coding System (HCPCS) codes will always require that a specialty evaluation be completed and submitted to the Department's prior authorization vendor, eQHealth Solutions, as part of the prior authorization process:

Gait Trainer

- E8000 Gait trainer, pediatric size, posterior support, includes all accessories and components
- E8001 Gait trainer, pediatric size, upright support, includes all accessories and components

- E8002 Gait trainer, pediatric size, anterior support, includes all accessories and components

Standers

- E0637 Combination sit to stand/table system, any size including pediatric, with seat lift feature, with or without wheels
- E0638 Standing frame/table system, one (1) position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels
- E0641 Standing frame/table system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels
- E0642 Standing frame/table system, mobile (dynamic stander), any size including pediatric

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

Durable Medical Equipment (DME) Oxygen for Members Enrolled in Denver Health Medicaid Choice or Rocky Mountain Health Plans Prime Managed Care Organizations (MCOs)

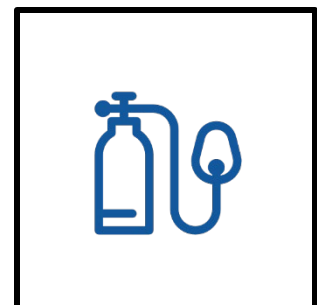
If an oxygen supplier receives a denial for Explanation of Benefits (EOB) 2031 - "The services must be billed to Rocky Mountain Health Plan Prime" indicating the MCO should be reimbursing the claim, review the information below to determine the appropriate billing.

When a member enrolled in Denver Health Medicaid Choice receives DME oxygen equipment and contents, the claims must be submitted to Health First Colorado as supply claims.

When a member enrolled in Rocky Mountain Health Plans Prime receives DME oxygen equipment and contents, the claims must be submitted to Rocky Mountain Health Plans Prime as supply claims.

For all Health First Colorado members, the DME oxygen equipment and contents for patients residing in a nursing facility where Health First Colorado is responsible for the nursing facility charges (which do not include DME oxygen) as primary payer, the DME oxygen equipment and contents are billed as supply claims.

Contact Richard Delaney at Richard.Delaney@state.co.us with questions.



DME Oxygen Codes

| | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|
| A4483 | A4615 | A4616 | A4617 | A4619 | A4620 | E0424 | E0425 |
| E0430 | E0431 | E0434 | E0435 | E0439 | E0440 | E0441 | E0442 |
| E0443 | E0444 | E0455 | E0550 | E1353 | E1354 | E1355 | E1390 |
| E1391 | E1392 | E1405 | E1406 | K0738 | S8120 | S8121 | |

Home & Community-Based Services (HCBS), Home Health, Hospice, Private Duty Nursing, Outpatient Therapy and Durable Medical Equipment (DME) Providers

Electronic Visit Verification (EVV) Compliance Timeline

EVV is an electronic system that verifies HCBS visits by documenting six points of data, including:

- Individual receiving the service
- Individual providing the service
- Type of service
- Date
- Time the service begins and ends
- Location of service

Refer to the EVV Types of Service - Service Code Inclusion document located on the [Electronic Visit Verification Resources web page](#) under the Department Guidance section to determine if EVV is required for the provider.

Effective August 3, 2020, the use of EVV became mandated by Colorado Code of Regulation 2505-10 [8.001](#). This means that claims requiring EVV will be subject to Department review if EVV is not used in accordance with Department rules and guidance.



A [tiered implementation strategy](#) is being utilized to allow providers time to familiarize themselves with the use of EVV, minimize long-term administrative burden, and reduce financial impact when EVV records are required prior to claim adjudication on January 1, 2021.

Durable Medical Equipment (DME) Providers

The requirement for DME providers to submit EVV records has been removed. The Department will not enforce the use of EVV for any DME services and is taking steps to remove DME provider access to the State EVV Solution. For additional information, review the [Durable Medical Equipment EVV Exemption Memo](#).

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 at 855-871-8780 or email cocustomer@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 questions.

Hospital Providers

General Updates

Inpatient Hospital Providers

Fiscal Year (FY) 20-21 Rates Re-Posted - 30-Day Review Period Ends on August 29, 2020

This posting serves as official notification of the reposted [Fiscal Year \(FY\) 2020-21 Inpatient Hospital Base Rates](#) for all hospitals participating in Health First Colorado. Incorrect data was utilized in the calculation of one hospital's base rate. Since inpatient base rates must remain budget neutral, this changed the "% of Medicare Base Rate" for all hospitals and rural/urban peer group averages.

Hospitals can update the calculation they received from the Department earlier by updating 1) the peer group average if they are a new, low-discharge or critical access hospital, or 2) the "% of Medicare Base Rate" to 84.26% if they are a Prospective Payment System (PPS) hospital. This should result in the same hospital base rate as listed in the [new posting](#). Hospitals can also request the updated calculation used to arrive at their hospital's Medicaid base rate by sending an email to Diana Lambe at Diana.Lambe@state.co.us. Remember to include hospital name and Medicare ID along with the request.



Once Centers for Medicare & Medicaid Services (CMS) approval is received, all hospital claims with last service dates from July 1, 2020, will be adjusted to reflect the new Inpatient Hospital Base Rate.

Contact Diana Lambe at Diana.Lambe@state.co.us for more information or 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, September 11, 2020, and will be hosted virtually**. Visit the [Hospital Engagement Meeting web page](#) for more details. Calendar Year 2020 meetings have been posted.

[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.

Contact Andrew Abalos at Andrew.Abalos@state.co.us with any questions 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.

Rural Health Clinic (RHC) Providers

Bi-Monthly Rural Health Clinic Stakeholder Engagement Meetings

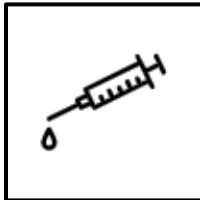
The Department will continue to host bi-monthly Rural Health Clinic Engagement meetings to discuss current issues regarding payment reform and operational processing. The next meeting is scheduled for **Thursday, September 10, 2020 at 12:30 p.m., and will be hosted virtually**. Visit the [Rural Health Clinic Engagement Meeting web page](#) for more details, meeting schedules and past meeting materials. Calendar Year 2020 meetings have been posted.

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

Immunization Providers

Age Range Update for Human Papilloma Virus (HPV) Vaccine

The covered age range for the HPV vaccine has been updated to reflect the most current recommendations from the Advisory Committee of Immunization Practices. Accordingly, the HPV vaccine is now a covered benefit through age 45, with shared decision-making between the member and the provider.



Contact Christina Winship at Christina.Winship@state.co.us with questions on the HPV vaccine.

Laboratory, Physician Services and Hospital Providers

Replacement of Current Procedural Terminology (CPT) Codes with Healthcare Common Procedure Coding System (HCPCS) Codes

Feedback received during the public comment period regarding the closing of CPT codes 80320-80377 and the opening of HCPCS codes G0480-G0483 is being reviewed.

Until further notice, providers are reminded to continue using CPT codes 80320-80377. Updates will be provided via future provider bulletins.

Pharmacies and All Medication-Prescribing Providers

October Preferred Drug List (PDL) Announcement

The following drug classes and preferred agents will become effective October 1, 2020, for Health First Colorado:

| Anticoagulants (preferred products) | | | | |
|-------------------------------------|--|---------|----------|---------|
| Enoxaparin syringe | Enoxaparin vial - <i>Amphastar Pharma only</i> | Pradaxa | Warfarin | Xarelto |

| Anticonvulsants (preferred products) | | | | |
|--|--------------------------------|-------------------------|---------------|-------------------------|
| Carbamazepine (all generic formulations with exception of suspension; brand Tegretol suspension preferred) | | | | |
| Clobazam tablet | Clonazepam | Dilantin 30 mg capsules | Divalproex | Ethosuximide |
| Felbatol BNR | Lamotrigine IR tablet/chewable | | Levetiracetam | Oxcarbazepine |
| Phenobarbital | Phenytek | Phenytoin | Primidone | Tegretol suspension BNR |
| Topiramate IR tablet/sprinkle capsules | | | Valproic Acid | Zonisamide |

BNR = brand name required

| Bone Resorption Suppression and Related Agents (preferred products) | |
|---|--------------------|
| Alendronate 5mg, 10mg, 35mg, 70mg tablets | Ibandronate tablet |

| Colony Stimulating Factors (preferred products) | |
|---|---------|
| Neupogen vial/syringe | Udenyca |

| Biguanides (preferred products) | |
|--|---|
| Metformin 500mg, 850mg, 1000mg tablets | Metformin ER 500mg tablet (generic Glucophage XR) |

| Meglitinides (preferred products) | |
|-----------------------------------|--|
| no changes | |

| DPP4 Inhibitors (preferred products) | | | |
|--------------------------------------|------------|---------|-----------|
| Janumet | Janumet XR | Januvia | Tradjenta |

| GLP1 Agonists (preferred products) | | |
|------------------------------------|------------------|---------|
| Byetta | Bydureon kit/pen | Victoza |

| SGLT2 Inhibitors (preferred products) | | | | |
|---------------------------------------|-----------|----------|-----------|-----------|
| Farxiga | Invokamet | Invokana | Jardiance | Xigduo XR |

| Thiazolidinediones (preferred products) |
|---|
| Pioglitazone |

Thiazolidinediones

| Erythropoiesis Stimulating Agents (preferred products) |
|--|
| Retacrit |

| GI Motility Agents, chronic (preferred products) | | |
|--|---------|----------|
| Amitiza | Linzess | Movantik |

| Hereditary Angioedema (preferred products) | | |
|--|-------------|----------|
| Berinert | Firazyr BNR | Haegarda |

BNR = brand name required

| Ophthalmic Immunomodulators (preferred products) |
|--|
| Restasis unit dose |

| Overactive Bladder Agents (preferred products) | | | |
|--|------------|-------------|--------|
| Gelnique gel packets | Oxybutynin | Solifenacin | Toviaz |

| Stimulants and Related Agents (preferred products) | | | |
|--|-----------------------|----------------|---------------|
| *Adderall XR BNR | Amphetamine Salts IR | Armodafinil | Atomoxetine |
| Concerta BNR | Dexmethylphenidate IR | Focalin XR BNR | Guanfacine ER |
| Methylphenidate IR (generic Ritalin IR) | | Modafinil | Vyvanse |

***Note:** Adderall XR brand and its equivalent generic (amphetamine salts combination XR capsules) will **both** be preferred from September 1, 2020, through September 30, 2020.

Prenatal Vitamins

| Prenatal Vitamins (preferred products) | | | |
|--|-------------|------------------|-------------|
| Complete Natal DHA | Concept DHA | M-Natal Plus tab | Nestabs tab |

| Prenatal Vitamins (preferred products) | | | |
|---|--------------------------------|----------------------------------|----------------------------|
| PNV 29-1 tablet | Prenatal Vitamin Plus Low Iron | Preplus CA-FE 27 MG - FA 1mg tab | |
| Provida OB capsule | Thrivite Rx tablet | Trinatal Rx 1 tab | Triveen-Duo DHA Combo Pack |
| Trust Natal DHA | Vitafol Gummies | Vol-Plus tablet | |

Oral Contraceptives

| Monophasic 28 | | | |
|------------------------------|---|----------------------|---|
| Altavera 28 0.15-30 | Apri 28 0.15-30 | Aubra 28 0.1-20 | Aubra EQ-28 0.1-20 |
| Aviane 28 0.1-20 | Balziva 28 0.4-35 | Cryelle 28 0.3-30 | Cyclafem 28 1-35 |
| Dasetta 28 1-35 | Drospirenone-Eth Estradiol-Levomefolate 28 3-20 | | Drospirenone-Eth Estradiol-Levomefolate 28 3-30 |
| Elinest 28 0.3-30 | Enskyce 28 0.15-30 | Estarylla 28 0.25-35 | Ethinodiol-Eth Estra 28 1-50 |
| Falmina 28 0.1-20 | Femynor 28 0.25-35 | Isibloom 28 0.15-30 | Juleber 28 0.15-30 |
| Kelnor 28 1-35 | Kurvelo 28 0.15-30 | Larissia 28 0.1-20 | Lessina 28 0.1-20 |
| Levonor-Eth Estrad 28 0.1-20 | Levonor-Eth Estrad 28 0.15-30 | | Levora 28 0.15-30 |
| Lillow 28 0.15-30 | Low-Ogestrel 28 0.3-30 | Lutera 28 0.1-20 | Marlissa 28 0.15-30 |
| Mili 28 0.25-35 | Mono-Linyah 28 0.25-35 | Necon 28 0.5-35 | Norg-Ethin Estra 28 0.25-35 |
| Nortrel 28 0.5-35 | Nortrel 28 1-35 | Ocella 28 3-30 | Orsythia 28 1-20 |
| Philith 28 0.4-35 | Pirmella 28 1-35 | Portia 28 0.15-30 | Previfem 28 0.25-35 |
| Sprintec 28 0.25-35 | Sronyx 28 0.1-20 | Syeda 28 3-30 | Vienva 28 0.1-20 |
| Vyfemla 28 0.4-35 | Wera 28 0.5-35 | Zarah 28 3-30 | |

| Monophasic 21 | | | |
|----------------------|-----------------|------------------------------|-----------------|
| Larin 21 1-20 | Larin 21 1.5-30 | Norethind-Eth Estrad 21 1-20 | Nortrel 21 1-35 |

| Biphasic | | | | |
|-----------------|------------|------------------------|-----------------------|------------|
| Azurette 28 | Bekyree 28 | Cyred 28 | Desogest-Eth Estra 28 | |
| Emoquette 28 | Kariva 28 | Lo Loestrin FE 28 1-10 | Mircette 28 | Viorele 28 |

| Triphasic | | | | |
|---|---------------------------------|---|--------------------|----------------|
| Alyacen 7-7-7 28 | Caziant 7-7-7 28 | Cyclafem 7-7-7 28 | Dasetta 7-7-7 28 | Enpresse 28 |
| Levonest 28 | Levonor-Eth Estrad Triphasic 28 | Norgestimate-Eth Estrad 0.18- 0.215- 0.25/0.025 | | |
| Norgestimate-Eth Estrad 0.18- 0.215- 0.25/0.035 | | Pirmella 7-7-7 | Tri-Estarylla 28 | Tri Femynor 28 |
| Tri-Linyah 28 | Tri-Lo-Estarylla 28 | Tri-Lo-Marzia 28 | Tri-Lo-Sprintec 28 | |
| Tri-Previfem 28 | Tri-Sprintec 28 | Tri-Vylibra Lo 28 | Velivet 7-7-7 28 | |

| Extended Cycle | | |
|--|---|--------------------------------------|
| Amethia 91 0.03 - 0.15 - 0.01 | Ashlyna 91 0.15-10-30 | Introvale 91 0.15-30 |
| Jolessa 91 0.15-30 | Levonorgest-Eth Estrad 0.09-20 | Levonorgest-Eth Estrad 91 0.1-10- 20 |
| Levonorgest-Eth Estrad 91 0.15- 0.03 | Levonorgest-Eth Estrad 91 0.15- 0.03-0.01 | |
| Levonorgest-Eth Estrad 91 0.15-20- 25-30 | | Setlakin 91 0.15-30 |

| Continuous Cycle | | | | |
|------------------------------|--------------------|---------------------------|-------------------|-------------------|
| Aurovela FE 1-20 | Aurovela FE 1.5-30 | Blisovi FE 1-20 | Blisovi FE 1.5-30 | Jasmiel 3-20 |
| Junel FE 1-20 | Junel FE 1.5-30 | Junel FE 24 1-20 | Larin FE 1-20 | Larin FE 24 1-20 |
| Larin FE 1.5-30 | Loryna 3-20 | Microgestin FE 1-20 | | Nikki 3-20 |
| Noreth-Eth Estrad-FE 24 1-20 | | Noreth-Eth Estrad-FE 1-20 | | Tarina FE 24 1-20 |
| Tarina FE 1-20 | Tarina FE 1-20 EQ | | | |

| Progestin Only | | | | |
|----------------|-------------------|---------------|-----------------|------------------|
| Camila 28 0.35 | Deblitane 28 0.35 | Errin 28 0.35 | Heather 28 0.35 | Jencycla 28 0.35 |

| Progestin Only | | | | |
|----------------------|--------------|--------------------------|--------------------|------------------|
| Jolivette 28 0.35 | Lyza 28 0.35 | Norethindrone 28 0.35 | Norlyda 28 0.35 | Sharobel 28 0.35 |

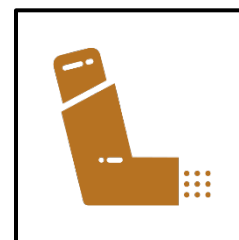
Visit the [Pharmacy Resources web page](#) for coverage standards of pharmaceutical products covered under the **pharmacy** benefit.

The PDL and Appendix P are accessible from the [Pharmacy Resources web page](#).

Visit the [Physician Administered Drug web page](#) for coverage standards of pharmaceutical products covered under the **medical** benefit.

Brand / Generic Change for Albuterol Hydrofluoroalkane (HFA) Inhalers

Effective **September 1, 2020**, Brand Proventil HFA (albuterol HFA) will be **non-preferred** and require a Prior Authorization (PA) for approval. Brand ProAir HFA and Brand Ventolin HFA will remain preferred and do not require a PA. Visit the [Pharmacy Resources web page](#) to review the Pharmacy Drug List (PDL).



Pharmacy and Therapeutics (P&T) Committee Meeting

Tuesday, October 6, 2020

1:00 p.m.- 5:00 p.m. MT

303 E. 17th Ave (meeting to be held virtually, not in person)

Visit the [Pharmacy and Therapeutics \(P&T\) web page](#) for the agenda and meeting information.

Pharmacy and Therapeutics (P&T) Committee Open Positions

The Pharmacy and Therapeutics (P&T) Committee has openings for the following positions for January 2021: Pharmacist (2 positions), Specialty Physician (4 positions: one psychiatric, one pediatric, one disability, one other) and Member Representative (1 position).

The actively practicing pharmacist, physician or member representative shall serve two-year terms. Duties, membership and other term details can be found in the P&T Committee Policies and Procedures Manual, accessible under Our Members drop-down section on the [Pharmacy and Therapeutics \(P&T\) Committee web page](#).

Any interested parties can send a resume or CV along with a completed [Conflict of Interest form](#) to Brittany Schock at Brittany.Schock@state.co.us or fax 303-866-3590.

Contact Brittany Schock at Brittany.Schock@state.co.us or 303-866-6371 for any questions.

Pharmacy Providers

Total Annual Prescription Volume (TAPV) Survey

The Department has contracted with Myers and Stauffer LC to conduct the TAPV survey of pharmacy providers. The prescription volume information submitted by most pharmacy types will be used to determine their dispensing fee for the 2021 calendar year.

Pharmacies which meet the regulatory definition of a government or rural pharmacy will have their dispensing fee determined by their pharmacy type (per 10 CCR 2505-10, Sections 8.800.1 and 8.800.13).

Myers and Stauffer LC will distribute the surveys to pharmacy providers starting October 1, 2020 and completed surveys must be returned to Myers and Stauffer by October 31, 2020. Pharmacy providers (other than government or rural pharmacies) which do not participate in the prescription volume survey will be placed in the lowest dispensing fee tier (\$9.31).

Completed surveys can be submitted to Myers and Stauffer via email at pharmacy@mslc.com, postal mail at 800 E. 96th St, Suite 200, Indianapolis, IN 46240, or fax at 317-566-3203. If not a government or rural pharmacy and a survey request was not received, please contact the Myers and Stauffer Pharmacy Help Desk at 800-591-1183 or at pharmacy@mslc.com to request a survey form.

| Total Annual Prescription Volume | Dispensing Fee |
|----------------------------------|----------------|
| 0 - 59,999 TAPV | \$13.40 |
| 60,000 - 89,999 TAPV | \$11.49 |
| 90,000 - 109,999 TAPV | \$10.25 |
| 110,000+ TAPV | \$9.31 |
| Rural Pharmacy | \$14.14 |
| Government Pharmacy | \$0.00 |

Contact the Pharmacy Section at hcpf_Colorado.SMAC@state.co.us with any questions regarding the survey.

Pharmaceutical Rate Methodology

Effective October 1, 2020, the pharmaceutical rate methodology will be updated to include National Average Drug Acquisition Cost (NADAC) and Maximum Allowable Cost (MAC) rates.

The new methodology will be as follows:

- The allowed ingredient cost shall be the lesser of Average Acquisition Cost (AAC), NADAC, Usual and Customary Charge (U&C) or Submitted Ingredient Cost. If AAC and NADAC are not available, the allowed ingredient cost shall be the lesser of MAC, U&C or Submitted Ingredient Cost.
- Clotting factor drugs will be excluded from the above methodology and the allowed ingredient cost shall be the lesser of Submitted Ingredient Cost, U&C or Wholesale Acquisition Cost (WAC).

For more information regarding AAC, NADAC and MAC rates, visit the [Provider Rates & Fee Schedules web page](#) under the Pharmacy Rate List drop-down.

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

Reminder to Update Fax Numbers



Pharmacy providers are encouraged to ensure their fax numbers are accurate and current to receive important pharmacy fax blasts. Many pharmacies either do not have a fax number on file or have a corporate fax number on record.

For more information on updating the fax number, refer to the Provider Maintenance - Provider Web Portal Quick Guide available on the [Quick Guides web page](#).

Primary Care Providers

Well Care Visits Reminder

Health First Colorado does not have a rule limiting the number of visits per calendar year or per 365 days for members aged 20 and under.

Following the [Bright Futures Periodicity Schedule](#), if a child is late for one well care visit and early for another in the same calendar year or within the same 365 days, both visits are allowable.

Contact Gina Robinson at Gina.Robinson@state.co.us or 303-866-6167 for more information.

Substance Use Disorder (SUD) Service Providers

SUD Benefit Expansion

Beginning January 2021, Health First Colorado will add residential and inpatient SUD treatment and withdrawal management services to its continuum of covered SUD services.

General information about the benefit is available in the [Ensuring a Full a Continuum of Substance Use Disorder \(SUD\) Benefits Frequently Asked Questions document](#). Providers will need to contract with the Regional Accountable Entities (RAEs) and enroll with Health First Colorado to submit claims for these services.

Providers must be enrolled as a Substance Use Disorder - Clinic (provider type 64) and also enroll under a specialty provider type(s) associated with the American Society of Addiction Medicine (ASAM) level of care at which they are licensed by the Office of Behavioral Health.

Providers interested in offering residential and inpatient SUD services through Health First Colorado starting in January should contact the [RAEs](#) to begin the contracting and credentialing process now. Providers should also reach out to the [Managed Service Organizations \(MSOs\)](#), as room and board will be paid through these entities. For up-to-date information about the implementation of the benefit, visit the [Ensuring a Full Continuum SUD Benefits web page](#) and sign up for updates by newsletter.

Provider Billing Training Sessions

September and October 2020 Provider Billing and ClaimsXten™ 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 Beginner Billing Training: Professional Claims (CMS 1500) and Beginner Billing Training: Institutional Claims (UB-04) available on the [Provider Training web page](#) under the Billing Training - Schedule and Signup 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 - Schedule and Signup drop-down section.

For more training materials on navigating the Provider Web Portal, refer to the Provider Web Portal Quick Guides available on the [Quick Guides web page](#).

Note: Trainings may end prior to 11:30 a.m. MT. Time has been allotted for questions at the end of each session.

ClaimsXten™ Training Sessions

The ClaimsXten™ training sessions will be conducted by DXC during the month of September.

See the training session schedule below. Providers are encouraged to visit the [Provider Training web page](#) for the latest updates and information on the ClaimsXten™ training session schedule as dates and times are subject to change.

Note: Time has been allotted for questions at the end of each session.

September 2020

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

October 2020

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

This article has been updated since its original publication.

Upcoming Holidays

| Holiday | Closed Offices/Offices Open for Business |
|---|---|
| Labor Day Monday, September 7 | State Offices, DentaQuest, DXC and the ColoradoPAR Program will be closed. The receipt of warrants and EFTs may |

| Holiday | Closed Offices/Offices Open for Business |
|---|---|
| | potentially be delayed due to the processing at the United State Postal Service or providers' individual banks. |
| Francis Xavier Cabrini Day Monday, October 5 | State Offices 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 and DentaQuest will be open. |