



# Provider News & Resources

February 26, 2024 Issue 86

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## **Doula Survey**

Health First Colorado (Colorado's Medicaid program) members, providers, community members and anyone interested in doula coverage are invited to complete the Health First Colorado Doula Benefit Survey by Friday March 1, 2024.

The survey is available in both [English](#) and [Spanish](#). Additional instructions are included in the links. Providers are encouraged to share this information.

Contact  
[HCPF\\_MaternalChildHealth@state.co.us](mailto:HCPF_MaternalChildHealth@state.co.us)  
with any questions.

Visit the [Doulas web page](#) for additional information.

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## **Updated Billing Manuals**

Sign Up for Provider Email  
Communications

Known Issue: Institutional Claims  
Denying EOB 0192

***Featured Resources:***

[Benefit Plan & Program Aid Code  
Acronyms Quick Guide](#)

[Verifying Member Eligibility and Co-  
Pay Quick Guide](#)

- [Appendix X - HCPCS/NDC  
Crosswalk for Billing Physician-  
Administered Drugs](#)

Visit the [Billing Manuals web page](#) to  
locate all published manuals.

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**Resolved 02/16/24:**

**Claims for HCPCS 2024 Procedure Codes were Suspending for  
Explanation of Benefits (EOB) 0000**

Claims billed with a HCPCS 2024 procedure code were suspending for EOB 0000 - "This claim/service is pending for program review." The Colorado interChange was updated with the 2024 HCPCS billing codes based on the Centers for Medicare & Medicaid Services (CMS) annual release of deletions, changes and additions.

Claims were released from suspense on February 16, 2024.

Issue resolved 02/16/24.

Providers are reminded to check the [Provider Rates and Fee Schedule web page](#) before billing to ensure codes are a covered benefit. All codes must be reviewed for medical necessity, prior authorization coverage standards and rates before the codes are reimbursable.

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## **Updates to Network Participation/Affiliations Available During Revalidation**

Providers are reminded to make Network Participation/Affiliations updates through the Provider Web Portal any time there is a change in status. Providers may now make these changes during the revalidation process.

Providers are reminded to take action to complete the revalidation process ahead of the due date so claims will not deny due to revalidation delays.

Providers can locate the revalidation due date on the Provider Revalidation Dates Spreadsheet, located on the [Revalidation web page](#) under the Revalidation Resources section.

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## **Physical and Occupational Therapy Providers**

### **Reminder: Satisfaction Survey**

A provider survey specifically for Physical and Occupational Therapy (PT/OT) providers will be open for responses on February 26, 2024.

Ensure contact information in Atrezzo® is up to date to receive the announcement and the link to participate in the survey.

The survey will remain open through March 2024.

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## **Pharmacy, All Medication Prescribers**

### **Prescriber Tool Alternative Payment Model**

The Prescriber Tool Alternative Payment Model (APM) program officially kicked off its first program year in October 2023. The activity window to qualify for an incentive payment opened on **January 29, 2024**, and will close on **March 31, 2024**. Practice-facing dashboards will be available during this time and all activities must be completed to qualify

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for a payment.

The Prescriber Tool APM is a risk-free program to support provider and practice organization engagement with the Prescriber Tool, specifically the Real-Time Benefits Inquiry module. Practices that participate will be eligible to receive an incentive payment to share in pharmacy cost savings. This program is pending approval from the Centers for Medicare & Medicaid Services (CMS).

Visit the [Prescriber Tool Alternative Payment Model web page](#) for more information.

Contact [HCPF PharmacyAPM@state.co.us](mailto:HCPF_PharmacyAPM@state.co.us) for more information.

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## **Home and Community-Based Services (HCBS) Long-Term Services and Supports (LTSS) Providers**

### **Provisional Provider Payment**

Home and Community-Based Services (HCBS) Long-Term Services and Supports (LTSS) providers are experiencing an increase in claims denials due to financial eligibility determination and functional eligibility assessments delays. This is regardless of a case management and/or a county eligibility issue, technical issue, etc. The Department of Health Care Policy & Financing (the Department) will provide provisional payments in the form of short-term advances to providers.

Submit an [application](#) no later than March 8, 2024, by 5:00 p.m. MT if interested in this short-term advance. Applications must be completed to be considered.

Visit the [Resources for HCBS Providers web page](#) to review the LTSS Provisional Provider Payment (3Ps) section for more information including eligibility.

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## **All Providers who Utilize the ColoradoPAR Program**

### **What is the ColoradoPAR Program?**

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The ColoradoPAR Program is the third-party, fee-for-service, Utilization Management (UM) program administered by Acentra (formally Kepro). Visit the [ColoradoPAR: Health First Colorado Prior Authorization Request Program web page](#) for more information.

### **Acentra (formerly Kepro) Provider Training**

Prior Authorization Request (PAR) Submission Training is for **all new users** to learn how to submit a PAR using the Atrezzo® Portal.

[PAR Submission Training: March 27, 2024 8:30 a.m. - 9:00 a.m. MT](#)

[PAR Submission Training: March 27, 2024 12:00 p.m. - 12:30 p.m. MT](#)

Contact [CoProviderIssue@kepro.com](mailto:CoProviderIssue@kepro.com) with questions or if needing assistance when registering for Acentra's provider PAR portal, Atrezzo®.

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## **Featured Resource: Revalidation Frequently Asked Questions (FAQ)**

### **When does the Revalidation Application need to be submitted?**

The revalidation deadline is based on the date the enrollment application was approved.

Refer to the Provider Revalidation Dates Spreadsheet, located on the [Revalidation web page](#) under the Revalidation Resources section, for a list of revalidation due dates by provider, provider type, provider ID and National Provider Identifier (NPI).

Each provider is notified by email six (6) months in advance of their revalidation deadline. Providers are reminded to verify that email addresses listed in the Provider Web Portal are correct to prevent notification delays.

### **Where can more information be found about revalidation?**

Visit the [Revalidation web page](#) on the State of Colorado website.

Refer to the [Revalidation Quick Guide](#) located on the [Quick Guides web page](#) for more information on completing the revalidation application through the Provider Web Portal.

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## Reminder: Sign Up for Provider Email Communications

Recipients of this email are already signed up to receive Provider Bulletins, newsletters and general announcements. To receive emails specific to provider type, [sign up by selecting the email list\(s\) that best apply](#).

Keeping provider contact information up to date in the Provider Web Portal will help to ensure that providers receive emails specific to their organization's claims. The email address associated with the mailing address in the Provider Web Portal will be used for provider communications. Visit the [Provider Maintenance Provider Web Portal Quick Guide web page](#) for instructions on how to access and update the email address on file.

Looking for a recent newsletter or email? Newsletters and many of the emails sent to providers are posted on the [Provider News web page](#).

## Known Issues

### **Hospital, Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) Providers**

#### **Some Institutional Claims Billed with Physician-Administered Drugs Denying for Explanation of Benefits (EOB) 0192**

Some institutional claim details with Physician-Administered Drugs (PADS) are denying incorrectly for EOB 0192 - "Prior Authorization (PA) is required for this service. An approved PA was not found."

A resolution to this issue is in process.

Affected claims will be reprocessed.

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