COLORADO
Department of Health Care Policy & Financing

Provider News & Resources

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In This Issue:

Did You Know?

Third-Party Liability

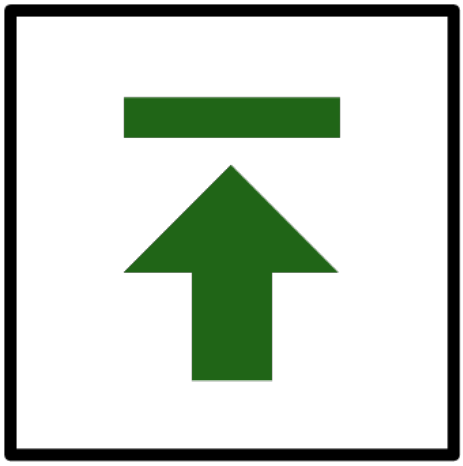
Providers are responsible for pursuing available third-party resources, such as commercial insurance, in a timely manner and following up with the third party to ensure the claim is submitted within 365 days. Providers must complete third-party liability information on the electronic claim format if a member has commercial insurance coverage.

Refer to the General Provider Information Manual for more information on timely filing guidelines.

Resolved 08/16/23: Outpatient Hospital Claims Paying Incorrect Rate

Featured Resources:

[September 2023 Provider Bulletin (B2300498)]



Verifying Member Eligibility

Providers are reminded to verify member eligibility and the member's Managed Care Organization (MCO), if applicable, for each date of service. Providers should contact the appropriate MCO for further benefit details once the member is assigned to the MCO. Benefits through Child Health Plan *Plus* (CHP+) may vary from the Title XIX benefit plan.

Providers must not rely solely on the member to provide eligibility information. Verification must be completed through batch submissions or the Provider Web Portal. Providers are encouraged to refer to the Verifying Member Eligibility (Including Managed Care Assignment Details and Benefit Plan Information) and Co-Pay Quick Guide for more detailed instructions.

Providers are responsible for verifying eligibility within 365 days of the date of service to ensure the claim can be submitted within the timely filing guidelines. Providers are responsible for using any means necessary to determine coverage.

Providers may not bill the members if they did not determine eligibility within 365 days of the date of service.

Fee Schedules

Not all codes are listed on the Health First Colorado Fee Schedule. Providers are advised to check all fee schedules that apply to their billing practices.

If a code is not listed on the Health First Colorado Fee Schedule, the code may be listed on a benefit-specific fee schedule.

Visit the Provider Rates and Fee Schedule web page to locate all published fee schedules.

All Providers Who Obtain Colorado Department of Regulatory Agencies (DORA) Licenses

License Portal Panel Field Changes and License Reminder

Pharmacies and individual providers submitting licensure data issued by the Colorado Department of Regulatory Agencies (DORA) for enrollments, revalidations or maintenance request applications in the Provider Web Portal previously had to enter this information manually. This manual process led to errors, increasing application returns to providers and processing times. Formatting inconsistencies also caused errors with automatic licensure updates when new date spans came into effect.

Recent changes include the Issuing Authority field being displayed first on the License panel and the license number shifting to the right. Automatic verification is initiated when Colorado DORA is selected from the Issuing Authority drop-down menu and the license number is entered in the correct format. The Effective Date, Expiration Date and Issuing State fields then auto-populate with a license record added to the provider's application. The fields remain editable. Warning messages display if no matching license number is found or if the DORA license format is entered incorrectly.

Providers are reminded that Health First Colorado (Colorado's Medicaid program) enrollment may be inactivated if the provider's license, certification or accreditation has expired or is subject to conditions or restrictions. Providers that are required to maintain a license as part of their enrollment will receive a letter from the Department of Health Care Policy & Financing (the Department) when the primary license is approaching expiration or has reached its expiration date.

Refer to the Provider Enrollment Manual located under the Enrollment Resources section on the Provider Enrollment web page for instructions on adding a license for new enrollment applications.

Refer to the Revalidation Manual located under the Revalidation Resources section on the Revalidation web page or the Revalidation Quick Guide for details on adding or updating a license for revalidation applications.

Refer to the Provider Maintenance - Update License & CLIA Quick Guide and the Revalidation Quick Guide located on the Quick Guides web page for more information.

Lower of Pricing Logic for Rate Increases

If rate increases are implemented by the Department, claims that were already billed with and paid at a rate lower than the new rate cannot be adjusted by Gainwell Technologies for the higher rate.

The "lower of" pricing logic will always be used. Providers are advised to bill their usual and customary charges.

Home & Community-Based Services (HCBS) Providers

Provider Training Grants Available

A reimbursement-based grant of up to $100,000 is available for qualifying organizations as part of the American Rescue Plan Act (ARPA). This grant is to be used for the training of direct care workers to gain higher-level skills which will support specialization and will aid in advancement opportunities for HCBS workers.

Some examples of this training are:

- Adaptive Wellness
- Alzheimer's and Dementia Caregiving at Home
- Crucial Conversations

- Secondary Trauma Resiliency

Organizations qualify if enrolled as an HCBS provider or as a training vendor for HCBS providers.

Visit the ARPA Grant Incentives, Pilots, and Community Funding Opportunities web page for more information on the grant, how to apply, a list of award announcements and recorded webinars.

Substance Use Disorder (SUD) Providers

Third Annual Substance Use Disorder Stakeholder Forum

The third annual Substance Use Disorder (SUD) stakeholder forum will be held virtually on October 10, 2023. The Annual Report for Demonstration Year 2 will be reviewed and the community updated about the 1115 Waiver "Expanding the Substance Use Disorder Continuum of Care" during the annual forum.

Send any questions and feedback about gaps seen in the SUD services continuum to the SUD inbox. This year's forum will be a single event held virtually Tuesday, October 10, 2023, 5:00 p.m. - 6:30 p.m. MT. Participants can register now using the Zoom Registration link.

Participants will have questions answered about how the benefit expansion works and share ideas about community needs in the SUD space.

Visit the Ensuring Full Continuum SUD Benefits web page for more information on SUD services.

Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Notify the SUD team at hcpf_sudbenefits@state.co.us or the Civil Rights Coordinator at hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.

Recently Updated Billing Manuals

- Appendix X - HCPCS / NDC Crosswalk for Billing Physician-Administered Drugs
- Gender-Affirming Care
- HCBS - Complementary and Integrative Health (CIH)
- Hospice
- Immunizations
- Laboratory Services
- Outpatient Imaging and Radiology
- Pharmacy
- Physical and Occupational Therapy (PT/OT)
- Speech Therapy

Visit the Billing Manuals web page to locate all published manuals.

Known Issues

Claim Processing Times for New Procedure Codes

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

New procedure codes that are suspending for Explanation of Benefits (EOB) 0000 "This claim/service is pending for program review" may be under review for 30 - 60 days.

Physician Administered Drugs (PADs) require a National Drug Code (NDC) assignment and may take up to 90 days before implementation.

The Colorado interChange is updated with the billing codes based on the Centers for Medicare & Medicaid Services (CMS) release of deletions, changes and additions.

Claims in a suspended status will be released and processed once the update is complete.

Resolved Issues

Hospital Providers

Resolved 08/16/23

Outpatient Hospital Claims Paying Incorrect Rate

Some outpatient hospital claims were paying at the incorrect Enhanced Ambulatory Patient Group (EAPG) rate for dates of service beginning July 1, 2023. The across-the-board rate was implemented in the Colorado interChange on August 16, 2023.

Affected claims were reprocessed on 08/25/23.

Issue resolved 08/16/23.