

All Providers

- 1 Did You Know? Maintain Delegate Access to Provider Web Portal
- 2 Administrative Password Reset Process Change
- 2 Electronic Funds Transfer (EFT) Process Change
- 3 License Portal Panel Field Changes and License Reminder
- 3 Load Letters
- 4 National Correct Coding Initiative (NCCI) Notification of Quarterly Updates
- 4 Provider Services Call Center Change

All Fee-for-Service Providers

- 5 Co-Pay Regarding COVID-19

All Providers who Utilize the ColoradoPAR Program/ Home Health

- 6 Prior Authorization Requirement for Private Duty Nursing (PDN)
- 7 Utilization Management Prior Authorization Requests (PAR) Program Updates

Federally Qualified Health Centers, Physician Services

- 8 Health Screenings for Refugee Newcomers

Home and Community Based Services (HCBS) Providers

- 9 August 2022 Rates Update

Hospital Providers

- 9 General Updates

Pediatric Behavioral Therapy Providers

- 11 Electronic Visit Verification (EVV) Update
- 12 Prior Authorization Request (PAR) Training

Pharmacist Services

- 12 Guidance for the Prescription of Paxlovid

Pharmacy and All Medication-Prescribing Providers

- 13 Family Planning for Expanded Eligibility Population and Pharmacy Claims
- 14 Preferred Drug List (PDL) Announcement of Preferred Products
- 15 Pharmacy and Therapeutics (P&T) Committee Meeting
- 15 Pharmacy and Therapeutics (P&T) Committee Member Openings

Pharmacy Providers

- 16 Total Annual Prescription Volume (TAPV) Reminder
- 17 Physician-Administered Drugs (PAD)

Physician Services

- 18 Family Planning Expansion Benefit

Physician Services, All COVID-19 Vaccine Providers

- 19 New Vaccine Counseling Visits for Adults and Children

Telemedicine

- 20 2022 Telehealth Survey

Women's Health

- 21 Statewide & National Reports of Increasing Rates of Syphilis Diagnoses (for Women of Reproductive Age) & Increased Congenital Syphilis Diagnoses

Provider Billing Training Sessions

- 22 September and October 2022 Provider Billing Webinar-Only Training Sessions

Did You Know?

Providers are reminded to terminate an employee's delegate access to the [Provider Web Portal](#) once that employee leaves the company.

A delegate's status and functions should be kept up to date in accordance with current job duties and employment status. Only delegates with a valid, current business reason should have Provider Web Portal access.

Refer to the [Delegates - Provider Web Portal Quick Guide](#) for more information on adding, linking, managing and removing delegates.

All Providers

Administrative Password Reset Process Change

The following are process changes for providers requesting an administrative password reset. Requests for an administrative password reset for the provider web portal must still be submitted in writing by submitting a letter on company letterhead to noreply.providerwebportal@gainwelltechnologies.com but with the following changes:

1. Providers must give both their NPI and Health First Colorado ID
2. Letter must be dated within last 30 days

When all documentation has been received, verification calls will be made to confirm that the request is valid and that all information is accurate. Once the information is confirmed, the administrative password reset will be sent.

Password resets must have verbal authorization from the provider before completion, which may extend the processing time.

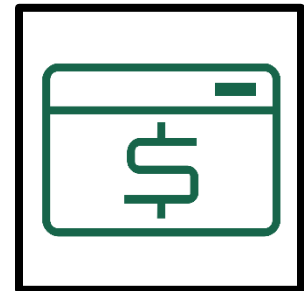
Contact the [Provider Services Call Center](#) with questions or refer to the [Provider Web Portal Administrative Password Reset Process Quick Guide](#) for more information.

Electronic Funds Transfer (EFT) Process Change

A change has been made for any providers who wish to change their bank account information for payments from Health First Colorado. Additional documentation will be required from the providers to reduce risk of fraud. Gainwell Technologies will also be calling the provider directly to verify that the change has been requested.

EFT changes must include the following attachments when submitting a provider maintenance update:

1. Letter from the provider on letterhead with the following information:
 - Business or individual provider name
 - Must be dated within six months of the submission date
 - Name of the bank
 - Account and routing number
 - Must be hand-signed *by an authorized representative*
2. One of the following two options are also required:
 1. Voided Check
 - A photocopied or scanned image of an actual check is required. It cannot be an image from a website.



2. Letter from the bank verifying the account and routing number

Use the current EFT Request process to make these submissions through the [Provider Web Portal](#). Visit the [Updating Electronic Funds Transfer \(EFT\) - Provider Web Portal Quick Guide](#) for more information.

After receiving the EFT information, validation calls will be made using the contact information on file. Please make sure the information is current. Changes must have verbal authorization from the provider before completion, which may extend the processing time.

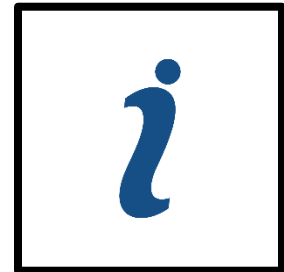
Contact the [Provider Services Call Center](#) with questions.

License Portal Panel Field Changes and License Reminder

Additional changes were completed in August on the License Portal Panel in the Provider Web Portal. These changes allow providers to update the following license data fields during a Maintenance and/or Revalidation request:

- Issuing State
- Description
- Issuing Authority

These fields were previously read-only and could not be changed. Refer to the [Provider Web Portal Quick Guide: Provider Maintenance - Update License & CLIA](#) to review the current instructions.



Providers that are required to maintain a license as part of the enrollment will receive a letter when the primary license is approaching expiration or has reached its expiration date. 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 should review and update the license information in the [Provider Web Portal](#) to ensure the issuing authority information is correct for their active licenses.

Refer to the [Provider Web Portal Quick Guide: Provider Maintenance - Update License & CLIA Quick Guide](#) for instruction on adding or updating a license through a Provider Maintenance request.

Load Letters

The purpose of the load letter is to allow providers to submit claims outside of the timely filing period if the member was retroactively enrolled. Load letters will only be granted for cases where the member's eligibility was backdated.

The load letter is not intended to provide proof of eligibility.

If the member was enrolled on the date of service but failed to inform the provider of existing coverage, the provider must obtain that information within 365 days.

The Load Letter Request Form is available under the Claim Forms and Attachments drop-down list on the [Provider Forms web page](#). All load letter requests should be faxed to the Department of Health Care Policy & Financing (the Department) at 303-866-2082 or sent via encrypted email to LoadLetterRequests@hcpf.state.co.us with the subject line “Load Letter Request”.

Note: Do not use the member’s State ID in the subject line.

Requests are not necessary if the date of service is within 365 days.



Requests will not be granted if the member has a commercial insurance (third-party liability) as primary. All claims where the member has commercial insurance must be paid within 365 days.

If a load letter is issued by the Department, providers have 60 days from the date of the load letter to submit the claim with the attached form for review by the fiscal agent. Claims should be submitted via the [Provider Web Portal](#) and not on paper.

For all other questions related to timely filing, refer to the [General Provider Information Manual](#), located on the [Billing Manuals web page](#) under the General Provider Information drop-down.

National Correct Coding Initiative (NCCI) Notification of Quarterly Updates

Providers are encouraged to monitor Centers for Medicare & Medicaid Services (CMS) for updates to National Correct Coding Initiative (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 2022.

For more information visit the [CMS NCCI](#) website.

Provider Services Call Center Change

A virtual agent named GABBY™, designed to listen to the caller and respond, will soon be implemented to assist providers contacting the [Provider Services Call Center](#). A phased implementation will begin in the coming weeks. Callers will begin to interact with this Provider Services Call Center virtual agent, which will be available 24 hours a day, 7 days a week.

This will eventually replace the current Interactive Voice Response (IVR) system as well as the current phone tree.

What Should I Expect on My First Call?

- The virtual agent works best with the Health First Colorado provider ID. If an NPI is preferred and the provider has multiple locations or provider types, the virtual agent will ask for the 9-digit zip code.



- The Provider Services Call Center virtual agent can give information regarding claims status, including Explanations of Benefits (EOB) reasons, eligibility verification, and weekly payment amounts.
- It does not currently support questions related to prior authorization, rates, provider enrollment, portal password resets or Electronic Data Interchange (EDI).

If the request cannot be supported, the virtual agent will transfer the call to a live agent who will be happy to assist.

Phrases to Reach a Live Agent

Here are some common phrases that can be used to transfer to a live agent based on topic, as queues will no longer be able to be selected by pushing a button on a phone.

Callers can use terms or phrases such as “EDI, Prior Authorization, I’m not enrolled, application, or password” to be transferred to the appropriate queue.

Review the [Virtual Agent Fact Sheet](#) for more information.

All Fee-for-Service Providers

Co-Pay Regarding COVID-19

Providers are reminded that co-pays have been waived due to guidance from the Centers for Medicare and Medicaid Services (CMS) under the American Rescue Plan Act of 2021 (ARPA) for services and treatments related to COVID-19 (including the treatment of conditions that may seriously complicate the treatment of COVID-19).

A co-pay will not be deducted from the claim if ICD-10 diagnosis code B99.9, B94.8, J12.82, M35.81, M35.89, O98.5, R05, R06.02, R50.9, U07.1, U09.9, Z20.822, Z86.16, Z11.52, J18.9, Z13.9, Z11.59, Z20.818, or Z20.828 is entered on the claim. Providers should not charge members co-pays for these services.

Contact the [Provider Services Call Center](#) for questions and assistance.

All Providers who Utilize the ColoradoPAR Program

Prior Authorization Requirement for Private Duty Nursing (PDN)

Prior Authorization Requests (PARs) for Private Duty Nursing (PDN) were to be submitted as part of the 10-month phased-in implementation from November 1, 2021, to August 30, 2022, to the ColoradoPAR program via the online PAR portal.

Effective for dates of service beginning September 1, 2022, all members receiving PDN services are required to have an approved PAR in order to continue to receive services. Providers may receive a denial for submitted claims if there is not a matching PAR with the same dates, codes and member ID. This was published in the [November 2021 Provider Bulletin \(B2100470\)](#).

The list of PDN codes can be found on the [Home Health and PDN Fee Schedule](#).

Visit the [ColoradoPAR: Health First Colorado Prior Authorization Request Program web page](#) or contact [Kepro Customer Service](#) with questions regarding submitting PARs to Kepro. Email hcpf_um@state.co.us for escalated concerns or questions about the Department's PAR program.

Private Duty Nursing (PDN) Services for Adult Members

There was a recent change to the [Private Duty Nursing \(PDN\) benefit](#) to allow for an exception to the 16 hours per day of PDN service limit when the Prior Authorization Request (PAR) is determined to be medically necessary. The PDN benefit provides skilled nursing services to members who require more individualized and continuous care from a visiting nurse than is available. Current regulations allow PDN to be performed for up to 16 hours per day for adults.



Colorado statute prohibits authorization of the full 24 hours for adults. The new PDN exception process will allow for Health First Colorado members to receive up to 23 hours per day if criteria are met.

This change was in effect as of August 12, 2022, upon the approval of emergency promulgation of regulations at the Medical Services Board (MSB).

- Providers may request a maximum of 23 hours per day for adult members.
- PARs will be reviewed for medical necessity on a case-by-case basis.
- The PDN Tool, the Plan of Care (POC), the Physician order (PA order) and all supporting documentation remains required for all PDN PARs.
- New PAR: For adult members who do *not* have an active PAR in place, a new PAR should be submitted. Please note, as of September 1, 2022, PARs are required for *all* PDN services.

- For members who currently have an active PDN PAR:
 - Requests for an increase of hours on PARs *already in place* should be submitted as a [PAR Revision](#), also called a PAR Modification, to the current PAR.
 - The start date should be updated to August 12, 2022, but no changes should be made to the PAR's *original* end date.
 - Requests to back date the PAR *prior to* August 12, 2022, will be denied.
 - Please **do not** submit a new PAR, as this would increase the likelihood the claim will deny for duplication of services.
- The Prior Authorization Order, POC, the PDN tool and any additional documentation must appropriately reflect the hours requested. If the documentation from the original PAR does not reflect the hours requested in the modification, ensure the updated documents are submitted. Failure to upload these documents may result in the PAR Pended for additional information.
- Because this is a PAR Revision, an updated physician order is not required if the date spans on the PAR Revision include a start date of August 12, 2022, to the (original) PAR end date.

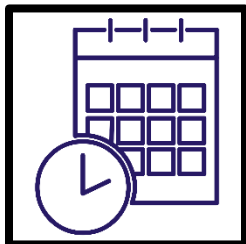
Contact Kepro at coproviderissue@kepro.com for more information on how to properly submit these cases as a PAR Revision.

Contact the UM Team at hcpf_um@state.co.us with questions about the PAR process.

Contact the Office of Community Living PDN Benefit Management Team at HCPF_HCBS_Questions@state.co.us with questions about the PDN Rule or PDN Benefit or Policy.

Utilization Management Prior Authorization Requests (PAR) Program Updates

Delayed PARs Due to Incorrect Modifiers Not Matching



Ensure the PAR modifiers are correct and unit limits are not exceeded to prevent PAR processing issues and improve turnaround time for reviews.

Remember to refer to the [fee schedule](#) and [billing manual](#) to determine if the codes being requested have limits and to identify the correct modifiers to include on the PAR.

Contact [Kepro's Customer Service](#) or send an email to coproviderissue@kepro.com with questions about submitting PARs with correct modifiers and units.

ColoradoPAR Portal System Training

Ensure the correct email address is used when registering for training webinars to receive the registration invite which will contain links to join the event or to cancel registration.

Updated training schedules will be posted to the [ColoradoPAR Program web page](#).

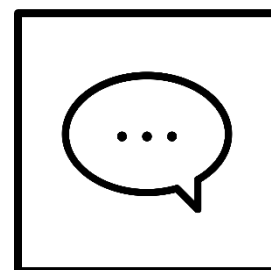
Email coproviderregistration@kepro.com with questions regarding training.

Speech Therapy (ST) Providers

Outpatient Speech Therapy Prior Authorization Requests (PARs)

Effective for dates of service on or after July 1, 2022, outpatient speech therapy PARs may be approved for up to a 12-month period, not to exceed 365 days (depending on medical necessity determined by the authorizing agency).

Contact Devinne Parsons at Devinne.Parsons@state.co.us with any questions regarding outpatient speech therapy policy. Contact [Kepro's Customer Service](#) or send an e mail to coproviderissue@kepro.com with questions about submitting PARs for speech therapy services.



Providers Submitting Private Duty Nursing (PDN) PAR Requests to ColoradoPAR for Adult Members

Types of Prior Authorization Requests (PARs) That Are Appropriate for Rapid/Expedited Review

Effective August 12, 2022, providers can submit PARs exceeding the 16-hours-per-day limit for members aged 21 and older.

Contact Kepro at coproviderissue@kepro.com for more information on how to properly submit these cases as a PAR Revision.

Contact the UM Team at hcpf_um@state.co.us with questions about the PAR process.

Contact the Office of Community Living PDN Benefit Management Team at HCPF_HCBS_Questions@state.co.us with questions about the PDN Rule or PDN Benefit or Policy.

Federally Qualified Health Centers, Physician Services

Health Screenings for Refugee Newcomers

Colorado has welcomed over 3,100 newcomers via the refugee program since fall of 2021. These individuals include humanitarian parolees from Afghanistan, Ukraine, and Cuba as well as asylees and refugees. The Colorado Refugee Services Program (CRSP) ensures that all newcomers undergo comprehensive medical screening once they arrive in Colorado. Due to the high number of arrivals, current CRSP healthcare partners are at capacity to screen new arrivals.

CRSP is seeking temporary assistance to help conduct approximately 800 refugee medical screenings by the end of September. Providers would be trained to conduct this prescribed screening and would be reimbursed by Health First Colorado and CRSP for associated costs. If any Denver metro-area and front range Federally Qualified Health Centers are interested and have provider capacity to conduct some or all of the needed medical screenings, contact Maki Gboro (the State Refugee Health Coordinator) at Maki.Gboro@state.co.us.

Home and Community Based Services (HCBS) Providers

August 2022 Rates Update

Home and Community Based Services (HCBS) rates for August 2022 have been updated. The new rates were effective August 1, 2022, and were posted to the [Provider Rates & Fee Schedule web page](#) under the heading [HCBS Rate Schedule](#).

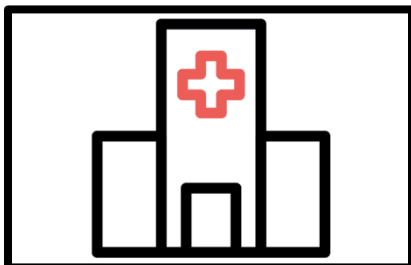
Contact Valli Muthuvinayagam at Valli.Muthuvinayagam@state.co.us with questions.

Hospital Providers

General Updates

All Hospital Providers

Inpatient Hospital Base Rate Methodology Draft



Hospital stakeholders are strongly encouraged to review the DRAFT Inpatient Hospital Base Rate Model that was uploaded to the [Inpatient Hospital Payment web page](#) on August 5, 2022. The Department looks forward to receiving feedback about the model prior to the September and November Hospital Engagement Meetings.

Contact [Diana Lambe, Andrew Abalos, and Kevin Martin](#) with any input or questions on the model.

Hospital Stakeholder Engagement Meetings

Bi-monthly Hospital Engagement meetings will continue to be hosted to discuss current issues regarding payment reform and operational processing. [Sign up to receive the Hospital Stakeholder Engagement Meeting newsletters](#).

- The [All-Hospital Engagement meeting](#) is scheduled for Friday, September 9, 2022, from 1:00 p.m. to 4:00 p.m. MT and will be hosted virtually.

Visit the [Hospital Engagement Meeting web page](#) for more details, meeting schedules and past meeting materials. Calendar Year 2022 meetings have been posted.

Contact Tyler Samora at Tyler.Samora@state.co.us with any questions or topics to be discussed at future meetings. Advanced notice will provide the Rates team time to bring additional Department personnel to the meetings to address different concerns.

Outpatient Hospitals

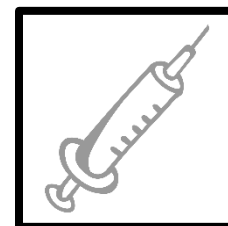
Transition to EAPG version 3.16

On July 6, 2022, approval was received from Centers for Medicare & Medicaid Services (CMS) to implement version 3.16 of the Enhanced Ambulatory Patient Grouping (EAPG) methodology, effective January 1, 2022. As of July 28, the new methodology and the associated hospital base rates were implemented into interChange, with claim adjustments beginning soon after. The adjustments are expected to continue through September.

Visit the [Outpatient Hospital Payment web page](#) for information relating to the outpatient hospital base rates and EAPG weights.

COVID Vaccination Status Denials

In the August Hospital Engagement Meeting, the Department discussed outpatient hospital claims that were incorrectly denying due to the inclusion of COVID-19 vaccination status diagnosis codes that were effective April 1, 2022. COVID-19 vaccination status diagnosis codes are no longer causing denials to outpatient hospital claims with the implementation of version 3.16. Consistent with the discussion on these denials in the August Hospital Engagement Meeting, the Department will not resubmit any claims that did not pay due to this error. Providers are expected to resubmit claims for which they expect payment. If help is needed to identify claims that denied for this reason, contact [Tyler Samora and Andrew Abalos](#).



Rural Health Clinics

Bi-monthly Rural Health Clinic Engagement meetings will continue to be hosted to discuss current issues regarding payment reform and operational processing.

- The next Rural Health Clinic Engagement meeting is scheduled for Thursday, September 8, 2022, from 12:30 p.m. to 1:30 p.m. and will be hosted virtually. The meetings are now held on Zoom.

Visit the [Rural Health Clinic 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. Advanced notice will provide the Rates team time to bring additional Department personnel to the meetings to address different concerns.

Pediatric Behavioral Therapy Providers

Electronic Visit Verification (EVV) Update

Electronic Visit Verification (EVV) is an electronic system that verifies Home & Community-Based Services (HCBS) visits by documenting six points of data, including the type, date, and location of service; the individuals receiving and providing the service; and the time service begins and ends. On August 3, 2020, EVV became mandated by [Colorado Code of Regulation 2505-10 8.001](#) and on February 1, 2022, the EVV pre-payment claim edit was activated, further described in [Operational Memo 21-075](#).

Pediatric Behavioral Therapies - Telehealth Requires EVV

Effective October 1, 2022, pediatric behavioral therapy services performed by Telehealth/Telemedicine in the following places of service will require EVV prior to claims processing. If EVV is incomplete or not present, the claim will not pay.

- 02 - Telehealth Provided Other than in Patient's Home
- 10 - Telehealth Provided in Patient's Home

Please note pediatric behavioral therapy providers are not eligible for the Live-In Caregiver EVV Exemption and claims billed using the CMS 1500 billing methodology, Place of Service 99 requires EVV.

Providers are responsible to ensure that the member's location is correctly captured when services are rendered by Telehealth/Telemedicine. Guidance on Telehealth/Telemedicine, Alternate Location, and Methodology can be found in the [EVV Program Manual](#).

Many EVV technologies automatically record the location of the caregiver providing services through Telemedicine/Telehealth, the location in the EVV record must indicate the location of the member receiving services through Telemedicine/Telehealth. Provider Agencies may utilize the Alternate Location methodology as needed.

Newly enrolled pediatric behavioral therapy providers are not automatically enrolled in the EVV Program and are responsible to submit the [EVV Attestation form](#) for EVV enrollment. A 30-day grace period is given from the EVV requirement after enrollment to complete EVV setup.

Additional Information



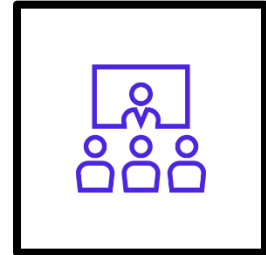
The [EVV Program Manual](#) is updated regularly. EVV stakeholder meetings are held monthly; more information on these meetings can be found on the [EVV stakeholder workgroup](#) webpage. Visit the [Electronic Visit Verification web page](#) for information about EVV.

Contact [Gainwell Technologies](#) with questions regarding billing. Contact Sandata Technologies by phone 855-871-8780 or email cocustomercare@sandata.com with questions regarding the State EVV Solution or connecting a Provider Choice EVV System. Contact the Department's EVV team at evv@state.co.us with all other EVV policy-related questions.

Prior Authorization Request (PAR) Training

A training will be held for therapy providers that submit Prior Authorization Requests (PARs) through the ColoradoPAR program.

Benefit-Specific Training: On September 7, 2022, Kepro will provide three separate training sessions (8:30 a.m., 12:00 p.m. and 3:00 p.m. MT) to assist in submitting successful PARs. This training will cover the following topics:



- PAR Submissions
- Required Documents
- PAR Process
- Revisions
- Reconsiderations
- Peer-to-Peer

Register prior to attending a training webinar using the registration links below.

[Registration Form 8:30 a.m. - 9:30 a.m. MT](#)

[Registration Form 12:00 p.m. - 1:00 p.m. MT](#)

[Registration Form 12:00 p.m. - 4:00 p.m. MT](#)

Contact COproviderissue@kepro.com with any questions.

Contact hcpf_um@state.co.us with any questions related to PARs for the Department.

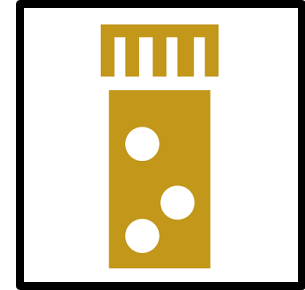
Pharmacist Services

Guidance for the Prescription of Paxlovid

On July 6, 2022, the Food and Drug Administration (FDA) modified the Emergency Use Authorization (EUA) for Paxlovid to allow pharmacists to prescribe under limited circumstances. Consistent with this guidance, medically necessary procedures related to the prescribing of Paxlovid may be billed with the following limitations:

- All pharmacists authorized to prescribe Paxlovid must adhere to all the terms set in the FDA's [updated EUA](#).
- The pharmacy dispensing fee already includes counseling, meaning that providers should not separately bill the Department for it.
- Providers must ensure they are fully meeting the requirements of a code before using it to describe a procedure.

- Medical procedures must be billed on a CMS-1500 claim, not a pharmacy claim.
- Provider documentation must support the choice of code used and accurately reflect the time spent prescribing, if applicable.



In order to help providers understand this change, the Department has also assembled the following FAQ:

Q: What does this change mean for billing when prescribing and dispensing happen at the same time?

A: Prescribing is a separate action from dispensing and counseling. This means that providers may not use any part of the dispensing process, including topics potentially covered in counseling but not required by the FDA's EUA, to elongate or supplement the prescribing process. For more information on member counseling, refer to [10 CCR 2505 10 8.800.9.B.2.](#)

Q: Can providers bill for COVID-19 testing as part of the prescription process?

A: The Department may already be billed for medically necessary testing that pharmacists are authorized to perform by federal and state regulations. As a reminder, the Department's testing policy is that pharmacists may only have billing on their behalf for tests performed in their affiliated clinic or pharmacy. Tests performed by laboratories or hospital outpatient laboratories must be billed by the performing laboratory.

Q: How are co-pays handled?

A: Health First Colorado has temporarily waived co-pay amounts for treatments and services related to COVID-19 when ICD-10 diagnosis codes B99.9, B94.8, J12.82, M35.81, M35.89, O98.5, R05, R06.02, R50.9, U07.1, U09.9, Z20.822, Z86.16, Z11.52, J18.9, Z13.9, Z11.59, Z20.818, or Z20.828 is entered on the claim.

Contact Cameron Amirfathi at Cameron.Amirfathi@state.co.us with further questions.

Pharmacy and All Medication-Prescribing Providers

Family Planning for Expanded Eligibility Population and Pharmacy Claims

Effective July 1, 2022, members within the expanded income eligibility category (with an income up to 260% of the federal poverty level) are eligible to receive family planning and family planning-related medications at a \$0 co-pay.

- Pharmacy providers should utilize field 461-EU on the pharmacy claim to indicate “6-Family Plan” to receive a \$0 co-pay on family planning-related medications **only**. This will allow the pharmacist to determine if the medication was prescribed in relation to a family planning visit (e.g., tobacco cessation and sexually transmitted infections and disease (STI/STD) medications).
- Family planning (e.g., contraceptives) services are already configured for a \$0 co-pay.



REMINDER:

- Members within this eligibility category are **only** eligible to receive family planning and family planning-related services. If the medication has been determined to be family planning or family planning-related, it should be documented in the prescription record.
- If a medication is denying and **is not** a family planning or family planning-related medication, it is not a covered service for this population and providers should not be entering “6-Family Plan” code on the claim.

Contact Korri Conilogue at Korri.Conilogue@state.co.us with any questions.

Preferred Drug List (PDL) Announcement of Preferred Products

The full listing of preferred drugs, effective October 1, 2022, will be published on the [Health First Colorado Preferred Drug List](#) on September 1, 2022.

Changes will be made for the following PDL classes, effective October 1, 2022:

PDL class	Moved to Preferred	Moved to non-preferred
Contraceptives, Oral - Extended Cycle	Drospirenone-EE 3-0.02 mg tablet Camrese 0.15-0.03-0.01 mg tablet	
Contraceptives, Oral - Low Dose Monophasic	Kalliga 28-day tablet	Tarina FE 1-20 tablet
Glucagon, self-administered	Baqsimi Spray Zegalogue Autoinjector	Gvoke Syringe and Pen Glucagon 1 mg emergency kit (Amphastar)
Diabetes Management Classes, Non-Insulins - DPP-4 Inhibitors and Combinations	Jentadueto tablet Jentadueto XR tablet	
Prenatal Vitamins/Minerals	Taron-C DHA Capsule	

No changes will be made for the following PDL classes:

Androgenic Agents - Topical, Injectable, Oral	Anti-Hyperuricemics
---	---------------------

Bone Resorption Suppression and Related Agents	Benign Prostatic Hyperplasia (BPH) Agents
Contraceptives, Oral - Biphasic	Contraceptives, Oral - Continuous
Contraceptives, Oral - High Dose Monophasic	Contraceptives, Oral - Progestin
Contraceptives, Oral - Tri Four-Phasic	Contraceptives, Topical
Diabetes Management Classes, Insulins: a) Rapid-Acting b) Intermediate-Acting c) Long-Acting d) Mixtures	Diabetes Management Classes, Non-Insulins: a) Amylin b) Biguanides c) GLP-1 Analogues d) Other Hypoglycemic Combinations e) Meglitinides & Combinations f) SGLT-2 Inhibitors & Combinations g) TZDs and Combinations
Estrogen Agents, Parenteral	Estrogen Agents, Oral/Transdermal
Growth Hormones	Phosphate Binders
Overactive Bladder Agents	

Pharmacy and Therapeutics (P&T) Committee Meeting

Tuesday, October 4, 2022

1:00 - 5:00 p.m. MT (to be held virtually, not in-person)

Agenda and meeting information can be found on the [Pharmacy & Therapeutics \(P&T\) web page](#).

Pharmacy and Therapeutics (P&T) Committee Member Openings

The Department has three open positions for the P&T Committee.

We are accepting submissions for the following positions:

- One physician who specializes in the practice of psychiatry
- One specialty physician
- One member representative



If interested in serving, or know someone who may be interested, submit/have them submit a CV along with a completed [Conflict of Interest Form](#) to:

Colorado Department of Health Care Policy and Financing
 Attn: Brittany Schock, PDL pharmacist
 Fax to 303-866-3590 or email Brittany.Schock@state.co.us

Pharmacy Providers

Total Annual Prescription Volume (TAPV) Reminder

Myers and Stauffer is the contracted vendor responsible for conducting the TAPV survey for pharmacy providers on behalf of the Department. The prescription volume information submitted by most pharmacy types will be used to determine their dispensing fee for the 2023 calendar year.

- Pharmacies that meet the regulatory definition of a government or rural pharmacy will have their dispensing fee determined by their pharmacy type and will not be included in the TAPV surveying process as defined in [10 CCR 2505-10, Sections 8.800.1 and 8.800.13](#).
- COVID-19 vaccinations may be excluded from the TAPV count, per guidance received from the Centers for Medicare and Medicaid Services (CMS). This exclusion will be granted for the September 1, 2021, through August 31, 2022, reporting volume timeframe only.

Myers and Stauffer will distribute the surveys to pharmacy providers starting October 1, 2022. Completed surveys must be returned to Myers and Stauffer by October 31, 2022. In addition, survey materials and submission form templates will be available on the [Myers and Stauffer website](#) on or before October 1, 2022.

Pharmacy providers (other than government or rural pharmacies) that do not participate in the prescription volume survey will be placed in the lowest dispensing fee tier of \$9.31. Below are the current dispensing fee tiers:

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

Completed surveys can be submitted to Myers and Stauffer via:

- Email to pharmacy@mslc.com
- Postal mail at 800 E. 96th Street, Suite 200, Indianapolis, IN 46240
- Fax to 317-566-3203

If a survey request is not received and the location does not qualify as a rural or government pharmacy, contact the Myers and Stauffer Pharmacy Help Desk at 800-591-1183 or send an email to pharmacy@mslc.com to request a survey form.

- **REMINDER:** Providers must make sure that the address, contact person, telephone number and email address of a provider's location (where goods and services are rendered) is up to date in the Department's enrollment system pursuant to [10 CCR 2505, Section 8.130.1.C](#).

Provider Enrollment assistance is available at 1-844-235-2387.

Contact Kristina Gould at Kristina.Gould@state.co.us with questions related to this guidance.

Physician-Administered Drugs (PAD)

Effective October 1, 2022, a select number of additional physician-administered drugs (PADs), listed below, will be subject to prior authorization requirements. These codes are in addition to the PADs that have required prior authorization since January 18, 2022.

Providers should ensure that any Health First Colorado member due to receive any of the following PADs have an approved prior authorization on file prior to administration.

All PAD prior authorization procedures, clinical criteria, and additional PADs subject to prior authorization can be found on [Appendix Y: Physician Administered Drug Medical Benefit Prior Authorization Procedures and Criteria](#), accessible via the PAD Resources webpage.

Additional information regarding PAD prior authorization requirements can be found via [ColoradoPAR: Health First Colorado Prior Authorization Request Program](#) and the [Physician Administered Drug Provider Resources](#) web page.

All other PAD questions can be directed to HCPF_PAD@state.co.us.

Drug Class	HCPCS	Drug Name
	J0178	Eylea (aflibercept)
Lupus Agents	J0490	Benlysta (belimumab)
	J0491	Saphnelo (anifrolumab)

Multiple Sclerosis Agent	J0202	Lemtrada (alemtuzumab)
Pompe Disease Agents	J2796	Nplate (romiplostim)
	J0221	Lumizyme (alglucosidase alfa)
	J0219	Nexviazyme (avalglucosidase)
	J3241	Tepezza (teprotumumab)
	J1303	Ultopmiris (ravulizumab)
	J3032	Vyepti (eptinezumab)

Physician Services

Family Planning Expansion Benefit

Expanded family planning services are now live. Effective July 1, 2022, the Department covers family planning services for eligible non-citizens and family planning and related services for individuals within the 133%-260% Federal Poverty Level (FPL) income bracket.

Fertility Assessment Coverage



Per federal guidelines, basic female and male fertility assessments are a covered family planning service. Infertility treatments and medications are services **not** currently covered by Medicaid. Similar to other family planning services covered in the expanded benefit, providers must use the FP modifier on the claim for the service to be covered.

EMS COVID-19 Only Benefits

The “EMS COVID-19 Only” benefit covers COVID-related testing, treatments and vaccines for individuals without insurance. This update impacts all claim types with dates of service on or after March 11, 2021.

If covered COVID-19 services are provided at the family planning visit for members with the income expansion eligibility, providers should submit the claim(s) as follows:

- For professional claims, providers can submit one claim with the family planning services and COVID-19 services.
- For institutional claims, providers should submit two claims - one for the family planning services and one for the COVID-19 services - due to the reimbursement bundling methods.

Learn More

Information on the new updates can be found on:

- The [Family Planning Benefit Expansion for Special Populations Billing Manual](#)
- [The June, July and August 2022 Provider Bulletins](#)

Contact hcpf_maternalchildhealth@state.co.us with questions or feedback.

Physician Services, All COVID-19 Vaccine Providers

New Vaccine Counseling Visits for Adults and Children

On June 8, 2022, the Centers for Medicare & Medicaid Services (CMS) released stand-alone Medicaid & Children's Health Insurance Program (CHIP) vaccine counseling Healthcare Common Procedure Coding System (HCPCS) codes. **These codes are now loaded into the Department's claims processing system. Providers can utilize the codes effective July 7, 2022.** Current reimbursement rates can be found on the [Provider Rates & Fee Schedule](#) website.

CMS created these new HCPCS codes for providers to bill for stand-alone vaccine counseling. This includes COVID-19 vaccine counseling codes for counseling provided to Medicaid and CHIP beneficiaries who are eligible both for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) provisions and the COVID-19 vaccination coverage required under the American Rescue Plan. These codes can be used for stand-alone vaccine counseling provided in-person or via telehealth. The codes and descriptors are included below.

New Vaccine Stand-alone Counseling Codes

G0310	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5 to 15 mins time. (This code is used for Medicaid billing purposes.)
G0311	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 mins time. (This code is used for Medicaid billing purposes.)
G0312	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5 to 15 mins time. (This code is used for Medicaid billing purposes.)
G0313	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 mins time. (This code is used for Medicaid billing purposes.)

G0314	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 16-30 mins time. (This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit (EPSDT)).
G0315	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 5-15 mins time. (This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit (EPSDT)).

Providers should not bill for the vaccine counseling codes and the vaccine administration codes on the same date of service. Vaccine administration codes are inclusive of counseling.

These new codes and guidance supersede the Department's previous guidance to use code 99401 for COVID-19 vaccine counseling-only visits (refer to the [March 2022 Provider Bulletin \[B2200476\]](#)). **Providers do not need to resubmit prior vaccine counseling claims using the new codes if they were already paid using 99401.** Common Procedural Terminology (CPT) code 99401 will remain open and available for other appropriate uses on the [Health First Colorado fee schedule](#).

Refer to the [letter to states](#) for more information on Medicaid and CHIP coverage of stand-alone vaccine counseling.

Contact Morgan Anderson at Morgan.Anderson@state.co.us with any questions.

Telemedicine

2022 Telehealth Survey

The Office of eHealth Innovation (OeHI) and Prime Health have released the [2022 Colorado Provider Telehealth Survey](#) to follow up on the telehealth usage, benefit, and challenges for patients and to allow providers to inform future decision making in support of equitable statewide telehealth access, adoption and sustainability. This survey builds upon the 2021 Colorado Provider Telehealth Survey, to which 1,357 Colorado healthcare professionals responded last year. View [results from that survey](#).



The survey series is a collaborative effort, with support and input from more than 25 state departments and agencies, research organizations, provider organizations and community partners to consolidate key questions, priorities and initiatives regarding telehealth into a comprehensive set of questions that can be revisited as telehealth needs, challenges and successes evolved in Colorado.

The [2022 Colorado Provider Telehealth Survey](#) is expected to take 15-20 minutes to complete, and all aggregate data collected will be shared freely and publicly, while individual responses

will be kept private and confidential. The last day responses to the survey can be accepted is October 15, 2022.

Contact Daniel Smith at Daniel@primehealthco.com with questions about the current survey.

Women's Health

Statewide & National Reports of Increasing Rates of Syphilis Diagnoses (for Women of Reproductive Age) & Increased Congenital Syphilis Diagnoses

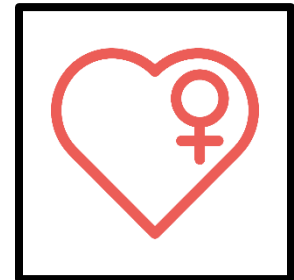
Prenatal Testing Requirements and Reminder

Recent data from the Colorado Department of Public Health and Environment (CDPHE) reports that [diagnoses of syphilis among women of reproductive age have dramatically increased](#) (*rate of syphilis diagnosis increased 310.1% between 2016-2020*). A similar increasing trend has been reported for diagnoses of congenital syphilis.

Colorado law ([C.R.S. 25-4-201](#)) requires that every licensed health-care provider providing care to a pregnant woman take blood samples for serological testing for syphilis at their first prenatal visit. Guidelines for routine testing during pregnancy should be followed and include testing for syphilis.

The Centers for Disease Control (CDC) also recommends this early syphilis testing with [testing guidelines during pregnancy](#), listed below:

1. First prenatal visit: Screen all pregnant women.
2. Third trimester (28 weeks and at delivery): Rescreen women who:
 - a) Are at risk for syphilis during pregnancy (e.g., misuses drugs; has had another sexually transmitted infection [STI] during pregnancy; or has had multiple sex partners, a new partner, or a partner with an STI)
 - b) Live in areas with high numbers of syphilis cases, or
 - c) Were not previously tested or had a positive test in the first trimester



The CDC and other agencies report that syphilis, during pregnancy, is linked to premature births, stillbirths or death shortly following birth. For congenital syphilis (with syphilis transmitted to the developing baby during pregnancy), serious multisystem infections have been reported and if left undiagnosed and untreated, infants can develop severe problems in multiple organs (including the brain, eyes, ears, heart, skin, teeth and bones) leading to system failures and premature deaths.

Follow testing guidelines and requirements to prevent the continued rise of syphilis in our Health First Colorado pregnant population and to prevent any future diagnoses of congenital

syphilis. For additional treatment information, the CDC provides recommendations and strategies in [CDC's STI Treatment Guidelines](#).

Refer to the [Obstetrical Care Billing Manual](#) for more billing and service-related specifics.

Provider Billing Training Sessions

September and October 2022 Provider Billing 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 institutional claims (UB-04) and professional claims (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 - Resources 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.

September 2022

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

October 2022

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

Upcoming Holidays

Holiday	Closed Offices/Offices Open for Business
Labor Day, Monday, September 5	State Offices, Gainwell Technologies, DentaQuest and the ColoradoPAR Program will be closed. Capitation cycles may potentially be delayed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks.
Frances Xavier Cabrine Day, Monday, October 3	State Offices and the ColoradoPAR Program will be closed. Capitation cycles may potentially be delayed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks. Gainwell Technologies and DentaQuest will be open.

Gainwell Technologies Contacts

Provider Services Call Center
1-844-235-2387

Gainwell Technologies Mailing Address
P.O. Box 30
Denver, CO 80201