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Did You Know?

The Colorado Department of Health Care Policy & Financing (the Department) offers many different programs for members, each with a set of benefits. The [List of All Our Programs web page](#) is a useful resource for members and providers which includes links to information about the programs offered.

All Providers

Child Health Plan Plus CHP+ State Managed Care Network (SMCN) Transition: How to Bill for CHP+ Services after July 1, 2021

Effective July 1, 2021, all CHP+ eligible members will be automatically enrolled into a CHP+ Managed Care Organization (MCO). As a result, the CHP+ SMCN will no longer be available to pay for health care services for CHP+ members delivered after June 30, 2021.

Important Billing Information for CHP+ providers:

- Effective July 1, 2021, if a CHP+ member's eligibility start date occurs prior to the member's enrollment with a CHP+ Managed Care Organization (MCO), claims must be billed directly to Gainwell. Once the member is assigned a managed care organization, the claims must be billed to that MCO.

Web Portal Example:

“Benefit Details” Effective Date is prior to the CHP+ “Managed Care Assignment Details” Effective Date. Dates of service from May 1 to July 14, 2021 would be billed to Gainwell for this example.

Coverage Details
Back to Eligibility Verification ?

Coverage Details for Member ID G123456 - Jane Doe
 Eligibility Verification Response Guarantee Number 0000000000

[Expand All](#) | [Collapse All](#)

Demographic and Copay Details

Mailing Address 123 Any Street
 City DENVER State Colorado Zip Code 80209

Copay Status Exempt

Due to the timing of when claims are submitted and paid, it is possible that the member's Copay Status may change. This eligibility verification is NOT a guarantee of the copay status or copay due.

Click '+' to expand and view copay amounts. Click '-' to collapse.

Benefit Details

	Coverage	Description	Effective Date	End Date
-	CHP+B	Child Health Plan Plus - K2	05/01/2021	12/31/2299
	Coverage	Coverage Code Description	Copay Amount	
	CHP+B	Health Benefit Plan Coverage		
	CHP+B	Medical Care	\$0.00	
	CHP+B	Hospital	\$0.00	
	CHP+B	Hospital - Inpatient	\$0.00	
	CHP+B	Hospital - Outpatient	\$0.00	
	CHP+B	Emergency Services	\$0.00	
	CHP+B	Pharmacy	Covered	
	CHP+B	Brand Name Prescription Drug	\$0.00	
	CHP+B	Generic Prescription Drug	\$0.00	
	CHP+B	Professional (Physician) Visit - Office	\$0.00	
	CHP+B	Vision (Optometry)	\$0.00	
	CHP+B	Mental Health	\$0.00	
	CHP+B	Urgent Care	\$0.00	
	CHP+B	Dental Care	Non-Covered	
	CHP+B	Chiropractic	Non-Covered	

Managed Care Assignment Details

NPI/MCD	Managed Care Plan	Provider Name	Effective Date	End Date
None/ 1234567	Child Health Plan Plus	Colorado Access	07/15/2021	12/31/2299

- Pharmacy claims are submitted to Magellan.

Visit the [State Managed Care Network Transition web page](#) for more information and updates. Visit the [Verifying Member Eligibility and Co-Pay Quick Guide web page](#) for more information on reviewing the member's eligibility on the Provider Web Portal.

Visit the [Billing Manuals](#), [Quick Guides](#) and the [Provider Training](#) web pages for more information on billing the fiscal agent, Gainwell Technologies.

Fiscal Year 2021-2022 Provider Rate Adjustments

Health First Colorado (Colorado's Medicaid program) across-the-board provider rate increases were approved during the 2021-2022 legislative session and are effective for dates of service beginning July 1, 2021. All rate adjustments are subject to Centers for Medicare & Medicaid Services (CMS) approval prior to implementation. The fee schedules located on the [Provider Rates & Fee Schedule web page](#) have been updated to reflect the approved 2.5% across-the-board (ATB) rate increases. Rates will be updated in the Colorado interChange once approval is received from CMS.

When rate increases are implemented, claims that were already billed and paid at a rate lower than the new rate cannot be adjusted for the higher rate. [The "lower of" pricing logic is always used.](#) Providers are advised to bill their usual and customary charges.

- Services & Supplies Approved for Across-the-Board Increases:
- Physician and clinic services
- Dental Services
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services
- Family planning services
- Inpatient hospital services
- Outpatient hospital services
- Laboratory & x-ray services
- Durable medical equipment, supplies, and prosthetics
- Non-physician practitioner services
- Tobacco cessation counseling for pregnant women
- Ambulatory surgery center services
- Dialysis center services
- Physical, occupational, and speech therapy, and audiology services
- Screening, brief intervention, and referral to treatment (SBIRT) services
- Rehabilitation/behavioral health services
- Outpatient substance abuse services
- Case management services for substance abuse treatment
- Vision services
- Extended services for pregnant women
- Home and Community-Based Services (HCBS)
- Private duty nursing
- Acute and long-term home health
- Intellectual/Developmental Disabilities (IDD) targeted case management
- Anesthesia services
- Laboratory and pathology services
- Targeted Case Management-Transition services



The 2.5% across the board increase for HCBS waivers does not require CMS approval. Claims with dates of service on or after July 1, 2021, will be reimbursed at an increased rate for providers for the following waivers:

- HCBS - Brain Injury (BI)
- HCBS - Children's Extensive Supports (CES)
- HCBS - Children's Home and Community-Based Service (CHCBS)
- HCBS - Children with Life Limiting Illness (CLLI)
- HCBS - Children's Residential Habilitation Program (CHRP)
- HCBS - Community Mental Health Supports (CMHS)
- HCBS - Developmental Disability (DD)
- HCBS - Elderly, Blind and Disabled (EBD)
- HCBS - Spinal Cord Injury (SCI)
- HCBS - Supported Living Services (SLS)

Updates will be published when CMS approval is received. Contact Victoria Martinez at Victoria.L.Martinez@state.co.us with questions or concerns regarding the rates. Contact the [Provider Services Call Center](#) with questions regarding claims and billing.

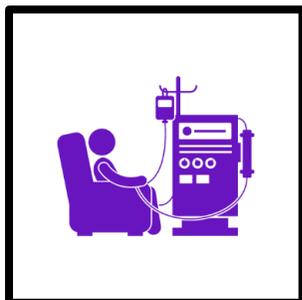
Prior Authorization Required for Code L8687

Effective July 1, 2021, Healthcare Common Procedure Coding System (HCPCS) code L8687 (implantable neurostimulator) will require prior authorization. The process for prior authorization is explained on the [ColoradoPAR: Health First Colorado Prior Authorization Request Program web page](#).

Contact [Keystone Peer Review Organization \(Kepro\)](#) with any questions.

Dialysis Center (Free-Standing) Providers

First Notice: Claims Reprocessing Retroactive to July 1, 2020



Effective July 1, 2020, the reimbursement policy for continuous ambulatory peritoneal dialysis (Revenue Code 841) and continuous cycling peritoneal dialysis (Revenue Code 851) when these services take place in the home (Condition Code '74') will be updated.

Payments from July 1, 2020, to the present will be reconciled to reflect the [correct rates for FY 20-21](#) for revenue codes 841 and 851 billed with condition code '74'.

Some home dialysis claims that processed on or after July 1, 2020, were overpaid. Affected claims will be reprocessed and funds recouped in the coming months. More information will be provided in future communications.

As an interim solution, new claims will be suspended under edit 853 and manually processed.

Contact Marli Firillo at Marli.Firillo@state.co.us or Victoria Martinez at Victoria.L.Martinez@state.co.us with questions regarding the policy.

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

Cholesterol Supplement Products

Effective July 1, 2021, cholesterol supplement products will be assigned a fee schedule rate using Healthcare Common Procedure Coding System (HCPCS) B9998 + U1 modifier. These products should be coded using B9998 + U1 modifier for new Prior Authorization Requests (PARs) and claim submissions. The prior authorization process begins on the [ColoradoPAR: Health First Colorado Prior Authorization Request Program web page](#).

Contact Haylee Rodgers at Haylee.Rodgers@state.co.us with questions regarding the policy.

Early and Periodic Screening Diagnostic and Treatment (EPSDT) Requests for Wipes

Effective July 7, 2021, the [Early and Periodic Screening, Diagnostic and Treatment \(EPSDT\)](#) benefit of wipes is coded using Healthcare Common Procedure Coding System (HCPCS) A9286 exclusively. This code requires Prior Authorization. Please refer to the [DMEPOS Billing Manual](#) for policy details.

Contact Haylee Rodgers at Haylee.Rodgers@state.co.us with questions regarding the policy.

Home & Community-Based Services (HCBS) Providers

Upcoming Changes to Telehealth in HCBS Waivers

Effective April 2020, specific HCBS waiver services have been [allowed to be provided using telehealth \(Operational Memo \(OM\) 20-046\)](#).

HCBS waiver providers have been instructed to bill with a [“Place of Service” code “02” when using Telehealth for service delivery \(OM 20 - 090\)](#). Telehealth will be implemented as a permanent service delivery option for specific HCBS waiver services post COVID - 19.

Effective September 1, 2021, providers using Telehealth for specific HCBS waiver services will be required to use new modifiers for these services for billing. Billing manuals and rates

sheets will be updated over the next month and the changes will be outlined in a forthcoming memo.

Information on changes to the HCBS Telehealth policy due to regulation promulgation effective August 11, 2021, and federal waiver approval effective July 1, 2021, will be communicated to providers.

Hospital Providers

General Updates

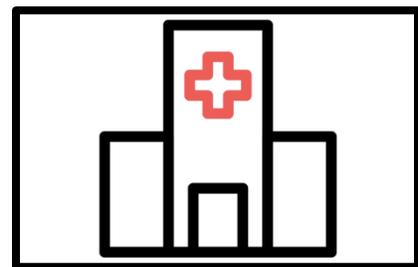
All Hospital Providers

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, July 9, 2021, from 1:00 p.m. - 4:00 p.m. MT](#) and will be hosted virtually.

Visit the [Hospital Stakeholder Engagement Meeting web page](#) for more details, meeting schedules and past meeting materials. Calendar Year 2021 meetings have been posted.



Rural Hospital Stakeholder Engagement Meetings Discontinued

The need for separate Rural Hospital Stakeholder Engagement meetings has been periodically assessed and it has been decided to discontinue them. The rationale for this decision is that topics intended for discussion during both the rural and broader hospital engagement meetings are identical, yet questions and concerns expressed amongst providers during these meetings are not always the same. The Department believes there are potentially harmful effects to hospital representatives only attending either meeting as responses to questions or concerns have impacts amongst the entire hospital community. There is also efficiency gained in having a single meeting for the purposes of later review. While further rural hospital-specific meetings are not currently scheduled, the Department remains amenable to dedicated meetings to this subgroup when sufficiently justified.

Contact Andrew Abalos at Andrew.Abalos@state.co.us for more information on the discontinuing of the Rural Hospital Stakeholder Engagement meetings. Contact Jonathan Rempfer at Jonathan.Rempfer@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.

General, Long-Term Acute Care, Rehabilitation, and Spine/Brain Injury Treatment Hospitals

Senate Bill (SB) 21-205, the 2021-22 Long Appropriations Bill, was signed in May 2021 authorizing a 2.5% increase to Fee for Service payments on institutional claims for inpatient and outpatient hospital payments effective July 1, 2021. The Department will need approval from the Centers for Medicare & Medicaid Services (CMS) prior to the implementation of these updated rates. The updated rates and associated appeal rights have been posted for general, long-term acute care, rehabilitation, and spine/brain injury treatment hospitals on the [Provider Rates and Fee Schedules web page](#).

For hospitals paid through the All Patients Refined Diagnosis Related Groups (APR-DRG), updated rates and appeal rights can be found on the [Inpatient Hospital Payment web page](#). Contact Diana Lambe at Diana.Lambe@state.co.us for further information regarding these rate updates.

For hospitals paid through the Enhanced Ambulatory Patient Grouping (EAPG) system, updated rates and appeal rights can be found on the [Outpatient Hospital Payment web page](#). Contact Andrew Abalos at Andrew.Abalos@state.co.us for further information regarding these rate updates.

For long-term acute care, rehabilitation, and spine/brain injury treatment hospitals paid through per diem rates, updated rates and appeal rights can be found on the [Inpatient Hospital Per Diem Reimbursement Group web page](#). Contact Jonathan Rempfer at Jonathan.Rempfer@state.co.us for further information regarding these rate updates.

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, July 8, 2021, from 12:30 p.m. to 1:30 p.m. MT](#) and will be hosted virtually on Zoom.

Visit the [Rural Health Clinic Engagement Meeting web page](#) for more details, meeting schedules and past meeting materials. Calendar Year 2021 meetings have been posted.

Contact Erin Johnson at Erink.Johnson@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.

Hospital Transformation Program (HTP) Update

Implementation Plan Template and Milestone Requirements

Hospitals participating in the HTP must submit an implementation plan detailing the strategies and steps they intend to take in implementing each of the intervention(s) outlined in their applications impacting the six program priority areas, as well as the quality measures

across the five HTP Focus Areas. Implementation plans must be submitted during the Implementation Submission Period, (from September 1, 2021, through September 30, 2021) after approval of the hospital's HTP application. Additional information about implementation plans, milestone requirements, interventions and timeline can be found in the [“Implementation Plan Template and Milestone Requirements” document](#) on the [Colorado Hospital Transformation Program web page](#).

Application Review Oversight Committee

On April 1, 2021, implementation of the HTP kicked-off with the beginning of the application period, which ran through April 30. Applications are now undergoing a process of review and feedback, and a final review by the Application Review Oversight Committee. Additional details about the application review process and the Application Review Oversight Committee were shared via a [memo](#) on the [Colorado Hospital Transformation Program web page](#).

Rural Support Fund Update

Pending approval from the Centers of Medicare & Medicaid Services (CMS), [HTP Rural Support Fund](#) distributions will occur with Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) Board reconciliation beginning in August 2021.

Funding for rural support payments will be \$12,000,000 annually for each of the five years of the HTP, equaling \$60 million in total funding. For each qualified hospital, the annual payment is equal to \$12,000,000 divided by the total number of qualified hospitals. HTP Year 1 funding of \$12 million will be paid out evenly between August and September 2021.



Community Advisory Council

Community Advisory Council meetings continue to take place on a monthly basis with the next meeting taking place on Monday, July 19. Agendas, materials and notes from previous meetings can be found on the [HTP Community Advisory Council web page](#).

Independent Laboratory, Physician Services and Hospital Providers

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

Effective July 1, 2021, definitive drug testing CPT codes, 80320-80377 will begin to be phased out. These codes will remain available for billing through July 31, 2021.

Effective August 1, 2021, CPT codes 80320-80377 will be discontinued and replaced by HCPCS definitive drug testing codes G0480-G0483.

Contact Justen.Adams@state.co.us with any questions regarding the policy.

Nursing Facilities

Fiscal Year 2021-2022 Rate Updates

Nursing Facility rates have been finalized for July 1, 2021, through June 30, 2022. All facility rates have been loaded in the interChange and reimbursement should reflect updated rates for all claims billed for dates of service on or after July 1, 2021.

Hospice providers billing for revenue code 0659 are impacted by the Nursing Facility rate updates. The rates have been implemented and reimbursement for services should reflect the updated rates for all claims billed for dates of service on or after July 1, 2021.

A Skilled Nursing Facility and Hospice Room and Board fee schedule effective for July 1, 2021, through June 30, 2022, has been posted on the [Provider Rates and Fee Schedule web page](#) under the [Skilled Nursing Facility](#) heading. The fee schedule includes:

- The Skilled Nursing Facility (SNF) Name
- Nursing Facility Rate
- Hospice Rate
- The Rate Begin and End Dates
- Nursing Facility NPI ID

Contact Victoria Martinez at Victoria.L.Martinez@state.co.us for additional support or questions regarding rates.

Pharmacies and All Medication-Prescribing Providers

New Pharmaceutical Benefit Help Guide

The Pharmaceutical Benefit Help Guide has been published to assist providers and stakeholders with which benefit, policies and reimbursement methods apply to a medication in question. The help guide may be accessed from either the [Pharmacy Resources web page](#) or the [Physician Administered Drug Resources web page](#).

Contact Brittany Schock at Brittany.Schock@state.co.us or Felecia Gephart at Felecia.Gephart@state.co.us with any questions.

Pharmacy and Therapeutics (P&T) Committee Meeting

Tuesday, July 13, 2021

1:00-5:00 p.m. MT (to be held virtually online)

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

Pharmacy and Therapeutics (P&T) Committee Member Openings

There are two open positions for the P&T Committee member terms 2021-2022.

Applicants are being accepted for the following two (2) open positions:

- One physician who specializes in the practice of psychiatry
- One physician who specializes in the treatment of members with disabilities

If interested in serving or know someone who would be qualified, please 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, PharmD
Fax to 303-866-3590 or email Brittany.Schock@state.co.us

Preferred Drug List (PDL) Announcement of Preferred Products

The following drug classes and preferred agents will become effective July 1, 2021

Acne - Topicals

Preferred products will be: Aczone (BNR) gel, Adapalene gel, Adapalene/Benzoyl Peroxide gel, Clindamycin Phosphate swab/soln, Clindamycin/Benzoyl Peroxide gel (generic Duac), Clindamycin/Benzoyl Peroxide jar (generic Benzaclin), Differin pump (Rx), Erythromycin soln, Erythromycin/Benzoyl Peroxide gel, Retin-A (BNR) cream, Retin-A (BNR) gel, Sulfacetamide susp

Acne - Isotretinoins

Preferred products will be: Amnesteem, Claravis

Tetracyclines

Preferred products will be: Doxycycline Hyclate cap/tab, Doxycycline Monohydrate 50mg/100mg cap, Doxycycline Monohydrate tab, Minocycline cap

Rosacea Agents

Preferred products will be: Finacea (BNR) gel, Metrogel (BNR), Metronidazole cream/lotion

Antineoplastic Agents, Topical

Preferred products will be: Diclofenac 3% gel (generic Solaraze), Fluorouracil (generic Efudex) 5% cream, Fluorouracil solution

Non-Opioid Analgesics

Preferred products will be: Duloxetine 20mg/30mg/60mg, Gabapentin, Lidoderm (BNR) patch (Rx), Pregabalin cap, Savella tablet/dose pack

Short-Acting Opioids

Preferred products will be: Codeine/APAP tab, Hydrocodone/APAP soln/tab, Hydromorphone tab, Morphine tab/soln, Oxycodone tab/soln, Oxycodone/APAP tab, Tramadol 50mg, Tramadol/APAP tab

Fentanyl Preparations (buccal, intranasal, transmucosal, sublingual)

Preferred products will be: No preferred agents

Long-Acting Opioids

Preferred products will be: Butrans (BNR) patch, Fentanyl 12mcg/25mcg/50mcg/75mcg/100mcg patch, Morphine ER tablet, Tramadol ER tablet (generic Ultram ER)

**Inhaled Anticholinergics**

Preferred products will be: Atrovent HFA, Ipratropium soln (generic Atrovent), Spiriva Handihaler/Respimat

Inhaled Anticholinergic Combinations

Preferred products will be: Albuterol/Ipratropium soln, Anoro Ellipta, Combivent Respimat

Inhaled Beta Agonists - Short-Acting

Preferred products will be: Albuterol soln, ProAir HFA (BNR), Ventolin HFA (BNR)

Inhaled Beta Agonists - Long-Acting

Preferred products will be: Serevent Diskus

Inhaled Corticosteroids

Preferred products will be: Asmanex Twisthaler, Budesonide respules, Flovent Diskus, Flovent HFA, Pulmicort Flexhaler

Inhaled Corticosteroid Combinations

Preferred products will be: Advair Diskus (BNR), Advair HFA (BNR), Dulera, Symbicort (BNR)

Respiratory Inhalants, Phosphodiesterase Inhibitors (PDEIs)

Preferred products will be: No preferred agents

Androgenic Agents

Preferred products will be: Androderm patch, Androgel 1.62% pump (BNR), Androgel packet (BNR), Testosterone Cypionate vial

Phosphate Binders

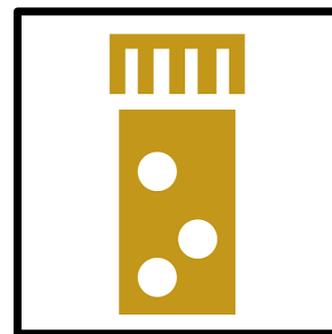
Preferred products will be: Calcium acetate cap, Phoslyra, Renagel (BNR) tablet, Renvela (BNR) tab/powder pack

Benign Prostatic Hyperplasia (BPH) Agents

Preferred products will be: Alfuzosin, Doxazosin, Dutasteride, Finasteride, Tamsulosin, Terazosin

Newer Generation Antihistamines and Antihistamine/Decongestant Combinations

Preferred products will be: Cetirizine 5mg/10mg tab (OTC), Cetirizine soln (OTC, Rx), Desloratadine tablet (Rx), Levocetirizine tab (OTC, Rx), Loratadine tab/soln (OTC)

**Angiotensin Modifiers**

Preferred products will be: Amlodipine/Benazepril, Amlodipine/Olmesartan, Amlodipine/Valsartan, Benazepril, Enalapril, Enalapril/HCTZ, Entresto, Fosinopril, Irbesartan, Irbesartan/HCTZ, Lisinopril, Lisinopril/HCTZ, Losartan, Losartan/HCTZ, Olmesarta, Olmesartan/HCTZ, Quinapril, Ramipril, Telmisartan, Valsartan, Valsartan/HCTZ

Skeletal Muscle Relaxants

Preferred products will be: Baclofen, Cyclobenzaprine 5mg/10mg tab, Methocarbamol, Tizanidine 2mg/4mg tab

Topical Immunomodulators

Preferred products will be: Elidel (BNR), Protopic (BNR)

Brand name medication favored over equivalent generic

Certain brand name products are managed by favoring them over the generic equivalent non-preferred medications. The Brand Favored Product List is accessible from the [Pharmacy Resources web page](#). This list has recently migrated off of Appendix P. The Brand Favored Product List is a list of pharmacy benefit brand favored drugs including those on the PDL, those not on the PDL, and those on Appendix P.

If a generic is medically necessary for the member (over the equivalent Brand name), additional clinical information will need to be provided during the normal prior authorization process.

Pharmacies may reach out to the Magellan Rx Management Pharmacy Call Center at 1-800-424-5725 for assistance, if needed, available 24 hours a day, 7 days a week.

As a reminder, Brand Suboxone Film is favored over generic buprenorphine-naloxone film. Please see the [Appendix P](#), BUPRENORPHINE CONTAINING PRODUCTS section, for more details.

Pharmacy Providers

Total Annual Prescription Volume (TAPV) and COVID-19 Vaccines

Guidance has been received from the Centers for Medicare & Medicaid Services (CMS) that COVID-19 vaccinations may be excluded from the TAPV count. This exclusion will be granted for the September 1, 2020, through August 31, 2021, reporting volume timeframe only. The TAPV surveying will begin October 1 through October 31 of 2021 and will include a note that COVID-19 vaccinations may be excluded from the pharmacy's TAPV count.



As a reminder, pursuant to 10 CCR 2505-10, Section 8.800.13.I: The designation of a pharmacy's Dispensing Fee shall be updated annually. Every October, the Department shall contact a pharmacy requesting the completion of an attestation letter stating the pharmacy's Total Prescription Volume for the period September 1 to August 31. A pharmacy shall have until October 31 to provide the completed attestation letter to the Department. Using the attestation letter, the Department shall update a pharmacy's Dispensing Fee effective January 1. A pharmacy failing to provide the Department an attestation letter on or before October 31, regardless of their previous Dispensing Fee, shall be reimbursed the \$9.31 Dispensing Fee.

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

Physician-Administered Drugs (PADs) Providers

PADs – Prior Authorization (PA) Update

A select number of PADs, listed below, will be subject to PA requirements, no earlier than September 1, 2021. When a specific implementation date is known, the Department will allot an appropriate amount of resources and time for proper messaging and training.

After implementation, providers should ensure that any Health First Colorado member due to receive any of the following PADs have an approved PA on file prior to administration.

Drug Class	HCPCS	Drug Name
Bone Resorption Inhibitor Agents	J0897	Prolia
		Xgeva
Immune Globulin Agents	J1459	Privigen

Drug Class	HCPCS	Drug Name
	J1556	Bivigam
	J1557	Gammaplex
	J1561	Gammaked
		Gamunex
		Gamunex-C
	J1566	Gammagard S/D
	J1568	Octagam 5%, 10%
	J1569	Gammagard Liquid
	J1572	Flebogamma DIF
	J1599	Asceniv
		Panzyga
Monoclonal Antibody Agents	J0517	Fasenra
	J1300	Soliris
	J1745	Remicade
	J2182	Nucala
	J2357	Xolair
	J2786	Cinqair
	J3380	Entyvio
Multiple Sclerosis Agents	J2323	Tysabri
	J2350	Ocrevus
Neuromuscular Agents	J0585	Botox
	J0586	Dysport
	J0587	Myobloc
	J0588	Xeomin

All PAD PA procedures and clinical criteria will be located in the upcoming Appendix Y: Physician Administered Drug Medical Benefit Prior Authorization Procedures and Criteria. Notification will be sent out when this appendix becomes available.

Keystone Peer Review Organization (Kepro) will offer various training sessions to providers within the coming months. Additional information will be sent via email, newsletters and

monthly provider bulletins and posted to the [ColoradoPAR: Health First Colorado Prior Authorization Request Program](#) and [Physician Administered Drug Provider Resources web page](#).

Email HCPCS_PAD@state.co.us with all other PAD questions

Quarter 3 Rate Update 2021



The physician-administered drug (PAD) rates for the third quarter of 2021 have been updated. The new rates are effective July 1, 2021, and are posted to the [Provider Rates & Fee Schedule web page](#) under the [Physician Administered Drug Fee Schedule section](#).

Contact Marli Firillo at Marli.Firillo@state.co.us and Tyler Collinson at Tyler.Collinson@state.co.us with any questions about PAD rates.

Podiatrists, Physician Services, Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), Indian Health Services (IHS)

Prior Authorization Requirement (PAR) for L3000

Effective July 1, 2021, PAR requirements will be enforced in the Colorado interChange for clinic providers billing L3000 (Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each). PAR requirements can be found on the [Provider Rates and Fee Schedule web page](#).

Contact Robert Rawlins at Robert.Rawlins@state.co.us for more information regarding the policy. Contact [Keystone Peer Review Organization \(Kepro\)](#) for information regarding PAR submission.

Psychiatric Residential Treatment Facility (PRTF)

Targeted Rate Increase Effective July 1, 2021

PRTFs are reimbursed a per diem rate inclusive of all services received in the PRTF apart from ancillary services such as dental, vision and hospitalization. The per diem rate methodology was determined in 2006 by the actuarial firm Deloitte. The current PRTF payment structure

has been analyzed and it was determined there is a need for alignment within the payment methodology and the current per diem rate. Effective July 1, 2021, this service will be targeted for a rate increase to \$750.00 per day for all PRTF providers.

Contact Victoria Martinez at Victoria.L.Martinez@state.co.us with reimbursement questions or concerns.

Rural Health Clinics (RHCs)

Updated Rule Definition of a Payable Encounter RHCs

Effective March 9, 2021, Health First Colorado updated the definition of a payable encounter at RHCs. The amended rule adds licensed professional counselors (LPCs), licensed marriage and family therapists (LMFTs), and licensed addiction counselors (LACs) to the provider types that can generate a billable encounter. LPCs, LMFTs, and LACs enroll with Health First Colorado as either Licensed Behavioral Health Clinicians or Licensed Psychologists. Visits with enrolled licensed professional counselors, licensed marriage and family therapists, and licensed addiction counselors will be paid as encounters to RHCs using the prospective payment system.



The updated rules can be found under 8.740 of the [Department Program Rules and Regulations web page](#).

Contact Morgan Anderson at Morgan.Anderson@state.co.us or Erin Johnson at Erin.Johnson@state.co.us with any questions regarding the rule.

Provider Billing Training Sessions

July and August 2021 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.

July 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5 Independence Day (observed)	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	31

August 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12 Beginner Billing Training: Professional Claims (CMS 1500) 9:00 a.m. - 11:30 a.m. MT	13	14
15	16	17	18	19 Beginner Billing Training: Institutional Claims (UB-04) 9:00 a.m. - 11:30 a.m. MT	20	21
22	23	24	25	26	27	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
Independence Day (observed) Monday, July 5	State Offices, DentaQuest, Gainwell Technologies and the ColoradoPAR Program will be closed. Capitation cycles for managed care entities 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 Contacts

Provider Services Call Center

1-844-235-2387

Gainwell Technologies Mailing Address

P.O. Box 30
Denver, CO 80201