

All Providers

- 1 **Did You Know? Retroactive Provider Enrollment Applications**

Child Health Plan Plus (CHP+) Providers

- 1 **Child Health Plan Plus Update**

Family Planning Providers

- 2 **Expanded Family Planning Benefit Now Live**

Home & Community-Based Services (HCBS), Pediatric Behavioral Therapy

- 3 **Electronic Visit Verification (EVV) Update**

Hospitals, Clinics, Physician Services, Independent Labs, FQHC, RHC

- 5 **Non-Invasive Prenatal Testing (NIPT)**

Hospital Providers

- 5 **General Updates**

Pharmacy and All Medication-Prescribing Providers

- 6 **Additions to Preferred Drug List (PDL)**

Physician Services

- 7 **Bright Futures Recommendations**
- 8 **Monkeypox Vaccine Reimbursement**
- 8 **Shingles Age Update**

Physician Services, Hospital

- 9 **Physician-Administered Drug (PAD) Prior Authorization (PA) and Billed Units**

Radiology Providers

- 10 **Radiology Claims Selected for Potential Recovery Audit Contractor (RAC) Review**

Residential Child Care Facilities

- 11 **Residential Child Care Policy Summary**

Provider Billing Training Sessions

- 12 **August 2022 and September 2022 Provider Billing Webinar-Only Training Sessions**

Did You Know?

Provider enrollment applications can include a "Requested Effective Date" of up to 365 days prior. Applications that include an earlier effective date must also include insurance coverage and licensure (if needed) for that time period. For example, an application submitted on July 1, 2022, with an effective date of November 1, 2021, must include insurance coverage from November 1, 2021, forward. Applications submitted without continuous insurance coverage will be returned for corrections.

Child Health Plan Plus (CHP+)

Providers

Child Health Plan Plus Update

To remove barriers for families seeking health coverage, the Department of Health Care Policy & Financing (the Department) and the Colorado General Assembly championed [HB22-1289](#), a health care bill which also included an amendment to eliminate the CHP+ enrollment fee at intake and renewal. Effective July 1, 2022, the enrollment fee will no longer be required at intake for the CHP+ program. The requirement to collect an annual enrollment fee for CHP+ at renewal is currently suspended due to the Public Health Emergency (PHE) and will be presented to the [Medical Services Board \(MSB\)](#) for formal adoption in September 2022.

Contact Jeff Jaskunas at Jeff.Jaskunas@state.co.us or Amy Ryan at Amy.Ryan@state.co.us.

Family Planning Providers

Expanded Family Planning Benefit Now Live

The expanded family planning services are now able to be billed by providers. Effective for dates of service beginning July 1, 2022, family planning services for eligible non-citizens and family planning and related services for individuals within the 133%-260% of the Federal Poverty Level (FPL) income bracket are covered. Visit the [Family Planning Services for Special Populations](#) billing manual for more information.

Claim Monitoring

Health First Colorado (Colorado's Medicaid program) will continue to conduct claims analysis to monitor utilization of the FP and FP+32 modifiers for the expanded benefit to ensure program integrity and reduce waste or fraud. Health First Colorado will contact the provider to discuss the error and next steps if a claim is billed incorrectly and includes services not covered under this program.



Claims which are consistently submitted incorrectly will be addressed through:

- a) identifying if this is a systems error
- b) adjusting provider communication strategies
- c) notifying the program integrity department if the issue persists

Persistent issues may result in restrictive Department policy.

Family Planning Expansion Provider Question & Answer (Q&A) Session

On Monday, August 22, 2022, a Provider Q&A will be hosted from 1:00 p.m. to 2:00 p.m. Staff from across the Department will answer provider billing and eligibility questions and take feedback on these programs.

Monday, August 22, 2022, 1:00 p.m. - 2:00pm

Google Meet joining info:

Video call link: <https://meet.google.com/pgm-ygdi-bds>

Or dial: (US) +1 413-398-2446 PIN: 404 148 895#

More phone numbers: <https://tel.meet/pgm-ygdi-bds?pin=2368187842384>

Contact hcpf_maternalchildhealth@state.co.us with questions related to this policy. Contact the provider services call center with questions regarding billing and eligibility.

Home & Community-Based Services (HCBS), 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](#).

Remote Supports - Personal Care and Homemaker Services

Effective March 11, 2022, HCBS providers (Provider Type 36) who are enrolled or wish to enroll as a service provider for Personal Care (T1019) or Homemaker (S5130) services by Remote Supports for the following waivers are required to collect EVV:

- Brain Injury (BI) Waiver, modifier U6
- Elderly, Blind, and Disabled (EBD) Waiver, modifier U1
- Complementary and Integrative Health (CIH) Waiver (formerly Spinal Cord Injury Waiver), modifier U1, SC
- Community Mental Health Supports (CMHS) Waiver, modifier UA
- Supported Living services (SLS) Waiver, modifier U8

Effective July 1, 2022, the following billing codes will require EVV prior to claims processing. If EVV is incomplete or not present, the claim will not pay.

Note that Personal Care and Homemaker Services provided by Remote Supports are not eligible for the Live-In Caregiver EVV Exemption.

Service Description	Procedure Code	Waivers	Modifier
Personal Care - Remote Supports	T1019	U1 UA U6 U8 U1, SC	SE
Homemaker - Remote Supports	S5130	U1 UA U8	SE

Service Description	Procedure Code	Waivers	Modifier
		U1, SC	

Newly enrolled HCBS providers are automatically enrolled in the EVV program and given a 30-day grace period for the EVV requirement after enrollment to complete EVV setup.

Pediatric Behavioral Therapies - Telehealth Added

Pediatric Behavioral Therapy (PBT) services are based in the home and community, similar to EVV mandated services. To streamline EVV requirements for providers and ensure services are delivered to members across service delivery methods, PBT providers will be required to collect EVV for Telehealth.



In addition, co-treatment is allowable and EVV helps the Department look at the whole treatment picture for the child/youth; for example, comparing co-treatment plans in the prior authorization request (PAR) system. The inclusion for PBT Telehealth will allow the Department to monitor across service delivery methods.

Effective October 1, 2022, PBT services performed 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

Note that PBT providers are not eligible for the Live-In Caregiver EVV Exemption, and the use of the place of service 99 requires EVV.

Newly enrolled PBT providers are not automatically enrolled in the EVV Program and are responsible to submit the [EVV Attestation form](#) for EVV enrollment. In addition, a 30-day grace period is given for the EVV requirement after enrollment to complete EVV setup.

Additional Information

Refer to the [EVV Program Manual](#) for updated information. Two 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 implementation.

Contact [Provider Services Call Center](#) with questions regarding billing. Contact Sandata Technologies by phone at 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-related questions.

Hospitals, Clinics, Physician Services, Independent Labs, FQHC, RHC

Non-Invasive Prenatal Testing (NIPT)

Effective July 1, 2022, the benefit of NIPT is covered for members in accordance with current national [American College of Obstetricians and Gynecologists standard guidelines](#) without prior authorization. Prior to this date, NIPT was only covered under specific circumstances detailed in program rule [10 CCR 2505-10 8.742](#). This rule has been updated to refer to the national standard guidelines.

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

Hospital Providers

General Updates

All Hospital Providers

Hospital Stakeholder Engagement Meetings

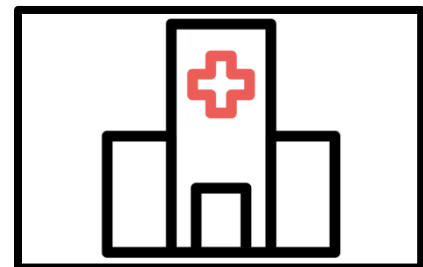
Bi-monthly Hospital Engagement meetings will continue to be hosted to discuss current issues regarding payment reform and operational processing. [Sign up to receive the Hospital Stakeholder Engagement Meeting newsletters.](#)

- As announced during July's Hospital Stakeholder Engagement Meeting, an additional [All-Hospital Engagement meeting](#) is scheduled for Friday, August 5, 2022, from 9:00 a.m. to 12:00 p.m. 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 Enhanced Ambulatory Patient Grouping (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. The new methodology and the associated hospital

base rates were implemented into interChange in mid-July, with claim adjustments beginning soon after. The adjustments are expected to continue through August.

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

Outpatient Hospital Specialty Drug Payment Increase

CMS approval was recently received to increase reimbursement from 72% to 90% of invoiced cost for Outpatient Hospital Specialty Drugs, effective February 26, 2022. The Department has revised its operations so that any of the Outpatient Hospital Specialty drugs billed with service dates on or after February 26, 2022, will be priced in accordance with this updated reimbursement policy. Any claims meeting these criteria submitted prior to CMS approval will be adjusted to pay at the correct rate.



Refer to Appendix Z on the [Billing Manual web page](#) for a list of drugs meeting the criteria for reimbursement in this way.

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 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.

Pharmacy and All Medication-Prescribing Providers

Additions to Preferred Drug List (PDL)

Amnesteem and Claravis capsules will become preferred products on the preferred drug list (PDL). They will be preferred in addition to the current preferred generic oral Isotretinoin capsules (all manufacturers except Amneal).

Refer to the Preferred Drug List on the [Pharmacy Resources web page](#) for details. Magellan Rx Management is available at 1-800-424-5725 to assist with claims processing or prior authorizations 24 hours a day, 7 days a week.

Physician Services

Bright Futures Recommendations

Health First Colorado follows Bright Future recommendations for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) well visits. The American Academy of Pediatrics (AAP) recently released the [2022 Recommendations for Preventive Pediatric Health Care policy statement](#), the 2022 Bright Futures/AAP Periodicity Schedule, and the complementary 2022 *Coding for Pediatric Preventive Care* booklet. AAP News posted a [short article about the release](#).

2022 Bright Futures/AAP Periodicity Schedule is Now Available

The 2022 Bright Futures/AAP [Recommendations for Preventive Pediatric Health Care](#), also known as the Periodicity Schedule, is published in the July 2022 issue of *Pediatrics* (released online June 21). The Bright Futures/AAP Periodicity Schedule is updated annually. Check the date in the top right corner to ensure that you are referencing the most updated version.

Summary of Changes

2 existing category updates:

- Added screening for Suicide Risk to the current Depression Screening category (for ages 12-21 years)
- Changed Psychosocial/Behavioral Assessment to the Behavioral/Social/Emotional Screening (for ages newborn to 21 years)

2 new categories:

- Assessing risk for sudden cardiac arrest and sudden cardiac death has been added to occur from 11 to 21 years (to account for the range in which the risk assessment can take place)
- Assessing risk for HBV infection has been added to occur from newborn to 21 years (to account for the range in which the risk assessment can take place)

2 updated footnotes:

- Fluoride varnish
- Fluoride supplementation

2022 Coding for Pediatric Preventive Care Booklet is Now Available

In addition to the 2022 Bright Futures/AAP Periodicity Schedule, the 2022 [Coding for Pediatric Preventive Care](#) booklet has been revised and is available online and in print.

This complementary resource contains comprehensive listings of codes and services that coincide with the 2022 [Bright Futures/AAP Periodicity Schedule](#).



Remember to follow the Bright Futures guidelines when providing services to members, including the required blood lead **testing** (*not* screening) requirements. Contact Gina Robinson at Gina.Robinson@state.co.us with questions regarding EPSDT and Bright Futures.

Monkeypox Vaccine Reimbursement

Effective for dates of service May 27, 2022, and later, providers who receive doses of the Jynneos monkeypox vaccine from the Colorado Department of Public Health and Environment (CDPHE) may submit claims for administration reimbursement.



Providers should use Common Procedural Terminology (CPT) code 90749 for the vaccine product and 90471 for the vaccine administration. The rate for 90749 is \$0.00 because the vaccine is distributed to providers without charge. All providers and places of service that administer adult vaccines are eligible for reimbursement for administering the monkeypox vaccine. The rate for 90471 is \$20.15 effective July 1, 2022, and \$19.75 for dates of service prior to July 1, 2022.

The Colorado interChange was updated with code 90749 and affected claims were reprocessed.

Contact Christina Winship at Christina.Winship@state.co.us with questions.

Shingles Age Update

Effective November 1, 2021, the Zoster (shingles) recombinant vaccine (HZV) is eligible for reimbursement when administered to members 19 or older. Providers should use Current Procedural Terminology (CPT) code 90750 for the vaccine product as well as the appropriate administration code. Claims with dates of service of November 1, 2021, and later were reprocessed.

Pediatric COVID-19 Vaccines

Effective June 18, 2022, COVID-19 vaccines are available for members 6 months and older. The table below lists the newly available codes and their reimbursement rates. Claims for dates of service of June 18, 2022, or later were reprocessed.

Code	Rate	Code	Rate
91308	\$0.00	0081A	\$61.77
0082A	\$61.77	0083A	\$61.77
91311	\$0.00	0111A	\$61.77
0112A	\$61.77		

Influenza Vaccine Age Update

Effective October 14, 2021, influenza virus vaccine, quadrivalent (ccIV4), is eligible for reimbursement when administered to members 6 months of age and older. Providers should use CPT code 90756 for the vaccine product as well as the appropriate administration code. Claims with dates of service of October 14, 2021, and later were reprocessed.

Current age ranges, reimbursement rates, and covered services are available on the [Health First Colorado Fee Schedule](#) and the [Immunizations Fee Schedule](#).

The [Immunizations Billing Manual](#) contains billing guidance.

Contact Christina Winship at Christina.Winship@state.co.us with questions.

Physician Services, Hospital

Physician-Administered Drug (PAD) Prior Authorization (PA) and Billed Units

Units requested on a PAD PA

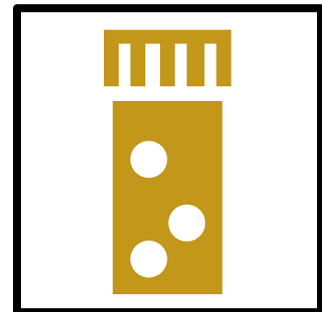
When submitting a Prior Authorization Request (PAR) for any PAD listed on [Appendix Y: Physician Administered Drug Medical Benefit Prior Authorization Procedures and Criteria](#), providers must request the total number of units to be administered as appropriate and necessary for the course of treatment to be covered by the prior authorization and as indicated for the specified diagnosis.

Approved PAD PAs are valid for one year from date of approval unless otherwise noted in Appendix Y. For Health First Colorado-only members, the requested number of units when submitting a PAR shall not include wasted or discarded drug from single- or multi-dose vials.

Example:

PAR: Botox (J0585) used for the treatment of chronic migraine

- Recommended dose and re-treatment schedule
 - 155 Units every 12 weeks (4 dates of service) over the course of one year
- Total units appropriate and necessary
 - 620 Units (155 Units multiplied by 4 dates of service)
- Requested number of units for each PA
 - 620 Units



Units billed over the course of an approved PAR

Providers are required to bill for the total PAD units administered to the member for each date of service, excluding units wasted or not administered to the member.

For Health First Colorado-only members:

- The Department does not pay for wasted drug from single- or multi-dose vials
 - Providers must only bill for the amount of the drug administered to the member
- Any units billed over the number of units approved on the PA will be denied
 - Providers must ensure that the number of units requested on the PA and the number of units billed on the claim(s) over the course of the PA are equal
- For members having both Health First Colorado and Medicare (dual-eligible):
- Medicare Part B Crossover claims only
 - Providers may bill for wasted drug on a second line with the JW modifier
- No prior authorization is needed and no PAR submission is required when a PAD listed on Appendix Y:
 - Meets criteria for a local coverage determination (LCD) and/or a national coverage determination (NCD) AND
 - Is billed to Medicare as primary and Health First Colorado secondary.



Additional guidance on unit calculation and billing policies can be found in the [PAD Billing Manual](#).

Questions regarding PAD policy may be sent to HCPF_PAD@state.co.us.

Radiology Providers

Radiology Claims Selected for Potential Recovery Audit Contractor (RAC) Review

Health Management Systems, Inc. (HMS) has been contracted to serve as Recovery Audit Contractor (RAC) vendor to conduct post-payment reviews of claims submitted for fee-for-service and managed care services in compliance with Section 6411(a) of the Affordable Care Act. This is a federally mandated contract program.



Provider outreach and training will be conducted for an overview of the RAC review process and to outline provider rights and statute timelines associated with these reviews. Radiology claims have recently been selected for a potential RAC review and these providers are encouraged to participate in the outreach.

HMS has pre-recorded this training to allow providers to participate at their convenience if they are unable to attend live webinars. The pre-recorded webinar and provider portal training is located on the [HMS Colorado RAC web page](#), as are other resources and information for providers. Click below to access the recorded webinars:

- [Colorado RAC Reviews: Provider Education & Overview \(Pre-Recorded Webinar\)](#)
- [HMS Provider Portal Training \(Pre-Recorded Training\)](#)

HMS will also be offering two webinars where the recording will be played, but there will be time for questions and answers following the training. The dates, links and times of these webinars are below:

- Thursday, August 4, 2022, 1:00 p.m. - 2:00 p.m., [Register for August 4 Meeting](#)
- Monday, August 8, 2022, 10:00 a.m. - 11:00 a.m., [Register for August 8 Meeting](#)

All radiology chief financial officers, Medicaid billing managers, and accounts receivable specialists are encouraged to attend the live webinar or to review the prerecorded training and education. Visit the [HMS Colorado RAC web page](#) or the Department's [Recovery Audit Contractor Program web page](#) for more information.

Residential Child Care Facilities

Residential Child Care Policy Summary

Under [10 CCR 2505-10 8.765.8.F](#), effective July 1, 2022, Health First Colorado and Regional Accountable Entities (RAEs) will no longer reimburse Residential Child Care Facilities (RCCFs) who are enrolled as Provider Type (PT) 52.

Effective for dates of service July 1, 2022, only services rendered under Early and Periodic Screening, Diagnosis and Treatment (EPSDT) in accordance with Section 8.280 are a covered RCCF benefit.

Health First Colorado will only reimburse residential treatment for members when provided in a Qualified Residential Treatment Program (QRTP) or a Psychiatric Residential Treatment Facility (PRTF).

There are two (2) exceptions to this policy:

- The Children's Habilitation Residential Program (CHRP) Waiver providers, who are enrolled as PT 52 and PT 36, may continue to submit claims for clinical services through their RCCF provider enrollment.

- Crisis Stabilization Units (CSUs) are the second exception. CSUs are currently licensed as RCCFs and do not have a distinct provider type. Health First Colorado is looking for a solution for these facilities but will continue to reimburse for services provided by CSUs.

In accordance with the [QRTP Billing Manual](#), all members receiving residential treatment in QRTPs must have an Independent Assessment (IA) within 14 days to demonstrate that QRTP services are medically necessary and the proper level of care.



For children who are placed in QRTPs but do not qualify for that level of care under the IA, Health First Colorado will continue to reimburse providers for the daily rate for up to 30 days while a new placement, at the proper level of care, can be located.

If there are members who are still receiving care in a QRTP facility, from an episode of care that began before the facility transitioned over to QRTP, an IA must be completed by July 31, 2022. Facilities may seek reimbursement at the daily rate during this period.

For members who continue to receive treatment in a facility that was formerly an RCCF and began their episode of care in an RCCF placement, and an IA determines this level of care is inappropriate: QRTP facilities may no longer seek reimbursement at the daily rate. Clinical services rendered to this category of members must be delivered and billed individually on an outpatient basis, by a provider who is properly enrolled with Health First Colorado. Information is available on the [Find Your Provider Type web page](#).

Contact Christina Winship at Christina.Winship@state.co.us with questions about child-serving residential facility policy, billing or enrollment.

Provider Billing Training Sessions

August 2022 and September 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.

August 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11 Beginner Billing Training: Professional Claims (CMS 1500) 9:00 a.m. - 11:30 a.m. MT	12	13
14	15	16	17	18	19	20
21	22	23	24	25 Beginner Billing Training: Institutional Claims (UB-04) 9:00 a.m. - 11:30 a.m. MT	26	27
28	29	30	31			

September 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6	7	8 Beginner Billing Training: Professiona l 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: Institutiona l Claims (UB-04) 9:00 a.m. - 11:30 a.m. MT	23	24
25	26	27	28	29	30	

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, 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.

Gainwell Technologies Contacts

Provider Services Call Center

1-844-235-2387

Gainwell Technologies Mailing Address

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