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Did You Know?

Providers are required to submit claims within 365 days to keep claims within timely filing. If the claim is past 365 days, a resubmission is required within 60 days and must contain the previous internal control number (ICN). Correspondence with the fiscal agent is not proof of timely filing. The claim must be submitted, even if the result is a denial.

All Providers

Provider Guidance for COVID-19 Vaccine Administration Delegation and Billing

Pursuant to Governor Polis's [Executive Order D 2021 008](#), issued on January 7, 2021, several types of healthcare professionals are now temporarily eligible to administer COVID-19 vaccinations, as approved by the U.S. Food and Drug Administration (FDA) under their authority to issue Emergency Use Authorizations (EUAs).

The delegating provider who supervises the service must be enrolled and listed as the rendering provider on the claim in order to bill Health First Colorado (Colorado's Medicaid Program) for COVID-19 vaccine administration.

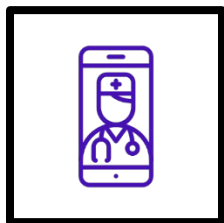
Contact Christina Winship at Christina.Winship@state.us.co with questions or for more information.

Contact the [Provider Services Call Center](#) for general questions regarding claim submission.

Refer to the [Immunizations Fee Schedule](#) for updated rates. Refer to the [Immunizations Billing Manual web page](#) for information and billing guidance.

All Medication Prescribers

Prescriber Tool Project



The Prescriber Tool is a multifunctional platform that will be accessible to prescribers through most electronic health record (EHR) systems. The goals of the Prescriber Tool project are to help improve health outcomes, reduce administrative burdens for prescribers, and better manage prescription drug costs. The Prescriber Tool will achieve these goals by providing patient-specific information to prescribers at the point of care.

The Prescriber Tool is being implemented in modules which will provide different types of patient information or functionalities.

Opioid Risk Module

The opioid risk module will be implemented first and is anticipated to be operational in January 2021. OpiSafe has been contracted to administer an opioid risk module which will help prescribers prevent the misuse and abuse of opioids and benzodiazepines. The module will provide the following:

- Easy access to Prescription Drug Monitoring Program (PDMP) data
- Identification of Opioid Use Disorders (OUD)
- Educational tools with access to evidence-based treatment
- Tools for overdose prevention

Additional modules are expected to be implemented by summer 2021, including a module that will provide real-time, patient-specific pharmacy benefit information.

Open Access License Program

Each prescriber must have an individual license to access the opioid risk module. The license will provide prescribers with access to information for all their patients including those not covered by Health First Colorado.

A limited number of user licenses will be awarded free of charge to qualified Health First Colorado prescribers to facilitate rapid adoption of the module. The subsidized license will be valid for one year, after which prescribers will need to pay an annual license fee to OpiSafe.

Note: The Department of Health Care Policy & Financing (the Department) is unable to assist with any EHR-related costs (if applicable) for accessing the opioid risk module.

The online application for the Open Access License Program will be available from January 2 through March 1, 2021, or until all subsidized licenses have been awarded.

The cost to prescribers for accessing the Prescriber Tool once it is in operation will vary depending on the specific module(s) and EHR utilized. Visit the [Prescriber Tool Project web page](#) to apply for a user license and for more information about the Prescriber Tool project.

Contact hcpf_Colorado.SMAC@state.co.us for more information.

Durable Medical Equipment, Upper Payment Limit (DME UPL) Providers

Geographic Rate Update

Rural and non-rural DME UPL rates have been updated to comply with state and federal regulations. These regulations require Health First Colorado rates to be set at or below the cost of Medicare's rates as they appear at the onset of the calendar year. The new rates are effective January 1, 2021 and are posted to the [Provider Rates & Fee Schedule web page](#) under the [Durable Medical Equipment, Upper Payment Limit drop-down](#) section.



Contact Marli Firillo at Marli.Firillo@state.co.us with any questions about DME UPL geographic rates.

Correction to January Guidance

The guidance announced in the [January 2021 Provider Bulletin](#) to split the prior authorization requests (PARs) into multiple lines is delayed until further notice. Providers are encouraged to continue billing claims and submitting prior authorization requests as previously requested.

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

Update for E0118

The [Health First Colorado Fee Schedule](#) has been updated to show that the reimbursement for E0118 is, and always was intended to be, a monthly rental rate. New claims for E0118 will require modifier RR beginning April 1, 2021. Providers are not required to resubmit prior claims to add modifier RR nor will they otherwise be affected.

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

Fee-for-Service Prior Authorization Requests (PARs), Physician Administered Drugs (PADs) Providers

New Utilization Management (UM) Vendor

The Department has announced the intent to award the UM contract to Keystone Peer Review Organization (Kepro). Kepro will replace eQHealth Solutions, Inc. as the UM Vendor in the spring of 2021.



A select group of PADs that will require prior authorization will be implemented with KEPRO. Information pertaining to PAD PARs will be posted on the [Physician Administered Drugs web page](#) within the coming weeks. Proposed PADs to be prior authorized will be reviewed at the February Drug Utilization Review (DUR) meeting; DUR-specific information can be found [Drug Utilization Review Board web page](#).

KEPRO will not be responsible for reviewing the following scopes of work:

- Over Cost Containment (OCC)
- Children's Extensive Services (CES)
- Preadmission Screening and Resident Review (PASRR)
- Children's Home & Community-Based Services (CHCBS)

Additional information and guidance will be provided via communications from the Department and from Telligen, a third-party vendor contracted to complete UM and Utilization Review (UR) for the Department's Office of Community Living (OCL).

The go-live date for KEPRO and prior authorization of PADs has not yet been finalized, but additional announcements will be posted to the [ColoradoPAR: Health First Colorado Prior Authorization Request Program web page](#) and sent out via Provider Bulletin.

A Reminder for Providers Who Submit PARs through eQHealth Solutions, Inc:

A [Change of Provider \(COP\) form](#), located on the [Provider Forms web page](#) under the Prior Authorization Request (PAR) Forms drop-down, will need to be submitted when submitting a new PAR for a member that has an existing approved PAR for the same service with a different provider. Refer to the [Change of Provider \(COP\) Guidance document](#) for information on filling out this form.

Home & Community-Based Service (HCBS), State Plan Personal Care, Home Health, Hospice, Private Duty Nursing (PDN), and Outpatient Therapies Providers

Electronic Visit Verification (EVV) Update

EVV is an electronic system that verifies 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](#).

A tiered implementation strategy is being utilized to allow providers time to familiarize themselves with the use of EVV, minimize long-term administrative burden and reduce financial impact when EVV records are required prior to claim adjudication.

The timeline has recently been shifted for prepayment claim review, which was originally scheduled to begin on January 1, 2021. These changes are outlined below and further described in [Operational Memo 21-007](#).



Claim Suspension

January 16, 2021 - February 28, 2021:

- EVV-required claims from providers who are not making an earnest effort to utilize EVV will be *suspended*.
- Providers whose EVV-required claims are being suspended must provide a written implementation plan to the Department.
- Providers who are making an earnest effort to utilize EVV will not experience disruption in payment at this time.

Pre-Payment Claim Review

Beginning March 1, 2021:

- All EVV-required claims submitted to the Department **must** be matched to a valid EVV record to pay.
- Due to the unique payment structure of Hospice services, Hospice claims are exempt from pre-payment review. Hospice claims are subject to compliance monitoring and over-payment recovery only.

Additional Information

The Department has released and continues to improve the [EVV Program Manual](#). Four EVV stakeholder meetings are held monthly; more information on these meeting can be found on the [EVV stakeholder meeting webpage](#). Visit the [Department EVV web page](#) for information about EVV implementation.

Contact Sandata Technologies by phone 855-871-8780 or email cocustomer@sandata.com with questions regarding the State EVV Solution or connecting a Provider Choice EVV System. Contact the Department at EVV@state.co.us with all other questions.

Home & Community-Based Services (HCBS) Providers

Denver Minimum Wage Increase Effective January 1, 2021



The Colorado General Assembly approved an increase to provider rates in the Long Bill ([House Bill \(HB\)20-1360](#)) for some HCBS providers. The rate increase approved is specifically targeted to providers rendering services in the City and County of Denver (“Denver Minimum Wage Rate Increase”). Per [Senate Bill \(SB\) 19-238](#), some providers are required to pass through 85% of the Denver Minimum Wage Rate Increase to direct care workers and report compliance to the Department.

The county of residence is based on information recorded on the member’s profile in the Colorado Benefits Management System (CBMS), which is then transmitted to the Colorado interChange. Providers can verify member city and zip code in the [Provider Web Portal](#). Providers may need to verify the county of residence with members directly before billing. **Providers must bill at the higher rate in order to receive the increased reimbursement for impacted services with dates of service on or after January 1, 2021.** Revisions to members’ prior authorizations are not needed. Rates for these services will be posted under the HCBS Rate Schedule drop-down section on the [Provider Rates & Fee Schedule web page](#).

Contact the Provider Services Call Center for member residence verification or billing inquiries. Contact HCPF_HCBS_Questions@state.co.us with questions regarding Denver Minimum Wage policy.

Hospital Providers

General Updates

Inpatient Hospital Providers

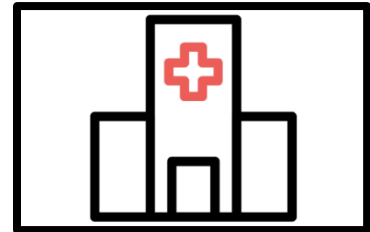
Fiscal Year 20-21 Inpatient Rates were approved by the Centers for Medicare & Medicaid Services (CMS) on December 22, 2020. Updated rates are currently being added to the claims system and reprocessing of all claims with last date of service greater than or equal to July 1, 2020, should be done by the end of January 2021.

Contact Diana.Lambe@state.co.us with any questions regarding your inpatient rates.

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 next Rural Hospital Engagement meeting is scheduled for [Thursday, March 4, 2021, from 2:00 p.m. - 4:00 p.m.](#) and will be hosted virtually.
- The All-Hospital Engagement meeting is scheduled for [Friday, March 5, 2021, from 9:00 a.m. - 12:00 p.m.](#) 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.**

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.

Outpatient Hospital Providers

1% Rate Decrease Implementation

Approval from Centers for Medicare & Medicaid Services (CMS) was recently received for the implementation of a 1% rate decrease for outpatient hospitals services effective July 1, 2020, in accordance with [House Bill \(HB\) 20-1360](#) (2020-21 Long Bill). Updated rates were implemented into the Colorado interChange system on January 5, 2021, with adjustments to impacted claims beginning the week of January 11, 2021. Claims which will be impacted by the Enhanced Ambulatory Patient Grouping (EAPG) drug re-weight policy effective on June 1, 2020, will not be adjusted as part of this effort. Visit the [Outpatient Hospital Payment web page](#) for a listing of the rates now in effect.

Contact Andrew Abalos at Andrew.Abalos@state.co.us for questions regarding the rate decrease or the EAPG payment methodology. Visit the [Hospital Stakeholder Engagement Meeting web page](#) for more information on the EAPG drug-reweight policy.

Rehabilitation / Long-Term Acute Care (LTAC) / Spine/Brain Injury Treatment Specialty Hospitals

1% Rate Decrease Implementation

Approval from CMS was recently received for the implementation of a 1% rate decrease for inpatient hospital services for rehabilitation, LTAC, and Spine/Brain Injury Treatment hospitals effective July 1, 2020, in accordance with [HB-20-1360](#) (2020-21 Long Bill). Updated rates were implemented into the Colorado interChange system on December 29, 2020, with adjustments to impacted claims beginning the week of January 11, 2021. Visit the [Inpatient Hospital Per Diem Reimbursement Group web page](#) for a listing of the rates now in effect.

Contact Andrew Abalos at Andrew.Abalos@state.co.us for questions regarding the rate decrease or the per diem payment methodology.

Hospital Transformation Program (HTP) Update

Rural Support Payment Update



Board members at the December 15, 2020, Colorado Healthcare Affordability and Sustainability Enterprise (CHASE)

Board meeting provided input and voted to approve the [HTP Rural Support Payment](#) framework and timeline.

A [list of qualified hospitals](#) was shared with program participants and stakeholders on December 3, 2020. Approval from the CHASE Board marks the beginning of the attestation process for qualified hospitals. The Provider Attestation Form, along with additional information

about the Rural Support Payment, can be found in the [Rural Support Payment](#) section of the [Colorado Hospital Transformation Program web page](#). Funds are expected to become available in Spring 2021. Please direct additional questions to the [dedication Rural Support Payment inbox](#).

Program Updates

Updated documents have been posted to the [Colorado Hospital Transformation Program web page](#):

- [Hospital Application](#) and [Intervention Proposal](#) documents
- [HTP Scoring Framework](#), including an updated timeline, at-risk tables, and benchmark methodologies by measure
- [Measure Specification Detail](#)
- [Hospital Index Measure](#) Guidance

Please direct any questions about these updated documents to hcpf_COHTP@state.co.us.

Community Advisory Council

Community Advisory Council meetings continue to take place on a monthly basis. Agendas, meeting materials and previous meeting notes can be found on the [Community Advisory Council web page](#).

CHASE Board Meeting

The next CHASE Board meeting will take place [via webinar](#) on Tuesday, February 23, 2021, at 3:00 p.m. Additional information about the board and meeting materials can be found on the [Colorado Healthcare Affordability and Sustainability Enterprise \(CHASE\) Board web page](#).

Outpatient Hospital Providers

Prior Authorization for Specialty Drugs

Effective February 1, 2021, prior authorization criteria for the outpatient hospital specialty drugs listed on [Appendix Z - Outpatient Hospital Specialty Drugs](#) will be available on the [Physician Administered Drugs \(PAD\) web page](#).

Contact the Department's PAD Pharmacist, Rachele Crane, at Rachele.Crane@state.co.us with any questions about the criteria.



Pharmacy Providers

Pharmacist Administration of COVID-19 Vaccines

The COVID-19 vaccine and administration codes can be found on the [Pharmacist Enrollment: Over-the-Counter and Immunizations web page](#). Health First Colorado is currently only reimbursing for the administration Current Procedural Terminology (CPT) codes and not the CPTs for the vaccines themselves, as the vaccines are being provided at no cost by the Federal government.

The current reimbursement rate for the administration codes can be found on the [Immunization Fee Schedule](#). Additional information regarding billing can be found in the [Immunization Billing Manual](#).

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

Pharmacies and All Medication-Prescribing Providers

Pharmacy & Therapeutics (P&T) Committee Member Openings

The Department is looking to fill two (2) 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 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

Pediatric Long-Term Home Health (PLTHH) and Private Duty Nursing (PDN) Providers

Prior Authorization Request (PAR) Suspension Information

PLTHH and PDN providers were previously notified that the PAR requirement for these services would be suspended as of July 1, 2020. It has been determined to keep the PAR requirement suspended through winter 2020/2021, and to resume the submission of PLTHH and PDN PARs to the Utilization Management (UM) Vendor no earlier than April 1, 2021. Timely communication will be provided to members, providers and other stakeholders to allow for planning and preparation purposes upon restarting the PARs for these benefits. The resumption of the PAR requirement for these services will involve a phased-in implementation and the Department will collaborate with providers to develop the plan for each phase of PAR submissions.

Providers can, and should, continue to provide medically necessary services in compliance with Department rules at 10 CCR 2505-10, Sections 8.520 and 8.540. Providers can submit the claims to the Department's fiscal agent if the services are medically necessary and in compliance with rules and regulations.

Additional information about the future resumption of PLTHH and PDN PARs will be shared with providers in future communications, posted on the [Private Duty Nursing and Pediatric](#)

[Long-Term Home Health Services Pre-Approval Project web page](#) and posted on the [ColoradoPAR: Health First Colorado Prior Authorization Request Program web page](#). If there are additional questions, concerns or specific issues regarding these PARs, contact the Department's UM Team at hcpf_UM@state.co.us. Contact the Department's Benefits team at hcpf_benefitsupport@state.co.us with questions regarding policy.

Note: This PAR suspension does not affect Long Term Home Health PARs for Adults (members aged 21 and over) and for any issues regarding Adult Long Term Home Health, Providers should contact the appropriate Case Management Agency or hcpf_lthhPARs@state.co.us.

Provider Billing Training Sessions

February and March 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.



February 2021

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) 11:00 a.m. - 1:00 p.m. MT	12	13
14	15 Presidents' Day	16	17	18	19	20
21	22	23	24	25 Beginner Billing Training: Institutional Claims (UB-04) 11:00 a.m. - 1:00 p.m. MT	26	27
28						

March 2021

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			

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
Presidents' Day Monday, February 15	State Offices, DentaQuest, Gainwell Technologies and the ColoradoPAR Program will be closed. 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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Denver, CO 80201