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Did You Know?

Revalidation is a federal mandate from the Centers for Medicare & Medicaid Services (CMS) with which the State of Colorado must comply. All Provider IDs, including billing, attending, rendering and referring, must be actively enrolled and revalidated with Health First Colorado (Colorado's Medicaid program) for claims to be paid, per rule [42 CFR § 455.410\(b\)](#).

Visit the [Revalidation web page](#) for more information.



All Providers

Reconsiderations and Appeals

Providers are reminded to correct and resubmit denied claims electronically as new claims. Denied claims do not need to be sent as a request for reconsideration. Not all reconsiderations are manually reviewed. Claims that do not meet the system criteria defined by the current policy may deny again even if a reconsideration is sent.

An appeal is a formal process involving attorneys, legal resources and the administrative courts. Providers that do not wish to file a formal appeal may contact the [Provider Services Call Center](#) to:

- Review denials regarding policy
- Ask questions on how to correct denied claims
- Discuss timely filing or other billing and policy concerns

Community Providers in a School Setting

Important updates regarding community providers in a school setting are outlined in the [Community Providers in a School Setting letter](#) on the [School Health Services web page](#). Questions related to this policy update should be directed to the contacts outlined in the letter.

Fiscal Year 2024-2025 Provider Rate Adjustments

Health First Colorado Across-the-Board (ATB) provider rate increases were approved during the 2023 legislative session and are effective for dates of service beginning July 1, 2024. All rate adjustments are subject to the Centers for Medicare & Medicaid Services (CMS) approval prior to implementation. The fee schedules located on the [Provider Rates and Fee Schedule web page](#) will be updated to reflect the approved 2.0% ATB rate increases. Rates will be updated in the Colorado interChange for dates of service beginning July 1, 2024.

Targeted rate rebalances and adjustments will also be effective as of July 1, 2024. These rate adjustments are based on recommendations made in the [2023 Medicaid Provider Rate Review Analysis and Recommendation Report](#). Services approved for a targeted rate adjustment include the following:

- Abortion
- Ambulatory Surgical Centers
- Anesthesia
- Dental
- Fee-For-Service Behavioral Health
- Maternity
- Surgery

The 2.0% ATB increase for Home and Community-Based Services (HCBS) waiver services does not require CMS approval. Claims with dates of service on or after July 1, 2024, 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 Services (CHCBS)
- HCBS - Children with Life Limiting Illness (CLLI)

- HCBS - Children’s Habilitation Residential Program (CHRP)
- HCBS - Community Mental Health Supports (CMHS)
- HCBS - Complementary and Integrative Health (CIH)
- HCBS - Developmental Disability (DD)
- HCBS - Elderly, Blind and Disabled (EBD)
- HCBS - Supported Living Services (SLS)

Targeted rate increases will be effective for the following HCBS services, effective July 1, 2024:

HCBS Service	County
Adult Day Services, Basic and Specialized	Denver and Non-Denver County
Alternative Care Facility	Denver and Non-Denver County
Brain Injury Supported Living Program	Denver and Non-Denver County
Brain Injury Transitional Living Program	Denver and Non-Denver County
Community Connector	Denver and Non-Denver County
Consumer Directed Attendant Support Services, Health Maintenance, Homemaker and Personal Care (Intellectual and Developmental Disabilities [IDD] and non-IDD)	Denver and Non-Denver County
Homemaker Services, All Categories	Denver and Non-Denver County
In-Home Support Services, Health Maintenance, Homemaker and Personal Care	Denver and Non-Denver County
Job Coaching Services	Denver and Non-Denver County
Job Development Services	Denver and Non-Denver County
Non-Medical Transportation (DD and SLS Waivers)	Denver and Non-Denver County
Non-Medical Transportation, Mobility and Wheelchair Van	Denver and Non-Denver County
Peer Mentorship	Non-Denver County
Personal Care Services	Denver and Non-Denver County
Prevocational Services	Denver and Non-Denver County
Residential Habilitation, All Categories Level 1-6	Denver and Non-Denver County
Respite Services, All Categories	Denver and Non-Denver County
Specialized Habilitation	Denver and Non-Denver County
Supported Community Connections	Denver and Non-Denver County

Additional provider communications on this topic will be published as needed.

Claims that were already billed with and paid at a rate lower than the new rate cannot be adjusted for the higher rate by the fiscal agent if rate increases are implemented. The “lower of” pricing logic will always be used. Providers are advised to bill their usual and customary charges.

National Correct Coding Initiative (NCCI) Notification of Quarterly Updates

Providers are encouraged to monitor the 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 July 2024.

Visit the [NCCI Edits web page](#) for more information.

Updates on Offering Gifts and Inducements to Beneficiaries

Offering gift cards or any gifts exceeding \$15 per item, with an annual cap of \$75 per beneficiary, is not allowed. Refer to [Operational Memo HCPF OM 24-015](#), effective April 24, 2024, for the latest rules against offering gifts and other inducements to Health First Colorado beneficiaries.

Immediate Actions Required

- Review and fully understand [Operational Memo HCPF OM 24-015](#).
- Ensure all gifts to Health First Colorado members stay within the \$15 per item and \$75 annual limits.
- Do not offer cash, gift cards or any cash-equivalent items.
- Only apply exceptions for co-pays, preventive care incentives or as specifically permitted under safe harbor provisions detailed in [42 CFR 1001.952](#).
- Report any violations immediately to the Medicaid Operations Office: [Fraud, Waste and Abuse Division](#).



Adhering to these guidelines is mandatory to prevent undue influence on member choices and to ensure unbiased access to Health First Colorado services.

All Providers Who Utilize the ColoradoPAR Program

General Updates

What is the ColoradoPAR Program?

The ColoradoPAR Program is a third-party fee-for-service Utilization Management (UM) program administered by Acentra Health, Inc. (formally Kepro). Visit the [Colorado Prior Authorization Request Program \(ColoradoPAR\) web page](#) for more information about the ColoradoPAR Program.

Acentra Provider Training

Acentra will provide benefit-specific Prior Authorization Request (PAR) Submission Training for speech therapy providers in June 2024.

- [Speech Therapy PAR Submission Training - June 5, 2024 - 8:30 a.m. MT](#)
- [Speech Therapy PAR Submission Training - June 5, 2024 - 12:00 p.m. MT](#)
- [Speech Therapy PAR Submission Training - June 5, 2024 - 3:00 p.m. MT](#)

General PAR Submission Training is for all new users on how to submit a PAR using Acentra's provider PAR portal, Atrezzo®.

- [PAR Submission Training - June 18, 2024 - 8:30 a.m. MT](#)
- [PAR Submission Training - June 18, 2024 - 12:00 p.m. MT](#)

Email COProviderIssue@kepro.com with questions or if needing assistance when registering for the Atrezzo® portal.

Inpatient Hospital Transitions (IHT) (Formerly Inpatient Hospital Review Program [IHRP]) Enhancements

Feedback received from hospitals and Regional Accountable Entities (RAEs) informed enhancements to Health First Colorado's Inpatient Hospital Review Program (IHRP) 2.0, renamed Inpatient Hospital Transitions (IHT). Details of the enhancement will be shared at a Joint Operating Committee (JOC) meeting on July 11, 2024, at 1:00 p.m. MT. New JOC invitations will be sent before the end of June. It is recommended that hospitals providing inpatient care transitions attend the JOC meetings.

Contact HCPF_UM@state.co.us to be included if attending for the first time.

Adjusting Claims When a Prior Authorization Request (PAR) is Submitted

Providers needing to adjust a paid claim must contact Gainwell Technologies, the fiscal agent for the Department, directly for correct next steps based on the individual situation. Acentra cannot adjust PARs after a claim has already been billed.

Visit the [Provider Contacts web page](#) with questions related to adjustments of paid claims.

Acentra 2024 Annual Provider Satisfaction Survey for the ColoradoPAR Program

The opening of the ColoradoPAR Provider Survey is announced by the Department and Acentra for all providers that work with Acentra and use the Atrezzo® provider portal.

The ColoradoPAR Provider Survey opened May 6, 2024, and will remain available until June 7, 2024.

The ColoradoPAR Provider Survey is an opportunity to provide feedback regarding Acentra's services in processing PARs, customer service, provider education and timeliness.

Follow this link to complete the survey: [Acentra 2024 Annual Provider Satisfaction Survey for ColoradoPAR Program](#)

Acentra will send email reminders to complete the survey.

Contact Acentra Provider Relations at COProviderIssue@kepro.com or Acentra Customer Service at 720-689-6340 with questions or if needing assistance with amending physician orders.

Audiology, Home Health, Therapy, Pediatric Personal Care, Radiology and Imaging Providers

Ordering, Prescribing and Referring (OPR) or Attending Provider Claim Requirement

Claims requiring an Ordering, Prescribing and Referring (OPR) *or* attending physician will begin denying, effective July 1, 2024, for Explanation of Benefits (EOB) 1997 - "The referring, ordering, prescribing or attending provider is missing or not enrolled. Please resubmit with a valid individual National Provider Identifier (NPI) in the attending field" *if* the OPR or attending provider is missing or not enrolled with Health First Colorado.

All OPR and attending providers indicated on a claim must be actively enrolled as an individual with Health First Colorado (42 CFR § 455.410[b]).

Attending providers are required on all UB-04 institutional claims.

Provider types requiring OPR providers on claims include:

- Audiology
- Home Health
- Outpatient Physical Therapy (PT)/Occupational Therapy (OT)
- Outpatient Speech Therapy (ST)
- Pediatric Personal Care
- Radiology and Imaging Services



The OPR and attending provider fields can be located on the following claim types:

- **CMS 1500 Professional Claim Form:** Field 17b (Referring Provider)
- **UB-04 Institutional Claim Form:** Fields 76 (Attending Provider), 78 and 79 (Other)

Stakeholder engagement sessions will be conducted by the Department from April 2024 through June 2024 to better communicate the upcoming mandate. Providers will receive invitations to the stakeholder engagement sessions and are highly encouraged to ensure they are [signed up to receive Department communications](#).

The following is a visual example of the CMS 1500 claim form with an indicator of where the OPR's NPI number should be populated:

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA PICA

1. MEDICARE <input type="checkbox"/> (Medicare#) MEDICAID <input type="checkbox"/> (Medicaid#) TRICARE <input type="checkbox"/> (ID#/DoD#) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (ID#) FECA BLK/LUNG <input type="checkbox"/> (ID#) OTHER <input type="checkbox"/> (ID#)		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) CITY _____ STATE _____ ZIP CODE _____ TELEPHONE (Include Area Code) () _____		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO	
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? PLACE (State) _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10c. CLAIM CODES (Designated by NUCC)	
11. INSURED'S POLICY GROUP OR FECA NUMBER			
a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>		b. OTHER CLAIM ID (Designated by NUCC)	
c. INSURANCE PLAN NAME OR PROGRAM NAME			
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, complete items 9a, 9b, and 9d</i>			
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
SIGNED _____ DATE _____		SIGNED _____	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL _____		15. OTHER DATE MM DD YY QUAL _____	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a. _____ 17b. NPI _____	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)			
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
20. OUTSIDE LAY? \$ CHARGES			

Behavioral Health

General Updates

Coverage for Partial Hospitalization Program (PHP) Services Begins July 1, 2024

Health First Colorado will cover American Society of Addiction Medicine (ASAM) Level 2.5 Partial Hospitalization Program (PHP) services beginning July 1, 2024. Partial hospitalization programs provide 20 hours or more of clinically intensive programming each week to support patients living with a Substance Use Disorder (SUD) condition and an unstable medical and/or psychiatric condition in need of daily monitoring and management in a structured outpatient setting.

SUD providers who currently offer PHP services or are interested in adding PHP level of care are encouraged to contact Managed Care Entities (MCEs) regarding contracting and reimbursement.

Transplant Patients with Substance Use Disorder (SUD) Diagnosis - Protocol for SUD Treatment

Health First Colorado members who are transplant recipients with a Substance Use Disorder (SUD) diagnosis should receive comprehensive SUD treatment services in accordance with American Society of Addiction Medicine (ASAM) continuum of care guidelines. An [SUD](#)

[treatment protocol](#) has been developed which provides guidance regarding expectations for SUD services for members who are transplant recipients. The member's Managed Care Entity (MCE), such as the Regional Accountable Entity (RAE) or Managed Care Organization (MCO), is responsible for coordinating care when notified by a transplant team of the need for these services. MCEs are required to publish transplant contact information on their websites.

1115 Substance Use Disorder (SUD) Waiver Amendment Submitted April 1, 2024

An amendment to Colorado's Expanding the SUD Continuum of Care Section 1115 demonstration waiver (1115 SUD waiver) was submitted to the Centers for Medicare & Medicaid Services (CMS) by the Department.

The amendment was submitted to CMS on April 1, 2024, in accordance with [House Bill \(HB\) 23-1300](#).

The amendment request would authorize:

- Continuous eligibility for two (2) populations:
 - Children aged 0-3
 - Adults leaving a Colorado Department of Corrections (DOC) facility
- Prerelease services for individuals transitioning from correctional facilities
- Reimbursement for acute inpatient and residential stays in Institutes for Mental Disease (IMD) for individuals diagnosed with a Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)

Visit the [Expanding the SUD Continuum of Care Waiver web page](#) or contact HCPF_1115waiver@state.co.us for additional information and the full amendment.

Proposed Health-Related Social Needs (HRSN) Amendment to the 1115 Substance Use Disorder (SUD) Waiver



A Health-Related Social Needs (HRSN) 1115 demonstration waiver amendment is being pursued earlier than anticipated with authority through [House Bill \(HB\) 24-1322 “Medicaid Coverage Housing & Nutrition Services.”](#) The HRSN 1115 waiver amendment will expand HRSN housing and nutrition services and supports for certain eligible Health First Colorado members, if approved. This is in addition to the [1115 waiver amendment](#) submitted to CMS on April 1, 2024.

Health and Human Services (HHS) Makes Virtual Buprenorphine Prescribing Permanent

The Federal Department of Health and Human Services (HHS) published a [final rule](#) in February 2024 that permanently allows buprenorphine, a treatment for opioid use disorder, be prescribed through telehealth without an in-person visit. This regulation also allows providers more flexibility to offer take-home doses of methadone. Admission criteria have been updated to remove significant barriers to entry, such as the one (1)-year requirement for opioid use disorder, while also defining the scope and purpose of the “initial” and “periodic” medical examinations.

The effective date of this final rule is April 2, 2024, and the compliance date is October 2, 2024.

Home and Community-Based Services (HCBS) Providers

Ensure Account Information is Up-To-Date

Home and Community-Based Services (HCBS) providers are required to maintain Health First Colorado accounts through the [Provider Web Portal](#), which includes verifying the following:

- Legal name
- Contact name
- Email address
- Phone number
- All addresses (e.g., services, mailing, billing)

Contact information on the Provider Web Portal is used to send emails and letters to update providers on changes, issues, Health First Colorado audit notifications and more.

Refer to the Provider Participation Agreement, located on the [Provider Forms web page](#) under the Provider Enrollment & Update Forms drop-down menu. This agreement states that providers shall comply with all applicable provisions of the Social Security Act and other applicable federal and state statutes, regulations and published official guidance, such as provider billing manuals, provider bulletins, memo series and fee schedules, as amended from time to time.

Visit the [Quick Guides web page](#) to review the following Provider Web Portal Quick Guides:

- [Provider Maintenance Quick Guide](#) - Update contact information.
- [Provider Maintenance - Update License and CLIA Quick Guide](#) - Upload renewed licenses to ensure accounts remain active with Health First Colorado.
- [Disenrollment Quick Guide](#) - Disenroll as required when provider's Health First Colorado participation ends.
- [Change of Ownership Enrollment Application Quick Guide](#) - Create new accounts as required if providers change Tax ID Numbers (TINs).
- [Revalidation Quick Guide](#) - Revalidate at least every five (5) years.

Refer to the August 2021 Provider Bulletin (B2100466), located on the [Bulletins web page](#), for more information about change of ownership.

Refer to the Department [Operational Memo 24-001](#) for HCBS provider enrollment process changes.

Use the following links to sign up for communications from the Office of Community Living (OCL) or the Department:

- [Sign up for OCL Newsletters](#)
- [Sign up for Department Newsletters](#)

New Denver County and Transportation Codes for Home and Community-Based Services (HCBS)

Modifier HX is required on some Home and Community-Based Services (HCBS) claims for services provided within the City and County of Denver, effective May 1, 2024. The HX modifier allows providers to bill for prior-authorized HCBS services with Denver County rates without needing to add the HX modifier to the HCBS Prior Authorization Request (PAR). The HX modifier is being added for HCBS services with Denver County rates in a phased approach.

The Adult Day Program Transportation codes for Mileage Bands 2 and 3 on the Complementary and Integrative Health (CIH) waiver changed on May 1, 2024, for services provided outside the City and County of Denver. These changes allowed for the addition of the HX modifier for services provided in Denver without needing to add the HX modifier to HCBS PARs.

Claims billed without the required HX modifier will need to be adjusted.

Refer to the HCBS Billing Manuals on the [Billing Manuals web page](#) for information on the updated HCBS codes.



Hospital Providers

General Updates

All Hospital Providers

Hospital Stakeholder Engagement Meetings

Bi-monthly Hospital Stakeholder Engagement Meetings will continue to be hosted to discuss current topics regarding ongoing rate reform efforts and operational concerns. [Sign up](#) to receive the Hospital Stakeholder Engagement Meeting newsletters.

- The next Hospital Stakeholder Engagement Meeting is set for **Friday, July 12, 2024, from 1:00 p.m. to 3:00 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 2024 meeting dates have been posted.**

Contact Della Phan at Della.Phan@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.

Across-the-Board (ATB) Rates Increase

[House Bill \(HB\) 24-1430 \(2024-25 Long Bill\)](#), signed April 29, 2024, authorizes a 2.0% increase to fee-for-service hospital rates, effective July 1, 2024. These rate increases will be applied to hospital-specific Diagnosis-Related Group (DRG) and Enhanced Ambulatory Patient

Grouping (EAPG) base rates. Long-Term Acute Care and Spine/Brain Injury hospitals will also be increased by 2.0% per diem rates for mental health and rehabilitation.



Approval from the Centers for Medicare & Medicaid Services (CMS) via State Plan Amendment (SPA) is required prior to implementation. Rates will be implemented in the Colorado interChange upon approval, and any impacted claims will be adjusted to reflect the new payment rates. Visit the following pages for listings of rates posted for 30-day Hospital Stakeholder Review. Follow directions in the posted document if there are any questions or concerns about the rates during the 30-day window.

- The [Inpatient Hospital Payment web page](#) for a listing of inpatient hospital base rates.
 - Contact Diana Lambe at Diana.Lambe@state.co.us with any questions regarding Inpatient DRG rates.
- The [Outpatient Hospital Payment web page](#) for a listing of outpatient hospital base rates.
 - Contact Andrew Abalos at Andrew.Abalos@state.co.us with questions regarding these rates.
- The [Inpatient Hospital Per Diem Reimbursement Group web page](#) for a listing of mental health, rehabilitation, long-term acute care and spine/brain injury hospital base rates.
 - Contact [Della Phan and Andrew Abalos](#) with questions regarding these rates.

Hospital Specialty Drugs Policy: Medications List Update

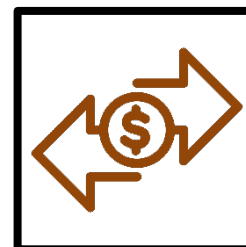
Approved hospital specialty drugs carved out from either the All-Patient Refined Diagnosis-Related Group (APR-DRG) or the Enhanced Ambulatory Patient Group (EAPG) payment methodology fall under the Hospital Specialty Drugs Policy. Refer to [Appendix Z: Hospital Specialty Drugs List](#) for the entire list of specialty drugs subject to this policy, along with the effective dates.

Member-specific Prior Authorization Requests (PARs) must be submitted directly to the Department and approved prior to administration of the specialty drug.

Resources including Appendix Z, coverage standards, request forms and submission requirements are listed on the [Physician-Administered Drugs web page](#) under the Hospital Specialty Drug Policy drop-down.

Refer to the [Physician-Administered Drugs \(PAD\) Billing Manual](#) and the [Inpatient/Outpatient \(IP/OP\) Billing Manual](#) or visit the [PAD web page](#) for additional policy information.

Contact HCPF_PAD@state.co.us with additional questions.



Healthcare Common Procedure Coding System (HCPCS)	Drug Name	Effective Date
J0218	Xenpozyme® (olipudase)	<ul style="list-style-type: none"> • Outpatient (OP): 08/10/2023 • Inpatient (IP): 01/01/2024
J0225	Amvuttra® (vutrisiran)	<ul style="list-style-type: none"> • OP/IP: 04/03/2024
J0567	Brineura® (cerliponase alfa)	<ul style="list-style-type: none"> • OP: 01/01/2019 • IP: 01/01/2024
J1303	Ultomiris® (ravulizumab-cwvz)	<ul style="list-style-type: none"> • OP: 08/02/2023 • IP: 01/01/2024
J1413	Elevidys (delandistrogene moxeparvovec-rokl)	<ul style="list-style-type: none"> • OP: 08/08/2023 • IP: 01/01/2024
J2326	Spinraza® (nusinersen)	<ul style="list-style-type: none"> • OP: 08/11/2018 • IP: 01/01/2024
J3399	Zolgensma (onasemnogene abeparvovec-xioi)	<ul style="list-style-type: none"> • OP: 07/01/2020 • IP: 01/01/2024
J7352	Scenesse® (afamelanotide implant)	<ul style="list-style-type: none"> • OP/IP: 01/22/2024
J9229	Besponsa® (inotuzumab ozogamicin)	<ul style="list-style-type: none"> • OP: 11/22/2023 • IP: 01/01/2024
J9286	Columvi™ (glofitamab-gxbm)	<ul style="list-style-type: none"> • OP/IP: 02/14/2024
J9348	Danyelza® (naxitamab-gqgk)	<ul style="list-style-type: none"> • OP: 07/01/2021 • IP: 01/01/2024
Q2041	Yescarta® (axicabtagene ciloleucel)	<ul style="list-style-type: none"> • OP: 08/11/2018 • IP: 01/01/2024
Q2042	Kymriah® (tisagenlecleucel)	<ul style="list-style-type: none"> • OP: 01/01/2019 • IP: 01/01/2024
Q2053	Tecartus® (brexucabtagene autoleucel)	<ul style="list-style-type: none"> • OP: 10/10/2022 • IP: 01/01/2024
Q2054	Breyanzi® (lisocabtagene maraleucel)	<ul style="list-style-type: none"> • OP: 10/9/2023 • IP: 01/01/2024
Q2056	Carvykti® (ciltacabtagene autoleucel)	<ul style="list-style-type: none"> • OP: 06/01/2023 • IP: 01/01/2024

Hospital, Physician-Administered Drug (PAD), Pharmacy Providers

Authorization of Extencilline®

The U.S Food and Drug Administration (FDA) has authorized the temporary importation of Extencilline® (benzathine benzylpenicillin) due to the ongoing shortages of Bicillin® L-A (penicillin g benzathine). Extencilline® for injection is a covered benefit for Health First Colorado members effective May 9, 2024.



Claims submitted under the medical benefit are eligible for coverage under the Healthcare Common Procedure Coding System (HCPCS) code J0561. Refer to [Appendix X: HCPCS/NDC Crosswalk for Billing Physician-Administered Drugs](#) for valid and reimbursable HCPCS/National Drug Code (NDC) combinations.

Claims submitted under the pharmacy benefit are eligible for coverage when administered by a healthcare professional in the member's home or in a long-term care facility.

Contact HCPF_PAD@state.co.us with additional questions.

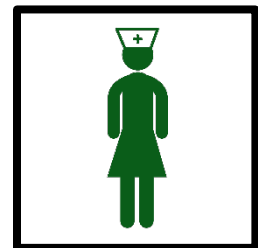
Nursing Facility Providers

Attending Providers Claims Requirement

Nursing facility claims requiring an attending physician will begin denying effective July 1, 2024, for Explanation of Benefits (EOB) 1997 - "The referring, ordering, prescribing or attending provider is missing or not enrolled. Please resubmit with a valid individual National Provider Identifier (NPI) in the attending field" *if* the attending provider is missing or not enrolled with Health First Colorado.

All attending providers indicated on a claim must be actively enrolled as an individual with Health First Colorado (42 CFR § 455.410[b]).

Attending providers are required on all UB-04 institutional claims. The attending provider fields can be located on the UB-04 Institutional Claim Form in Fields 76 (Attending Provider), 78 and 79 (Other).



Nursing Facilities, Alternative Care Facilities

Ensure Account Information is Up-To-Date

Long-Term Care (LTC) facility providers are required to maintain Health First Colorado accounts through the [Provider Web Portal](#), which includes verifying the following:

- Legal name
- Contact name
- Email address
- Phone number
- All addresses (e.g., services, mailing, billing)

Contact information on the Provider Web Portal is used to send emails and letters to update providers on changes, issues, Health First Colorado audit notifications and more.

Refer to the Provider Participation Agreement, located on the [Provider Forms web page](#) under the Provider Enrollment & Update Forms drop-down menu. This agreement states that providers shall comply with all applicable provisions of the Social Security Act and other applicable federal and state statutes, regulations and published official guidance, such as provider billing manuals, provider bulletins, memo series and fee schedules, as amended from time to time.

LTC facilities include Nursing Facilities (NFs), Intermediate Care Facilities (ICFs) and Alternative Care Facilities (ACFs).

Visit the [Quick Guides web page](#) to review the following Provider Web Portal Quick Guides:

- [Provider Maintenance Quick Guide](#) - Update contact information.
- [Provider Maintenance - Update License and CLIA Quick Guide](#) - Upload renewed licenses to ensure accounts remain active with Health First Colorado.
- [Disenrollment Quick Guide](#) - Disenroll as required when provider's Health First Colorado participation ends.
- [Change of Ownership Enrollment Application Quick Guide](#) - Create new accounts as required if providers change Tax ID Numbers (TINs).
- [Revalidation Quick Guide](#) - Revalidate at least every five (5) years.

Refer to the August 2021 Provider Bulletin (B2100466), located on the [Bulletins web page](#), for more information about change of ownership.

Use the following links to sign up for communications from the Office of Community Living (OCL) or the Department:

- [Sign up for OCL Newsletters](#)
- [Sign up for Department Newsletters](#)

Pharmacy and All Medication-Prescribing Providers

Preferred Drug List (PDL) Announcement of Preferred Products

Changes will be made for the following Preferred Drug List (PDL) classes, effective July 1, 2024:

PDL Drug Class	Moved to Preferred	Moved to Non-preferred
Beta-Blockers - Single Agent, Anti-Arrhythmics and Combinations	<ul style="list-style-type: none"> • Hemangeol® 4.28 mg/ml oral solution 	<ul style="list-style-type: none"> • Bystolic® tablet • Carvedilol Extended-Release (ER) (generic Coreg CR®) capsule
Angiotensin-Converting Enzyme (ACE) Inhibitors - Single Agents and Combinations	<ul style="list-style-type: none"> • Benazepril-HCTZ (hydrochlorothiazide) tablet 	
Pulmonary Arterial Hypertension (PAH) Therapies	<ul style="list-style-type: none"> • Orenitram® titration kit 	<ul style="list-style-type: none"> • Revatio® suspension
Lipotropics	<ul style="list-style-type: none"> • Fenofibric acid (generic Trilipix®) capsule • Vascepa® capsule 	
Statins and Combinations	<ul style="list-style-type: none"> • Ezetimibe-simvastatin tablet 	
Movement Disorders	<ul style="list-style-type: none"> • Tetrabenazine tablet • Austedo® tablet • Austedo® XR tablet and titration pack • Ingrezza® capsule and initiation pack 	<ul style="list-style-type: none"> • Xenazine® tablet
Acne Agents, Topical	<ul style="list-style-type: none"> • Adapalene/benzoyl peroxide 0.3-2.5% (generic Epiduo® Forte) gel with pump • Clindamycin phosphate 1% gel and lotion • Sulfacetamide/sulfur 10-5% cleanser 	
Acne Agents, Oral Isotretinoin	<ul style="list-style-type: none"> • Zenatane™ capsule 	<ul style="list-style-type: none"> • Isotretinoin 10 mg, 20 mg, 30 mg and 40 mg capsule (Upsher-Smith, Sun Pharma and Mayne Pharma Manufacturers)

PDL Drug Class	Moved to Preferred	Moved to Non-preferred
		<ul style="list-style-type: none"> Isotretinoin 20 mg, 30 mg and 40 mg capsule (Teva Pharmaceuticals)
Antipsoriatics, Oral and Topical		<ul style="list-style-type: none"> Calcipotriene/betamethasone ointment
Immunomodulators, Topical		<ul style="list-style-type: none"> Podofilox 0.5% gel
Topical Steroids, Low Potency, Medium Potency, High Potency and Very High Potency	<ul style="list-style-type: none"> Derma-Smoothe-FS® oil Hydrocortisone valerate 0.2% cream Betamethasone dipropionate 0.05% cream and ointment Betamethasone dipropionate/propylene glycol 0.05% lotion 	<ul style="list-style-type: none"> Fluocinolone 0.01% oil (generic Derma-Smoothe-FS®)
Antiemetics - Oral and Non-Oral		<ul style="list-style-type: none"> Trimethobenzamide capsule
Gastrointestinal (GI) Motility, Chronic	<ul style="list-style-type: none"> Lubiprostone capsule 	<ul style="list-style-type: none"> Amitiza® capsule
Hemorrhoidal, Anorectal and Related Topical Anesthetic Agents		<ul style="list-style-type: none"> Hydrocortisone-pramoxine 2.5%-1% cream
Pancreatic Enzymes	<ul style="list-style-type: none"> Viokace® tablet 	
Proton Pump Inhibitors		<ul style="list-style-type: none"> Dexilant® capsule
Colony Stimulating Factors	<ul style="list-style-type: none"> Fulphila® syringe 	<ul style="list-style-type: none"> Nyvepria™ syringe

No changes will be made for the following PDL classes:

PDL Drug Class	PDL Drug Class
Tetracyclines	Alpha-Blockers
Calcium Channel Blockers - Dihydropyridines (DHPs) and Non-DHPs	Renin Inhibitors and Combinations
Bile Salts	Rosacea Agents
H. Pylori Treatments	Non-Biologic Ulcerative Colitis - Oral and Rectal
Anticoagulants, Oral and Parenteral	Anti-Platelets
Erythropoiesis Stimulating Agents	

Physician Services

Colorado Medicaid eConsult Update

Health First Colorado providers have access to a free and secure statewide electronic consultation platform through [Colorado Medicaid eConsult](#). The eConsult platform allows Primary Care Medical Providers (PCMPs) to communicate electronically with specialty providers, frequently eliminating the need for in-person referrals for members.

Learn More

Informational webinars hosted by the eConsult platform vendor Safety Net Connect (SNC) are held the first Friday of every month from 12:15 p.m. to 1:00 p.m. MT. These webinars allow providers to gain insights into the platform and to learn more about the specialty network and how to participate.

Register for a Webinar

Interested providers may [register for a webinar](#) or contact SNC at ColoradoSupport@safetynetconnect.com to sign up or learn more.



eConsult Reimbursement

Refer to the [Telemedicine Billing Manual](#) for details on eConsult reimbursement.

Additional Information

Visit the [eConsult Platform web page](#) or contact the eConsult Team at HCPF_eConsult@state.co.us for more information.

Free Screening, Brief Intervention and Referral to Treatment (SBIRT) Training for Health First Colorado Providers

Free Screening, Brief Intervention and Referral to Treatment (SBIRT) training for Health First Colorado providers is delivered through partnership with Peer Assistance Services, Inc. (PAS). PAS has provided SBIRT training and support since 2006. The SBIRT program promotes prevention and early intervention efforts through in-person, online and virtual training; technical assistance; and hands-on SBIRT implementation.

Providers are required to participate in training about the implementation of evidence-based protocols for SBIRT in order to directly deliver screening and intervention services. Face-to-face trainings and consultations are available through various entities such as [SBIRT in Colorado](#), [Colorado Community Managed Care Network \(CCMCN\)](#) and the [Emergency Nurses Association \(ENA\)](#).

Visit the [SBIRT Training Calendar web page](#) to register for an upcoming training. The shared goal is to promote SBIRT as a standard of care throughout Colorado. Refer to the [SBIRT Program Billing Manual](#) to learn more about best billing practices.

Contact Janelle Gonzalez at Janelle.Gonzalez@state.co.us with questions.

Residential Treatment Service Providers

Residential Provider Survey

Psychiatric Residential Treatment Facility (PRTF) and Qualified Residential Treatment Program (QRTP) services for youth in the custody of Colorado Department of Human Services will be covered under the Behavioral Health capitation and reimbursed by the Regional Accountable Entities (RAEs) effective July 1, 2025.

This change helps ensure that all children will access services in the same way, preventing equity concerns and perverse incentives to place children in child welfare. Residential services for children for diagnoses not covered by the RAE, such as Intellectual and/or Developmental Disabilities (IDD) and Autism Spectrum Disorder (ASD), must still be billed to the Department under the fee-for-service model. Moving residential behavioral health services for youth in child welfare custody under the capitation will better align with the Standardized Child and Youth Benefit that is being developed for Accountable Care Collaborative (ACC) Phase III.

Feedback from providers regarding the support, guidance and information necessary to facilitate a seamless transition for everyone involved is valued as the transition plan is being developed.

Providers are requested to take a few moments to complete the [Residential Provider Survey](#) which will serve as an initial step in fostering dialogue. Responses are due by June 21, 2024.

There will be further opportunities for questions and feedback.

Therapy Providers

Equine Movement as a Treatment Tool

[House Bill \(HB\) 22-1068](#) provides coverage of outpatient speech therapy, physical therapy and occupational therapy using equine movement (hippotherapy) as a treatment tool and is anticipated to be implemented beginning July 1, 2024. Providers may bill using existing codes that are already open.

Providers are encouraged to reference the American Hippotherapy Association (AHA) for guidance on Current Procedural Terminology (CPT) codes that most accurately describe therapy services when hippotherapy/related activities have been included as a tool within the treatment protocol. The codes are as follows:

Physical Therapy Services

97110 - Therapeutic Exercise

97112 - Neuromuscular Reeducation

97116 - Gait Training

97530 - Therapeutic Activities

Occupational Therapy Services

97110 - Therapeutic Exercise

97112 - Neuromuscular Reeducation

97530 - Therapeutic Activities

97535 - Self-Care Management Training

Speech/Language Therapy

92507 - Speech/Language Therapy Activities, Individual

92508 - Speech/Language Therapy Activities, Group

92526 - Treatment of Swallowing Dysfunction and/or Oral Function for Feeding

97129/97130 - Therapeutic Interventions that Focus on Cognitive Functions

Contact Devinne Parsons at Devinne.Parsons@state.co.us with outpatient therapy policy questions.

Policy Clarification

A behavioral health diagnosis does not prohibit a member from receiving physical and occupational therapy services if those services are deemed medically necessary.

Contact Devinne Parsons at Devinne.Parsons@state.co.us with any outpatient physical or occupational therapy policy questions.

Transportation Providers

Non-Emergent Medical Transportation (NEMT) Provider Credentialing Program

Health First Colorado has updated the Non-Emergent Medical Transportation (NEMT) provider credentialing process. This includes two (2) steps:

1. Credentialing with Transdev Health Solutions (formerly Intelliride)
2. Revalidating enrollment with Health First Colorado

Follow the instructions below to maintain enrollment as an NEMT provider.

Credentialing with Transdev Health Solutions (formerly Intelliride)

All NEMT providers must be credentialed by June 30, 2024, to provide Health First Colorado services. This now includes all drivers and vehicles. Transdev Health Solutions manages driver and vehicle credentialing for all NEMT providers statewide.

Failure to complete this process will result in further action being taken in accordance with Section 25.5-4-301, C.R.S. and 10 C.C.R. 2505-10, Section 8.076.

1. Complete the [Credentialing Request Form](#) and License Agreement. The Credentialing Request Form must be submitted by **Friday, June 7, 2024**. Providers will receive an email that includes a username, password and link to sign up for software training.
2. Participate in a credentialing software training session to learn how to use the software.
3. Visit Platform.ProCredEx.com to upload the required driver and vehicle credentials.
4. Sign up for a vehicle inspection. Vehicle inspections are required. Visit the [Transdev Health Solutions website](#) for a list of dates and times for inspections.

Transdev Health Solutions will review and provide a credentialing certificate once these steps are completed. **This certificate *must* be submitted with the provider's Health First Colorado revalidation application.**

Contact ProCredex Provider Support at Support@procredex.com for support with the credentialing process.



Important: Any new drivers and vehicles added to the business, at any time, must be approved before they can be used to transport Health First Colorado members. Credentials for new drivers and vehicles must be submitted through the credentialing software. **Any driver or vehicle which fails credentialing is prohibited from being used to provide NEMT services to Health First Colorado members.**

Vehicle Inspections

All vehicles must be inspected regardless of the age of the current inspection. Providers must contact Transdev Health Solutions to schedule an inspection date and time.

Contact Transdev Health Solutions Provider Support at (833) 643-3010 or email US.THSProviders@transdev.com with questions.

Revalidating Enrollment with Health First Colorado

All NEMT providers must revalidate enrollment with Health First Colorado by **September 30, 2024, regardless of the provider's original revalidation date**. Revalidation is now available through the [Provider Web Portal](#), where a link for revalidation appears. Refer to the instructions above for credentialing if a revalidation application is currently in process. All revalidation applications will be held until credentialing is approved through Transdev Health Solutions (formerly Intelliride).

The credentialing certificate from Transdev Health Solutions **must** be submitted with the revalidation application. **Do not try to upload the certificate before receiving notification to revalidate.**

Visit the [Revalidation web page](#) for additional information regarding the revalidation process.

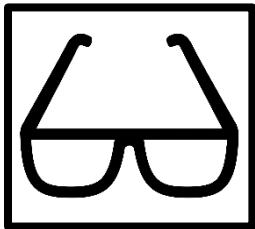
Contact the [Provider Services Call Center](#) with any questions about revalidation.

Vision Providers

New Coverage of Corneal Crosslinking

Collagen cross-linking of the cornea is a covered benefit, effective May 1, 2024. The procedure may be billed with Current Procedural Terminology (CPT) code 0402T.

Riboflavin 5'-phosphate ophthalmic solution is a covered benefit, effective January 24, 2024, and may be billed with CPT code J2787.



These codes and rates are reflected on the [Health First Colorado Fee Schedule](#). Claims previously submitted will be reprocessed.

Contact Christina Winship at Christina.Winship@state.co.us with any vision policy questions.

Contact Felecia Gephart at Felecia.Gephart@state.co.us with questions about Physician-Administered Drugs (PADs).

Contact the [Provider Services Call Center](#) for assistance with claims or billing.

Provider Training Sessions

June 2024 Schedule

Providers are invited to sign up for a provider training session. Trainings focused on billing Health First Colorado are offered:

- Beginner Billing: Professional Claims (CMS-1500)
- Beginner Billing: Institutional Claims (UB-04)
- Intermediate Billing: All Claims
- Provider-Specific Billing Trainings

All sessions are held via webinar on Zoom, and registration links are shown in the calendar below.

Beginner Billing Training

There are two (2) beginner billing trainings offered. One (1) is for providers that submit professional claims (CMS 1500), and the other is for providers that submit institutional claims (UB-04). These trainings are identical except for claim submission specifics.

Click "[Which Beginner Billing Training Do I Need?](#)" on the [Provider Training web page](#) to find training aligned to provider type.

Beginner billing training provides a high-level overview of member eligibility, claim submission, prior authorizations, [Department website](#) navigation, [Provider Web Portal](#) use and more.

Intermediate Billing Training

Intermediate billing training covers claims processing and Remittance Advice (RA) via the Provider Web Portal and batch, secondary billing with commercial insurance and Medicare, attachment requirements, timely filing, suspended claims, adjustments and voids, reconsiderations, resubmissions and more.

Provider-Specific Training

Provider-specific trainings cover topics unique to providers. Visit the [Provider Training web page](#) for information on upcoming provider-specific training.

Who Should Attend?

Staff who submit claims, are new to billing Health First Colorado services or who need a billing refresher course should consider attending one (1) or more of the provider training sessions.



Note: These sessions offer guidance for billing Health First Colorado only. Providers are encouraged to contact the Regional Accountable Entities (RAEs), Child Health Plan *Plus* (CHP+) and Medicare for billing training specific to those organizations. Training for the new Care and Case Management (CCM) system will not be covered in billing training sessions. Visit the [CCM System web page](#) for CCM-specific training and resources.

Refer to the Provider Web Portal Quick Guides located on the [Quick Guides web page](#) for more training materials on navigating the Provider Web Portal.

Live Webinar Registration

Click the title of the desired provider training session in the calendar to register for a webinar. An automated response will confirm the reservation.

Note: Webinars may end early. Time has been allotted for questions at the end of each session.

June 2024				
Monday	Tuesday	Wednesday	Thursday	Friday
3	4	5	6	7
10	11	12	13 Beginner Billing: Institutional Claims (UB-04) - June 13, 2024 9:00 a.m. - 11:00 a.m. MT	14
17	18	19	20	21
24	25	26	27 Beginner Billing: Professional Claims (CMS 1500) - June 27, 2024 9:00 a.m. - 11:30 a.m. MT	28

Upcoming Holidays

Holiday	Closures
Juneteenth Wednesday, June 19	State Offices, DentaQuest, AssureCare 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 will be open.
Independence Day Thursday, July 4	State Offices, Gainwell Technologies, DentaQuest, AssureCare 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

P.O. Box 30
Denver, CO 80201