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Did You Know?

Change of Ownership

A tax ID cannot be changed on an existing provider enrollment record. If a provider organization obtains a new tax ID, a new enrollment must be completed and approved. Providers will be assigned a new Health First Colorado (Colorado's Medicaid Program) number, and are strongly encouraged to obtain a new National Provider Identifier for the new tax ID. Please refer to the [General Provider Information](#) manual and the [Change of Ownership \(CHOW\) FAQs](#).

Contact the [Provider Services Call Center](#) at 1-844-235-2387 with any additional questions related to change of ownership.

All Providers

Accountable Care Collaborative (ACC) Phase II Launches July 1, 2018

The next iteration of the ACC will begin July 1, 2018. The goals of the next phase are to improve member health and reduce costs.

The contact information for the seven (7) Regional Accountable Entities (RAEs) that will be responsible for managing the physical and behavioral health care for Health First Colorado members is available on the [Accountable Care Collaborative Phase II web page](#).

Contracting Guidance

The Department of Healthcare Policy & Financing (the Department) has developed resources for primary care medical providers and behavioral health providers who need to contract with a RAE. Providers are encouraged to reach out to the RAE in their area directly to begin the contract process

- [Behavioral Health Provider Contracting Guidance Fact Sheet](#)
- [Primary Care Medical Provider Contracting Guidance Fact Sheet](#)

Short-term Behavioral Health Services in Primary Care Setting Guidance

Starting July 1, 2018, the Department will increase access to short-term behavioral health (mental health and substance use disorder) services within the primary care setting. Health First Colorado members will be able to receive short-term behavioral health services provided by a licensed behavioral health clinician working as part of a member's primary care medical provider.

For more information, see the [Short-term Behavioral Health Services in Primary Care Fact Sheet](#).

Submitting Questions

At this time, members, providers and other interested parties should start by contacting their RAE with any questions. In addition, interested parties can submit questions to the Department using the [Accountable Care Collaborative \(ACC\) Phase II Question Form](#).

The Department will not be able to respond directly to all inquiries, but will direct questions to the appropriate entity while working closely with the RAEs and other contractors to address critical issues. The Department will continue to use the questions submitted to tailor upcoming communications and resources.

eQSuite® User Administrators for Colorado PAR Portal



Users who wish to use the eQHealth portal, called eQSuite®, to submit medical prior authorizations should make note of the following information regarding the administrator. An eQSuite® User Administrator is an eQSuite® portal user whose account has functions to add, edit and remove other user accounts within the eQSuite® system. The User Administrator is also able to modify specific user account functions. Each provider group, clinic or facility will have at least one user designated as the User Administrator. It is very important that each User Administrator maintain accurate account records for all users in their organization, including maintaining accurate email addresses and deleting users no longer with the organization; this ensures accurate distribution of email communication from eQHealth Solutions.

For detailed instructions for User Administrators, reference the [Provider Guide: eQSuite® User Administrator](#) on the [ColoradoPAR website](#).

Note: As a User Administrator, user accounts cannot be unlocked. If the User Administrator or another user gets locked out, a new password will need to be assigned to the user. It will take about five (5) minutes for the change to be effective.

Fiscal Year 2018-2019 Provider Rate Increases and Adjustments

Health First Colorado provider rate increases were approved during the 2018 legislative session and are effective for dates of service (DOS) beginning July 1, 2018. All rates require approval from Centers for Medicare & Medicaid Services (CMS), and the Department has obtained this approval to implement the rates.

Some providers will be paid retroactively if there is a delay in implementation and other rate increases will be implemented when approved.

The fee schedules located on the [Provider Rates & Fee Schedule web page](#) have been updated to reflect the approved 1.0% across-the-board (ATB) rate increase and targeted rate increases (TRI).

Services & Supplies Approved for ATB Increases:

- Eligible physician and clinic services
- Early and Periodic Screening, Diagnosis, and Treatment services
- Inpatient hospital services
- Outpatient hospital services
- Laboratory & x-ray services
- Durable Medical Equipment - excluding those impacted by Section 1903(i)(27) of the Social Security Act
- Disposable supplies
- Mental health fee-for-service
- Non-physician practitioner services
- Tobacco cessation counseling for pregnant women
- Ambulatory Surgery Center Services
- Dialysis center services
- Physical, occupational and speech therapy services
- Audiology services
- Screening, Brief Intervention and Referral to Treatment services
- Dental services
- Freestanding Birth Centers
- Family planning services
- Outpatient substance use disorder services
- Targeted case management for behavioral health
- Targeted case management for substance use disorders
- Vision services
- Mental health and substance use disorder rehabilitation services for children in psychiatric residential treatment facilities
- Prosthesis services
- Mental health and substance use disorder rehabilitation services for children in residential child care facilities



- Extended services for pregnant women
- Private Duty Nursing services
- Home Health
- Hospice Fee-for-Service

Approved for TRI:

- Emergent and Non-Emergent Medical Transportation will receive a 6.61% increase
- Neonatology set to 92% of 2014 Medicare Rate
- Primary Care Alternative Payment Model Codes will receive a 1.81% average increase
- Home and Community Based Services (HCBS) Alternative Care Facilities (ACF) will receive a 25.0% increase
- HCBS Non-Medical Transportation will receive a 6.61% increase
- HCBS agency based and CDASS Personal Care and Homemaker on the EBD, CMHS, BI and SCI waivers will receive a 5.25% increase
- HCBS Personal Care, Homemaker, Day Habilitation, Prevocational Services, Res Habilitation, Mentorship, Behavioral Line Staff, Respite, Community Connector and Supported Employment on the DD, SLS and CES waivers will receive a 6.5% increase

The 1.0% ATB increase for HCBS waivers did not require CMS approval; rate services receiving the 1.0% increase have been loaded in the Colorado interChange.

HCBS waivers:

- HCBS - Elderly, Blind and Disabled (EBD)
- HCBS - Community Mental Health Supports (CMHS)
- HCBS - Brain Injury (BI)
- HCBS - Spinal Cord Injury (SCI)
- HCBS - Children's Home and Community Based Service (CHCBS)
- HCBS - Children with Life Limiting Illness (CLLI)
- HCBS - Children Residential Habilitation Program (CRHP)
- HCBS - Developmental Disability (DD)
- HCBS - Supported Living Services (SLS)
- HCBS - Children's Extensive Supports (CES)
- Colorado Choice Transitions (CCT) - increases will mirror the ATB and TRI on the waiver for the CCT population



Note: HCBS TRIs will not be effective July 1, 2018, and all HCBS TRIs are pending CMS approval. The HCBS ACF increase is expected to be effective no sooner than October 1, 2018. Non-Medical Transportation, Personal Care and Homemaker services on the HCBS EBD, CMHS, BI and SCI waivers are expected to be effective no sooner than January 1, 2019. All HCBS DD, SLS and CES services receiving a TRI are expected to

be effective no sooner than March 1, 2019. HCBS DD, SLS and CES services receiving a TRI will also receive the 1.0% ATB increases. All other HCBS services receiving a TRI will not receive the ATB rate increases. Detailed information about the HCBS increases has been published in past provider bulletins as well as on the [Provider Rates & Fee Schedule web page](#). The Department will continue to publish updates in those locations when CMS approval is received, rates have been loaded, and mass adjustments have occurred.

"Lower of" Pricing Logic for Rate Increases

If the Department implements rate increases, 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 Department or DXC. The Department will always use the "lower of" pricing logic. Providers are advised to bill their usual and customary charges. Not all codes are listed on the Health First Colorado Fee Schedule, so providers are advised to check [all fee schedules](#) which apply to their billing practices. If a code is not listed on the Health First Colorado Fee Schedule, it may be listed on a benefit-specific fee schedule. Contact the [Provider Services Call Center](#) at 1-844-235-2387 with questions.

National Correct Coding Initiative (NCCI) Notification of Quarterly Updates

Providers are encouraged to monitor CMS for updates to NCCI rules and guidelines. Updates to the procedure-to-procedure and medically unlikely edit files are completed quarterly with the next file update available July 2018.

For more information, visit the [National Correct Coding Initiative Edits page of the CMS website](#).



Behavioral Health Providers

Behavioral Health Provider Type Changes

Health First Colorado recently updated the names of two Provider Types:

- Provider Type 38 (previously Psychologists - Masters) is now named "Licensed Behavioral Health Clinicians."
- Provider Type 37 (previously Psychologists - Doctorate) is now named "Licensed Psychologists."

In addition, Licensed Addiction Counselors may now enroll under Provider Type 38 to provide behavioral health services within the scope of their licensure per [10 CCR 2505-10 8.746](#). Providers will continue to enroll under the most appropriate [Provider Type](#).

Contact Stacey Davis at Stacey.Davis@state.co.us with any questions regarding this policy.

Clinic, Practitioner and Outpatient Hospital Providers

Physician-Administered Drug (PAD) Acquisition Cost Surveys

The Department has contracted with Myers and Stauffer LC (MSLC) to conduct a PAD acquisition cost survey and analysis. The analysis will include a review of the current rate-setting methodologies for PADs. The Department strongly encourages the participation of all clinic, practitioner and outpatient hospital providers to help ensure that PAD rates incorporate market conditions.



Surveys will be sent via postal mail on July 9, 2018. Providers will be able to submit invoices via secure portal, email, mail or fax. All submitted invoice data will be kept confidential.

MSLC will be hosting an informational webinar for providers on July 17, 2018, at 9 a.m. MT, and July 19, 2018, at 3 p.m. MT. Providers will need to contact MSLC to register for either session (it is only necessary to attend one session as the content will be the same). Upon registration completion, MSLC will provide the web address and call-in information.

The Department updated the [Physician-Administered Drug rates](#) for the third quarter of 2018. The new rates are effective July 1, 2018.

General questions about the survey process, documents providers need to submit, or webinar registration can be directed to the Myers and Stauffer pharmacy help desk toll-free (800) 591-1183 or pharmacy@mslc.com.

Home & Community Based Services Providers

Children with Autism (CWA) Waiver Has Ended

On July 1, 2018, the CWA waiver ended. All children that were enrolled in the CWA waiver will be disenrolled on July 1, 2018. Providers will not be reimbursed for any of the following billing codes for any date of service on or after July 1, 2018:

- Lead Therapist-H0004, UL
- Senior Therapist-H0004, UL, HN
- Line Staff H2019, UL; Initial/Ongoing Treatment Evaluation-H2000, UL
- Post Service Evaluation-H200, UL, TS

Children's Extensive Supports (CES) Waiver Providers

Final Notice: Behavioral Services Now Provided Under State Plan Early Periodic Screening, Diagnosis, and Treatment (EPSDT)

Effective July 1, 2018, all Behavioral Services previously provided as a CES waiver service have moved to Pediatric Behavioral Services under EPSDT. The following billing codes should not be billed under the CES waiver on or after July 1, 2018:

- Behavioral Line Staff-H2019 U7
- Behavioral Consultation H2019 U7, 22, TG
- Behavioral Counseling H2019 U7, TF, TG
- Behavioral Counseling Group H2019 U7, TF, HQ
- Behavioral Plan Assessment T2024 U7, 22

Note: Any behavioral services billed under the CES waiver for services provided on or after July 1, 2018, will be subject to recoupment by the Department. Behavioral services provided before July 1, 2018, but billed after July 1, 2018, will be processed normally.

Developmental Disabilities (DD) Waiver Providers

Final Notice: Behavioral Services for Youth (18-20 Years Old) Now Provided Under State Plan EPSDT

Effective July 1, 2018, all Behavioral Services previously provided to youths (18-20 years old) on the DD waiver have moved to Pediatric Behavioral Services under EPSDT. The following billing codes should not be billed under the DD waiver for youths (18-20 years old) on or after July 1, 2018:

- Behavioral Line Staff-H2019 U3
- Behavioral Consultation-H2019 U3, 22, TG
- Behavioral Counseling-H2019 U3, TF, TG
- Behavioral Counseling Group-H2019 U3, TF, HQ
- Behavioral Plan Assessment-T2024 U3, 22



Note: Any behavioral services billed under the DD waiver for youths (18-20 years old) for services provided on or after July 1, 2018, will be subject to recoupment by the Department. Behavioral services provided before July 1, 2018, but billed after July 1, 2018, will be processed normally.

There is no change in how DD waiver members access Behavioral Services if they are 21 years of age and older.

Supported Living Services (SLS) Waiver Providers

Final Notice: Behavioral Services for Youth (18-20 Years Old) Now Provided Under State Plan EPSDT

Effective July 1, 2018, all Behavioral Services previously provided to youths (18-20 years old) on the SLS waiver have moved to Pediatric Behavioral Services under EPSDT. The following billing codes should not be billed under the SLS waiver for youths (18-20 years old) on or after July 1, 2018:

- Behavioral Line Staff-H2019 U8
- Behavioral Consultation- H2019 U8, 22, TG
- Behavioral Counseling-H2019 U8, TF, TG
- Behavioral Counseling Group-H2019 U8, TF, HQ
- Behavioral Plan Assessment-T2024 U8, 22

Note: Any behavioral services billed under the SLS waiver for youths (18-20 years old) for services provided on or after July 1, 2018, will be subject to recoupment by the Department. Behavioral services provided before July 1, 2018, but billed after July 1, 2018, will be processed normally.

Note: Providers interested in becoming a Pediatric Behavioral Therapies provider are encouraged to enroll as a Provider Type 83 or 84.

Additional information and instructions on how to enroll as a Pediatric Behavioral Therapy provider can be found on the [Pediatric Behavioral Therapies Information for Providers web page](#). There is no change in how SLS waiver members access Behavioral Services if they are 21 years of age and older.

Hospital Providers

General Updates

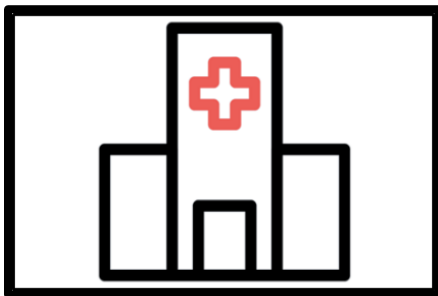
ALL HOSPITAL PROVIDERS

Hospital Engagement Meetings

The Department will continue to host bi-monthly Hospital Engagement meetings for 2018 to discuss current issues regarding payment reform and operational processing moving forward. The next meeting is scheduled for Friday, July 13, 2018, 9:00 a.m. -10:30 a.m. at 303 East 17 Avenue, Denver, Conference Room 7B & 7C.

[Sign up to receive the Hospital Engagement Meeting newsletters.](#)

Registration is not required. Participation can be by conference line, webinar and/or in person. The agenda for upcoming meetings will be available on the [Hospital Engagement Meeting web page](#) on the Monday preceding the meeting. Visit the [Hospital Engagement Meeting web page](#) for more details and the meeting schedule.



Contact Elizabeth Quaife at Elizabeth.Quaife@state.co.us with any questions and/or topics to be discussed at future meetings. Advance notice will provide the Department time to bring additional personnel to the meetings to address different concerns.

SPECIALTY HOSPITALS

Meetings

The monthly Specialty Hospital meetings have been placed on hold. Implementation status updates and any upcoming meetings will be communicated via email, Provider Bulletins, on the [Hospital Engagement Meeting web page](#) and in Bi-monthly Hospital Engagement Meetings. Contact Elizabeth Quaife at Elizabeth.Quaife@state.co.us with questions, concerns or feedback.

OUTPATIENT HOSPITALS

Monthly Enhanced Ambulatory Patient Group (EAPG) Meetings

The next EAPG Meeting is scheduled for July 13, 2018, 11:00 a.m. -12:30 p.m. These meetings are intended to be an informal discussion where the Department and its hospital providers can discuss issues relating to billing, payment, and/or the EAPG methodology in general. For recordings of previous meetings, related meeting materials and the current schedule for future meetings, visit the [Outpatient Hospital Payment web page](#).

****Note: Starting July 13, EAPG Meetings are scheduled for a new time. EAPG meetings will now be held from 11:00 a.m. - 12:30 p.m.****

Contact Andrew Abalos at Andrew.Abalos@state.co.us or 303-866-2130 with any questions regarding the new EAPG rates or the EAPG methodology.

Drug Carveout from Outpatient Hospital Claims

The Department is currently exploring alternative options for the reimbursement of drugs delivered in the outpatient hospital setting. Currently, drugs billed on the institutional outpatient hospital claim are reimbursed using the EAPG methodology. After receiving feedback regarding inappropriate levels of reimbursement for drugs as calculated in this way, the Department intends to discuss its progress in exploring these alternatives and the potential impacts this may have on hospital reimbursement during its recurring EAPG meetings.



Inpatient-only Procedures Payment Clarification and Update

The Department currently utilizes two lists for classifying inpatient-only procedures which cannot be reimbursed in the outpatient hospital setting. One of the lists is incorporated into the Medicaid NCCI edits as posted to Medicaid.gov. The other list is proprietary to 3M Health Information Systems. Providers licensing the EAPG software or those who have access to the 3M EAPGs Definitions Manual can find 3M's list by viewing the code mappings for EAPG 993 for inpatient-only procedures.

The Department has updated its policy of denying claims containing line items which are assigned EAPG 993. The system logic will be updated such that only individual line items assigned EAPG 993 will be denied, which may not result in denial of the full claim. All impacted claims will be reviewed and adjusted upon implementation of this update in the interChange system.

For more information on the 3M Definitions Manual, visit the [Outpatient Hospital Payment web page](#). Contact Andrew Abalos at Andrew.Abalos@state.co.us or 303-866-2130 with any questions regarding the system update and adjusted claims.

Inpatient & Outpatient Colorado Healthcare Affordability & Sustainability (CHASE) Supplemental Health First Colorado Payment Percentage Adjustment Factors

Below are the Inpatient Base Rate & Outpatient CHASE Supplemental Health First Colorado Payment Adjustment Factors by hospital for Federal Fiscal Year (FFY) 2017-18. The Inpatient Base Rate CHASE Supplemental Medicaid Payment equals the Health First Colorado Base Rate without Add-ons, multiplied by a percentage adjustment factor, multiplied by Medicaid discharges, and multiplied by average Health First Colorado case mix. The Outpatient CHASE Supplemental Health First Colorado Payment equals the estimated outpatient billed costs multiplied by an outpatient percentage adjustment factor. The percentage adjustment factors are listed in the table below.

Contact Jeff Wittreich at Jeff.Wittreich@state.co.us or 303-866-2456 with questions.

Hospital	FFY 2017-18 Inpatient Percentage Adjustment Factor (%)	FFY 2017-18 Outpatient Percentage Adjustment Factor (%)
Animas Surgical Hospital	127.51%	49.01%
Arkansas Valley Regional Medical Center	101.00%	60.00%
Aspen Valley Hospital	101.00%	60.00%
Avista Adventist Hospital	129.75%	75.50%
Banner Fort Collins Medical Center	60.27%	34.00%
Boulder Community Health	60.27%	34.00%
Broomfield Hospital	60.27%	34.00%
Castle Rock Adventist Hospital	60.27%	34.00%
Cedar Springs Hospital	0.00%	0.00%
Centennial Peaks Hospital	0.00%	0.00%
Children's Hospital Colorado	15.25%	12.00%
Clear View Behavioral Health	0.00%	0.00%
Colorado Acute Long Term Hospital	7.00%	7.00%
Colorado Canyons Hospital and Medical Center	40.00%	70.00%
Colorado Mental Health Institute Fort Logan	0.00%	0.00%
Colorado Mental Health Institute Pueblo	0.00%	0.00%
Colorado Plains Medical Center	127.51%	49.01%
Community Hospital	40.00%	70.00%
Craig Hospital	7.00%	7.00%
Delta County Memorial Hospital	101.00%	60.00%
Denver Health Medical Center	15.45%	15.00%
Denver Springs	0.00%	0.00%
East Morgan County Hospital	101.00%	60.00%
Eating Recovery Center	0.00%	0.00%
Estes Park Medical Center	55.00%	47.60%
Good Samaritan Medical Center	60.27%	34.00%
Grand River Hospital District	101.00%	60.00%

Hospital	FFY 2017-18 Inpatient Percentage Adjustment Factor (%)	FFY 2017-18 Outpatient Percentage Adjustment Factor (%)
Grandview Hospital	60.27%	34.00%
Gunnison Valley Health	101.00%	60.00%
Haxtun Hospital District	101.00%	60.00%
HealthSouth Rehabilitation Hospital of Colorado Springs	7.00%	7.00%
HealthSouth Rehabilitation Hospital of Littleton	7.00%	7.00%
Heart of the Rockies Regional Medical Center	101.00%	60.00%
Highlands Behavioral Health System	0.00%	0.00%
Keefe Memorial Health Service District	101.00%	60.00%
Kindred Hospital - Aurora	7.00%	7.00%
Kindred Hospital - Denver	7.00%	7.00%
Kindred Hospital - Denver South	7.00%	7.00%
Kit Carson County Health Service District	101.00%	60.00%
Lincoln Community Hospital	101.00%	60.00%
Littleton Adventist Hospital	129.75%	75.50%
Longmont United Hospital	60.27%	34.00%
Longs Peak Hospital	60.27%	34.00%
Lutheran Medical Center	60.27%	34.00%
McKee Medical Center	60.27%	34.00%
Medical Center of the Rockies	126.20%	49.55%
Melissa Memorial Hospital	101.00%	60.00%
Memorial Hospital Central	32.00%	31.90%
Memorial Regional Health	101.00%	60.00%
Mercy Regional Medical Center	127.51%	49.01%
Middle Park Medical Center - Kremmling	101.00%	60.00%
Montrose Memorial Hospital	101.00%	60.00%
Mt. San Rafael Hospital	127.51%	49.01%

Hospital	FFY 2017-18 Inpatient Percentage Adjustment Factor (%)	FFY 2017-18 Outpatient Percentage Adjustment Factor (%)
National Jewish Health	15.25%	12.00%
North Colorado Medical Center	55.00%	47.60%
North Suburban Medical Center	60.27%	34.00%
Northern Colorado Long Term Acute Hospital	7.00%	7.00%
Northern Colorado Rehabilitation Hospital	7.00%	7.00%
Ortho Colorado Hospital	60.27%	34.00%
Pagosa Springs Medical Center	101.00%	60.00%
Parker Adventist Hospital	60.27%	34.00%
Parkview Medical Center	126.20%	49.55%
Peak View Behavioral Health	0.00%	0.00%
Penrose-St. Francis Health Services	60.27%	34.00%
Pikes Peak Regional Hospital	127.51%	49.01%
Pioneers Medical Center	101.00%	60.00%
Platte Valley Medical Center	60.27%	34.00%
Porter Adventist Hospital	60.27%	34.00%
Poudre Valley Hospital	124.00%	47.25%
Presbyterian/St. Luke's Medical Center	129.75%	75.50%
Prowers Medical Center	101.00%	60.00%
Rangely District Hospital	101.00%	60.00%
Rio Grande Hospital	127.51%	49.01%
Rose Medical Center	129.75%	75.50%
Saint Joseph Hospital	98.10%	50.00%
San Luis Valley Health Conejos County Hospital	127.51%	49.01%
San Luis Valley Health Regional Medical Center	127.51%	49.01%
SCL Health Community Hospital - Westminster	60.27%	34.00%
Sedgwick County Health Center	101.00%	60.00%
Sky Ridge Medical Center	60.27%	34.00%

Hospital	FFY 2017-18 Inpatient Percentage Adjustment Factor (%)	FFY 2017-18 Outpatient Percentage Adjustment Factor (%)
Southeast Colorado Hospital District	101.00%	60.00%
Southwest Health System, Inc.	101.00%	60.00%
Spalding Rehabilitation Hospital	7.00%	7.00%
Spanish Peaks Regional Health Center	101.00%	60.00%
St. Anthony Hospital	60.27%	34.00%
St. Anthony North Health Campus	60.27%	34.00%
St. Anthony Summit Medical Center	127.51%	49.01%
St. Mary-Corwin Medical Center	126.20%	49.55%
St. Mary's Hospital & Medical Center, Inc.	129.75%	75.50%
St. Thomas More Hospital	127.51%	49.01%
St. Vincent General Hospital District	101.00%	60.00%
Sterling Regional MedCenter	127.51%	49.01%
Swedish Medical Center	129.75%	75.50%
The Medical Center of Aurora	60.27%	34.00%
University of Colorado Hospital	2.02%	47.72%
Vail Health Hospital	127.51%	49.01%
Valley View Hospital	127.51%	49.01%
Vibra Hospital	7.00%	7.00%
Weisbrod Memorial County Hospital	101.00%	60.00%
West Springs Hospital	0.00%	0.00%
Wray Community District Hospital	101.00%	60.00%
Yampa Valley Medical Center	127.51%	49.01%
Yuma District Hospital	101.00%	60.00%

Nursing Facilities

Fiscal Year 2018-2019 Rate Updates

The Department has finalized the Nursing Facility (NF) rates effective July 1, 2018 - June 30, 2019, which also impacts hospice providers billing for revenue code 0659. All facility rates have been loaded in the Colorado interChange and reimbursement should reflect updated rates for all claims billed for dates of service (DOS) on or after July 1, 2018.



A Hospice Room and Board fee schedule, effective July 1, 2018 - June 30, 2019, was emailed to hospice providers upon the implementation of the rates. Due to the information included in the fee schedule, the Department is not able to post on the Department's website. The fee schedule includes:

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

Contact Trevor Abeyta at Trevor.Abeyta@state.co.us for additional support or questions regarding rates. Contact Alex Koloskus at Alexandra.Koloskus@state.co.us for additional support or questions regarding policy.

Outpatient Therapy Providers

July 2018 Physical and Occupational Therapy (PT/OT) and Speech Therapy Updates

New web pages have been created for outpatient therapy providers. These web pages are intended to consolidate coverage policy from multiple areas.

- [Outpatient Speech Therapy Benefit web page](#)
- [Outpatient PT/OT Benefits web page](#)

The [Physical and Occupational Therapy \(PT/OT\) billing manual](#) has been updated with the following changes:

- Clarification concerning therapy assistants, page 1.
- Reformatting and updating of the covered procedure code table, page 12-14.
- Clarification concerning Early Intervention PT/OT Prior Authorizations, page 14-15.

The billing and policy manual is intended to be a comprehensive source for policies concerning outpatient therapy benefits. This does not preclude other sources of policy, such as statute, rule, National Correct Coding Initiative and federal regulations from applying.

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

Pharmacy Providers

Pharmacy Updates

Pharmacy and Therapeutics Committee Meeting

Tuesday, July 10, 2018

1 - 5 p.m.

303 E 17th Ave, Denver

7th floor Conference Rooms A, B & C

The meeting agenda can be found on the [Pharmacy and Therapeutics Committee web page](#).

Opioid Utilization Policy

The location of the opioid medication policies and the oral short-acting opioid policies has changed. The policies have moved from [Appendix P](#) to the [Preferred Drug List \(PDL\)](#), effective July 1, 2018. The short-acting opioids are now located on the PDL. Both documents ([Appendix P](#) and the [PDL](#)) can be accessed from the [Pharmacy Resources web page](#).



Rx/Over-the-Counter (OTC) Vitamin Coverage Change

Due to a change in First Data Bank policy, effective June 16, 2018, some vitamin products' prescription (Rx)-required status is changing to OTC. Most OTC products are not a covered benefit. Certain OTC products (iron containing multivitamins and fluoride) will remain covered.

If a Health First Colorado member is affected by this change, they should contact their prescriber or pharmacy to change to a prescription-required product for continued coverage. Refer to [Appendix P](#) for OTC coverage details.

Contact the Magellan Rx Management Pharmacy Call Center (1-800-424-5725), which is available 24 hours a day, 7 days a week for patient-specific coverage questions. Contact Brittany Schock at Brittany.Schock@state.co.us with any other questions.

Physicians, Nurse Practitioners, Certified Nurse Midwives, Dentists, Physician Assistants

Colorado Medical Assistance Provider Incentive Repository (MAPIR) Accepting Health First Colorado-Eligible Professionals (EPs) and Eligible Hospitals (EHs) Attestations

The Department is pleased to announce that the MAPIR will be available and accepting EPs, EHs and Critical Access Hospitals attestations for Program Year 2017 beginning July 15, 2018, and closing October 12, 2018, at 11:59 p.m. MT.

Visit the [CORHIO website](#) for more information.

Upcoming Holidays

Holiday	Closed Offices/Offices Open for Business
Independence Day - Wednesday, July 4, 2018	State Offices, DentaQuest, DXC and the ColoradoPAR Program will be closed. The receipt of warrants and EFTs may be delayed due to the processing at the United State Postal Service or providers' individual banks.

DXC Contacts

DXC Office
Civic Center Plaza
1560 Broadway Street, Suite 600
Denver, CO 80202

Provider Services Call Center
1-844-235-2387

DXC Mailing Address
P.O. Box 30
Denver, CO 80201