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## Did You Know?

The "What's New" section of the [Provider News web page](#) is updated regularly to provide information on recent hot topics. Providers are encouraged to visit "What's New" for recent updates.



## All Providers

### Fiscal Year 2024-2025 Provider Rate Adjustments

Health First Colorado (Colorado's Medicaid program) 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:

Home and Community-Based Services (HCBS)	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

Home and Community-Based Services (HCBS)	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 Levels 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 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.

## **All Providers Who Utilize the ColoradoPAR Program**

### **Provider Training and Inpatient Hospital Transition (IHT) Enhancements**

**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.

## Acentra Provider Training

Acentra will provide both benefit-specific and Prior Authorization Request (PAR) submission trainings in July.

### Benefit-specific Training:

- [Audiology - July 10, 2024 - 8:15 a.m. MT](#)
- [Audiology - July 10, 2024 - 12:15 p.m. MT](#)

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

- [PAR Submission - July 24, 2024 - 8:15 a.m. MT](#)
- [PAR Submission - July 24, 2024 - 12:15 p.m. MT](#)

Contact [COProviderIssue@kepro.com](mailto:COProviderIssue@kepro.com) with questions or if needing assistance when registering for Atrezzo®.

## 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 IHRP 2.0, renamed 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. It is recommended that hospitals providing inpatient care transitions attend the JOC meetings.

Contact [HCPF\\_UM@state.co.us](mailto:HCPF_UM@state.co.us) to be included if attending for the first time.

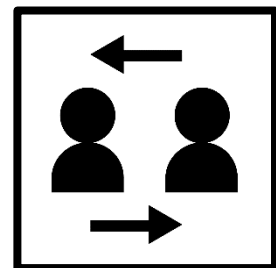
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## Behavioral Health Providers

### Certified Community Behavioral Health Clinic (CCBHC) Stakeholder Forum

A Certified Community Behavioral Health Clinic (CCBHC) stakeholder forum is being launched by the Department of Health Care Policy & Financing (the Department), in collaboration with Behavioral Health Administration (BHA). Forums will be held regularly beginning July 24, 2024.

The purpose of these forums is to strengthen the Department's collaboration and partnership with behavioral health providers, care centers and advocates from across Colorado in preparation to apply for an upcoming CCBHC Planning Grant. The forum will be a space for all stakeholders to provide updates, lessons learned, challenges and ideas to inform Colorado's CCBHC Planning Grant application and potentially a future CCBHC structure that is right for Colorado. A notice of funding opportunity to award 15 additional states with planning grants is expected to be posted this summer for award early in 2025.



[Sign-up](#) to attend an upcoming forum. Visit the [Certified Community Behavioral Health Clinics \(CCBHC\) web page](#) or contact [HCPF\\_SafetyNetForum@state.co.us](mailto:HCPF_SafetyNetForum@state.co.us) for more information, using “CCBHC” in the subject line.

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## Independent Provider Network (IPN) Satisfaction Survey Coming July 9, 2024

A survey will be sent to all independent behavioral health providers in the second week of July. This survey will be similar to the Independent Provider Network (IPN) survey conducted over the last two (2) years and will measure the IPN satisfaction at each of the major interaction points between the Regional Accountable Entities (RAEs) and the Department, as well as satisfaction with overall service quality.



This anonymous survey should take 5 to 10 minutes to complete. ***Input is critical as the information gathered will be used for ongoing improvements between the Department, the RAEs and independent behavioral health providers.*** The aggregated findings will be shared via the IPN forum after analysis is complete.

Independent providers will receive an email from Arrow Performance Group, the independent survey administrator, on or around July 9, 2024. The email will include a link to the survey.

Contact [Hello@arrowperformancegroup.com](mailto:Hello@arrowperformancegroup.com) if a survey is not received by those that wish to participate.

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## Behavioral Health Safety Net Changes

Changes are coming to the behavioral health safety net on July 1, 2024. A new reimbursement model will take effect starting July 1 for providers enrolled with the Department and contracted with a Regional Accountable Entity (RAE) as a comprehensive or essential provider.

Comprehensive providers will be reimbursed using a Prospective Payment System (PPS) payment model that pays providers a standard daily rate for any qualifying service provided to a member, regardless of what or how many specific services were rendered on a single date of service. Refer to the July 1, 2024, [State Behavioral Health Services Billing Manual - Appendix D](#) located on the [Billing Manuals web page](#) for more information about comprehensive providers, including provider lists and the distinct PPS rates.

Essential providers will be reimbursed at a minimum of the rates listed on the Essential Fee Schedule. Service may still be provided if no rate is listed per a provider's contract with a Managed Care Entity (MCE) and will be reimbursed based on the standard negotiated rate process with an MCE. Refer to the July 1, 2024, [State Behavioral Health Services Billing Manual - Appendix D](#) located on the [Billing Manuals web page](#) for more information about the Essential Fee Schedule.

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Providers that have received the Essential Approval Letter from Behavioral Health Administration (BHA) and need to update their Health First Colorado enrollment must complete the [Enrollment Update Form for Essential Providers](#). Contact [HCPF\\_SafetyNetForum@state.co.us](mailto:HCPF_SafetyNetForum@state.co.us) for Enrollment Update Form support.

Providers that have received the Essential Approval Letter from BHA and are *not* enrolled with Health First Colorado (e.g., new Crisis Stabilization Unit) must first enroll and then complete the [Enrollment Update Form for Essential Providers](#). Visit the [Provider Enrollment web page](#) for more information on enrolling.

Additional July 1, 2024, changes that will impact behavioral health providers:

- New covered Substance Use Disorder (SUD) and Mental Health diagnoses are being added under the Capitated Behavioral Health Benefit.
- SUD Partial Hospitalization (PHP) will now be a covered service under the Capitated Behavioral Health Benefit. Visit the [Ensuring Full Continuum SUD Benefits web page](#) for more information.
- Supportive housing providers will now have a distinct Health First Colorado enrollment pathway.
- Members under 21 years old will be able to access 18 services without a clinical diagnosis in compliance with [Senate Bill \(SB\)23-174](#). Refer to the [Services/Codes Included in the SB23-174 Coverage Policy](#) for a list of the 18 services, which are in addition to the 31 codes not currently requiring a covered diagnosis.
- Qualified Behavioral Health Assistant (QBHA) is a new service provider credential created by BHA and will be added to specific coding pages in the SBHS Billing Manual. BHA will be publishing a website that provides more information about QBHAs.

The above changes will be reflected in the July 1, 2024, [SBHS Billing Manual](#).

Stay current by subscribing to the [BHA newsletter](#) and signing up for [Behavioral Health Provider Training & Technical Assistance](#). Visit the [Safety Net Provider web page](#) for more information and resources.

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## **Child Health Plan *Plus* (CHP+) Providers**

### **Child Health Plan *Plus* Fee Schedule**

The rates in the [Child Health Plan \*Plus\* Fee Schedule](#) for the “Pre-MCO” fee-for-service period will be the same as the Health First Colorado fee schedule effective July 1, 2024. These are the rates providers bill to the Department’s fiscal agent for CHP+ members prior to being assigned to a CHP+ Managed Care Organization (MCO).

Aligning the CHP+ fee schedule with Health First Colorado will decrease provider billing confusion and the oversight required for a separate fee schedule serving Colorado’s maternal and pediatric members. The [Child Health Plan \*Plus\* Fee-for-Service \(FFS\) Rates Fee Schedule](#) will be available on the [Provider Rates and Fee Schedule web page](#).

MCOs may continue to pay contracted providers and facilities for CHP+ members enrolled in MCOs differently than the CHP+ fee schedule. Providers should refer to the contract with the MCO.

The CHP+ fee schedule will only deviate from Health First Colorado for codes or services not covered by CHP+ (e.g., the Vaccine For Children [VFC] program rates for vaccine cost but not administration and Applied Behavioral Analysis [ABA] therapy for Autism Spectrum Disorder [ASD]).

[Contact the MCOs](#) with any questions about contracted rates.

## Dental Providers

### State Fiscal Year (SFY) 2024-2025 Health First Colorado Dental Rate Increase

The targeted dental rate increases for the Department have been approved by the Colorado General Assembly in the 2024 budget legislation. The targeted dental rate increase will take effect on July 1, 2024. There are 15 preventive, endodontic and periodontic dental codes that will be increased to 100% of the 2020 American Dental Association (ADA) Survey of Fees benchmark, while rates of diagnostic and crown dental codes will be increased to 70% of the benchmark.

All dental codes that did not receive the targeted rate increase will be eligible for a 2% rate increase beginning July 1, 2024. Dental codes subject to the targeted rate increases referenced below will *not* receive the 2% increase. This 2% across-the-board rate increase will be applied across all fee-for-service Health First Colorado provider types starting July 1, 2024, excluding rates for Rural Health Clinics and Federally Qualified Health Centers.

Code	Description	07/01/2024 Updated Fee
D0120	Periodic oral evaluation - established patient	\$38.35
D0140	Limited oral evaluation - problem focused	\$53.14
D0150	Comprehensive oral evaluation - new or established patient	\$61.03
D1110	Prophylaxis - adult	\$97.50
D1120	Prophylaxis - child	\$73.04
D1206	Topical application of fluoride varnish	\$41.96
D1351	Sealant - per tooth	\$57.10
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	\$99.32
D1354	Application of caries arresting medicament - per tooth	\$54.53
D2740	Crown - porcelain/ceramic	\$849.16



Code	Description	07/01/2024 Updated Fee
D2750	Crown - porcelain fused to high noble metal	\$841.06
D2751	Crown - porcelain fused to predominantly base metal	\$767.03
D2752	Crown - porcelain fused to noble metal	\$798.29
D2753	Crown - porcelain fused to titanium and titanium alloys	No change
D2790	Crown - full cast high noble metal	\$868.62
D2791	Crown - full cast predominantly base metal	No change
D2792	Crown - full cast noble metal	No change
D2794	Crown - titanium and titanium alloys	\$836.88
D2930	Prefabricated stainless steel crown - primary tooth	\$198.49
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$799.76
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$917.71
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$1,109.31
D3346	Retreatment of previous root canal therapy - anterior	\$911.61
D3347	Retreatment of previous root canal therapy - premolar	\$1,044.12
D3348	Retreatment of previous root canal therapy - molar	\$1,246.06
D4341	Periodontal scaling and root planing - four (4) or more teeth per quadrant	\$266.51
D4342	Periodontal scaling and root planing - one (1) to three (3) teeth per quadrant	\$189.68
D4910	Periodontal maintenance	\$149.01

Contact the appropriate DentaQuest Network Manager for assistance, Monday through Friday, from 8:00 a.m. to 5:00 p.m. MT with any questions or to schedule a personal virtual visit.

**Southeast Colorado**

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719-342-2626  
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**Western Colorado**

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[Cristal.Chavez@dentaquest.com](mailto:Cristal.Chavez@dentaquest.com)



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

### **Changes to Durable Medical Equipment (DME) Manual Pricing**

Claims paid by invoice will be reimbursed at actual acquisition cost plus 21.75%, and claims paid by Manufactured Suggested Retail Price (MSRP) will be reimbursed at MSRP less 13.34%, effective for dates of service July 1, 2024, and later.

Refer to the [Durable Medical Equipment, Prosthetics, Orthotics and Supplies \(DMEPOS\) Billing Manual](#) for more information on [manual pricing](#).

### **Over-The-Counter Rapid COVID-19 Test Coverage**

COVID-19 over-the-counter rapid tests will no longer be covered for Health First Colorado members as a result of the Public Health Emergency (PHE) ending. Claims will be reimbursable for dates of service through September 30, 2024. Members should refer to their physician for COVID-19 testing and treatment options moving forward.

Contact [Haylee.Rodgers@state.co.us](mailto:Haylee.Rodgers@state.co.us) with questions.

## Home And Community-Based Services (HCBS) Providers

### **Base Wage Rate Increase and Compliance Process 2024**

All impacted Direct Care Workers, employees or independent contractors are required, effective July 1, 2024, to be paid at a minimum the \$17.00 per hour base wage outside of Denver or \$18.29 within Denver, in alignment with the Denver minimum wage increase. Direct Care Workers paid a per diem rate must have their rate increased by the same percentage of the base wage rate increase effective July 1, 2024, in the [HCBS Rate Schedule](#).

The services and waivers impacted by this requirement include:

Home and Community-Based Services (HCBS)	Waivers
Adult Day Services	Brain Injury (BI) Community Mental Health Supports (CMHS) Elderly, Blind and Disabled (EBD) Complementary and Integrative Health (CIH)
Alternative Care Facility (ACF)	BI CMHS

Home and Community-Based Services (HCBS)	Waivers
Community Connector	Children's Extensive Support (CES) Children's Habilitation Residential Program (CHRP)
Consumer-Directed Attendant Support Services (CDASS)	BI CMHS EBD CIH Supported Living Services (SLS)
Foster Care Home	CHRP
Group Home	CHRP
Group Residential Support Services (GRSS)	Developmental Disabilities (DD)
Homemaker	CES CMHS EBD CIH SLS
Homemaker Enhanced	CES SLS
Host Home (participants aged 18-20)	CHRP
Individual Residential Support Services (IRSS)	DD
In-Home Support Services (IHSS)	Children's Home and Community-Based Services (CHCBS) EBD CIH
Job Coaching	DD SLS
Job Development	DD SLS
Mentorship	SLS
Personal Care	BI CMHS EBD CIH SLS

Home and Community-Based Services (HCBS)	Waivers
Prevocational Services	DD SLS
Respite	BI CES Children with Life-Limiting Illness (CLLI) CHRP CMHS EBD CIH SLS
Specialized Habilitation	DD SLS
Supported Community Connections	DD SLS
Supported Living Program	BI

Providers affected by the base wage and per diem increase requirements must complete a 2024 Wage Attestation Form and 2024 Provider Attestation Smartsheet form located on the [Direct Care Workforce Base Wage web page](#). Attestation forms must be submitted to the Department via the Smartsheet form no later than August 30, 2024, to report Direct Care Worker wages.

HCBS service providers that do not meet reporting or base wage requirements are subject to audit, corrective action, suspension of claims and recoupment. The suspension of claim payments may be imposed as early as September 9, 2024, for non-compliant providers.

## Electronic Visit Verification (EVV) and Electronic Health Record (EHR) Signature Clarification

### Signature Requirements

[General Employee Signature Requirements under Provider Agreement 8.130.2\(F\)](#) state: “Each entry in a medical record must be signed and dated by the individual providing the medical service or good. Stamped signatures are not acceptable.” This means caregiver signatures are **required** to meet authentication and billing requirements typically performed within Electronic Health Records (EHRs).



Caregiver or member signatures are not required for Electronic Visit Verification (EVV). EVV only requires the collection of the six (6) points of data mandated by the 21st Century Cures

Act, which include the date, time, location, individual providing service, individual receiving service and type of service performed.

Not all EHR systems record EVV data and may need additional modifications to meet EVV requirements. EHR systems must be able to authenticate electronic signatures to meet regulatory requirements. EVV has separate requirements and does *not* require a signature from a caregiver or member, even if an EHR system has EVV functionality built into it.

Data Collection Type	Caregiver Signature Required?	Member Signature Required?	Meet Authentication of E-Signature Requirements?
EHR System	Yes	No	Yes
EVV	No	No	No

Agencies should ensure compliance with each of these requirements to avoid any potential issues with Health First Colorado billing or reimbursement.

EVV can be collected through either the State EVV Solution or a Provider Choice System. Refer to the [Technical Definitions section](#) of the [Electronic Visit Verification Manual](#) for additional details.

### Key Points

- EVV requirements differ from those of service documentation collected through an EHR system.
- EVV requirements consist of six (6) points of required data which do not include a caregiver or member signature and are separate from billing and provider participation requirements.
- EVV's purpose is to meet the mandate outlined in the 21st Century Cures Act. It is *not* a mechanism for fulfilling any certification or survey requirements through the Colorado Department of Public Health and Environment (CDPHE).
- Service documentation often requires the signature of a caregiver to meet authentication and billing requirements.
- Reports may be run from an EVV Solution that could be used to supplement certification and survey requirements, but it is the providers' responsibility to ensure that all requirements are met.

Contact the EVV Team at [EVV@state.co.us](mailto:EVV@state.co.us) with questions.

### Additional Resources

- [10 CCR 2505-10 8.000 Colorado EVV Rule - Section 8.001](#)
- [Electronic Visit Verification Solution Information web page](#)

## **Hospice Providers**

### **Removal of Electronic Visit Verification (EVV) from Hospice**

Hospice providers will no longer be required to comply with the August 3, 2020, mandate for providers delivering Electronic Visit Verification (EVV)-appropriate services in the home and community to submit EVV records, effective for service dates starting July 1, 2024. The use of EVV for any hospice services will not be enforced, and steps are being taken to remove hospice provider access to the EVV system.

EVV Santrax (STX) accounts for hospice providers will be inactivated after July 1, 2024, and hospice providers will no longer be able to collect EVV utilizing the state EVV solution or to submit EVV to the state's data aggregator from a provider-choice EVV solution.



These EVV policy and system changes do not impact billing practices for hospice providers. The EVV claim edit will no longer generate the Explanation of Benefits (EOB) 3054 - "EVV Required and Not Found" on the Remittance Advice (RA).

Other billing requirements remain in effect. The oversight for hospice providers will be maintained through existing mechanisms which include the following:

- Centers for Medicare & Medicaid Services (CMS) yearly audit per the Payment Integrity Information Act (2019)
- Payment Error Rate Measurement (PERM) audits
- Post-payment review
- Ordering, Prescribing and Referring (OPR) mandate to which hospice providers are required to adhere

Stakeholder engagement sessions will be hosted in the coming months regarding the OPR mandate, with time during those sessions for questions regarding the removal of the EVV requirement for hospice.

Contact Devinne Parsons at [Devinne.Parsons@state.co.us](mailto:Devinne.Parsons@state.co.us) with questions about hospice policy.

Contact [HCPF\\_EVV@state.co.us](mailto:HCPF_EVV@state.co.us) with questions about EVV.

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## **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](mailto: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 Rates Increase



[House Bill \(HB\)24-1430 \(2024-2025 Long Bill\)](#), signed April 29, 2024, authorizes a 2% 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% per diem rates for mental health and rehabilitation.

### All Patient Refined-Diagnosis Related Group (APR-DRG) Version 40 Update

Implementation of version 40 of the APR-DRG methodology and its associated weight table has been postponed by the Department until October 1, 2024. This postponement is to allow additional time to obtain State Plan authority for this implementation and reduce administrative burdens associated with reprocessing claims.

The APR-DRG version 40 has been discussed throughout the past year during the Hospital Stakeholder Engagement Meetings. Visit the [Inpatient Hospital Payment web page](#) to review webinar recordings of the meetings and the weight tables that will be implemented.

Contact Diana Lambe at [Diana.Lambe@state.co.us](mailto:Diana.Lambe@state.co.us) and Andrew Abalos at [Andrew.Abalos@state.co.us](mailto:Andrew.Abalos@state.co.us) with any questions or concerns.

### Enhanced Ambulatory Patient Grouping (EAPG) Drug Payment Error

The Hospital Policy and Rates Teams have identified an issue in claims processing that allowed for duplicate EAPG payment for drugs on outpatient hospital claims, as discussed in the May 2024 Hospital Stakeholder Engagement Meeting. Outpatient hospital claims with dates of service starting October 31, 2016, are impacted.

This issue occurs when the same drug is billed on the same date of service on multiple claim lines. 3M develops its EAPG drug weights using median dosage statistics to estimate each drug's cost per encounter, which serves as the basis for its EAPG drug weight calculations. EAPG payment for an individual drug during an outpatient visit, regardless of dose provided, cannot exceed the hospital-specific EAPG base rate multiplied by the assigned EAPG's adjusted weight.

The module which prices EAPG claims has been corrected by the Department and 3M for claims with dates of service starting July 1, 2024. Contact Andrew Abalos at [Andrew.Abalos@state.co.us](mailto:Andrew.Abalos@state.co.us) with any questions or concerns.

## Healthcare Affordability and Sustainability (HAS) Supplemental Payments

The Federal Fiscal Year (FFY) 2023-2024 Healthcare Affordability and Sustainability (HAS) supplemental payments will be reconciled by the Department during the months of July through September. Listed below are hospital-specific components necessary for the calculation of several of the FFY 2023-2024 HAS supplemental payments, which includes the following:

1. Adjustment groups and factors for the inpatient and outpatient supplemental payments
2. The per-hospital and total Essential Access supplemental payment
3. The hospital groups and requirements for the Disproportionate Share Hospital (DSH) supplemental payment
4. The Hospital Quality Incentive Payment (HQIP) supplemental payment measure groups and measures

Visit the [Colorado Healthcare Affordability and Sustainability Enterprise \(CHASE\) Information for Providers web page](#) for more details on the calculation of the FFY 2023-2024 HAS supplemental payments.

### Inpatient and Outpatient Supplemental Payment Adjustment Factors

The inpatient supplemental payment equals Medicaid Fee-For-Service (FFS) patient days multiplied by an inpatient dollar adjustment factor. The outpatient supplemental payment equals estimated outpatient costs multiplied by an outpatient percent adjustment factor.

The inpatient and outpatient adjustment factors are listed in the table below for each hospital for FFY 2023-2024. The criteria for each adjustment group can be found on the [Colorado Healthcare Affordability and Sustainability Enterprise \(CHASE\) Information for Providers web page](#).

Hospital Name	Adjustment Group	Inpatient Adjustment Factor	Outpatient Adjustment Factor
AdventHealth Avista	Private Neonatal Intensive Care Unit (NICU)	\$1,675.00	84.45%
AdventHealth Castle Rock	Private	\$536.00	28.45%
AdventHealth Littleton	Private NICU	\$1,675.00	84.45%
AdventHealth Parker	Private NICU	\$1,675.00	84.45%
AdventHealth Porter	Private	\$536.00	28.45%
Animas Surgical Hospital	Private Rural/Critical Access Hospital (CAH)	\$485.00	88.25%
Arkansas Valley Regional Medical Center	Non-State Government Rural/CAH	\$1,040.00	94.00%



Hospital Name	Adjustment Group	Inpatient Adjustment Factor	Outpatient Adjustment Factor
Aspen Valley Hospital	Non-State Government Rural/CAH	\$1,040.00	94.00%
Banner Fort Collins Medical Center	Private	\$536.00	28.45%
Broomfield Hospital	Private	\$536.00	28.45%
Children's Hospital Anschutz	Private Pediatric Specialty	\$755.00	5.65%
Children's Hospital Colorado Springs	Private Pediatric Specialty	\$755.00	5.65%
Community Hospital	Private Independent Metro	\$1,395.00	88.00%
Conejos County Hospital	Private Rural/CAH	\$485.00	88.25%
Craig Hospital	Rehabilitation/Long Term Acute	\$16.00	16.00%
Delta County Memorial Hospital	Non-State Government Rural/CAH	\$1,040.00	94.00%
Denver Health Medical Center	Non-State Government Teaching	\$676.00	9.70%
East Morgan County Hospital	Non-State Government Rural/CAH	\$1,040.00	94.00%
Estes Park Health	Non-State Government Rural/CAH	\$1,040.00	94.00%
Family Health West	Private Rural/CAH	\$485.00	88.25%
Foothills Hospital	Private Independent Metro	\$1,395.00	88.00%
Grand River Health	Non-State Government Rural/CAH	\$1,040.00	94.00%
Grandview Hospital	Private	\$536.00	28.45%
Greeley Hospital	Private	\$536.00	28.45%
Gunnison Valley Health	Non-State Government Rural/CAH	\$1,040.00	94.00%
Haxtun Health	Non-State Government Rural/CAH	\$1,040.00	94.00%
Heart of the Rockies Regional Medical Center	Non-State Government Rural/CAH	\$1,040.00	94.00%
Highlands Ranch Hospital	Private	\$536.00	28.45%

Hospital Name	Adjustment Group	Inpatient Adjustment Factor	Outpatient Adjustment Factor
Intermountain Health Good Samaritan Hospital	Private	\$536.00	28.45%
Intermountain Health Lutheran Hospital	Private NICU	\$1,675.00	84.45%
Intermountain Health Platte Valley Hospital	Private High Medicaid Utilization	\$1,118.00	41.00%
Intermountain Health Saint Joseph Hospital	Private Heart Institute	\$1,310.00	72.50%
Intermountain Health St. Mary's Regional Hospital	Private NICU	\$1,675.00	84.45%
Keefe Memorial Hospital	Non-State Government Rural/CAH	\$1,040.00	94.00%
Kindred Hospital - Aurora	Rehabilitation/Long-Term Acute	\$16.00	16.00%
Kindred Hospital - Denver	Rehabilitation/Long-Term Acute	\$16.00	16.00%
Kit Carson County Memorial Hospital	Non-State Government Rural/CAH	\$1,040.00	94.00%
Lincoln Community Hospital	Non-State Government Rural/CAH	\$1,040.00	94.00%
Longmont United Hospital	Private	\$536.00	28.45%
Longs Peak Hospital	Private	\$536.00	28.45%
McKee Medical Center	Private	\$536.00	28.45%
Medical Center of the Rockies	Private	\$536.00	28.45%
Melissa Memorial Hospital	Non-State Government Rural/CAH	\$1,040.00	94.00%
Memorial Hospital	Non-State Government	\$720.00	10.00%
Mercy Hospital	Private Rural/CAH	\$485.00	88.25%
Middle Park Medical Center	Non-State Government Rural/CAH	\$1,040.00	94.00%
Montrose Regional Health	Non-State Government Rural/CAH	\$1,040.00	94.00%
Mt. San Rafael Hospital	Private Rural/CAH	\$485.00	88.25%

Hospital Name	Adjustment Group	Inpatient Adjustment Factor	Outpatient Adjustment Factor
National Jewish Health	Private	\$536.00	28.45%
North Colorado Medical Center	Private High Medicaid Utilization	\$1,118.00	41.00%
North Suburban Medical Center	Private High Medicaid Utilization	\$1,118.00	41.00%
Northern Colorado Long Term Acute Hospital	Rehabilitation/Long-Term Acute	\$16.00	16.00%
Northern Colorado Rehabilitation Hospital	Rehabilitation/Long-Term Acute	\$16.00	16.00%
OrthoColorado Hospital	Private	\$536.00	28.45%
Pagosa Springs Medical Center	Non-State Government Rural/CAH	\$1,040.00	94.00%
PAM Specialty Hospital of Denver	Rehabilitation/Long-Term Acute	\$16.00	16.00%
PAM Specialty Hospital of Westminster	Rehabilitation/Long-Term Acute	\$16.00	16.00%
Parkview Medical Center	Private Safety Net Metro	\$1,395.00	88.00%
Penrose/St Francis Hospital	Private NICU	\$1,675.00	84.45%
Pikes Peak Regional Hospital	Private Rural/CAH	\$485.00	88.25%
Pioneers Medical Center	Non-State Government Rural/CAH	\$1,040.00	94.00%
Poudre Valley Hospital	Non-State Government	\$720.00	10.00%
Presbyterian-St. Luke's Medical Center	Private NICU	\$1,675.00	84.45%
Prowers Medical Center	Non-State Government Rural/CAH	\$1,040.00	94.00%
Rangely District Hospital	Non-State Government Rural/CAH	\$1,040.00	94.00%
Rehabilitation Hospital of Colorado Springs	Rehabilitation/Long-Term Acute	\$16.00	16.00%
Rehabilitation Hospital of Littleton	Rehabilitation/Long-Term Acute	\$16.00	16.00%
Reunion Rehabilitation Hospital - Denver	Rehabilitation/Long-Term Acute	\$16.00	16.00%

Hospital Name	Adjustment Group	Inpatient Adjustment Factor	Outpatient Adjustment Factor
Reunion Rehabilitation Hospital - Inverness	Rehabilitation/Long-Term Acute	\$16.00	16.00%
Rio Grande Hospital	Private Rural/CAH	\$485.00	88.25%
Rose Medical Center	Private NICU	\$1,675.00	84.45%
San Luis Valley Health Regional Medical Center	Private Rural/CAH	\$485.00	88.25%
Sedgwick County Health Center	Non-State Government Rural/CAH	\$1,040.00	94.00%
Sky Ridge Medical Center	Private NICU	\$1,675.00	84.45%
Southeast Colorado Hospital	Non-State Government Rural/CAH	\$1,040.00	94.00%
Southwest Health System	Non-State Government Rural/CAH	\$1,040.00	94.00%
Spalding Rehabilitation Hospital	Rehabilitation/Long-Term Acute	\$16.00	16.00%
Spanish Peaks Regional Health Center	Non-State Government Rural/CAH	\$1,040.00	94.00%
St. Anthony Hospital	Private	\$536.00	28.45%
St. Anthony North Hospital	Private	\$536.00	28.45%
St. Anthony Summit Hospital	Private Rural/CAH	\$485.00	88.25%
St. Elizabeth Hospital	Private Rural/CAH	\$485.00	88.25%
St. Mary-Corwin Hospital	Private	\$536.00	28.45%
St. Thomas More Hospital	Private Rural/CAH	\$485.00	88.25%
St. Vincent Hospital	Non-State Government Rural/CAH	\$1,040.00	94.00%
Sterling Regional MedCenter	Private Rural/CAH	\$485.00	88.25%
Swedish Medical Center	Private NICU	\$1,675.00	84.45%
The Medical Center of Aurora	Private NICU	\$1,675.00	84.45%
The Memorial Hospital	Non-State Government Rural/CAH	\$1,040.00	94.00%
University of Colorado Hospital	State Teaching	\$618.75	47.14%

Hospital Name	Adjustment Group	Inpatient Adjustment Factor	Outpatient Adjustment Factor
Vail Health Hospital	Private Rural/CAH	\$485.00	88.25%
Valley View Hospital	Private Rural/CAH	\$485.00	88.25%
Vibra Hospital of Denver	Rehabilitation/Long-Term Acute	\$16.00	16.00%
Vibra Rehabilitation Hospital of Denver	Rehabilitation/Long-Term Acute	\$16.00	16.00%
Weisbrod Memorial County Hospital	Non-State Government Rural/CAH	\$1,040.00	94.00%
Wray Community District Hospital	Non-State Government Rural/CAH	\$1,040.00	94.00%
Yampa Valley Medical Center	Private Rural/CAH	\$485.00	88.25%
Yuma District Hospital	Non-State Government Rural/CAH	\$1,040.00	94.00%

### Essential Access Supplemental Payment

A hospital's FFY 2023-2024 Essential Access supplemental payment equals \$26 million divided by the number of Essential Access hospitals. There are 34 Essential Access hospitals for FFY 2023-2024, equaling a per hospital payment of \$764,706.

### Disproportionate Share Hospital (DSH) Payment Adjustment Groups

Several hospital groups are included in the FFY 2023-2024 DSH supplemental payment calculation. Hospitals that meet the requirements of a designated hospital group receive a percent of their hospital-specific DSH limit as their DSH supplemental payment. The hospital groups, the requirements for a hospital to be included in a hospital group and the percent of the hospital-specific DSH limit paid through the DSH supplemental payment are shown in the table below.

Hospital Group	Requirements	% of Hospital-Specific DSH Limit
High Colorado Indigent Care Program (CICP) Cost	CICP write-off cost greater than 700% of average statewide CICP write-off cost	96.00%
Critical Access and Rural	Critical Access Hospital (CAH) and Rural Hospital	86.00%

Hospital Group	Requirements	% of Hospital-Specific DSH Limit
Small Independent Metro	Not owned/operated by a healthcare system within a Metropolitan Statistical Area (MSA), and having less than 2,700 Medicaid patient days	80.00%
Low Medicaid Inpatient Utilization Rate (MIUR)	MIUR less than or equal to 22.5%	10.00%

### Hospital Quality Incentive Payment (HQIP) Measure Groups

A hospital's FFY 2023-2024 HQIP supplemental payment is based on their scores for certain measure groups and measures. Below are the measure groups and measures.

#### Maternal Health and Perinatal Care Measure Group

- Cesarean Section
- Exclusive Breast Feeding
- Maternal Emergencies and Preparedness
- Perinatal Depression and Anxiety
- Reproductive Life/Family Planning

#### Patient Safety Measure Group

- Adverse Event Reporting
- Antibiotics Stewardship
- Clostridium Difficile
- Culture of Safety Survey
- Handoffs and Sign-Outs
- Reduction of Racial and Ethnic Disparities
- Sepsis
- Zero Suicide

#### Patient Experience Measure Group

- Advance Care Planning
- Hospital Consumer Assessment of Healthcare Providers and Systems

Visit the [Hospital Quality Incentive Payment Program web page](#) for more information on the HQIP measure groups and measures.

Contact Kyle Iftodi at [Kyle.Iftodi@state.co.us](mailto:Kyle.Iftodi@state.co.us) with any questions or concerns.

**Hospital, Federally Qualified Health Clinic (FQHC),  
Rural Health Clinic (RHC), Physician Services,  
Home Health, Managed Care Plans, Nursing Facility,  
Pharmacy Providers**

**COVID-19 Monoclonal Antibodies (mAbs) and Other Therapeutics**

The U.S. Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) for an additional investigational Monoclonal Antibody (mAb) COVID-19 therapy. The EUA for Pempgarda (pemivibart) was approved on March 22, 2024, for pre-exposure prophylaxis in certain adult and pediatric individuals.

The following table may be used as a procedure code reference for the duration of the declaration and includes only the most recent coverage additions to COVID-19 mAbs and other COVID-19 therapeutics covered by the Department.

Procedure Code	Long Description	Short Description	EUA Effective Date	EUA End Date
Q0224	Injection, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known SARS-CoV-2 exposure, who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, and are unlikely to mount an adequate immune response to COVID-19 vaccination, 4500 mg	Injection, pemivibart, 4500 mg	03/22/2024	TBD
M0224	Intravenous infusion, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known SARS-CoV-2 exposure, and who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, includes infusion and post administration monitoring	Pemivibart infusion	03/22/2024	TBD



The codes listed within the table may be reimbursable through September 30, 2024, or the termination of the EUA, whichever comes first.

Visit the Centers for Medicare & Medicaid Services (CMS) [COVID-19 Vaccines and Monoclonal Antibodies web page](#) for additional EUA information.

Refer to the [Physician Administered Drug \(PAD\) Fee Schedule](#) and the [PAD Billing Manual](#) located on the [Physician-Administered Drugs web page](#).

Contact Felecia Gephart at [Felecia.Gephart@state.co.us](mailto:Felecia.Gephart@state.co.us) and Morgan Anderson at [Morgan.Anderson@state.co.us](mailto:Morgan.Anderson@state.co.us) with questions or concerns.

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## **Immunization Providers**

### **Immunizations Fee Schedule Update**

The [Immunizations Fee Schedule](#) is anticipated to be updated by August 1, 2024, to accommodate the schedule of the Centers for Disease Control (CDC) Vaccine Price List update. The effective date will be July 1, 2024. Claims for dates of service between July 1, 2024, and August 1, 2024, will be reprocessed.

The rates and age range for Immunizations are reflected on the [Immunizations Fee Schedule](#).

Contact Christina Winship at [Christina.Winship@state.co.us](mailto:Christina.Winship@state.co.us) with any vaccine policy questions. Contact the [Provider Services Call Center](#) for assistance with claims and billing.

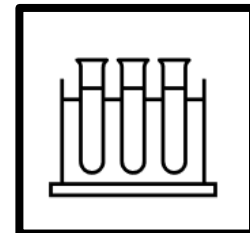
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## **Independent Laboratory, Radiology Providers**

### **Ordering, Prescribing and Referring (OPR) Provider Claim Requirement**

Providers are reminded to include Ordering, Prescribing and Referring (OPR) providers on claims and to ensure the OPR providers are currently enrolled with Health First Colorado. The OPR field on the CMS 1500 professional claim form is 17b.

Claims will begin denying effective August 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 provider is missing or not enrolled with Health First Colorado.



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

## **Nursing Facility, Hospice Providers**

### **Nursing Facility Fiscal Year 2024-2025 Rate Updates**

The Nursing Facility rates effective July 1, 2024, through June 30, 2025, have been retroactively finalized. All facility rates have been loaded in the Colorado interChange, and reimbursement should reflect updated rates for all claims billed for dates of service on or after July 1, 2024. Claims billed at the July 1, 2024, rate as posted on the [Provider Rates and Fee Schedule web page](#) have been reprocessed automatically.

Hospice providers billing for revenue code 0659 are impacted by the Nursing Facility rate updates. The rates have been implemented, and reimbursement for services should reflect the updated rates for all claims billed for dates of service on or after July 1, 2024.

Skilled Nursing Facility and Hospice Room and Board fee schedule rates effective July 1, 2024, through June 30, 2025, have been posted on the [Provider Rates and Fee Schedule web page](#) under the Skilled Nursing Facility heading. The fee schedule includes:

- Skilled Nursing Facility Name
- Nursing Facility Rate
- Hospice Rate
- Rate Begin and End Dates
- Nursing Facility National Provider Identifier (NPI)

Claims 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.

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## **Pharmacy and All Medication-Prescribing Providers**

### **Expanding Coverage for Over-the-Counter (OTC) Iron and Children’s Acetaminophen Products**

Changes have been made to the current pharmacy benefit coverage and prior authorization criteria for over-the-counter (OTC) ferrous sulfate and ferrous gluconate product formulations, effective July 1, 2024, following review of the criteria change proposal at the May Drug Utilization Review (DUR) Board Meeting. The update now allows approval for “at risk” members less than two (2) years of age (such as preterm infants or exclusively breastfed members who are at least four [4] months old and not yet on iron-enriched solid food) in addition to the existing coverage criteria allowing approval of OTC ferrous sulfate and ferrous gluconate for a diagnosis of iron deficient anemia or iron deficiency related to low serum ferritin.

A proposed change to lower the existing minimum age for pharmacy benefit coverage of OTC children's acetaminophen products, which had allowed coverage without prior authorization for members two (2) to 11 years of age, was also reviewed during the May DUR Board meeting. A change will be implemented effective July 1, 2024, to expand coverage of OTC children's acetaminophen products for children less than 12 years of age with no prior authorization required. The updated criteria also include a note stating that acetaminophen use in patients younger than 42 days is not recommended.



Refer to the Preferred Drug List (PDL) and Appendix P located on the [Pharmacy Resources web page](#) for pharmacy benefit coverage and prior authorization criteria.

Contact the Magellan Pharmacy Help Desk at 1-800-424-5725 for assistance with claims processing or prior authorization.

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## **Topical Compounded Medication Claims Prior Authorization**

A new prior authorization policy will be implemented effective July 1, 2024, that will affect prescriptions for compounded topical medications. Pharmacy claims for topical compounded medications that exceed \$200.00 will be subject to prior authorization criteria that support appropriate prescribing and clinical considerations for use of the prescribed compounded product. This policy applies only to topical compound prescriptions that exceed the \$200.00 claims dollar amount threshold.

Refer to the Topical Compound Claims heading on Appendix P, located on the [Pharmacy Resources web page](#) for the topical compounded medications claims prior authorization criteria.

Contact the Magellan Rx Management Pharmacy Call Center at 1-800-424-5725 for assistance with claims processing or prior authorization.

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## **Physician Services Providers**

### **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](mailto: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](mailto:HCPF_eConsult@state.co.us) for more information.

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## Supplemental Payment Information

### University of Colorado School of Medicine Physician and Professional Services Supplemental Payment

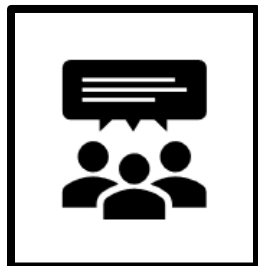
The maximum total payment amount for the University of Colorado School of Medicine Supplemental Payment for Physician and Professional Services shall be \$219,738,194 for State Fiscal Year 2024-2025. Up to \$112,066,479 of the maximum total amount are federal funds retained by the University of Colorado School of Medicine for their role serving as a critical safety net for Health First Colorado members as agreed between the Department and the University of Colorado School of Medicine.

Contact Daniel Harper at [Daniel.Harper@state.co.us](mailto:Daniel.Harper@state.co.us) for more information.

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## Physician Services, Clinic Providers

### 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](mailto:Janelle.Gonzalez@state.co.us) with questions.

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## **Physician Services, Federally Qualified Health Center (FQHC) Providers**

### **Supplemental Payment Information**

#### **Pediatric Major Teaching Supplemental Payment**

The maximum total payment amount for the Pediatric Major Teaching Program shall be \$53,270,117 for State Fiscal Year 2024-2025. Of the maximum total amount, \$13,455,012 shall be for the Pediatric Specialty Hospital Payment and \$39,815,105 shall be for the Primary Care Fund Program.



#### **Urban Safety Net Provider Supplemental Payment**

The maximum total payment amount for the Urban Safety Net Provider Program shall be \$11,431,258 for State Fiscal Year 2024-2025.

Contact Daniel Harper at [Daniel.Harper@state.co.us](mailto:Daniel.Harper@state.co.us) for more information.

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## **Physician-Administered Drug (PAD) Providers**

### **Quarter 3 Rate Update 2024**

The Physician Administered Drug (PAD) rates for the third quarter of 2024 have been updated. The new rates are effective July 1, 2024, and are posted to the [Provider Rates and Fee Schedule web page](#) under the [PAD Fee Schedule section](#).

## **Physician-Administered Drug (PAD), Outpatient Hospital Providers**

### **Physician-Administered Drugs (PADs) and Hospital Specialty Drugs: Policy Clarification**

#### **Physician-Administered Drug (PAD) Prior Authorization (PA) Policy**

Certain PADs administered in a non-outpatient hospital office or clinic fall under the PAD PA policy. Refer to [Appendix Y: Physician Administered Drug Medical Benefit Prior Authorization Procedures and Criteria](#) located on the [PAD web page](#) for PADs requiring a PA.

Providers subject to this policy bill claims on the CMS 1500 professional claim type.

Providers must ensure that a Prior Authorization Request (PAR) is submitted to Acentra through the [Atrezzo® portal](#) and an approval is received prior to administering the PAD to the member. Visit the [Colorado Prior Authorization Request Program \(ColoradoPAR\) web page](#) for additional information, recorded trainings and user guides.

The servicing provider must be the billing provider when entering a PAD PAR in Atrezzo®. There may be instances when the rendering provider type produces a PAR submission error, or billed claims may be denied for mismatched PA if entering the rendering/administering provider as the servicing provider.



#### **Hospital Specialty Drug Program**

Approved drugs fall under the Hospital Specialty Drug Policy. Refer to [Appendix Z: Hospital Specialty Drugs](#) for the list of specialty drugs subject to this policy.

Providers subject to this policy bill claims on the UB-04 institutional claim type.

Member-specific PARs must be submitted directly to the Department and approved prior to administration of the specialty drug. Visit the [PAD web page](#) under the Hospital Specialty Drug policy drop-down for resources including Appendix Z, coverage standards, request forms and submission requirements.

#### **General Information**

Retroactive requests are not usually considered, and PA approval does not guarantee payment.

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](mailto:HCPF_PAD@state.co.us) with questions.

## **Private Duty Nursing Providers**

### **Update to Private Duty Nursing Regulations 10 CCR 2505-10 8.540**

The Colorado Code of Regulations regarding Private Duty Nursing has been updated effective June 30, 2024. The amended rule removed outdated or redundant language, restructured sections of the rule to enhance clarity and added language to aid in understanding the benefit with the goal of improving member safety and program outcomes.

Visit the [Department Program Rules and Regulations web page](#) under 8.540 for the updated rules. Contact [HomeHealth@state.co.us](mailto:HomeHealth@state.co.us) with any questions.

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## **School Health Services (SHS) Program Providers**

### **National Provider Identifier (NPI) Ordering, Prescribing and Referring (OPR) Requirement**

Physical therapy; occupational therapy; and speech, language and hearing services claims for dates of service starting July 1, 2024, must contain a valid National Provider Identifier (NPI) of the Ordering, Prescribing and Referring (OPR) provider in accordance with 42 CFR 455.440. The individual provider must have the NPI listed as the ordering NPI for medically necessary services documented in an Individualized Education Program (IEP), an Individualized Family Service Plan (IFSP) or other medical plans of care.

### **Senate Bill (SB)23-174 Behavioral Health Services Procedure Codes**

Certain behavioral health services procedure codes are now available to be billed through the School Health Services (SHS) program, starting with dates of July 1, 2024, as a result of [SB23-174](#). The [SHS Program Manual](#) and [SHS Billing Manual](#) have been updated to include the newly available codes. Fee-for-service claims are required but will continue to be paid at zero.

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## **Transportation Providers**

### **Billing Guidance for Non-Emergent Medical Transportation (NEMT) Providers**

The [Non-Emergent Medical Transportation \(NEMT\) Billing Manual](#) has been updated to include new policies and clarifications regarding the following:



- Billing and documentation procedures
- Out-of-state travel
- Services involving schools
- Transportation for the direct benefit of members under the age of 21



Providers are reminded that only one Health First Colorado member ID may be used for billing when transporting more than one member in the same vehicle to the same location. Multiple claims will not be reimbursed by the Department for the same vehicle's trip mileage.

The member's treating provider must complete the [Verification Form for Transportation Services More Than 25 Miles](#) to verify the medical necessity of trip requests that exceed 25 miles one way, effective May 1, 2024. The member's treatment provider may designate other appropriate employees such as clinical or administrative staff to sign this form.

It is the NEMT driver's responsibility to get this form signed by the member's treatment provider. Drivers cannot require members to obtain the signatures for this form.

The treating provider signature is not required prior to the start of the NEMT trip.

Contact Courtney Sedon at [Courtney.Sedon@state.co.us](mailto:Courtney.Sedon@state.co.us) with policy questions and concerns.

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## 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 August 14, 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. To complete the Credentialing Request Form and License, contact Matthew Paswaters at [Matthew.Paswaters@state.co.us](mailto:Matthew.Paswaters@state.co.us) by **August 2, 2024**, to receive the link to apply. 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](https://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](mailto: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](mailto: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.

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## Provider Training Sessions

### July 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.

### Who Should Attend?

Staff that submit claims, are new to billing Health First Colorado services or that 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 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.

July 2024				
Monday	Tuesday	Wednesday	Thursday	Friday
1	2	3	4	5
8	9	10	11 <a href="#">Beginner Billing: Professional Claims (CMS 1500) July 11, 2024 9:00 a.m. - 11:30 a.m. MT</a>	12 <a href="#">Beginner Billing: Institutional Claims (UB-04) July 12, 2024 10:00 a.m. - 12:00 p.m. MT</a>
15	16	17	18	19
22	23	24	25	26
29	30	31		

## Upcoming Holidays

Holiday	Closures
<b>Independence Day</b> <b>Thursday, July 4</b>	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.
<b>Holiday</b> <b>Friday, July 5</b>	State Offices 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, DentaQuest and AssureCare will be open.

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## Gainwell Technologies Contacts

### Provider Services Call Center

1-844-235-2387

### Gainwell Technologies Mailing Address

P.O. Box 30  
 Denver, CO 80201