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## Did You Know?

Providers may request a backdate on an application in the **Requesting Enrollment Effective Date** field during the process of enrollment. A backdate request does not need to be sent after the enrollment process. An earlier date may be requested before submitting the new application if a member was seen prior to the date of application.

Refer to the Provider Enrollment Portal Quick Guide: [Backdating a New Enrollment Application](#) located on the [Quick Guides web page](#) in the Enrollment section of the table for additional information.

## All Providers

### Ordering, Prescribing and Referring (OPR) Provider Reminder

Providers are reminded to include Ordering, Prescribing and Referring (OPR) providers on claims and to ensure that OPR providers are currently enrolled with Health First Colorado (Colorado's Medicaid program). This field **cannot** be left blank, even if the rendering and the referring provider is the same individual. The National Provider

Identifier (NPI) of the OPR provider must appear in field 17b of the CMS 1500 Professional Claim paper claim form. Providers billing on an institutional claim form should enter the OPR in the Attending field 76 on the UB-04 claim form.

Claims will deny 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.

This affects the following provider types:

- Audiology
- Durable Medical Equipment
- Home Health
- Laboratory Services
- Pediatric Personal Care
- Physical, Occupational and Speech Therapy
- Private Duty Nursing
- Radiology, Imaging Service
- School Health Services

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## Deficit Reduction Act of 2005 (DRA) Due November 1, 2024

Section 6032 of the [Deficit Reduction Act of 2005 \(DRA\)](#) requires providers that meet the definition of entity and that make or receive annual Medicaid payments of \$5 million or more to establish and disseminate certain written policies for preventing and detecting fraud, waste and abuse. The entities must also provide information to employees and contractors about the Federal False Claims Act and other applicable federal and state false claims laws, the administrative remedies for false claims and statements and the whistleblower protections afforded under such laws.



Providers subject to Section 6032 are required each year by the Department of Health Care Policy & Financing (the Department) to supply certain documentation to show compliance with these requirements. Providers will receive an email from the Department requesting this documentation and should ensure the contact information listed with the Department’s fiscal agent is current in order to receive this email.

Providers are required to submit for Federal Fiscal Year (FFY) 2023-2024 (October 1, 2023, through September 30, 2024) the DRA Declaration and a copy of the employee handbook or Code of Conduct containing the written policies, the rights of employees to be protected as whistleblowers and a copy of policies and procedures for detecting and preventing fraud, waste and abuse.

Entities subject to the DRA must complete and return the attached DRA Declaration to the Department. Entities with multiple identified locations must send one DRA Declaration with

an attachment listing all National Provider Identifiers (NPIs) and service location IDs (Health First Colorado Provider IDs) covered by the DRA Declaration.

The completed [DRA Declaration](#) and all required documents must be emailed to [HCPF\\_DRAAct2005@state.co.us](mailto:HCPF_DRAAct2005@state.co.us) no later than November 1, 2024.

Contact Eileen Sandoval at [HCPF\\_DRAAct2005@state.co.us](mailto:HCPF_DRAAct2005@state.co.us) with questions related to the DRA.

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## **National Correct Coding Initiative (NCCI) Notification of Quarterly Updates**

Providers are encouraged to monitor the Centers for Medicare & Medicaid Services (CMS) for updates to National Correct Coding Initiative (NCCI) rules and guidelines. Updates to the Procedure-To-Procedure (PTP) and Medically Unlikely Edit (MUE) files are completed quarterly, with the next file update available October 2024.

Visit the [National Correct Coding Initiative \(NCCI\) Edits web page](#) for more information.

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## **Third-Party Liability (TPL) and Coordination of Benefits (COB) Frequently Asked Questions (FAQs)**

A resource for providers that serve members with multiple insurance coverages has been published to navigate TPL and COB policies and practices. Refer to the Tools and Resources section of the [State Behavioral Health Services Billing Manual web page](#) to view this resource.

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

### **Provider Training and Inpatient Hospital Transition 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 about the ColoradoPAR Program.

#### **Acentra Provider Training**

Acentra will provide benefit-specific Prior Authorization Request (PAR) submission trainings and Inpatient Hospital Transition (IHT) provider trainings in September. September's Provider Benefit-Specific training will cover Adult Long-Term Home Health (LTHH). Times shown are Mountain Time.

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### Benefit-Specific Training: Adult LTHH

- [September 16, 2024, 8:30 a.m. - 9:30 a.m. MT](#)
- [September 18, 2024, 12:00 p.m. - 1:00 p.m. MT](#)
- [September 24, 2024, 5:00 p.m. - 6:00 p.m. MT](#)
- [September 26, 2024, 8:30 a.m. - 9:30 a.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: September 25, 2024, 8:15 a.m. MT](#)
- [PAR Submission: September 25, 2024, 12:00 p.m. MT](#)

Inpatient Hospital Transition (IHT) provider training was held in August. Open hours are available this month. Refer to the IHT article below for more information.

- [IHT Open Hours: September 9, 2024, 9:00 a.m. - 11:00 a.m. MT](#)
- [IHT Open Hours: September 11, 2024, 12:00 p.m. - 2:00 p.m. MT](#)

Contact [COPROVIDERISSUE@ACENTRA.COM](mailto:COPROVIDERISSUE@ACENTRA.COM) with questions or if needing assistance when registering for Atrezzo®. Visit the [ColoradoPAR Training web page](#) for additional training information.

### Update Provider Contact Information via the Provider Web Portal



Take a few moments to ensure contact information is up to date with the Department's fiscal agent through the [Provider Web Portal](#). Acentra uses this information to contact providers for Prior Authorization Request (PAR) processing follow-up, survey opportunities and other correspondence relating to the ColoradoPAR Program.

Refer to the [Provider Maintenance Quick Guide](#) for step-by-step instructions on updating contact information.

### Speech Therapy Survey Is Still Open

Speech therapy providers that have not completed the [Speech Therapy Provider Survey](#) have until September 23, 2024, for completion. Consider filling out this five (5)- to ten (10)-minute survey as any insight is appreciated.

### Durable Medical Equipment Survey Coming Soon

A survey for Durable Medical Equipment providers will be released in October 2024.

### Annual ColoradoPAR Provider Survey Results

Thanks to all Health First Colorado providers that responded to Acentra's 2024 Provider Satisfaction Survey for the ColoradoPAR Program. Results indicate a significant increase in satisfaction with Acentra across all benefits. Analysis also highlighted specific areas where Health First Colorado and Acentra will continue to collaborate to optimize the ColoradoPAR Program experience.

#### Areas of increased satisfaction from 2023 to 2024:

- Satisfaction increased by 22% in the pending request process.
- Satisfaction increased by 18% for the useability of Atrezzo®, Acentra's provider Prior Authorization Request (PAR) portal.
- Satisfaction increased by 18% for the clarity of the PAR determination language.
- Satisfaction increased by 12% in the reconsideration request process.
- Acentra's overall satisfaction rating increased by 10%.

#### Areas of opportunity in 2024:

- Satisfaction in Acentra's provider education and training program increased by 8%. However, only half of survey participants utilize the available trainings on prior authorization review submission. Making training more usable, available, accessible and convenient to providers will ensure they have all the necessary information to submit PARs efficiently. Refer to the article above for Acentra Provider Trainings offered this month.
- Increasing awareness among providers about the availability and role of various customer service channels, including peer-to-peer reviews, email inboxes and the Acentra call center, will ensure providers needing assistance can find the best support and resources.
- Acentra will provide ongoing training for staff, including customer service representatives and peer reviewers, to enhance skills in communication, problem-solving and responsiveness.
- Health First Colorado and Acentra continue to gather and utilize feedback from providers to improve customer service processes and target specific pain points identified in survey comments and ratings.



The goal is to improve overall satisfaction with customer service interactions, to enhance provider experience and to maximize operational efficiency.

#### **Inpatient Hospital Transitions (IHT) (Formerly Inpatient Hospital Review Program [IHRP 2.0]) Enhancements**

IHT is scheduled to go live on September 9, 2024.

Joint Operation Committee (JOC) meetings are generally scheduled for the first Thursday of each month at 1:00 p.m. MT. Visit the [IHT web page](#) to check the status on the meeting scheduled for September 5, 2024, as this meeting may potentially be canceled to coincide with testing schedules. 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.

Refer to [the memo with details of the IHT program](#) that was sent to hospital providers from the Department, Acentra and the Colorado Hospital Association (CHA) in July 2024.

## Nurse Advice Line Modernization

A significant step forward in modernizing the Health First Colorado Nurse Advice Line is being announced by the Department, fulfilling the commitment to deliver exceptional healthcare services by enhancing the quality, accessibility and efficiency of healthcare for our members.

The Nurse Advice Line now includes second-level triage by emergency department physicians, availability of drug protocols and tele-triage. The modernization will also include nurse triage through email, improved data analytics, marketing and education efforts for providers and other community organizations on the availability and use of the Nurse Advice Line.

The Nurse Advice Line at 1-800-283-3221 is available for all Health First Colorado members.

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## Behavioral Health Providers

### Updates and Resources

#### American Society for Addiction Medicine (ASAM) 4th Edition Workgroup

A Withdrawal Management (WM)-focused workgroup is being started by Behavioral Health Administration (BHA) in conjunction with the Department as the state begins to prepare for the transition into American Society for Addiction Medicine (ASAM) 4th Edition standards, which have a tentative implementation date of July 2026. The workgroup will begin in September and is open to all interested providers and stakeholders.

Contact [CDHS\\_BHARuleFeedback@state.co.us](mailto:CDHS_BHARuleFeedback@state.co.us) if interested in participating.

#### Outpatient Behavioral Health Audit Tool



The Outpatient Behavioral Health Audit Tool used by Regional Accountable Entities (RAEs) to review behavioral health provider charts has been revised. This tool will be used by RAEs when auditing records for dates of service on or after July 1, 2024. Refer to the Tools and Resources section of the [State Behavioral Health Services Billing Manual](#) to view this revised audit tool.

#### Final Date to Use State Plan and B3 Modifiers on Claims Announcement

All required 1st position modifiers that indicated a State Plan service or a “B3” service were deleted and no longer required to be on a claim, effective with the January 1, 2024, [State Behavioral Health Services \(SBHS\) Billing Manual](#). Providers have been allowed by the Department and the Regional Accountable Entities (RAEs) to submit claims with these modifiers while providers updated their Electronic Health Records (EHRs), billing systems and processes and other workflows. Claims for services provided on or after January 1, 2025, that include these modifiers in the 1st position will be denied. EHRs and billing systems should reflect correct coding as detailed in the [SBHS Billing Manual](#).

Contact [HCPF\\_BHCoding@state.co.us](mailto:HCPF_BHCoding@state.co.us) or the RAE with additional questions.

## Resources for Behavioral Health Providers - New Training Library Page, Upcoming Office Hours and Frequently Asked Questions (FAQs)

Visit the new [Training Library web page](#), a one-stop shop for all trainings to date that features recordings of live trainings, links to pre-recorded trainings and slides from each training. The page lists trainings by title and categorizes trainings by topic.

- [Behavioral Health Basics](#)
- [BHA Licensure and Approval](#)
- [Payment](#)
- [Quality Improvement and Capacity Building](#)
- [Serving Specific Populations](#)
- [Workforce](#)

Visit the [Safety Net Providers web page](#) to register for upcoming office hours. Office hours provide an opportunity to discuss questions with subject matter and clinical experts and for questions and discussion about how reform initiatives will impact organizations.

- [Register for Friday, September 27, 2024, at 12:00 p.m. MT.](#)

Visit the [Safety Net Providers web page](#) to see commonly asked questions from providers that cover topics such as:

- Behavioral Health Administration (BHA) Licensure and Approval
- Department Enrollment
- Safety Net Provider Types
- National Provider Identifier (NPI)
- Billing and Reimbursement

Sign up for the new [Health First Colorado Behavioral Health Updates](#) newsletter.

### Safety Net Provider Updates

A new reimbursement model took effect July 1, 2024, for providers enrolled with Health First Colorado and contracted with an RAE as a comprehensive or essential provider.

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

Essential providers will be reimbursed at a minimum of the rates listed on the Essential Fee Schedule located on the [Behavioral Health Rate Reform web page](#). Services may still be provided if there is no rate 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 Appendix D in the July 1, 2024, [SBHS Billing Manual](#) for more information about the Essential Fee Schedule.



Providers that have received their Essential Approval Letter from Behavioral Health Administration (BHA) and need to update their Health First Colorado enrollment must complete a maintenance request to attach the Essential Approval Letter to their current enrollment. Refer to the [Provider Maintenance - Essential Safety Net Provider \(ESNP\) Quick Guide](#) for more information on attaching the letter to a maintenance request.

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

**Note:** The previously required Enrollment Update Form for Essential Providers has been discontinued and is no longer needed.

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## Case Managers

### Regional Center Level 7 Coding

Coding for the Level 7 Specialized Habilitation and Supported Community Connections for the Pueblo and Grand Junction Regional Centers has been corrected in the Colorado interChange to allow for billing with facility-specific modifiers in the table below. These services have also been updated on the fee schedule to reflect the allowable procedure code modifier combinations.

Refer to the [Health First Colorado Fee Schedule](#) for any coding updates in the future as related to the Regional Centers.

Grand Junction Regional Center Services					
Service Description	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4
Residential Habilitation, Group Residential Services and Supports Level 7	T2016	U3	SC	HQ	HI
Specialized Habilitation, Level 7	T2021	U3	SC	HQ	HI
Supported Community Connections, Level 7	T2021	U3	SC	HI	



Pueblo Regional Center Services					
Service Description	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4
Residential Habilitation, Group Residential Services and Supports Level 7	T2016	U3	SC	HQ	HB
Specialized Habilitation, Level 7	T2021	U3	SC	HQ	HB
Supported Community Connections, Level 7	T2021	U3	SC	HB	

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## Hospice Providers

### Attending, Ordering, Prescribing and Referring (OPR) Provider Claim National Provider Identifier (NPI) Mandate for Hospice Providers

All hospice providers must ensure that all submitted institutional claims include information in the Attending Provider field (#76) or the Other ID fields (#78 or #79) for both paper and electronic claims, effective September 1, 2024, or the claim will be denied. This field may be labeled as “Referring Provider” in the [Provider Web Portal](#).

Contact the [Provider Services Call Center](#) for assistance with claims submissions or with questions on claim denials.

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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, September 6, 2024, from 9:00 a.m. to 11:00 a.m. MT** and will be hosted virtually.

Visit the [Hospital Stakeholder Engagement Meetings 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.

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



The implementation of version 40 of the APR-DRG methodology and its associated weight table has been postponed until October 1, 2024. This postponement allows 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 this 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.

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## **Imaging, Radiology and Laboratory Service Providers**

### **Imaging, Radiology and Laboratory Services Ordered by a Podiatrist**

Imaging, Radiology and Laboratory services may be ordered by an enrolled podiatrist (Provider Type 06). All claims for imaging and radiology services must contain the National Provider Identifier (NPI) of the provider that ordered the service.

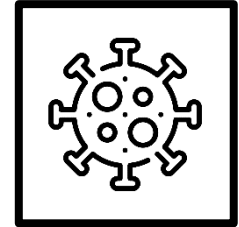
Visit the [Ordering, Prescribing, and Referring Claim Identifier Project web page](#) and refer to the [Outpatient Imaging and Radiology Billing Manual](#) for more information.

Contact Sarah Kaslow at [Sarah.Kaslow@state.co.us](mailto:Sarah.Kaslow@state.co.us) with any questions.

## Immunization Providers

### COVID-19 Rates

COVID-19 vaccine administration will be reimbursed at the same rate as all other vaccine administration effective for dates of service on or after October 1, 2024. The reimbursement rate for Current Procedural Terminology (CPT) code 90480 will change to \$21.17.



All vaccine reimbursement rates were updated effective July 1, 2024. The rates and age range for immunizations are reflected on the [Immunizations Fee Schedule](#).

Coverage and rates are the same for members of Child Health Plan *Plus* (CHP+).

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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## Non-Emergent Medical Transportation (NEMT) Providers

### Revalidating Enrollment with Health First Colorado

**All Non-Emergent Medical Transportation (NEMT) providers *must* be revalidated by September 30, 2024, regardless of the provider's original revalidation date. Providers that are not revalidated by this date will have claims suspended for payment starting October 1, 2024, until revalidation is completed.** NEMT providers must have a valid credentialing certificate issued by Transdev Health Solutions (formerly IntelliRide) to complete the revalidation.

This requirement is for NEMT (Provider Type 73) providers **only**. Non-Medical Transportation (NMT) providers (Provider Type 36) not currently due for revalidation are **not** included in this credentialing requirement.

#### Credentialing Process

Health First Colorado has updated the NEMT provider credentialing process. This consists of 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 to provide Health First Colorado services, which 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. Visit the [Transdev Health Solutions website](#) to complete the Credentialing Request Form and License Agreement. Refer to Step 1: Onboard under the Get Set-Up in Three Easy Steps section on the Transdev Health Solutions home web page.
  - Providers will receive an email that includes a username, password and link to sign up for software training.
2. Participate in a credentialing software (ProCredEx) training session to learn how to use the software.
3. Visit the [Platform ProCredEx website](#) to upload the required driver and vehicle credentials.
  - Log in using the username and password given after the initial application for credentialing.
4. Sign up for an in-person vehicle inspection. Vehicle inspections are required. Visit the [Transdev Health Solutions website](#) for a list of contacts, dates and times for inspections.

Transdev Health Solutions will review and provide a credential 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 help 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 providing 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 [US.THSProviders@transdev.com](mailto:US.THSProviders@transdev.com) with questions.

### Revalidating Enrollment with Health First Colorado

Revalidation is 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 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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## Standard Forms Required

All Non-Emergent Medical Transportation (NEMT) providers must begin using the Department-provided Standard Trip Log effective October 1, 2024, for all rides provided. The Trip Report Addendum Form is also required for certain situations. NEMT providers must keep completed trip reports on file since the Department may request copies of any and all trip reports for the provider's claims at any time.

Visit the [NEMT web page](#) to locate the Standard Trip Log and the Trip Report Addendum forms and instructions for their use. No other trip logs will be accepted after October 1, 2024.

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## Changes to Specialty Care Transport Code A0434

Billing procedure code A0434 (Specialty Care Transport Base Rate) will be set effective October 1, 2024, to a limit of four (4) units per day per member, which equates to a maximum of two (2) roundtrips.

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

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## Pediatric Behavioral Therapy

### Rate Update



The rates for Behavior Identification Reassessment procedure code 97151 with TJ modifier were posted incorrectly on the fee schedule for dates of service for July 1, 2024, to the present. The rates have been updated on the [Health First Colorado Fee Schedule](#) reflecting accurate adjustments for the new fiscal year.

Claims will be reprocessed.

Future claims submissions should be updated to reflect the correct rate.

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## Pharmacy Providers

### Total Annual Prescription Volume (TAPV) Survey

The Total Annual Prescription Volume (TAPV) survey of pharmacy providers is being conducted by the Department and Myers and Stauffer. The prescription volume information submitted by most pharmacy types will be used to determine the dispensing fee for the 2025 calendar year.

Pharmacies meeting the regulatory definition of a Government or Rural Pharmacy will have their dispensing fee determined by their pharmacy type, per [10 CCR 2505-10, Sections 8.800.1 and 8.800.13](#).

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Myers and Stauffer will distribute the surveys to pharmacy providers starting October 1, 2024, and completed surveys must be returned to Myers and Stauffer by October 31, 2024.

Pharmacy providers (other than Government or Rural Pharmacies) that do not participate in the prescription volume survey will be placed in the lowest dispensing fee tier (\$9.31).

Providers may submit the survey beginning October 1, 2024 via the following:

- Online submission: Under the Total Annual Prescription Volume Survey section of the [Myers and Stauffer home web page](#)
- Email: [Pharmacy@mslc.com](mailto:Pharmacy@mslc.com)
- Postal mail: 800 E. 96<sup>th</sup> Street, Suite 200, Indianapolis, IN 46240
- Fax: 317-566-3203

Contact the Myers and Stauffer Pharmacy Help Desk at 800-591-1183 or email [Pharmacy@mslc.com](mailto:Pharmacy@mslc.com) to request a survey form if the provider is not a Government or Rural pharmacy and a survey request was not received.

Total Annual Prescription Volume	Dispensing Fee
0 - 59,999 TAPV	\$13.40
60,000 - 89,999 TAPV	\$11.49
90,000 - 109,999 TAPV	\$10.25
110,000+ TAPV	\$9.31
Rural Pharmacy	\$14.14
Government Pharmacy	\$0.00

Contact Korri Conilogue at [Korri.Conilogue@state.co.us](mailto:Korri.Conilogue@state.co.us) with any questions regarding the survey.

### Prescription Drug Average Acquisition Cost (AAC) Survey

Ongoing acquisition cost surveys for prescription drugs are being conducted by the Department and Myers and Stauffer. The participation of all selected pharmacy providers is strongly encouraged to ensure that AAC reimbursement rates adequately reflect the purchase conditions faced in the market today by Colorado providers. Initial surveys will be sent via postal mail on October 1, 2024, to a randomly selected group of pharmacy providers.

Purchase invoices may be submitted to Myers and Stauffer via the following:

- Email: [Pharmacy@mslc.com](mailto:Pharmacy@mslc.com)
- Postal mail: 800 E. 96<sup>th</sup> Street, Suite 200, Indianapolis, IN 46240
- Fax: 317-566-3203

Contact the Myers and Stauffer Pharmacy Help Desk at 800-591-1183 or email [Pharmacy@mslc.com](mailto:Pharmacy@mslc.com) for general inquiries.

All submitted invoice data will remain strictly confidential.

Contact Korri Conilogue at [Korri.Conilogue@state.co.us](mailto:Korri.Conilogue@state.co.us) with questions regarding this guidance.

## Pharmacy and All Medication Prescribing Providers

### Preferred Drug List (PDL) Announcement of Preferred Products

Changes will be made for the following PDL classes effective October 1, 2024:

PDL Drug Class	Moved to Preferred	Moved to Non-Preferred
Antipsychotics, Long-Acting Injectables*	<ul style="list-style-type: none"> <li>Abilify Asimtufii® and Abilify Maintena®</li> <li>Aristada® Extended Release (ER) and Aristada Initio®</li> <li>Chlorpromazine</li> <li>Fluphenazine</li> <li>Haldol decanoate and Haloperidol lactate</li> <li>Invega Hafyera™, Invega Sustenna® and Invega Trinza®</li> <li>Olanzapine</li> <li>Perseris®</li> <li>Risperdal Consta®</li> <li>Uzedy®</li> <li>Ziprasidone</li> <li>Zyprexa Relprevv®</li> </ul>	<ul style="list-style-type: none"> <li>Geodon®</li> <li>Risperidone</li> <li>Rykindo® ER</li> <li>Zyprexa®</li> </ul>
Bone Resorption Suppression and Related Agents	<ul style="list-style-type: none"> <li>Raloxifene tablet</li> </ul>	
Contraceptives, Topical	<ul style="list-style-type: none"> <li>Norelgestromin-Ethinyl Estradiol patch</li> </ul>	<ul style="list-style-type: none"> <li>Annovera® vaginal ring</li> <li>Xulane® patch</li> </ul>
Diabetes Management Class - Insulins, Long-Acting	<ul style="list-style-type: none"> <li>Insulin degludec vial</li> <li>Tresiba FlexTouch® 100-U and 200-U</li> </ul>	<ul style="list-style-type: none"> <li>Levemir® vial and pen</li> </ul>
Diabetes Management Class - Glucagon-Like Peptide (GLP)-1 Analogues	<ul style="list-style-type: none"> <li>Bydureon BCise® autoinjector</li> </ul>	
Diabetes Management Class - Sodium-Glucose		<ul style="list-style-type: none"> <li>Invokana® tablet</li> </ul>



PDL Drug Class	Moved to Preferred	Moved to Non-Preferred
Cotransporter (SGLT)-2 Inhibitors and Combos		<ul style="list-style-type: none"> <li>Invokamet® and Invokamet® XR tablets</li> </ul>
Glucagon, Self-Administered		<ul style="list-style-type: none"> <li>Glucagon 1mg Emergency Kit (Amphastar manufacturer only)</li> </ul>
Phosphate Binders	<ul style="list-style-type: none"> <li>Sevelamer Carbonate tablet and powder pack</li> </ul>	<ul style="list-style-type: none"> <li>Renvela® tablet and powder pack</li> <li>Sevelamer Hydrochloride (HCL) tablet</li> </ul>
Overactive Bladder Agents	<ul style="list-style-type: none"> <li>Tolterodine Instant Release (IR) tablet and ER capsule</li> </ul>	
Prenatal Vitamins		<ul style="list-style-type: none"> <li>VP-PNV-DHA</li> </ul>

*\*Newly added drug class*

No changes will be made for the following PDL classes:

PDL Drug Class	PDL Drug Class
Androgenic Agents - Topical, Injectables and Oral	Diabetes Management Class - Insulins, Rapid-Acting, Short-Acting, Intermediate-Acting, Mixtures and Concentrated insulin
Diabetes Management Class - Amylin, Biguanides, Meglitinides, Dipeptidyl Peptidase (DPP)-4 Inhibitors and Combo and Thiazolidinediones (TZDs) and Combos	Estrogen Agents - Parenteral, Oral/Transdermal
Benign Prostatic Hyperplasia (BPH) Agents	Growth Hormones
Antihyperuricemics	

### Preferred Status Change: Invokana® (Canagliflozin)

The canagliflozin-containing products Invokana®, Invokamet® and Invokamet® XR will be moved to non-preferred status effective October 1, 2024. Practitioners are encouraged to switch to a preferred product within the Sodium-Glucose Cotransporter (SGLT)-2 class before this change occurs. Preferred products include Jardiance®, Farxiga®, Xigduo® XR, Synjardy® and Synjardy® XR.

Refer to the most recent [Preferred Drug List](#) for additional information.

## Update to Bydureon BCise®

Health First Colorado is making a change to the Glucagon-Like Peptide Receptor Agonist (GLP-1 analog) coverage due to ongoing backorder and access issues. Bydureon BCise® changed from a two (2)-step non-preferred product to a one (1)-step non-preferred product effective August 8, 2024. This will allow access to this medication with a trial of only one preferred product in the GLP-1 class (Trulicity®, Victoza® and Byetta®).

Refer to the most recent [Preferred Drug List](#) for additional information.

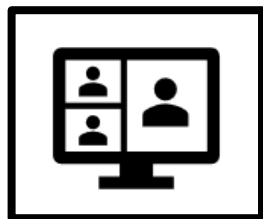
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## Physician Services

### Colorado Medicaid eConsult Update

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

Each Regional Accountable Entity (RAE) has been given incentive funding from the Department to promote the use of eConsult. This funding is limited and must be used by the end of September 2024. Contact the RAE representative or contact Safety Net Connect at [ColoradoSupport@safetynetconnect.com](mailto:ColoradoSupport@safetynetconnect.com). Safety Net Connect will connect with the RAE to verify funding eligibility.



#### Getting Started with Colorado Medicaid eConsult

Practices may complete the [Practice Enrollment Form](#) to begin the enrollment process or attend an upcoming [Monthly Program Overview Webinar](#) from 12:15 p.m. to 1:00 p.m. MT for more information.

Contact [ColoradoSupport@safetynetconnect.com](mailto:ColoradoSupport@safetynetconnect.com) with any questions.

#### 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.

## Reminder: Billing for Caregiver, Adolescent and Adult Depression Screening

Health First Colorado reimburses providers for depression screenings of adolescents, adult members and the caregivers of infants and children. The codes used for reimbursement of these services are the G codes listed below.

Providers have been allowed to bill depression screens for a birthing parent under the child's Health First Colorado ID since August 2014. [Senate Bill 21-137](#) requires coverage of depression screenings of any caregiver of a child enrolled in Health First Colorado.

The billing G codes below are also used to calculate the Center for Medicare & Medicaid Services (CMS) Quality Measure for Medicaid Child and Adult Core Set Screening for Depression and Follow-up Plan (CBE ID 0418). The adolescent screening ages are 12 to 17 years old, and the adult screening ages are 18 years and older. There is not currently a CMS Core Set Metric for screening children under 12 or the caregivers of infants and children.

Visit the [CMS Child and Adult Health Care Quality Measures web page](#) for additional information about the CMS Adult and Child Core Set.

Refer to the [Health First Colorado Fee Schedule](#) for the available G codes for depression screening services, which include:

Relationship to Member ID on Claim	Positive Screen with Follow-up Plan Documented	Positive Screen with No Follow-up Plan Documented	Negative Screen with No Plan Needed	Screen Not Done and Reason Documented	Screen Not Done and No Reason Documented
Self	G8431	G8511	G8510	G8433	G8432
Parent who gave birth to member					
Other primary caregiver to member					

The use of appropriate screening codes (G8431, G8511, G8510) or the exception code (G8433) are encouraged to improve the ability to understand performance for this metric.

The requirement of a U modifier on depression screens delivered to members will not be enforced, as outlined in the [July 2023 Provider Bulletin \(B2300496\)](#), in order to avoid adding any additional barriers to accessing depression screenings for members, birthing parents and non-birthing parents. Yearly limits have not been placed on the depression screening codes.

Contact Morgan Anderson at [Morgan.Anderson@state.co.us](mailto:Morgan.Anderson@state.co.us) with questions.

## Physicians, 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 offered 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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## Substance Use Disorder - Clinic Providers

### New Substance Use Disorder (SUD) Features in the Provider Web Portal

The [Provider Web Portal](#) will soon have two (2) new features for Substance Use Disorder (SUD) providers which will display for enrollment applications, maintenance requests and revalidation applications.

#### New Bed Type Field

When a Provider Type 64 - SUD provider with a specialty of 871-876 currently enrolls in the Provider Web Portal, only one facility bed count for both residential beds and withdrawal management beds is required.

A new Bed Type drop-down field will soon display options based on the provider's **active** specialties. These options will separate the number of residential beds from the number of withdrawal management beds. Valid options in this drop-down field will be Facility Residential and Facility Residential Withdrawal.

Specialty	Bed Count Requirement
875, 876	Will be required to enter a Facility Residential Withdrawal bed count. *The Facility Residential option will not be available.
871, 872, 873, 874	Will be required to enter a Facility Residential bed count. *The Facility Residential Withdrawal option will not be available.
870*	Will have no bed requirements. Providers with this specialty will be able to use the other connecting specialties to determine the bed requirements used.
212, 213, 213, 371, 372, 373, 374 and 477 <i>only</i>	Facility Residential and Facility Residential Withdrawal bed count will default to zero (0).

\*Providers with specialty type 870 will be required to have an additional specialty and follow the requirements for that specialty.

Providers with multiple specialties will be able to select both options from the Bed Type drop-down field, and a number of beds will be required for each option. Outpatient programs will enter zero (0) in the Number of SUD Beds field.

### New Total Number of Active SUD Beds Header

A new header on the Substance Use Disorder Bed Information section of the Other Information panel will soon display the total number of active SUD beds.

**Substance Use Disorder Bed Information**

Click "+" to view or update the details in a row. Click "-" to collapse the row. To add a new row, enter all the required fields and click the "Add" button. Click "Remove" to remove the entire row.

**Total Number of Active SUD Beds: 0**

**Substance Use Disorder applicants must complete.** The Bed Type, Number of SUD allocated beds in the facility, Effective Date, and End Date are all required.

**Note:** The number of beds must be counted by the number of beds - based on staffing and facility design intended to serve withdrawal management (WM) level of care and the number of beds intended to serve non-WM SUD treatment level of care. The total number of beds allocated for SUD services in the facility should be the sum of these two counts. Do not count the same bed in both categories.

Outpatient programs should enter zero "0" in the "Number of SUD Beds" field.

When entering the Effective Date:

- enter today's date or;
- if submitting a change in the number of beds, enter the date when the change in bed count was effective.

When entering the End Date, a future date may be entered (e.g. 12/31/2299) to avoid the need to update the system if no changes to bed counts occur.

Bed Type	Number of SUD Beds	Effective Date	End Date	Action
<input type="checkbox"/> Click to collapse.				
*Bed Type <input type="text"/>	*Number of SUD Beds <input type="text"/>	*Effective Date <input type="text"/>	*End Date <input type="text" value="12/31/2299"/>	
<input type="button" value="Add"/> <input type="button" value="Reset"/>				

Refer to the Provider Enrollment Manual located on the [Provider Enrollment web page](#) and the Revalidation Manual located on the [Revalidation web page](#) for more information.

Refer to the [Provider Maintenance Quick Guide](#) for more information on updating bed counts for SUD facilities.

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## Targeted Case Management - Transition Coordination

### Rate Corrections

Rates for Targeted Case Management - Transition Coordination (TCM-TC) were not updated to align with other legislatively appropriated rate adjustments effective July 1, 2024. Rates have been updated retroactively to July 1, 2024, and the [Targeted Case Management Fee Schedule](#) is now posted.

Providers must adjust claims to receive the correct reimbursement if claims for dates of services on or after July 1, 2024, were billed with a lesser submitted charge, as the lower of pricing payment logic applies.



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## Provider Training Sessions

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

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

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

### Provider Enrollment

Provider enrollment training is designed for providers at various stages of the initial enrollment process with Health First Colorado. It provides an overview of the program and guidance on the provider application process, including enrollment types, common errors and enrollment with other entities (e.g., DentaQuest, Regional Accountable Entities [RAEs], Health First Colorado vendors). It also provides information on next steps after enrollment.

Visit the [Provider Training web page](#) to access updated presentations.

**Note:** Provider enrollment training does not offer guidance on revalidation for providers already enrolled.

### 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.

Staff that submit claims, are new to billing Health First Colorado services or that need a billing refresher course should consider attending one of the beginner billing training sessions.

### Intermediate Billing Training

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

### Provider-Specific Training



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

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



## September 2024 Schedule

September 2024				
Monday	Tuesday	Wednesday	Thursday	Friday
2	3	4	5 <a href="#">Beginner Billing: Institutional Claims (UB-04) - September 5, 2024, 9:00 a.m. - 11:00 a.m. MT</a>	6
9	10	11	12 <a href="#">Beginner Billing: Professional Claims (CMS 1500) - September 12, 2024, 9:00 a.m. - 11:30 a.m. MT</a>	13
16	17	18	19	20
23	24	25	26	27
30				

## Upcoming Holidays

Holiday	Closures
<b>Labor Day</b> Monday, September 2	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>Frances Xavier Cabrini Day</b> Monday, October 7	State Offices and AssureCare 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 the ColoradoPAR Program will be open.

## **Gainwell Technologies Contacts**

### **Provider Services Call Center**

1-844-235-2387

### **Gainwell Technologies Mailing Address**

P.O. Box 30

Denver, CO 80201