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Did You Know?

Quick Guides and Webinars Web Page

Provider Web Portal Quick Guides are available on the [Quick Guides and Webinars web page](#). Several new or updated Quick Guides have recently been published to provide step-by-step instructions on viewing eligibility, submitting claims and other functions of the Provider Web Portal. A copy of the [Julian Calendar](#) and [region codes](#) for claims are also available on this valuable resource page.

All Providers

Load Letters

The purpose of the load letter is to allow providers to submit claims outside of the timely filing period if the member was retroactively enrolled. Load letters will only be granted for cases where the member's eligibility was backdated.

The load letter is not intended to provide proof of eligibility.

If the member was enrolled on the date of service but failed to inform the provider of existing coverage, the provider must obtain that information within 365 days.

The [Load Letter Request Form](#) is available under the Claim Forms and Attachments drop-down list on the [Provider Forms web page](#). All load letter requests should be faxed to the Department of Health Care Policy & Financing (the Department) at 303-866-2082 or sent via encrypted email to LoadLetterRequests@hcpf.state.co.us with the subject line "Load Letter Request". Do not use the member's State ID in the subject line.

Due to the [timely filing extension](#), requests are not necessary if the date of service is within 365 days.

Requests will not be granted if the member has a commercial insurance (third-party liability) as primary. All claims where the member has commercial insurance must be paid within 365 days.

If a load letter is issued by the Department, providers have 60 days from the date of the load letter to submit the claim with the attached form for review by the fiscal agent. Claims should be submitted via the Provider Web Portal and not on paper.

For all other questions related to timely filing, refer to the [General Provider Information Manual](#).

Member Contact Center Hours Changing

Effective October 1, 2018, the Member Contact Center operational hours will be changing from 7:30 a.m. - 5:15 p.m. MT to 8:00 a.m. - 4:30 p.m. MT.



The Department has performed extensive analysis as to how the Member Contact Center's efficiency can be maximized and best serve members. While this slight reduction in hours may seem counter-intuitive given wait times, this change will allow more agents on the phones, particularly at mid-day when call volumes are at their highest.

In addition to having more agents on the phone throughout the day, this change will enable the extension of the call-back feature to 3:15 p.m. The call-back feature allows individuals on hold to request a call-back from the Member Contact Center before the close of business without having to wait on the phone.

Over the coming days and weeks, the Department will be updating the website and various communications to reflect this change.

This change does not affect the [Provider Services Call Center](#). The Provider Services Call Center (1-844-235-2387) hours are as follows:

Monday, Tuesday & Thursday: 7:00 a.m. - 5:00 p.m. MT

Wednesday & Friday: 10:00 a.m. - 5:00 p.m. MT

The [Provider Services Call Center](#) utilizes the time between 7:00 a.m. and 10:00 a.m. MT on Wednesdays and Fridays to return calls to providers.

ColoradoPAR Training with eQHealth Solutions Inc[®]

The [ColoradoPAR website](#) has educational materials available to quickly assist providers. These resources are located under the [Provider Resources](#) and [Provider Education/Training](#) tab of the [ColoradoPAR website](#).

EQHealth Solutions Inc[®] also offers additional live webinar training sessions with eQHealth Provider Education staff. These educational webinars are beneficial to those who submit Prior Authorization Requests (PARs), including those new to submitting PARs via eQSuite[®] or those who simply need refresher training.

These sessions may also be beneficial for eQSuite® Administrators to attend. Training sessions are intended to teach, improve and enhance knowledge of eQSuite® and the PAR process.

Upcoming webinar topics include:

- submitting PARs
- submitting supporting documentation
- responding to additional information requests
- checking PAR status
- running reports
- entering modifications to existing reviews

Upcoming Training Sessions:

| Title of Training | Date of Training | Time of Training (all MT) |
|---------------------------|-----------------------------|---------------------------|
| New to eQSuite® | Tuesday, October 2, 2018 | 9:00 - 10:00 am |
| New to eQSuite® | Tuesday, October 23, 2018 | 9:00 - 10:00 am |
| Durable Medical Equipment | Tuesday, October 9, 2018 | 10:00 - 11:00 am |
| Behavioral Therapy | Wednesday, October 10, 2018 | 10:00 - 11:00 am |
| Long Term Home Health | Friday, October 12, 2018 | 10:00 - 11:00 am |

To register for any of these training opportunities, please visit the [ColoradoPAR website](#) or contact co.pr@eqhs.org for registration information.

Additionally, eQHealth Solutions Inc® provides ongoing eQSuite® education to providers. Please continue to check the monthly Provider Bulletin and the [ColoradoPAR website](#) for the Tip of the Month and other announcements regarding training and educational opportunities.

Health First Colorado (Colorado's Medicaid Program) Recovery Audit Contractor (RAC) Begins Work

In compliance with Section 6411(a) of the Affordable Care Act, the Department contracted with Health Management Systems, Inc. (HMS) to serve as its RAC to conduct post-payment reviews of claims submitted for fee-for-service and managed care services. This is a federally-mandated contract program. In February, HMS began reviews to identify overpayments and assist the Department in recovering any overpayments made to providers for Health First Colorado medical claims.

The RAC audits claims from as far back as seven (7) years from the date the claim was originally paid. This lookback period extends to **all claim and provider types**.

All providers are encouraged to update their contact information using the [HMS RAC Provider Portal](#), even if they have not received a letter that they are in an active audit. This insures the letters get to the preferred address and personnel. Providers that already have access to the HMS Provider Portal for other contracts will need to register for the [HMS RAC Provider Portal](#) to have access to the RAC audit information.

The [HMS RAC Provider Portal](#) is a tool that providers can use to track the progress of their audits and add contact information that is specific to RAC correspondence. This is separate from the Provider Web Portal. If a provider does not update address and contact information in the [HMS RAC Provider Portal](#), all correspondence will go to the provider's service address listed in the Colorado interChange.

Visit the [Recovery Audit Contractor \(RAC\) Program web page](#) for resources and information available for providers. HMS has also published a number of resources for providers including a [webinar](#) and [FAQs](#). For more information, visit the [HMS Colorado RAC website](#).

Contact RAC HMS Provider Services (available Monday - Friday, 8:00 a.m. - 5:00 p.m. MT) at 877-640-3419.

Provider Enrollment Type Changes

Providers with any of the following individual types may only have one application associated to a Social Security Number (SSN), even if they provide services in multiple locations: Billing Individual (BI); Individual within a Group (IWG); Ordering, Prescribing and Referring (OPR) providers. An additional application for any of these individual types **with the same SSN and same National Provider Identifier (NPI) as a previous application** (regardless of whether the individual type is the same as on the previous application) may result in the application being denied as a duplicate or denied claims. Individuals may affiliate with multiple groups in different locations.



If a provider wants to change enrollment type, a request should be submitted by calling the [Provider Services Call Center](#) (1-844-235-2387).

If the license on the original application is expired, the provider should submit a current license through the Provider Web Portal. Refer to the [Provider Maintenance - License Update Provider Web Portal Quick Guide](#) for more information.

Enrollment Type Changes

Ordering, Prescribing, and Referring (OPR) to Individual within a Group (IWG)

Before the enrollment type can be updated from OPR to IWG, providers must update their license. If only a training license is on file, then the provider must submit a current, full license through the Provider Web Portal. Providers may affiliate via the group profile of the portal or they can wait until after the enrollment type change is made. Providers cannot affiliate with an OPR enrollment type.

Individual with a Group (IWG) to a Billing Individual (BI)

Before the enrollment type can be updated from IWG to BI, providers must [submit an EFT update](#) including a W9 with the SSN listed and a [lawful presence document](#).

Provider Type Changes

The provider type (e.g. Physical Therapist, Podiatrist, Psychologist) cannot be changed.

If an enrolled individual with an SSN wants to change provider types, the existing enrollment needs to be disenrolled and the affiliations need to be ended, and a new application needs to be completed. Providers may not be enrolled as two different provider types under the same SSN.

Reminder: Request for Reconsideration is Not Necessary for Denied Claims

Providers are reminded that denied claims do not need to be adjusted or sent as a request for reconsideration. A denied claim should be resubmitted electronically as a new claim once corrections have been made. Resubmissions should not be sent on paper, even if the claim has surpassed the 365-day timely filing period.

Audiologists, Clinics and Non-Physician Practitioners

Ear Mold Coverage Policy



The Audiology services coverage policy has been updated to align with the [Fee Schedule](#). HCPCS V5264, ear mold, is a covered benefit for members age 0 - 20. Previous policy stating that reimbursement for ear molds is part of the dispensing fee for HCPCS V5090 is no longer in effect.

Ear molds for the purpose of noise reduction or swimming are not covered.

Refer to the [Audiology Billing and Policy Manual](#) for details.

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

Home and Community Based Service (HCBS) Providers

HCBS Waiver Program Post Payment Review Contract

The Department is pleased to announce that it has awarded Public Consulting Group (PCG) the HCBS Waiver Program Post Payment Review Contract.

The purpose of the contract is to ensure provider compliance with the requirements of the Provider Participation Agreement and the Health First Colorado program, specifically the HCBS Waiver Program. The Department is required to conduct provider reviews under §1915(c) of the Social Security Act.

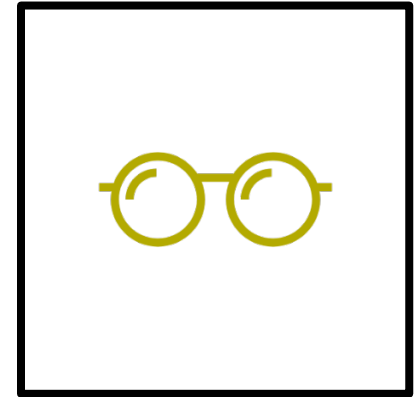
Only providers who furnish HCBS Waiver Program services will be reviewed under this contract. The Department will send targeted email communications to HCBS providers in the coming weeks with additional information on the HCBS Post Payment Review. [Sign up to receive these email communications by selecting the box labeled "36 - Home & Community Based Services \(HCBS\)".](#)

Contact Brittney Lomond at Brittney.Lomond@state.co.us with any questions.

Final Notice: Vision Therapy Services for Children and Youth Enrolled in the Children's Extensive Services (CES) Waiver Are Now Provided Under State Plan

Vision therapy that was previously provided in the CES Waiver is now provided as a service within the Vision and Eyewear benefit, effective as of July 1, 2018. The following billing code should not be billed under the CES Waiver on or after July 1, 2018: Vision Services V2799 U7.

Vision therapy, also called vision training and orthoptic or pleoptic vision therapy, is covered for individuals under age 21 who have a diagnosis of convergence insufficiency. The rule allowing vision therapy coverage be found at [10 CCR 2505-10 8.203.4.3](#). Optometrists and ophthalmologists can bill this service using the CPT code 92065 and ICD-10 code H51.11. Certified vision therapists may render vision training if they are supervised by on-site physicians, according to [10 CCR 2505-10 8.200.D](#).



Enrolled providers who can offer vision therapy and wish to be on a public list of providers, or need assistance in helping find a vision therapy provider, may contact Elizabeth Freudenthal at Elizabeth.Freudenthal@state.co.us or 303-866-6814.

Hospice Providers

Hospice Legislative Rate Increases Effective October 1, 2018

The Department has received approval for the Hospice State Plan Amendment (SPA) for the Fiscal Year 2018-19 legislative rate increases. The hospice rate increase of 13.66% has been applied to the following revenue codes:

| Revenue Code | Service Description |
|--------------|------------------------|
| 650 | Routine Home Care |
| 651 | Routine Home Care |
| 652 | Continuous Home Care |
| 655 | Inpatient Respite Care |
| 656 | General Inpatient Care |

The rates have been updated by the Department and are effective for dates of service on or after October 1, 2018. The Department anticipates the rates will be loaded on October 1, 2018, and claims will not require reprocessing.

Contact Trevor Abeyta at Trevor.Abeyta@state.co.us for hospice rates questions. Contact Alex Koloskus at Alex.Koloskus@state.co.us for questions regarding hospice policy.

Hospital Providers

General Updates

Inpatient Hospitals

3M National APR-DRG Weight Table Version 33

The 3M National APR-DRG Weight Table Version 33 will be uploaded to the [Inpatient Hospital Payment web page](#) by October 1, 2018, and available for hospitals to review. The Department is considering changing to using national weights. Currently, the Department creates weights from Colorado claim data and fills in missing data with recalibrated national weights. Continuing discussions will occur during the bi-monthly Hospital Engagement Meetings.

Inpatient Hospital Per Diem Rate Group

Meetings

The next meeting to discuss the upcoming rate change for Freestanding Long Term Acute Care and Freestanding Rehabilitations will be Friday, November 2, 2018, 1:00 p.m. - 1:30 p.m. Contact Elizabeth Quaife at Elizabeth.Quaife@state.co.us with any questions, concerns or feedback.

For more information on upcoming meetings or past meeting materials, visit the [Hospital Engagement Meetings web page](#).

Outpatient Hospitals

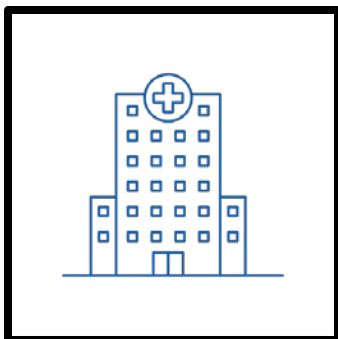
Monthly Enhanced Ambulatory Patient Group (EAPG) Meetings

The next EAPG Meeting is scheduled for Friday, November 2, 2018, 11:00 a.m. - 12:30 p.m. These meetings are intended to be an informal discussion where the Department and its hospital providers can discuss issues related to billing, payment, and/or the EAPG methodology in general. For recordings of previous meetings, related meeting materials and the current schedule for future meetings, visit the [Outpatient Hospital Payment web page](#).

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

All Hospital Providers

Hospital Engagement Meetings



The Department has continued to host bi-monthly Hospital Engagement meetings to discuss current issues regarding payment reform and operational processing. The next meeting is scheduled for Friday, November 2, 2018, 9:00 a.m. - 10:30 a.m. at 303 E 17th Ave, Denver, Conference Room 7B & 7C.

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

Visit the [Hospital Engagement Meeting web page](#) for more details, meeting schedule and past meeting materials.

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

Pharmacy Providers

340B Drug Pricing Program

Per Department policy, pharmacies which participate in the 340B Drug Pricing Program must choose either to provide only 340B-purchased drugs (carve-in) or to provide no 340B-purchased drugs (carve-out) to Health First Colorado members.

Providers that choose to carve-in must:

- 1) Have their National Provider Identifier (NPI) number listed on the HRSA 340B Medicaid Exclusion File,
- 2) Submit the **340B acquisition cost** as the ingredient cost (NCPDP Field #409-D9) on each claim, and
- 3) Submit claims with "20" in the Submission Clarification field and "05" or "08" in the Basis of Cost Determination field.

Beginning November 1, 2018, the Department will deny claims when:

- The Submission Clarification and Basis of Cost Determination fields indicate that the drug was purchased through the 340B Drug Pricing Program but the pharmacy NPI number is not listed on the HRSA 340B Medicaid Exclusion File.
- The pharmacy NPI number is listed on the HRSA 340B Medicaid Exclusion File but the Submission Clarification and Basis of Cost Determination fields did not include the correct values.
- The pharmacy NPI number is listed on the HRSA 340B Medicaid Exclusion File and the submitted ingredient cost on the claim exceeds the 340B ceiling price.

Effective September 1, 2018, noncompliant claims triggered a notification.

- Claims which are noncompliant with the above requirements will pay but return a message to the point of sale indicating the issue. This transition period gives pharmacies 60 days to ensure 340B-purchased drugs are appropriately billed to Medicaid.

How to resolve denied claims:

- If a pharmacy is billing 340B-purchased drugs to Health First Colorado, then their NPI number must be listed on the HRSA 340B Medicaid Exclusion File: [340B Registration](#).
- If a provider is enrolled with the 340B Drug Pricing Program they must submit claims with "20" in the Submission Clarification field and "05" or "08" in the Basis of Cost Determination field.
- If the submitted ingredient cost for a 340B-purchased drug exceeds the 340B ceiling price, pharmacies must resubmit the claim with the correct 340B acquisition cost.

Contact Kristina Gould at Kristina.Gould@state.co.us with any questions.



340B Policy and Procedures Manual

To assist 340B pharmacy providers with the intricacies of the 340B program, the Department has created a [policy and procedures manual](#), which is posted on the [Pharmacy Resources web page](#).

Contact Kristina Gould at Kristina.Gould@state.co.us with any questions.

Pharmacist Enrollment: Over-the-Counter (OTC) Drugs and Immunizations

Effective November 1, 2018, pharmacists may begin enrolling with Health First Colorado to prescribe specified OTC products and render specified vaccinations. More information will be available in the November 2018 Provider Bulletin.

Contact Kristina Gould at Kristina.Gould@state.co.us with questions or concerns.

Total Annual Prescription Volume (TAPV) Survey

The Department has contracted with Myers and Stauffer to conduct the TAPV survey of pharmacy providers. The prescription volume information submitted by most pharmacies will be used to determine their dispensing fee for the 2019 calendar year.

Pharmacies which meet 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).

Myers and Stauffer will distribute the surveys to pharmacy providers starting October 1, 2018, and completed surveys must be returned to Myers and Stauffer by October 31, 2018. Pharmacy providers (other than Government or Rural Pharmacies) which do not participate in the prescription volume survey will be placed in the lowest dispensing fee tier (\$9.31).

| Total Annual Prescription Volume (TAPV) | 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 the Pharmacy Section at Colorado.SMAC@state.co.us for questions regarding the survey.

Prescription Drug Acquisition Cost Survey

The Department has also contracted with Myers and Stauffer to conduct quarterly surveys of pharmacy acquisition costs for prescription drugs. The Department strongly encourages the participation of pharmacy providers to help ensure that pharmacy rates incorporate market conditions specific to Colorado. Surveys will be sent via postal mail on October 1, 2018, to a sampled group of pharmacy providers. Invoices can be submitted via email, mail or fax. All submitted invoice data will remain strictly confidential.

General questions about the survey process or requested documentation can be directed to the Myers and Stauffer Pharmacy Help Desk at 800-591-1183 or pharmacy@mslc.com.

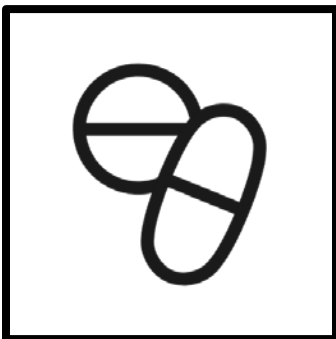
Pharmacies and All Medication-Prescribing Providers

Drug Utilization Review Updates

Decreasing Maximum Daily Morphine Milligram Equivalents (MME) for Opioid Prescriptions

As part of opioid policy changes effective November 15, 2018, the maximum allowable MME for prescription opioids will be decreasing from 250 MME to 200 MME. As with current opioid policy, prescriptions for both short-acting and long-acting opioids will be cumulatively included in the MME calculation. The prescription that exceeds the cumulative MME limit of 200 MME will require prior authorization with consideration for the following:

- Prior authorization will be granted to allow for tapering.
- Prior authorization for one (1) year may be granted for diagnosis of sickle cell anemia.
- Prior authorization for one (1) year may be granted for admission to or diagnosis of hospice or end of life care.
- Prior authorization for one (1) year may be granted for pain associated with cancer.



Prior authorization for one (1) year may be granted for members with disabilities requiring chronic pain management following a provider-to-provider consult with the pain management specialist (at no charge to member or provider).

Only one (1) long-acting opioid agent (including different strengths) and one (1) short-acting opioid agent (including different strengths) will be allowed concomitantly.

Additional information regarding MME calculation can be found online at the [Opioid Dose Calculator website](#).

Additional information on opioid utilization policy can be found on the [Preferred Drug List \(PDL\)](#).

New Opioid Policy for Dental Prescriptions

As part of continuing efforts to address issues related to misutilization of prescription opioid medications, the Department will be implementing new policy limiting the number of days allowable for dental prescriptions for opioids. This policy will also restrict the maximum number of opioid pills allowable for a dental prescription. Considerations will be made regarding the potential need for certain complex dental procedures to be exempted from restrictions associated with this policy. The change is expected to be implemented by November 15, 2018, and more information on the policy will be available in the November 2018 Provider Bulletin.

Opening Up Coverage for Smoking Cessation

Smoking cessation medications are a covered benefit for all Health First Colorado members, though some of these medications currently require prior authorization approval for coverage. As part of continued efforts to reduce smoking and tobacco use among Health First Colorado members, beginning November 1, 2018, all first-line smoking cessation medication therapies will be eligible for coverage without a prior authorization. These medications include varenicline, bupropion, nicotine inhaler, nicotine spray, nicotine patch, nicotine lozenge and nicotine gum.

Additional information on coverage for smoking cessation medications can be found in [Appendix P](#).

October Preferred Drug List (PDL) Announcement

The following drug classes and preferred agents will become effective October 1, 2018, for Health First Colorado:

Anticoagulants

Preferred products: Enoxaparin syringe, Lovenox vial (BNR), Pradaxa (2nd Line), Warfarin, Xarelto (2nd Line) (not starter pack)

Anticonvulsants

Preferred products: Carbamazepine (all generic formulations with exception of suspension; brand Tegretol suspension preferred), Clonazepam, Divalproex, Dilantin capsules, Ethosuximide, Felbatol, Lamotrigine tablet/chewable, Oxcarbazepine, Levetiracetam, Phenobarbital, Phenytek, Phenytoin, Primidone, Tegretol suspension, Topiramate tablet/sprinkle, Valproic Acid, Zonisamide

Bone Resorption Suppression and Related Agents

Preferred products: Alendronate 5mg, 10mg, 35mg, 70mg tablets

Colony Stimulating Factors

Preferred products: Neupogen vial/syringe

Biguanides

Preferred products: Metformin 500mg, 850mg, 1000mg tablets, Metformin ER 500mg tablets (generic Glucophage XR)

Meglitinides

Preferred products: no changes

DPP4 Inhibitors

Preferred products: Janumet, Janumet XR, Januvia, Tradjenta

GLP1 Agonists

Preferred products: Byetta, Bydureon, Victoza (2nd Line)

SGLT2 Inhibitors

Preferred products: Farxiga, Invokana

Thiazolidinediones

Preferred products: Pioglitazone

Erythropoiesis Stimulating Agents

Preferred products: Epogen

GI Motility Agents, Chronic

Preferred products: Amitiza, Linzess, Movantik



Hereditary Angioedema (all agents in class require a prior authorization)

Preferred products: Berinert, Firazyf, Haegarda

Ophthalmic Immunomodulators

Preferred products: Restasis single dose

Overactive Bladder Agents

Preferred products: Oxybutynin IR tablets, Oxybutynin ER tablets, Toviaz

Stimulants and Related Agents

Preferred products: Atomoxetine, Amphetamine Salts IR, Amphetamine Salts ER, Concerta (BNR), Dexmethylphenidate IR, Focalin XR (BNR), Guanfacine ER, Methylphenidate IR (generic Ritalin IR), Vyvanse capsules

Prenatal Vitamins

| Prenatal Vitamins (preferred products) | | | | |
|---|------------------------------|-------------------------|------------------------------|--------------------------------|
| CITRANATAL ASSURE COMBO PACK | CITRANATAL 90 DHA COMBO PACK | CITRANATAL B-CALM | CITRANATAL HARMONY CAPSULE | CITRANATAL DHA PACK |
| COMPLETE NATAL DHA | CONCEPT DHA | MACNATAL CN DHA SOFTGEL | NESTABS TABLETS | PNV OB+DHA COMBO PACK |
| PNV PRENATAL PLUS MULTIVIT TAB | TRINATAL RX 1 | TRUST NATAL DHA | PRENATAL PLUS-DHA COMBO PACK | PRENATAL VITAMIN PLUS LOW IRON |
| PREPLUS CA-FE 27 MG - FA 1MG TAB VITAMIN PLUS LOW IRON) | VIRT-ADVANCE TABLET | VIRT-VITE GT TABLET | | |

Oral Contraceptives

Preferred products:

| Oral Contraceptives (preferred products) | | | | |
|--|------------------------------------|--------------------------|------------------------|-----------------------|
| Monophasic 28 | | | | |
| Aubra 28 0.1-20 | Aviane 28 0.1-20 | Falmina 28 0.1-20 | Larissa 28 0.1-20 | Lessina 28 0.1-20 |
| Levonor-Eth Estrad 28 0.1-20 | Lutera 28 0.1-20 | Orsythia 28 0.1-20 | Sronyx 28 0.1-20 | Vienna 28 0.1-20 |
| Blisovi 28 FE 1-20 | Junel 28 FE 1-20 | Larin 28 FE 1-20 | Microgestin 28 FE 1-20 | Altaverra 28 0.15-30 |
| Kurvelo 28 0.15-30 | Levonor-Eth Estrad 28 0.15-30 | Levora 28 0.15-30 | Lillow 28 0.15-30 | Marlissa 28 0.15-30 |
| Portia 28 0.15-30 | Cryelle 28 0.3-30 | Elinest 28 0.3-30 | Low-Ogestrel 28 0.3-30 | Blisovi FE 28 1.5-30 |
| Junel FE 28 1.5-30 | Larin FE 28 1.5-30 | Microgestin FE 28 1.5-30 | Apri 28 0.15-30 | Cyred 28 0.15-30 |
| Desogest-Eth Estra 28 0.15-30 | Emoquette 28 0.15-30 | Enskyce 28 0.15-30 | Isibloom 28 0.15-30 | Juleber 28 0.15-30 |
| Reclipsen 28 0.15-30 | Drosperinone-Eth Estradiol 28 3-30 | Ocella 28 3-30 | Syeda 28 3-30 | Zarah 28 3-30 |
| Ethinodiol-Eth Estra 28 1-35 | Kelnor 28 1-35 | Estarylla 28 0.25-35 | Femynor-28 0.25-35 | Mono-Linya-28 0.25-35 |
| Mononessa-28 0.25-35 | Norg-Ethin Estra 28 0.25-35 | Previfem 28 0.25-35 | Sprintec 28 0.25-35 | Necon 28 1-50 |

| Oral Contraceptives (preferred products) | | | | |
|--|---|------------------------------------|-----------------------------------|---------------------------|
| Balziva 28 0.4-35 | Philith 28 0.4-35 | Vyfemla 28 0.4-35 | Necon 28 0.5-35 | Nortrel 28 0.5-35 |
| Wera 28 0.5-35 | Alyacen 28 1-35 | Cyclafem 28 1-35 | Dasetta 28 1-35 | Nortrel 28 1-35 |
| Pirmella 28 1-35 | Ethynodiol-Eth Estra 28 1-50 | Nikki 28 3-20 | Loryna 28 3-20 | Vestura 28 3-20 |
| Junel FE 24 1-20 | Larin FE 24 1-20 | Minastrin FE 24 1-20 | | |
| Monophasic 21 | | | | |
| Junel 21 1-20 | Larin 21 1-20 | Norethind-Eth Estrad 21 1-20 | Junel 21 1.5-30 | Larin 21 1.5-30 |
| Nortrel 21 1-35 | | | | |
| Biphasic | | | | |
| Lo Loestrin FE 28 1-10 | Azurette 28 | Bekyree 28 | Kariva 28 | Kimidess 28 |
| Mircette 28 | Pimtrea 28 | Viorele 28 | | |
| Triphasic | | | | |
| Tri-Lo Estarylla 28 | Tri-Lo Marzia 28 | Tri-Lo Sprintec 28 | Caziant 28 | Velivet 28 |
| Enpresse 28 | Levonest 28 | Levonor-Eth Estrad Triphasic 28 | Myzilra 28 | Ortho Tri-Cyclen 28 |
| Tri-Estarylla 28 | Tri-Femynor 28 | Tri-Linyah 28 | Trinessa 28 | Tri-Previfem 28 |
| Tri-Sprintec 28 | Alyacen 7-7-7 28 | Cyclafem 7-7-7 28 | Dasetta 7-7-7 28 | Pirmella 7-7-7 28 |
| Extended Cycle | | | | |
| Levonorgest-Eth Estrad 91 0.1-10-20 | Levonorgest-Eth Estrad 91 0.15-20-25-30 | | Introvale 91 0.15-30 | Jolessa 91 0.15-30 |
| Quasense 91 0.15-30 | Setlakin 91 0.15-30 | Ashlyna 91 0.15-10-30 | | |
| Continuous Cycle | | | Levonorgest-Eth Estrad 28 0.09-20 | |
| Norethindrone Only | | | | |
| Camila 28 0.35 | Deblitane 28 0.35 | Errin 28 0.35 | Heather 28 0.35 | Jencycla 28 0.35 |
| Jolivet 28 0.35 | Lyza 28 0.35 | Norethindrone 28 0.35 | Norlyda 28 0.35 | Ortho Micronor 28 0.35 |
| Sharobel 28 0.35 | | | | |

Refer to the [Preferred Drug List](#) for details.

Pharmacy & Therapeutics Committee Meeting

Tuesday, October 2, 2018

1:00 - 5:00 p.m.

303 E 17th Ave Denver, CO 80203

11th floor Conference Rooms

Pharmacy & Therapeutics Committee Open Positions

The Pharmacy & Therapeutics Committee has openings for the following positions for January 2019:

Pharmacist (2 positions), Other Specialty Physician [5 positions: psychiatry (1), pediatrics (1), disabilities (2) and other specialty (2)] and Member Representative (1 position).

The actively practicing pharmacist or physician or member representative shall serve two-year terms. Duties, membership and other term details can be found at Pharmacy & Therapeutics Committee Policies and Procedures, accessible under "Our Members."

Any interested parties can send a resume or CV along with a [completed Conflict of Interest Form](#) to Brittany Schock at Brittany.Schock@state.co.us, or mail to 1570 Grant Ave, Denver, CO 80203, or fax 303-866-3590. The deadline for this submission will be November 5, 2018.

Current Coverage and Billing for Vivitrol (Naltrexone Extended Release)

Vivitrol is currently a medical benefit and should not be billed to the pharmacy benefit unless the drug is administered in the member's home or in a long-term care facility. If given in the hospital or physician's office, the claim must be billed as a medical expense. For any changes to the current policy, more details will be provided in the next few months. This is referenced from [Appendix P](#).

Emergency Supply May be Requested for Drugs Requiring Prior Authorization (PA)

PA requests by phone and fax are processed within 24 hours of receipt by Magellan. If additional information is required by Magellan for the decision (approval or denial), then the Prior Authorization Request (PAR) may not be finalized within 24 hours. In this case, the prescriber is asked to provide the additional information.

If the pharmacist determines that a member needs an emergency supply during the time needed for a PAR to be completed by the provider, the pharmacist may request an override for a 3-day supply; allowable for most medications.

To request a 3-day override for emergency situations while a PAR is being processed, contact the Magellan Rx Pharmacy Call Center 1-800-424-5725, which is available 24 hours a day, 7 days a week. PARs and emergency 3-day supplies can be called or faxed to the Magellan Rx Pharmacy Call Center. Phone: 1-800-424-5725 Fax: 1-888-424-5881 Reference: [Appendix P](#).

All Physician-Administered Drug (PAD) Providers

Q4 Rate Updates

The Department has updated the PAD rates for the 4th quarter of 2018. The new rates have a start date of October 1, 2018. The new rates are posted under [Physician-Administered Drug Fee Schedule](#) on the [Rates & Fee Schedules web page](#).

Physician Services

Multiple Surgery Billing Procedures



Services must be billed on the same claim to receive payment for multiple surgical services rendered on the same date of service, for the same member, by the same provider. If a separate claim is billed, the subsequent claim will deny. When using both modifiers RT and LT for an appropriate code on the same claim, each code should be billed on a separate line of the claim; one (1) with modifier RT indicating the right side, and one (1) with modifier LT indicating the left side.

Billing Bilateral Procedures

Providers are reminded that the use of modifier 50 to report bilateral procedures has been changed to reflect National Correct Coding standards. Previously, the Department required bilateral procedures be reported on two (2) lines, with modifier 50 added to the second line. Bilateral procedures should be

reported on one (1) line by adding modifier 50 to the appropriate procedure code, using one (1) unit of service. The code will then be paid at 180 percent of the allowed amount.

Contact the [Provider Services Call Center](#) (1-844-235-2387) for more information on billing with the above guidance.

Provider Billing Training Sessions

October and November 2018 Provider Billing Training Sessions

Providers are invited to participate in training sessions for an overview of Health First Colorado billing instructions and procedures. The current and following months' workshop calendars are shown below.

Who Should Attend?

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

The UB-04 and CMS 1500 training sessions provide high-level overviews of claim submission, prior authorizations, navigating the [Department's website](#), using the [Provider Web Portal](#), and more. For a preview of the training materials used in these sessions, refer to the [UB-04 Beginning Billing Workshop](#) and [CMS 1500 Beginning Billing Workshop](#).

Specialty training sessions provide more training for that particular provider specialty group. Providers are advised to attend a UB-04 or CMS 1500 training session prior to attending a specialty training. For a preview of the training materials used for specialty sessions, visit the [Provider Training web page](#) and click the Billing Training and Workshops drop-down list.

For more training materials on navigating the Provider Web Portal, refer to the Provider Web Portal Quick Guides available on the [Quick Guides and Webinars web page](#).

Note: Trainings may end prior to 11:30 a.m. MT. Time has been allotted for questions at the end of each session.



October 2018

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|---|--------|----------|
| 7 | 8 | 9 | 10 | 11 CMS 1500 Webinar 9:00 a.m. - 11:30 a.m. MT | 12 | 13 |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| 14 | 15 | 16 | 17 | 18 UB-04 Webinar 9:00 a.m. - 11:30 a.m. MT | 19 | 20 |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| 21 | 22 | 23 | 24 | 25 HCBS Specialty Webinar 9:00 a.m. - 11:30 a.m. MT | 26 | 27 |

November 2018

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|---|--------|----------|
| 4 | 5 | 6 | 7 | 8 CMS 1500 Webinar 9:00 a.m. - 11:30 a.m. MT | 9 | 10 |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| 11 | 12 | 13 | 14 | 15 UB-04 Webinar 9:00 a.m. - 11:30 a.m. MT | 16 | 17 |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| 25 | 26 | 27 | 28 | 29 Nursing Facility - Post Eligibility Treatment of Income (PETI) Webinar 9:00 a.m. - 11:30 a.m. MT | 30 | |

Live Webinar Registration

Register for a live webinar by clicking the title of the desired training session in the calendar above and completing the webinar registration form. An automated response will confirm the reservation. Do **not** register via these links if planning to attend a training session in person at the DXC office (see instructions below for RSVPing to attend in person).

For questions or issues regarding webinar registration, email co.training@dxc.com with the subject line "Webinar Help." Please include a description of the issue being experienced, name and contact information (email address and phone number), and the name and date of the webinar to be attended. Providers should allow 2-3 business days to receive a response.

In-Person Training Registration

Providers who would like to attend a training session **in person** should RSVP to co.training@dxc.com by noon the day prior to the training, with the subject line "In-Person RSVP." Please include attendee name(s), organization, contact information (email address and phone number), and the name and date of the training to be attended. Providers should allow 2-3 business days to receive a confirmation for in-person training reservations. Do not send an RSVP via email if not planning on attending **in person**.

In-person training sessions will be held at the following address:

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

Parking and Transportation

Free parking is not provided, and parking is limited in the downtown Denver area. Commercial parking lots are available throughout the downtown area. The daily rates range between \$5 and \$20. Carpooling and early arrival are recommended to secure parking. Whenever possible, public transportation is also recommended.

Some forms of public transportation include:

[Light Rail](#)

[Free MallRide](#)

Upcoming Holidays

| Holiday | Closed Offices/Offices Open for Business |
|---|---|
| Columbus Day - Monday, October 8, 2018 | State Offices, DentaQuest, and the ColoradoPAR Program will be closed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks. DXC will be open. |
| Veterans Day - Monday, November 12, 2018 | State Offices, DentaQuest, and the ColoradoPAR Program will be closed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks. DXC will be open. |

| Holiday | Closed Offices/Offices Open for Business |
|---|---|
| Thanksgiving Day - Thursday, November 22, 2018 | State Offices, DentaQuest, DXC and the ColoradoPAR Program will be closed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks. |

DXC Contacts

DXC Office

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

Provider Services Call Center

1-844-235-2387

DXC Mailing Address

P.O. Box 30
Denver, CO 80201