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Did You Know?

Frances Xavier Cabrini Day, observed the first Monday in October, was created as a new legal holiday to replace Columbus Day (second Monday in October). State offices and the ColoradoPAR Program will be closed on October 5, 2020. DXC Technology (DXC) and DentaQuest will be open.

All Providers

Colorado interChange Update for the State of Colorado Intercept Process

The Colorado interChange is being updated in accordance with State of Colorado statute [CRS 24-30-202.4\(3.5\)\(a\)\(l\)](#) which requires intercepting funds issued to a vendor should that vendor owe money to a state entity. Under this statute, the Colorado Department of Human Services (CDHS) may intercept payments to Health First Colorado (Colorado's Medicaid Program) providers for child support payments. Additional state entities may be added in future updates.

Providers will be informed on both the remittance advice (RA) and the [Provider Web Portal](#) when funds have been intercepted and deducted from a payment. The RA message will include the following:

- State Statute
- Agency Name and Contact Information
- Deduction Reason
- Amount



The Provider Web Portal will display a message for 30 days to alert providers when funds have been intercepted. The alert will include the following:

- State Statute
- Agency Name and Contact Information
- Payment Number
- Amount

Contact the [Provider Services Call Center](#) at 1-844-235-2387 with questions or concerns.

Colorado interChange Update – ClaimsXten™ Claims Editing Solution

Effective September 26, 2020, the Colorado interChange was updated with a claims editing solution in accordance with [Senate Bill \(SB\) 18-266](#), which required the Department of Health Care Policy & Financing (the Department) to implement new initiatives intended to help control Health First Colorado's costs and ensure appropriate claims payment. The Department and DXC are working with Change Healthcare to implement the ClaimsXten™ tool.

Professional and Outpatient claims received in Colorado interChange will automatically process through ClaimsXten™ to apply additional editing based on State and Federal policies. This additional editing tool will help to identify inappropriate bill coding and reduce potential overpayments.

The following claims and providers services are excluded:

- Any claim with Medicare information (crossover claim)
- Dental
- Home & Community-Based Services (HCBS Waiver)
- Hospital (Inpatient)
- Hospital (Outpatient) - General, Community Clinic *with* Type of Bill (TOB) 13X claims
- Nursing Facility

Refer to the [Provider Claim Types Processed Through ClaimsXten™ chart](#) for a complete list of included and excluded provider/claim types.

Hospitals

Effective October 1, 2020, the existing 3M Enhanced Ambulatory Patient Grouping (EAPG) will be updated to improve payment accuracy. For more information, refer to the General Updates article for Hospital Providers below.

Providers are encouraged to visit the [Provider Training web page](#) for the latest updates and information on the ClaimsXten™ training session schedule as dates and times are subject to change.

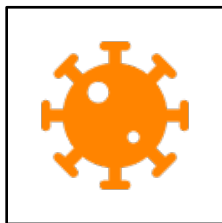
Providers are also encouraged to visit the [Ensuring Appropriate Claims Payment web page](#) for information on upcoming trainings, FAQs and other updates.

COVID-19-Related Services for Recipients of Emergency Medicaid Services (EMS)

Updated from [June 2020 Provider Bulletin \(B2000449\)](#) and [Last Week in Review 5-22-2020](#).

The Department recognizes that the severity of many symptoms and complications due to COVID-19 may be considered emergency medical conditions by providers, as defined at Colorado Revised Statutes § 24-76.5-102(1). Providers are reminded that recipients of EMS who experience an emergency medical condition can access necessary services to treat the emergency medical condition through which they became eligible for EMS. In addition to emergency department care and inpatient hospital admissions, services may include other medically necessary interventions to treat the emergency medical condition only to prevent emergent readmission to a hospital. A COVID-19 diagnosis, absent an emergency medical condition, does not automatically qualify a patient for EMS.

Per the Department's regulations at 10 CCR 2505-10, § 8.100.3.G.1.g.vii, a provider must



certify the presence of an emergency medical condition when services are provided. The provider must also indicate on the claim that services are for a medical emergency. Coverage is limited to care and services that are necessary to treat the immediate emergency medical condition and does not include prenatal care or follow-up care.

Emergency medical condition is defined as, “a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- (A) Placing the patient's health in serious jeopardy,
- (B) Serious impairment to bodily function, or
- (C) Serious dysfunction of any bodily organ or part.”

See 42 U.S.C. § 1396b(v)(3); and see Colorado Revised Statutes § 24-76.5-102(1).

Claims submitted for recipients of EMS must have the appropriate emergency indicator on claims forms. The provider must use the following claim form fields to confirm that the claimed services relate to emergency medical conditions:

- For professional claims: Field 24C (EMG)
- For institutional claims: Admission Type 1 (Emergency) or 5 (Trauma)

Please note that outpatient pharmacy services, long term care and home dialysis treatments are not covered services for EMS recipients.

Deficit Reduction Act (DRA) Documentation Due November 2, 2020

Section 6032 of the [Deficit Reduction Act of 2005 \(DRA\)](#) requires providers who meet the definition of entity and who 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.

For Federal Fiscal Year 2020 (FFY2020), providers who are subject to Section 6032 must submit the [DRA Declaration FFY2020 form](#), 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.



The completed [DRA Declaration FFY2020 form](#) and policies and procedures must be emailed to hcpf_draact2005@state.co.us no later than November 2, 2020.

Contact Eileen Sandoval at hcpf_draact2005@state.co.us with questions related to the DRA.

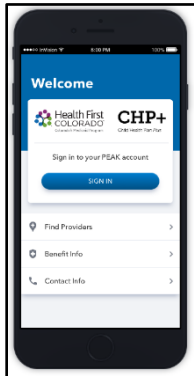
Healthy Communities Program for Members Shifted to Regional Accountable Entities (RAEs)

Effective July 1, 2020, the work of the Healthy Communities Program transitioned to the RAEs. The Healthy Communities Program provided outreach to newly enrolled families with children under the age of 21 and pregnant women enrolled in Health First Colorado (Colorado’s Medicaid Program) and Child Health Plan *Plus* (CHP+). Moving forward, outreach will be performed by the RAEs moving forward and Managed Care Entities (MCEs) as it aligns well with their existing work and provides cost savings opportunities.

The Department would like to thank the Health Communities staff members and partners who worked to help improve the lives and health of the people served.

The [RAEs](#) will now handle Health First Colorado member questions concerning providers and benefits. The [county departments of human/social services](#) will answer questions about member applications and eligibility status. [CHP+](#) customer service will answer any CHP+ member questions at 1-800-359-1991.

Contact Jeff Helm at Jeff.Helm@state.co.us for more information.



New Mobile App for Health First Colorado and Child Health Plan *Plus* (CHP+) Members

A new mobile app for Health First Colorado and (CHP+) members is now available for download in the Apple App Store® and Google Play™ Store. The Health First Colorado app (formerly *PEAKHealth*), launched on August 30, 2020, is easier to use and has a new look. Members may access member ID cards, see if benefits are active, search for providers and more. Providers are encouraged to advise members of the new app as a tool to help manage their coverage.

We're Here for YOU, Colorado! Member Enrollment Campaign

The Department has created the We're Here for YOU, Colorado! campaign to spread awareness about applying for Health First Colorado and Child Health Plan *Plus* (CHP+).

A surge is expected in the number of Coloradans eligible for health care coverage due to the economic impact of the coronavirus (COVID-19) pandemic. Providers are encouraged to share the information available on the [We're Here for YOU, Colorado! web page](#) through websites, social media, emails and newsletters.

Refer to the For Coloradans Who Need Health Insurance drop-down section under the Ads heading, to view a monthly feature of Coloradans who obtain health care coverage through Department programs.

Visit [We're Here for YOU, Colorado!](#) to learn more.

All Providers Who Utilize the ColoradoPAR Program

Prior Authorization Request Supporting Documentation Reminder

All providers who use eQHealth Solutions, the Department's prior authorization vendor, to submit prior authorization requests (PARs) are reminded that additional supporting clinical documentation may be requested as part of the medical necessity review. The additional documentation required may be different for each PAR based on the individual request, and may also change as clinical guidelines, coding or Department guidance changes.

Contact eQHealth Solutions at co.pr@eqhs.com or email the Department's Utilization Management team at hcpf_um@state.co.us with questions or concerns.

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

Peristeen System Coverage Update

Health First Colorado covers the Peristeen System product for members of all ages. Effective September 1, 2020, coverage of this product is being amended to allow for medically necessary daily use in addition to every-other-day use. The table below details the benefit for this product. Both Healthcare Common Procedural Coding System (HCPCS) codes require a prior authorization request (PAR) through the Department's prior authorization vendor, eQHealth Solutions. If daily use is medically necessary, please ensure the supporting documentation submitted with the PAR details the daily use.

HCPCS	Item Description	Daily Use	Every-other Day Use
A4459	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type. 1 unit of service = 1 pump of 90 uses and 15 catheters.	4 units per year	2 units per year

HCPCS	Item Description	Daily Use	Every-other Day Use
A9270	Peristeen Supplies, includes catheters and 1 bag. 1 unit of service = 1 pack of 15 catheters.	21 units per year	11 units per year

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

Attention Durable Medical Equipment (DME)-Complex Rehabilitation Technology (CRT) and Assistive Technology Assessment Therapy Codes Prior Authorization (PA) Update

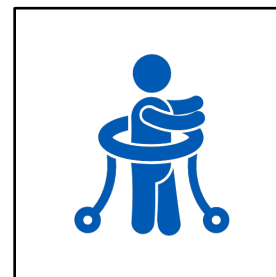
Effective October 1, 2020, the following DME-CRT Healthcare Common Procedural Coding System (HCPCS) will always require a specialty evaluation be completed and submitted to the Department prior authorization vendor, eQHealth Solutions, as part of the prior authorization process:

Gait Trainer

- E8000 Gait trainer, pediatric size, posterior support, includes all accessories and components
- E8001 Gait trainer, pediatric size, upright support, includes all accessories and components
- E8002 Gait trainer, pediatric size, anterior support, includes all accessories and components

Standers

- E0637 Combination sit to stand/table system, any size including pediatric, with seat lift feature, with or without wheels
- E0638 Standing frame/table system, one (1) position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels
- E0641 Standing frame/table system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels
- E0642 Standing frame/table system, mobile (dynamic stander), any size including pediatric



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

Home & Community-Based Services (HCBS) - Personal Care and Homemaker Providers

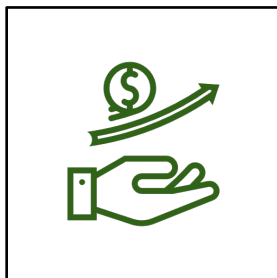
Policy Change for Travel Time Billing

Effective January 1, 2021, providers may no longer bill for travel time units under procedure codes T1019 and S5130. Rates have been rebased to account for the discontinuation of this practice. This resulted in an increased rate for Personal Care and Homemaker services HCBS waivers for persons with Brain Injury (BI), Community Mental Health Supports (CMHS), Elderly, Blind, and Disabled (EBD), and Spinal Cord Injury (SCI) to mitigate adverse impacts to providers. This change is in conjunction with the 21st Century Cures Act mandate, which requires state Medicaid agencies to implement an Electronic Visit Verification (EVV) system.

Refer to the corresponding [Policy Memo HCPF PM 20-008](#) or contact evv@state.co.us for more information.

Home & Community-Based Services (HCBS) Rate Increases for Denver Minimum Wage

The Colorado General Assembly approved an increase to provider rates in the Long Bill House Bill ([HB 20-1360](#)) for some HCBS providers effective January 1, 2021. The rate increase approved is specifically targeted to providers rendering services to members residing in the City and County of Denver (Denver Minimum Wage Rate Increase).



Per [Senate Bill \(SB\) 19-238](#), some providers are required to pass through 85% of the Denver Minimum Wage Rate Increase to Direct Care Workers and report compliance to the Department. All new rates and spending limits will be posted to the [Provider Rates & Fee Schedule web page](#).

Refer to the corresponding [Policy Memo HCPF OM 20-089](#) or contact HCPF_HCBS_Questions@state.co.us for more information.

Home & Community-Based Services (HCBS) - Home Care Agencies

Senate Bill (SB) 19-238 Reporting Timelines for FY 2019- 2020

[SB 19-238](#) requires the Department to implement an 8.1% increase in the reimbursement rate for certain Home and Community-Based Services (HCBS) which includes Homemaker Basic, Homemaker Enhanced, Personal Care and In-Home Support Services. The legislation also

requires that 100% of the increase for fiscal year (FY) 2019-2020 be passed through to direct care workers. Reporting for FY 2019-2020 will be done in the Provider Web Portal between November 1, 2020, and December 31, 2020. If the reporting process for SB 19-238 is not completed, the Department may recoup part or all of the funding resulting from the increase in the reimbursement rate.

The Department will contact the chief financial officers of impacted providers directly with additional instructions on how to submit information in the portal in order to comply with the legislation.

Contact the [Provider Services Call Center](#) at 1-844-235-2387 with questions regarding the Provider Web Portal. Contact the Department at hcpf_wage_pass_through@state.co.us for questions about compliance or reporting for the legislative mandate SB 19-238.

Home Health Private Duty Nursing (PDN) Providers

Group Rate Billing

Skilled Nursing services under PDN shall be reimbursed in units of one (1) hour, at the provider's usual and customary charge or the maximum Medicaid allowable rates established by the Department, whichever is less, per 10 CCR 2505- 10, Section 8.540.8.E. Units of one (1) hour may be billed for registered nurse (RN), licensed practical nurse (LPN), RN group rate (registered nurse providing PDN to more than one member at the same time in the same setting), LPN group rate (licensed practical nurse providing PDN to more than one member at the same time in the same setting) or blended RN/LPN rate (group rate by request of the home health agency only).



The allowable rate for a group of members in the same setting is available in the PDN fee schedule on the [Provider Rates & Fee Schedule web page](#), under the Home Health & PDN Rate Schedule drop-down section. Providers are reminded to use applicable group codes when serving more than one member at the same time in the same setting. Using the individual service codes per member when serving a group of members at the same time in the same setting is considered duplicative.

Contact hcpf_benefitsupport@state.co.us with any questions on this policy.

Hospital Providers

General Updates

Inpatient All Patients Refined Diagnosis Related Groups (APR-DRG) Hospital Providers

Draft Inpatient Base Rate Methodology

A new Inpatient Base Rate methodology is being created to replace the current methodology which relies heavily on Medicare Base Rate methodology. The draft methodology was presented during the September 2020 Hospital Stakeholder Engagement Meetings.

For those who were unable to attend the meeting, please review the web recording available on the [Hospital Stakeholder Engagement Meeting web page](#) and provide feedback by October 16, 2020, to Diana Lambe at Diana.Lambe@state.co.us. A revised draft methodology will be presented during the November 6, 2020, Hospital Stakeholder Engagement Meeting.

Outpatient EAPG Hospital Providers

September 2020 Enhanced Ambulatory Patient Grouping (EAPG) Module Update

The Department will update the 3M™ software which utilizes the EAPG methodology to version 2020.3.0 on September 30, 2020. This change accommodates the quarterly ICD-10/Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) updates effective October 1, 2020.

This module update will also accommodate the National Correct Coding Initiative (NCCI) and Medically Unlikely Edits (MUE) editing standards, thereby increasing the accuracy of payment modeling for outpatient hospital claims paid through Health First Colorado.

This update will also enforce the Department's limitation of 48 observation hours billable on outpatient hospital claims. Line items billed with HCPCS code G0378 that are in excess of 48 hours will be denied through the EAPG software. These updates will be effective October 1, 2020.



The software update does not represent a change to the underlying payment methodology, as the Department will continue to utilize version 3.10 of EAPGs.

Contact Andrew Abalos at Andrew.Abalos@state.co.us for any questions regarding the Department's outpatient hospital payment methodology or EAPGs.

Contact Janna Leo at Janna.Leo@state.co.us for questions regarding the 48 hour limit on observation hours in the outpatient hospital setting.

Colorado interChange Update - 3M™ Enhanced Ambulatory Patient Grouping (EAPG) - Claims Editing Solution

Effective October 1, 2020, the 3M™ EAPG solution within the Colorado interChange will be updated to increase the accuracy of outpatient hospital claims (Type of Bill (TOB) 13X) review

and adjudication based on State and Federal policies. Previously, multiple EAPG return codes were mapped to a single edit and Explanation of Benefits (EOB) code. With the update, each EAPG return code will be mapped to a single edit and EOB code.

Appendix R, available on the [Billing Manuals web page](#), will be updated with the new EAPG outpatient hospital claim EOB codes and descriptions.

Contact the [Provider Services Call Center](#) at 1-844-235-2387 with any questions related to the outpatient hospital EAPG claims editing solution. More information will be provided in future communications.

All Hospital Providers

Bi-Monthly Hospital Stakeholder Engagement Meetings

The Department will continue to host bi-monthly Hospital Engagement meetings to discuss current issues regarding payment reform and operational processing. [Sign up to receive the Hospital Stakeholder Engagement Meeting newsletters.](#)

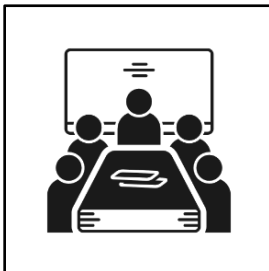
- The next Rural Hospital Engagement meeting is scheduled for [Thursday, November 5, 2020, from 2:00 p.m. - 4:00 p.m. MT](#) and will be hosted virtually.
- The All-Hospital Engagement meeting is scheduled for [Friday, November 6, 2020, from 9:00 a.m. - 12:00 p.m. MT](#) and will be hosted virtually.

Visit the [Hospital Stakeholder Engagement Meeting web page](#) for more details, meeting schedules and past meeting materials. **Calendar Year 2020 meetings have been posted.**

Contact Andrew Abalos at Andrew.Abalos@state.co.us with any questions 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.

Rural Health Clinic (RHC) Providers

Bi-Monthly Rural Health Clinic Stakeholder Engagement Meetings



The Department will continue to host bi-monthly Rural Health Clinic Engagement meetings to discuss current issues regarding payment reform and operational processing. The next meeting is scheduled for **Thursday, November 5, 2020 at 12:30 p.m. MT, and will be hosted virtually.** Please see the [Rural Health Clinic Engagement Meeting web page](#) for more details, meeting schedules and past meeting materials. **Calendar Year 2020 meetings have been posted.**

Contact Erin Johnson at ErinK.Johnson@state.co.us with any questions 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.

Non-Emergent Medical Transportation (NEMT) Providers

Reminder to Bill through Intelliride

NEMT providers must enroll and submit claims to Intelliride, the Department's transportation vendor. Claims submitted directly to Colorado interChange will be denied. This information was originally published in the [July 2020 Provider Bulletin \(B2000450\)](#).

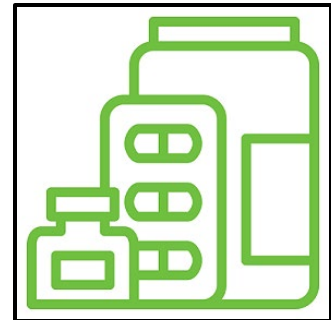
Contact Intelliride at 1-855-489-4999 for enrollment, scheduling trips or claims assistance.

Contact Ryan Dwyer at Ryan.Dwyer@state.co.us with questions related to policy.

Pharmacies and All Medication-Prescribing Providers

COVID-19 Early Refill Override Removal

Effective September 25, 2020, pharmacies may request an early refill override for reasons related to COVID-19 by contacting the Magellan Rx Management Pharmacy Call Center at 800-424-5725. Point-of-Sale (POS) overrides will no longer be available. Overrides may be approved after 50% of the medication day supply has lapsed since the last fill. If a member requires a refill before 50% of the day supply has lapsed, please provide the Magellan Rx Management Pharmacy Call Center details of the extenuating circumstances. COVID-19 early refill overrides are not available for mail order pharmacies.



Providers are reminded that maintenance medications are eligible for coverage up to a 100-day supply. Schedule 2 through 5 prescriptions may be refilled after 85% of the previous fill is used. Non-scheduled prescriptions may be refilled after 75% of the previous fill is used.

Visit the [COVID-19 web page](#) to stay current with ongoing changes.

October Preferred Drug List (PDL) Announcement

Brand Adderall XR capsules will be preferred October 1, 2020. The equivalent generic (amphetamine salts combination XR capsules) will be non-preferred October 1, 2020.

The following drug classes and preferred agents will become effective October 1, 2020, for Health First Colorado:

Anticoagulants

Preferred products: Enoxaparin syringe, Enoxaparin vial - *Amphastar Pharma only*, Pradaxa, Warfarin, Xarelto

Anticonvulsants

Preferred products: Carbamazepine (all generic formulations with exception of suspension; brand Tegretol suspension preferred), Clobazam tablet, Clonazepam, Dilantin 30 mg capsules, Divalproex, Ethosuximide, Felbatol BNR, Lamotrigine IR tablet/chewable, Levetiracetam, Oxcarbazepine, Phenobarbital, Phenytek, Phenytoin, Primidone, Tegretol suspension BNR, Topiramate IR tablet/sprinkle capsules, Valproic Acid, Zonisamide

Bone Resorption Suppression and Related Agents

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

Colony Stimulating Factors

Preferred products: Neupogen vial/syringe, Udenyca

Biguanides

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

Meglitinides

Preferred products: no changes

DPP4 Inhibitors

Preferred products: Janumet, Janumet XR, Januvia, Tradjenta

GLP1 Agonists

Preferred products: Byetta, Bydureon kit/pen, Victoza

SGLT2 Inhibitors

Preferred products: Farxiga, Invokamet, Invokana, Jardiance, Xigduo XR

Thiazolidinediones

Preferred products: Pioglitazone

Erythropoiesis Stimulating Agents

Preferred products: Retacrit

GI Motility Agents, Chronic

Preferred products: Amitiza, Linzess, Movantik

Hereditary Angioedema

Preferred products: Berinert, Firazyr BNR, Haegarda

Ophthalmic Immunomodulators

Preferred products: Restasis unit dose

Overactive Bladder Agents

Preferred products: Gelnique gel packets, Oxybutynin, Solifenacin, Toviaz

Stimulants and Related Agents

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

Prenatal Vitamins

Preferred products: Complete Natal DHA, Concept DHA, Concept OB, M-Natal Plus tab, Nestabs tab, PNV 29-1 tablet, Prenatal Vitamin Plus Low Iron, Preplus CA-FE 27 MG - FA 1mg tab, Provida OB capsule, Thrivite Rx tablet, Trinatal Rx 1 tab, Triveen-Duo DHA Combo Pack, Trust Natal DHA, Vitafol Gummies, Vol-Plus tablet

Oral Contraceptives

Monophasic 28: Altavera 28 0.15-30, Apri 28 0.15-30, Aubra 28 0.1-20, Aubra EQ-28 0.1-20, Aviane 28 0.1-20, Balziva 28 0.4-35, Cryselle 28 0.3-30, Cyclafem 28 1-35, Dasetta 28 1-35, Drospirenone-Eth Estradiol- Levomefolate 28 3-20, Drospirenone-Eth Estradiol- Levomefolate 28 3-30, Elinest 28 0.3-30, Enskyce 28 0.15-30, Estarylla 28 0.25-35, Ethynodiol-Eth Estra 28 1-50, Falmina 28 0.1-20, Femynor 28 0.25-35, Isibloom 28 0.15-30, Juleber 28 0.15-30, Kelnor 28 1-35, Kurvelo 28 0.15-30, Larissia 28 0.1-20, Lessina 28 0.1-20, Levonor-Eth Estrad 28 0.1-20, Levonor-Eth Estrad 28 0.15-30, Levora 28 0.15-30, Lillow 28 0.15-30, Low-Ogestrel 28 0.3-30, Lutera 28 0.1-20, Marlissa 28 0.15-30, Mili 28 0.25-35, Mono-Linyah 28 0.25-35, Necon 28 0.5-35, Norg-Ethin Estra 28 0.25-35, Nortrel 28 0.5-35, Nortrel 28 1-35, Ocella 28 3-30, Orsythia 28 1-20, Philith 28 0.4-35, Pirmella 28 1-35, Portia 28 0.15-30, Previfem 28 0.25-35, Sprintec 28 0.25-35, Sronyx 28 0.1-20, Syeda 28 3-30, Vienna 28 0.1-20, Vyfemla 28 0.4-35, Wera 28 0.5-35, Zarah 28 3-30

Monophasic 21: Larin 21 1-20, Larin 21 1.5-30, Norethind-Eth Estrad 21 1-20, Nortrel 21 1-35

Biphasic: Azurette 28, Bekyree 28, Cyred 28, Desogest-Eth Estra 28, Emoquette 28, Kariva 28, Lo Loestrin FE 28 1-10, Mircette 28, Viorele 28

Triphasic: Alyacen 7-7-7 28, Caziant 7-7-7 28, Cyclafem 7-7-7 28, Dasetta 7-7-7 28, Enpresse 28, Levonest 28, Levonor-Eth Estrad Triphasic 28, Norgestimate-Eth Estrad 0.18- 0.215-0.25/0.025, Norgestimate-Eth Estrad 0.18- 0.215-0.25/0.035, Pirmella 7-7-7, Tri-Estarylla 28, Tri Femynor 28, Tri-Linyah 28, Tri-Lo-Estarylla 28, Tri-Lo-Marzia 28, Tri-Lo-Sprintec 28, Tri-Previfem 28, Tri-Sprintec 28, Tri-Vylibra Lo 28, Velivet 7-7-7 28

Extended Cycle: Amethia 91 0.03 - 0.15 - 0.01, Ashlyna 91 0.15-10-30, Introvale 91 0.15-30, Jolessa 91 0.15-30, Levonorgest-Eth Estrad 0.09-20, Levonorgest-Eth Estrad 91 0.1-10- 20, Levonorgest-Eth Estrad 91 0.15- 0.03, Levonorgest-Eth Estrad 91 0.15- 0.03-0.01, Levonorgest-Eth Estrad 91 0.15-20- 25-30, Setlakin 91 0.15-30

Continuous Cycle: Aurovela FE 1-20, Aurovela FE 1.5-30, Blisovi FE 1-20, Blisovi FE 1.5-30, Jasmiel 3-20, Junel FE 1-20, Junel FE 1.5-30, Junel FE 24 1-20, Larin FE 1-20, Larin FE 24 1-20, Larin FE 1.5-30, Loryna 3-20, Microgestin FE 1-20, Nikki 3-20, Noreth-Eth Estrad-FE 24 1-20, Noreth-Eth Estrad-FE 1-20, Tarina FE 24 1-20, Tarina FE 1-20, Tarina FE 1-20 EQ

Progestin Only: Camila 28 0.35, Deblitane 28 0.35, Errin 28 0.35, Heather 28 0.35, Jencycla 28 0.35, Jolivette 28 0.35, Lyza 28 0.35, Norethindrone 28 0.35, Norlyda 28 0.35, Sharobel 28 0.35

Brand / Generic preference change of Catapres-TTS (clonidine) transdermal patch:

Brand Catapres-TTS patch is no longer favored over its generic equivalent (clonidine transdermal patch) and requires a prior authorization. The generic will not require a prior authorization.

Visit the [Pharmacy Resources web page](#) for coverage standards of pharmaceutical products covered under the **pharmacy** benefit.

The PDL and Appendix P are accessible from the [Pharmacy Resources web page](#).

Visit the [Physician Administered Drug web page](#) for coverage standards of pharmaceutical products covered under the **medical** benefit.

Pharmacy and Therapeutics (P&T) Committee Meeting



Tuesday, October 6, 2020

1:00-5:00 p.m. MT

303 E 17th Ave (meeting to be held virtually, not in person)

Visit the [Pharmacy and Therapeutics \(P&T\) web page](#) for the agenda and meeting information.

Pharmacy and Therapeutics (P&T) Committee Open Positions

The P&T Committee has openings for the following positions for January 2021: Pharmacist (2 positions), Specialty Physician (4 positions: one psychiatric, one pediatric, one disability, one other) 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 in the P&T Committee Policies and Procedures, accessible under Our Members drop-down section on the [Pharmacy and Therapeutics \(P&T\) Committee web page](#).

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 fax 303-866-3590. A CV is not

required for the member representative position. Resume (or similar document) is acceptable.

The deadline for submission is October 23, 2020.

Contact Brittany Schock at Brittany.Schock@state.co.us or 303-866-6371 for a conflict of interest form or any questions.

Pharmacy Providers

New U.S. Food & Drug Administration (FDA)-Approved Medication for Spinal Muscular Atrophy

Evrysdi (risdiplam) is a newly-FDA-approved oral medication for the treatment of Spinal Muscular Atrophy (SMA) patients aged two (2) months and older. Pharmacy approval criteria has been posted on [Appendix P](#), accessible from the [Pharmacy Resources web page](#).

Pharmaceutical Rate Methodology

Effective October 1, 2020, the pharmaceutical rate methodology will be updated to include National Average Drug Acquisition Cost (NADAC) and Maximum Allowable Cost (MAC) rates. The new methodology will be as follows:

- The allowed ingredient cost shall be the lesser of Average Acquisition Cost (AAC), NADAC, Usual and Customary Charge (U&C) or Submitted Ingredient Cost. If AAC and NADAC are not available, the allowed ingredient cost shall be the lesser of MAC, U&C or Submitted Ingredient Cost.
- Clotting factor drugs will be excluded from the above methodology and the allowed ingredient cost shall be the lesser of Submitted Ingredient Cost, U&C or Wholesale Acquisition Cost (WAC).

For more information regarding AAC, NADAC and MAC rates, visit the [Provider Rates & Fee Schedules web page](#) under the Pharmacy Rate List drop-down section.

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

Pharmacy System Updates for Oral Buprenorphine Drugs for Medication-Assisted Treatment (MAT)

The Pharmacy Benefits Management System (PBMS) has been updated to automate the prior authorization process for oral/buccal/sublingual buprenorphine when the necessary information is available within the claims system. This should lessen the burden on those who prescribe MAT for patients with opioid use disorder. All prior authorization criteria remain,

and if the requirements cannot be verified with data in the claims system, the usual process may be followed to obtain prior authorization.

Prescription Drug Average Acquisition Cost (AAC) Survey

Myers and Stauffer LC has been contracted to conduct ongoing acquisition cost surveys for prescription drugs. The Department strongly encourages the participation of all selected pharmacy providers 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, 2020, to a randomly selected group of pharmacy providers. Purchase invoices can be submitted to Myers and Stauffer LC via email at pharmacy@mslc.com; via postal mail at 800 E. 96th Street, Suite 200, Indianapolis, IN 46240; or fax at (317)-566-3203. Please note that all submitted invoice data will remain strictly confidential.

Contact the Myers and Stauffer Pharmacy Help Desk at 800-591-1183 or at the email listed above for general inquiries.

Reminder to Update Fax Numbers



Pharmacy providers are encouraged to ensure their fax numbers are accurate and current to receive important pharmacy fax blasts. Many pharmacies either do not have a fax number on file or have a corporate fax number on record.

For more information on updating the fax number, refer to the Provider Maintenance - Provider Web Portal Quick Guide available on the [Quick Guides web page](#).

Total Annual Prescription Volume (TAPV) Survey

The Department has contracted with Myers and Stauffer LC to conduct the TAPV survey of pharmacy providers. The prescription volume information submitted by most pharmacy types will be used to determine their dispensing fee for the 2021 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 LC will distribute the surveys to pharmacy providers starting October 1, 2020 and completed surveys must be returned to Myers and Stauffer LC by October 31, 2020.

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).

Completed surveys can be submitted to Myers and Stauffer via email at pharmacy@mslc.com, postal mail at 800 E. 96th Street, Suite 200, Indianapolis, IN 46240, or fax at 317-566-3203. If not a government or rural pharmacy and a survey request was not received, please contact the Myers and Stauffer Pharmacy Help Desk at 800-591-1183 or at pharmacy@mslc.com to request a survey form.

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 the Pharmacy Section at hcpf_Colorado.SMAC@state.co.us with any questions regarding the survey.

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

Quarter 4 Rate Updates 2020

The PAD rates for the fourth quarter of 2020 have been updated. The new rates are effective October 1, 2020, and are posted to the [Provider Rates & Fee Schedule web page](#) under the Physician Administered Drug Fee Schedule drop-down section.

Contact Emily Ng at Emily.Ng@state.co.us with any questions about PAD rates.

Physician Services

Medicinal Treatment for Non-Viable Pregnancy Circumstances

The American College of OB/Gyn (ACOG) recommends that Mifeprex, in combination with the currently used medication (misoprostol), be considered for medicinal treatment of non-viable

pregnancies. The addition of Mifeprex for conditions like a miscarriage or an early pregnancy loss (EPL) may provide a more effective treatment for these medical situations, decreasing the need for additional surgical interventions.

Effective November 1, 2020, Mifeprex (S0190) will be available as an additional medication for treatment of non-viable pregnancy conditions, such as: fetal demise, EPL, missed abortion, an incomplete miscarriage or abortion or an anembryonic pregnancy (blighted ovum).

Mifeprex, when used for these medical situations, can be provided by eligible Mifeprex-prescribing physicians or under the supervision of a healthcare provider who meets prescribing criteria.

Prior to ordering, prescribing and dispensing Mifeprex a healthcare provider must:

- Complete a Prescriber Agreement Form with the manufacturer (Danco Labs, LLC)
- Obtain a signed Patient Agreement Form before dispensing and
- Provide the patient with a copy of the Mifeprex Medication Guide (FDA-approved information for patients) as required under FDA regulations.

Mifeprex may only be dispensed in clinics, medical offices, and hospitals by or under the supervision of a certified healthcare provider, acting within their scope of practice.

Mifeprex (S0190) in combination with the medication misoprostol (S0191) can **only** be billed and reimbursed when associated with one of the following diagnosis codes:

- 002.1 - Missed abortion/early fetal death with retention of dead fetus,
- 002.0 - Anembryonic pregnancy/blighted ovum and
- 003.4 - incomplete spontaneous abortion w/out complications

Billing Requirements for medically-induced treatment of Non-Viable Pregnancies includes two HCPCS codes (S0190 and S0191), each code being needed when providing this treatment methodology.

- a. S0190 = MIFEPREX, ORAL, 200 MG (Danco Labs, LLC)
 - i. A valid NDC number must be included with any claim
- b. S0191=MISOPROSTOL, ORAL, 200 MCG
 - i. A valid NDC number must be included with any claim
- c. Valid HCPCS NDC combinations can be found in Appendix X, located on the [Billing Manuals web page under the Appendices drop-down](#)

The [Certification Statement Form for Non-Viable Pregnancies](#), available on the [Provider Forms web page](#) under the Claims Forms and Attachments and Women's Health drop-down sections, must be completed in entirety and attached to the claim in the Provider Web Portal.

A fully completed and provider-signed Department Certification Statement Form, documenting the specific identified medical condition, is required with claims that include Mifeprex for non-viable pregnancy-related services.

Contact the [Provider Services Call Center](#) at 1-844-235-2387 for more information regarding billing with attachments.

Contact Melanie Reece at Melanie.Reece@state.co.us with questions regarding the policy.

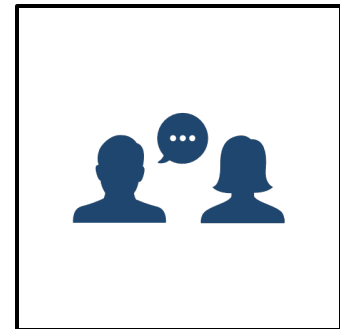
Speech Therapy Providers

Outpatient Speech Therapy Prior Authorizations Requests (PARs)

Effective October 1, 2020, all outpatient speech therapy PARs submitted to eQHealth Solutions, the Department's prior authorization vendor, must include a legibly written and signed ordering practitioner prescription, to include diagnosis (preferably with ICD-10 code), reason for therapy, the number of requested therapy sessions per week, and total duration of therapy.

Refer to the [Speech Therapy Billing Manual](#) for additional requirements needed when submitting an outpatient speech therapy PAR request.

Visit the [ColoradoPAR website](#) for additional guidance and training regarding outpatient speech therapy PARs.



Substance Use Disorder (SUD) Clinics

ICD-10 Updates for Substance Use Disorder Conditions

Effective October 1, 2020, the following substance use disorder ICD-10 codes will be included under Health First Colorado's benefit.

F10130	F10939	F1413
F10131	F1113	F1493
F10132	F1213	F1513
F10139	F13130	F19130
F10930	F13131	F19131
F10931	F13132	F19132
F10932	F13139	F19139

Regional Accountable Entities must modify their systems to include these ICD-10 codes.

Contact Sandy Grossman at Sandra.Grossman@state.co.us for more information regarding the capitated behavioral health benefit.

Provider Billing Training Sessions

October and November 2020 Provider Billing and ClaimsXten™ Webinar-Only 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 Beginner Billing Training: Professional Claims (CMS 1500) and Beginner Billing Training: Institutional Claims (UB-04) available on the [Provider Training web page](#) under the Billing Training - Schedule and Signup drop-down section.

For more training materials on navigating the Provider Web Portal, refer to the Provider Web Portal Quick Guides available on the [Quick Guides 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.

ClaimsXten™ Training Sessions

The ClaimsXten™ training sessions will be conducted by DXC during the month of October.

See the training session schedule below. Providers are encouraged to visit the [Provider Training web page](#) for the latest updates and information on the ClaimsXten™ training session schedule as dates and times are subject to change.

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

October 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5 ClaimsXten™ Training 2:00 p.m. - 3:00 p.m. MT Frances Xavier Cabrini Day	6	7 ClaimsXten™ Training 9:00 a.m. - 10:30 a.m. MT	8	9 ClaimsXten™ Training 2:00 p.m. - 3:00 p.m. MT	10
11	12 ClaimsXten™ Training 2:00 p.m. - 3:00 p.m. MT	13	14 ClaimsXten™ Training 9:00 a.m. - 10:30 a.m. MT	15 Beginner Billing Training: Professional Claims (CMS 1500) 9:00 a.m. - 11:30 a.m. MT	16 ClaimsXten™ Training 2:00 p.m. - 3:00 p.m. MT	17
18	19 ClaimsXten™ Training 9:00 a.m. - 10:30 a.m. MT	20	21 ClaimsXten™ Training 2:00 p.m. - 3:00 p.m. MT	22	23 ClaimsXten™ Training 9:00 a.m. - 10:30 a.m. MT	24
25	26	27	28 ClaimsXten™ Training 2:00 p.m. - 3:00 p.m. MT	29 Beginner Billing Training: Institutional Claims (UB-04) 9:00 a.m. - 11:30 a.m. MT	30	31

November 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11 Veterans Day	12 Beginner Billing Training: Professional Claims (CMS 1500) 9:00 a.m. - 11:30 a.m. MT	13	14
15	16	17	18	19 Beginner Billing Training: Institutional Claims (UB- 04) 9:00 a.m. - 11:30 a.m. MT	20	21
22	23	24	25	26 Thanksgiving Day	27	28
29	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. For questions or issues regarding webinar registration, email co.training@dxc.com with the subject line "Webinar Help." 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(s) to be attended. Allow up to 2-3 business days to receive a response.

Upcoming Holidays

Holiday	Closed Offices/Offices Open for Business
Francis Xavier Cabrini Day Monday, October 5	State Offices 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 and DentaQuest will be open.
Veterans Day Wednesday, November 11	State Offices 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 and DentaQuest will be open.
Thanksgiving Thursday, November 26	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

Provider Services Call Center

1-844-235-2387

DXC Mailing Address

P.O. Box 30

Denver, CO 80201