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## Did You Know - Known Issues Web Page

Providers can find Colorado interChange system updates on the [Known Issues web page](#). Issue resolution dates and details on claims reprocessing are listed by the specific provider type.

## All Providers

### Fingerprint – Federal Criminal Background Check (FCBC)

On September 24, 2018, the Department of Public Safety implemented the Colorado Applicant Background Services (CABS) program. Instead of obtaining and submitting fingerprint cards from local law enforcement agencies, individuals must go to an [Identogo location](#) to meet the requirements of the FCBC for high-risk provider types. Ink cards were no longer accepted effective October 19, 2018.

Individuals may **not** fingerprint themselves; fingerprints **must** be obtained from an approved fingerprinting site. Identogo is required to have locations throughout the state and no individual in Colorado should travel more than 40 miles (one way) to procure fingerprinting services. Individuals are required to pay a service fee of \$10.00 per card/transmission.

Fingerprint cards must be sent by the fingerprinting site directly to Colorado Bureau of Investigation (CBI). Original cards will no longer be accepted. For more information, visit the [CBI website](#).

Federal regulations (42 CFR 455.434) established by the Centers for Medicare & Medicaid Services (CMS) require enhanced screening and revalidation of all Medicare, Medicaid and Child Health Plan *Plus* (CHP+) providers.

Most Health First Colorado (Colorado's Medicaid Program) and CHP+ providers have already met the requirements for this revalidation cycle. However, the Department of Health Care Policy & Financing (the Department) reminds high-risk providers (and any individual who has ownership, or a controlling interest of 5% or more of a high-risk provider type) that those individuals still need to undergo fingerprinting and a federal criminal background check.

Providers must submit fingerprints within 30 days of a request from CMS, the Department, Department agents or designated contractors.

For more information, refer to the [Fingerprint Criminal Background Check \(FCBC\) FAQ](#) available on the [FAQ Central web page](#).

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## Backdate Enrollment Form

The Department strongly recommends that providers do not render services for Health First Colorado members until the provider's enrollment application has been approved. However, timely filing policy for claims allows providers to enroll and submit claims within 365 days from the date of the service rendered to a Health First Colorado member.



In most cases, a provider's enrollment can be backdated 365 days from the date of enrollment approval if the provider was licensed continuously through those dates and meets all other enrollment criteria. Providers must submit a completed [Backdate Enrollment Form](#) to request an effective date prior to the current enrollment effective date. Backdating enrollment is not a guarantee of prior authorization backdate or claim payment.

A timely filing waiver or a previous Internal Control Number (ICN) is required if a claim is submitted beyond the 365-day timely filing period. These claims are subject to Department review.

DXC Technology (DXC) and the Department are working on a future enhancement to the enrollment application which will allow providers to request a backdate as part of the application process.

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## Upcoming Improvements to Remittance Advice (RA) Financial Transactions Page

Many providers have contacted the Department and DXC with questions about how to reconcile claim adjustments reflected on their RAs. Based on provider feedback, DXC and the Department are making updates to the Financial Transactions page of the RA to provide additional payment and recoupment information. These changes will be implemented in the coming weeks, and updates will be provided in future provider bulletins and email communications.

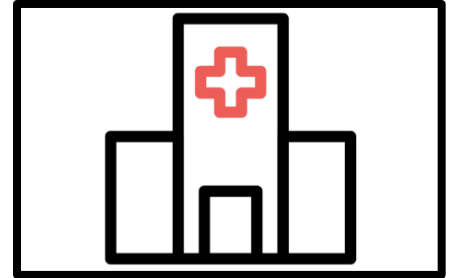
# Hospital Providers

## General Updates

### Inpatient Hospitals

#### **Managed Care Organization (MCO) Utilization Graduate Medical Education (GME) Payments**

In an effort to streamline hospital payments, starting fiscal year 2018-2019, GME payments for MCO utilization will be incorporated back into the MCO rates. This will eliminate the need for the separate GME payments made to hospitals on a yearly basis by the Department. Inpatient GME payments made to specific teaching hospitals will continue to be paid through Special Financing. Final GME payments for calendar year (CY) 2017 and the first half of CY 2018 will be processed by the Department by the first quarter of 2019.



Contact Diana Lambe at [Diana.Lambe@state.co.us](mailto:Diana.Lambe@state.co.us) with any questions about the remaining payments.

### Inpatient Hospital Per Diem Rate Group

#### **New Web Page**

A new web page has been created to house the Inpatient Per Diem Rates. Please take a moment to visit the [Inpatient Hospital Per Diem Reimbursement Group web page](#).

#### **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](mailto:Elizabeth.Quaife@state.co.us) with any questions, concerns and feedback.

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

### Outpatient Hospitals

#### **Bi-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 relating to billing, payment and/or the EAPG methodology in general. For recordings of previous meetings, related meeting materials and the current schedule for future meetings, visit the [Outpatient Hospital Payment web page](#).

Contact Andrew Abalos at [Andrew.Abalos@state.co.us](mailto:Andrew.Abalos@state.co.us) or 303-866-2130 with 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](mailto: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.

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

#### Fourth Quarter (Q4) Rate Updates

The Department has updated the PAD rates for the fourth quarter of 2018. The new rates have an effective date of October 1, 2018. The new rates are posted to the PAD Fee Schedule, available on the [Provider Rates & Fee Schedule web page](#).

## Nursing Facility Providers

### **Telligen Selected for Long-Term Care Utilization Management Contract**

The Department selected Telligen as the Long-term Care Utilization Management contractor to perform a range of utilization management functions starting in July 2018, in these areas:

- Hospital Back-up Program Reviews
- Intermediate Care Facility Continued Stay Reviews
- Brain Injury (BI) Demographic Survey and Acuity Assessments
- Post-Eligibility Treatment of Income (PETI)-Incurred Medical Expenses Prior Authorization
- Case Management Agency (CMA) Performance and Quality Reviews
- Quality Improvement Strategy (review of CMA's administrative and case management functions in accordance with CMS regulations)
- Critical Incident Review (CIR)

Telligen is a population health management company headquartered in West Des Moines, Iowa, with an established office in Greenwood Village, Colorado, as well as locations in Idaho, Illinois, Maryland, Massachusetts, Minnesota and Oklahoma. For over 40 years, Telligen has been working with State Medicaid agencies to improve the quality and cost effectiveness of health care for its clients.

Telligen's roots in Colorado are based in its acquisition of the Colorado Foundation for Medical Care (CFMC) in 2013, and Telligen has served as the Medicare Quality Improvement Organization for Colorado since that time. Through its work in quality improvement Telligen has had relationships with many of the providers and stakeholders in the state.

Telligen is excited to be working with the Department and collaborating with the Colorado stakeholders on this important work to improve health and safety for Health First Colorado members.

Contact Pam Valvano at [pvalvano@telligen.com](mailto:pvalvano@telligen.com) or 720-554-1452 with any questions or to request more information.

# Outpatient Physical and Occupational Therapy (PT/OT) Providers

## Outpatient PT/OT Policy Updates

### Documentation Requirements

The Visit/Encounter Note documentation requirements have been updated. Providers are no longer required to document the start/stop times of each procedure rendered. Documentation of time spent providing each service and time spent for the total duration of the visit is still required.

The Documentation Requirements section of the [Outpatient Physical and Occupational Therapy Fee-for-Service Policy and Billing Manual](#) has been updated to reflect this policy.

### Prior Authorization for 97760

CPT 97760 no longer requires prior authorization. The Eligible Outpatient PT/OT Procedure Codes section of the [Outpatient Physical and Occupational Therapy Fee-for-Service Policy and Billing Manual](#) has been updated to reflect this policy.

Visit the [Outpatient PT/OT Benefits web page](#) for current benefit information.

Contact Alex Weichselbaum at [Alex.Weichselbaum@hcpf.state.co.us](mailto:Alex.Weichselbaum@hcpf.state.co.us) with any questions.

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## Pharmacies and All Medication-Prescribing Providers

### Pharmacy & Therapeutics (P&T) Committee Open Positions

The [P&T Committee](#) has openings for the following positions for January 2019:

- Pharmacist (2 positions)
- Other Specialty Physician
  - Psychiatry (1 position)
  - Pediatrics (1 position)
  - Disabilities (2 positions)
  - Other specialty (2 positions)
- Member Representative (1 position)



The actively practicing pharmacist, physician or member representative shall serve two-year terms. Duties, membership and other term details can be found on the Pharmacy and Therapeutics ([P&T Committee web page](#)) in the [Policies and Procedures Manual](#) under the “Our Members” section.

Interested applicants should send a resume or CV along with a completed [Conflict of Interest Form](#) to Brittany Schock at [Brittany.Schock@state.co.us](mailto:Brittany.Schock@state.co.us), or mail to 1570 Grant Ave, Denver, CO 80203, or fax 303-866-3590. The deadline for this submission is November 5, 2018.

## Drug Utilization Review Updates

### New Opioid Policy for Dental Prescriptions

A new prescription opioid policy will be implemented on November 15, 2018, which will limit the total days allowable for dental prescriptions of short-acting opioids to four (4) days per prescription fill, and limit the total quantity of four-day dental prescriptions to 24 tablets or capsules. The policy will allow up to three (3) four-day dental opioid prescription fills, and the fourth dental opioid prescription fill will require a prior authorization. Exceptions will be considered for members undergoing major mandibular/maxillary surgery, surgery for severely impacted teeth or for procedures associated with severe cellulitis of the fascial planes, and prior authorization may be granted for up to a seven-day supply (up to 56 tablets/capsules) of short-acting opioids.

### Smoking Cessation Without Prior Authorization



Smoking cessation medications are a covered benefit for all Health First Colorado members, though some of these medications previously required prior authorization approval for coverage. As a strategy to help providers working with Health First Colorado members that are ready quit smoking and tobacco use, all first-line smoking cessation medication therapies are now eligible for coverage without a prior authorization. These medications include varenicline, bupropion, nicotine inhaler, nicotine spray, nicotine patch, nicotine lozenge and nicotine gum. This change was implemented on November 1, 2018.

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

### Decreasing Maximum Daily Morphine Milligram Equivalents for Opioid Prescriptions

As part of opioid policy changes effective November 15, 2018, the maximum allowable morphine milligram equivalents (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 between the member's provider and the Health First Colorado 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 on the [Opioid Dose Calculator website](#).

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

# 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 the 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.

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 Health First Colorado.

Effective 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.

Effective November 1, 2018, the Department will notify providers when:

- 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.



How to resolve denied claims:

- If a pharmacy is billing 340B-purchased drugs to Health First Colorado, then the 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, claims must be submitted with “20” in the Submission Clarification field and “05” or “08” in the Basis of Cost Determination field.

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

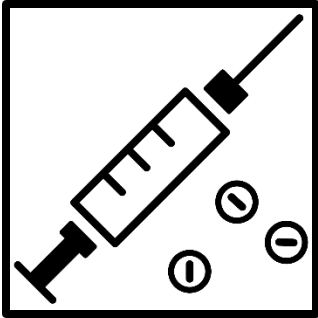
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## 340B Policy and Procedures Manual

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

Contact Kristina Gould at [Kristina.Gould@state.co.us](mailto: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. Once enrolled, pharmacists may prescribe specified OTC products and administer specified vaccinations under the Health First Colorado benefit.

The list of covered drugs that pharmacists may prescribe is posted on the [Pharmacy Resources web page](#) under the “Pharmacist Over-the-Counter (OTC) Prescriptive Authority List” section.

For more information specific to pharmacist enrollment, visit the [Pharmacist Enrollment: Over-the-Counter and Immunizations web page](#).

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

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## Physician Services

### Pricing for Unlisted Surgery CPT Codes

The Department is updating the pricing methodology for unlisted surgery CPT codes. These are codes used when there is no CPT or HCPCS code that accurately identifies the service performed. The American Medical Association (AMA) description of these codes begins with the term “unlisted.”

Unlisted surgery codes with dates of service between March 1, 2017, and October 31, 2018, will be priced at 50% of submitted charges.

Unlisted surgery codes with dates of service on or after November 1, 2018, will be priced by a DXC clinical reviewer.

#### Documentation Requirement

For claims with unlisted surgery codes and dates of service on or after November 1, 2018, providers must fill out the [Unlisted Surgical Procedure Code Form](#) and include the operating report from the procedure as an attachment to the claim. The form is available on the [Provider Forms web page](#) under the “Claims Forms and Attachments” drop-down section. The Department will deny claims lacking the required attachments. Claims denied for incomplete information should be resubmitted with the correct information for reimbursement.

Contact Christopher Lane at [Christopher.Lane@state.co.us](mailto:Christopher.Lane@state.co.us) with any policy questions.

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## Speech Therapy Providers

### Upcoming Changes to Outpatient Speech Therapy Prior Authorizations Requirements

The Department anticipates that beginning February 2019, the outpatient speech therapy benefit will require prior authorization. This change is being made to enforce the policy requirements of the benefit. It



will help ensure members receive medically necessary care. **There are no benefit coverage changes associated with this policy.**

This change will affect all providers of outpatient speech therapy, including independent clinics, rehab agencies, outpatient hospitals, and early intervention providers. It will affect all places of service, including the home. It will **not** affect the School Health Services Program, the Home Health benefit, or the Skilled Nursing Facility benefit.

Prior authorization will be required from the outset of therapy; however, evaluations will not require prior authorization. A complete list of codes requiring prior authorization can be found in the [Outpatient Speech Therapy Fee-For-Service Policy and Billing Manual](#).

The prior authorization vendor, eQHealth Solutions, Inc., will be reviewing Prior Authorization Requests (PARs) via the online PAR portal, eQSuite®. For information about getting access to the PAR Portal and upcoming training opportunities, visit the [ColoradoPAR website](#). For additional questions about the PAR process which are not addressed on the ColoradoPAR website, contact [hcpf\\_UM@hcpf.state.co.us](mailto:hcpf_UM@hcpf.state.co.us).

Contact Alex Weichselbaum at [Alex.Weichselbaum@state.co.us](mailto:Alex.Weichselbaum@state.co.us) with any policy and program questions.

Further guidance will be published in a future bulletin to address common questions and concerns before final implementation of the prior authorization requirement.

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## **Provider Billing Training Sessions**

### **November and December 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.

## November 2018

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
4	5	6	7	8 <a href="#">CMS 1500 Webinar</a> 9:00 a.m. - 11:30 a.m. MT	9	10
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
11	12	13	14	15 <a href="#">UB-04 Webinar</a> 9:00 a.m. - 11:30 a.m. MT	16	17

## December 2018

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2	3	4	5	6 <a href="#">CMS 1500 Provider Workshop</a> 9:00 a.m. - 11:30 a.m. MT	7	8
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9	10	11	12	13 <a href="#">UB-04 Provider Workshop</a> 9:00 a.m. - 11:30 a.m. MT	14	15

**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@dx.com](mailto:co.training@dx.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@dx.com](mailto:co.training@dx.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
<b>Veterans Day - Monday, November 12, 2018</b>	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.
<b>Thanksgiving Day - Thursday, November 22, 2018</b>	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.
<b>Christmas Day - Tuesday, December 25, 2018</b>	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