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Did You Know?

The account administrator can unlock a Provider Web Portal account without calling the [Provider Services Call Center](#). There is also an automated password reset option available to providers. From the [Provider Web Portal login](#), enter the User ID and click the “Forgot Password?” link.

All Providers

Colorado National Provider Identifier (NPI) Law Implementation

Previously published provider communications have referenced [House Bill \(HB\) 18-1282](#), the Colorado NPI Law, which requires newly enrolling and currently enrolled Organization Health Care Providers (not individuals) to obtain, enroll with and submit claims using a unique and separate NPI for each **service location** and **provider type** enrolled in the Colorado interChange.

At this time, providers **should not** attempt to add the newly obtained NPIs to their enrollment records nor use them on claims. In future communications, the Department of Health Care Policy & Financing (the Department) will provide a more detailed implementation timeline of the upcoming Provider Web Portal update which will allow existing providers to add the new NPIs.

The NPI is a standard, unique health identifier for Health Care Providers or Organization Health Care Providers that is issued by the National Plan and Provider Enumeration System (NPPES). Providers are encouraged to obtain the new NPIs now and not wait for the Web Portal update. For more information on obtaining an NPI, visit the [National Plan & Provider Enumeration System \(NPPES\) website](#).

Visit the [Colorado NPI Law web page](#) for additional information, or contact the [Provider Services Call Center](#) at 1-844-235-2387 with questions regarding the Colorado NPI Law.

Fingerprint – Federal Criminal Background Check

Effective July 1, 2018, the Department implemented and continues to require the Fingerprint Background Check.

Some providers making updates to enrollments or providers who have previously submitted their fingerprints on a different enrollment may receive a letter stating that the fingerprint background check needs to be completed. If the background check has been completed within the past five years, fingerprints do not need to be submitted again. If this notice has been received, contact the [Provider Services Call Center](#) at 1-844-235-2387 with the Application Tracking Number (ATN), name of the owner(s) and the date the Fingerprint Background Check was completed.

Visit the [Provider FAQ Central web page](#) and refer to the Fingerprinting drop-down section.



Payment Error Rate Measurement (PERM) Audit

The Centers for Medicare & Medicaid Services (CMS) started the Review Year 2020 PERM audit on Health First Colorado (Colorado's Medicaid Program) and Child Health Plan *Plus* (CHP+) claims in the summer of 2019. CMS will randomly select a set number of paid or denied claims from July 1, 2018, to June 30, 2019, for review.

CMS has contracted with AdvanceMed, an NCI Company (AdvanceMed), who will contact providers by phone and letter to request medical records that support claims providers submitted for payment. AdvanceMed will review the medical records to determine if the payment for the corresponding claim was justified. Providers have 75 calendar days to provide medical record documentation to AdvanceMed.

If the initially submitted medical record documentation is not sufficient, AdvanceMed will contact providers to request additional documentation. Providers have 14 calendar days to provide the additional documentation. If documentation is not provided or is insufficient, the provider's claim(s) will be considered in error, and the Department will initiate recovery for the monies associated with the claim from the provider. The Department will also investigate the reasons why the provider did not submit proper documentation.

What is PERM?

PERM is a federally-mandated audit that occurs once every three years. This is a review of claim payments and eligibility determination decisions made for states' Medicaid and Children's Health Insurance Program to ensure payment accuracy and verify that states only pay for appropriate claims. The collection and review of protected health information contained in medical records for payment review purposes is authorized by U.S. Department of Health and Human Services regulations at [45 C.F.R. 164.512\(d\)](#), as a disclosure authorized to carry out health oversight activities, pursuant to the [Health Insurance Portability and Accountability Act of 1996 \(HIPAA\)](#); CMS PERM Review Contractor activities are performed under this regulation.

Visit the [CMS Payment Error Rate Measurement \(PERM\) web page](#) and the [Department's Payment Error Rate Measurement \(PERM\) web page](#) for more information. Contact Matt Ivy at Matt.Ivy@state.co.us or at 303-866-2706.

All Providers Who Utilize eQSuite® for Prior Authorization Requests

eQSuite® User Administrators

A User Administrator must first be assigned to become an eQSuite® user. The User Administrator will fill out the [Request for eQSuite® Access Form](#), sign and date it, and e-mail it to Provider Relations at co.pr@eqhs.org as designated on the form.

Upon receipt of the login information, the User Administrator can start assigning usernames, passwords and user roles based on job responsibilities.

System administrators should also review the [eQSuite® User Administrator Guide](#) for a full explanation of responsibilities as a System Administrator.

When assigning username and passwords to other employees, make sure to check “Allow to enter requests” and “Allow to run reports,” if needed.

User Edit Assign Rolls for User, If a role is not assigned the user they will not be able to login.

Menu Errors

User Name:

First Name:

Last Name:

Password:

Email:

InactiveDate:

Phone Number:

Extension:

Allow to run reports:

Allow to enter requests:

Allow to view provider letters:

Allow to view physician letters:

Check for user to be able to see letters in the eQSuite® Portal

Choose a status to receive email for:

Pended for Info

LOI

At Recon

Administrative Hold

Awaiting Required Attachments

Approved

Partially Denied

Denied

Recon Completed

[Save Changes](#) [Back to User List](#)

Check boxes for e-mail notifications you would like to receive for requests this user enters

Single Entry Points (SEPs), Community Centered Boards (CCBs), Skilled Nursing Facilities (SNFs), Hospital Providers

Pre-Admission Screening and Resident Review (PASRR)

On September 1, 2019, PASRR transitioned to eQHealth Solutions, the Department’s prior authorization vendor. The purpose of the transition to eQHealth Solutions is to develop, coordinate and perform a more efficient and effective streamlined review and evaluation process for the PASRR program.

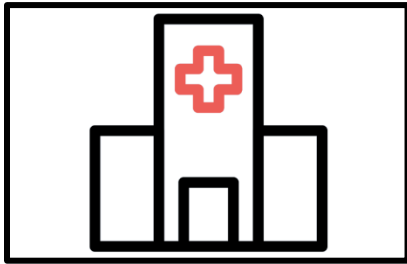
Visit the [Pre-Admission Screening and Resident Review Program web page](#) of the [eQHealth website](#) for more information regarding PASRR submissions into eQSuite®.

Hospital Providers

General Updates

Inpatient Hospital Per Diem Rate Group

Currently, all Long-Term Acute Care (LTAC) and Rehabilitation hospitals enrolled with Health First Colorado will receive interim payments under the old All Patients Refined Diagnosis Related Groups (APR-DRG) reimbursement methodology. A meeting will be announced when system updates have been completed to



discuss the requirements for split-billing claims that span the implementation date of July 1, 2019, and mass adjustment schedule of all claims with admit or discharge dates on or after July 1, 2019.

The update process is almost complete and the date of system implementation will be posted to the [Inpatient Hospital Per Diem Reimbursement Group web page](#) and emailed everyone on the Per Diem provider list. System updates will be retroactively effective to July 1, 2019.

Contact Elizabeth Quaife at Elizabeth.Quaife@state.co.us with additional questions or other concerns.

Outpatient Hospitals

October 2019 Enhanced Ambulatory Patient Grouping (EAPG) Module Update

The Department updated the 3M software which utilizes the EAPG methodology to version 2019.3.0 during the first week of October. This change accommodates the quarterly Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) updates as well as the updated ICD-10 code set. Colorado will continue using EAPG version 3.10 with this update.

JW Modifier Mass Adjustment Schedule

Outpatient hospital provider claims billed with the JW modifier for discarded drugs have been overpaying since the effective date of EAPGs on October 21, 2016. Per program policy, Health First Colorado does not reimburse for any drug which is discarded or not administered to a Health First Colorado member other than for a Medicare Crossover claim. This issue was resolved on October 2, 2019. Claims will be reprocessed and funds will be recouped. Providers will be notified by email before recoupment occurs.

Adjustment Schedule:

March 1, 2017 - December 31, 2017: Week of November 4, 2019

January 1, 2018 - December 31, 2018: Week of November 11, 2019

January 1, 2019 - October 4, 2019: Week of November 18, 2019

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

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. The next meeting is scheduled for **Friday, November 1, 2019, 9:00 a.m. - 12:30 p.m.** and **January 10, 2020, 12:30 p.m. - 4:00 p.m.** at 303 E 17th Ave, Denver, Conference Room 7B & 7C. Calendar Year 2020 meetings have been posted.



[Sign up to receive the Hospital Stakeholder 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 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.

Inpatient Hospital Review Program (IHRP) Updates

The IHRP has been meeting with inpatient providers bi-weekly. Multiple questions have been received and some additional guidance and resources have been provided below.

- As a general reminder, be aware that the admit date on a Prior Authorization Request (PAR) has to match the admit date on the claim for it to pay correctly. If a discrepancy is noted, the person who submitted the PAR should go in and update the dates. If there are any claims where the discharge date does not match on the PAR/Claim resulting in a denied claim please email the Internal Control Number (ICN) and PAR# to HCPF_UM@hcpf.state.co.us, and it will be reviewed for reprocessing. Please note, the clinical documentation on the PAR must support the request for an Admit Date change.
- For patients that move between Observation and Inpatient, the admit date for the IHRP PAR should be the date the patient moved to Inpatient.
- For newborns, the admit date for the PAR should be the date when the mother is discharged, **not** the date of birth for the baby.

The Department and eQHealth Solutions have been working to add additional guides and training resources to the [Inpatient web page of the ColoradoPAR website](#), including:

- [How to View the Status of an IHRP PAR](#)
- [How to Update the Temp Baby ID](#)
- [How to Enter a Retrospective Review](#), including members admitted through the emergency room

Email hcpf_hospitalreview@state.co.us for issues or concerns regarding the IHRP, and please ensure that examples are provided to the Department for any of the issues/concerns raised during discussions. Please include the following:

- Review ID
- PAR #
- Health First Colorado Member ID
- Screenshots
- Error codes

Hospital Providers and Physician Services

New Skin Substitute Rates

Effective September 1, 2019, skin substitute products were categorized and reimbursed based on their composition. The categories for reimbursement include:

- **Allogenic Acellular** (product is derived from human cells and does not contain living cells)
- **Allogenic Cellular** (product is derived from human cells and contains whole and/or living cells)
- **Xenogenic** (product is derived from a non-human species)

- **Injections**

A skin substitute product is now reimbursed at the same rate as all other products in the same category. Each category's reimbursement rate is based on the mean price for the products included in that category. For example, Graftjacket (Q4107) and Gammagraft (Q4111) are both considered Allogenic Acellular and, therefore, are now reimbursed at the same rate.

Covered skin substitute products and corresponding rates can be found on the [Provider Rates & Fee Schedule web page](#) under the Health First Colorado Fee Schedule drop-down section.

Contact Jess Pekala at Jessica.Pekala@state.co.us with any policy questions.

Physician-Administered Drug (PAD) Providers

Quarter 4 Rate Updates 2019

The Physician-Administered Drug (PAD) rates for the fourth quarter of 2019 have been updated. The new rates have a start date of October 1, 2019, 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.

Long-Term Home Health and Home Health Providers

Reallocation Change Form Templates

The Department's prior authorization vendor, eQHealth Solutions, has updated Reallocation Guides to include Certified Nursing Assistant (CNA) and Registered Nurse (RN)/Licensed Practical Nurse (LPN) reallocation change templates to help assist with Prior Authorization Request (PAR) revisions for unit reallocations.

For more information and to access these templates, visit the [PAR Revision Process web page](#) of the [ColoradoPAR website](#).

Contact hcpf_UM@hcpf.state.co.us with additional questions about the PAR process not answered on the [ColoradoPAR website](#).

Pharmacies and All Medication-Prescribing Providers

Brand Name Medication Favored Over Equivalent Generic

The Department manages certain brand name products by favoring them over the generic equivalent non-preferred medications. Brand favored over generic products are posted in Appendix P, available on the [Pharmacy Resources web page](#).



If a generic is medically necessary for the member (over the equivalent Brand name), additional clinical information will need to be provided during the normal prior authorization process.

Pharmacies may contact the Magellan Rx Management Pharmacy Call Center at 1-800-424-5725 for assistance, if needed.

Other brand/generic changes for preferred drugs are available for reference on the Preferred Drug List, available on the [Pharmacy Resources web page](#).

Provider Billing Training Sessions

October and November 2019 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](#), available on the [Provider Training web page](#) under the Billing Training and Workshops drop-down section.

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 open the Billing Training and Workshops 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 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 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7 CMS 1500 Provider Workshop 9:00 a.m. - 11:30 a.m. MT	8	9
10	11	12	13	14	15	16
17	18	19	20	21 UB-04 Provider Workshop 9:00 a.m. - 11:30 a.m. MT	22	23

December 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12 CMS 1500 Provider Workshop 9:00 a.m. - 11:30 a.m. MT	13	14
15	16	17	18	19 UB-04 Provider Workshop 9:00 a.m. - 11:30 a.m. MT	20	21
22	23	24	25	26	27	28

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." 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.

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 session(s) to be attended. Allow up to 2-3 business days to receive a confirmation for in-person training reservations. Do not send an RSVP via email unless planning on attending **in person**.

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

DXC Technology Office
Civic Center Plaza
1560 Broadway St, 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 the [Light Rail](#) and [Free MallRide](#).

Upcoming Holidays

Holiday	Closed Offices/Offices Open for Business
Veterans Day Monday, November 11, 2019	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. DentaQuest and DXC will be open.
Thanksgiving Day Thursday, November 28, 2019	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.
Black Friday Friday, November 29, 2019	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. DentaQuest and DXC will be open.
Christmas Eve Tuesday, December 24	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. DentaQuest and DXC will be open.
Christmas Day Wednesday, December 25	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 St, Suite 600
Denver, CO 80202

Provider Services Call Center

1-844-235-2387

DXC Mailing Address

P.O. Box 30
Denver, CO 80201