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## Did You Know?

Providers cannot bill members for the difference between commercial health insurance payments and their billed charges when Health First Colorado (Colorado's Medicaid Program) does not make additional payment. The provider also cannot bill members for co-pay or deductibles assessed by Third-Party Liability (TPL) (commercial insurance).

This information can be found in the [General Provider Information Manual](#), located on the [Billing Manuals web page](#).

## All Providers

### Deficit Reduction Act of 2005 Provider Requirements

Pursuant to Section 6032 of the Deficit Reduction Act of 2005, entities who receive \$5,000,000 or more in annual Medicaid payments must establish written policies around the False Claims Act and preventing fraud, waste and abuse. For federal fiscal year 2018-2019 (October 1, 2018, through September 30, 2019), these entities must submit a letter of declaration attesting that these policies are in place.

The Department of Health Care Policy & Financing (the Department) will be emailing notices to providers for whom this applies in December 2019. To ensure that the notice is received, check that all provider information is correct in the [Provider Web Portal](#). Refer to the [Provider Maintenance - Provider Web Portal Quick Guide](#), available on the [Quick Guides and Webinars web page](#), for detailed, step-by-step instructions on keeping contact information up to date in the Web Portal.

Providers should contact Eileen Sandoval at [Eileen.Sandoval@state.co.us](mailto:Eileen.Sandoval@state.co.us) if they believe they should receive an email notice from the Department but have not.

## eQSuite® Trainings

The Department's prior authorization vendor, eQHealth Solutions, has regularly scheduled live and recorded webinar trainings available on the [ColoradoPAR website](#). These trainings include:

- New to eQsuite®
- Behavioral Therapy
- Durable Medical Equipment
- Inpatient Utilization Review
- Long-Term Support Services
- Pediatric Long-Term Home Health
- Physical Therapy/Occupational Therapy
- Preadmission Screening and Resident Review
- Speech Therapy

All providers are encouraged to attend these trainings.

Visit the [ColoradoPAR website](#) to register for upcoming training opportunities.

Contact the eQHealth Provider Relations Department at [co.pr@eqhs.org](mailto:co.pr@eqhs.org) to set up initial access to eQSuite® if needed.

## Load Letters

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

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

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

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

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

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

If a load letter is issued by the Department, providers have 60 days from the date of the load letter to submit the claim with the attached form for review by the fiscal agent. Claims should be submitted via the [Provider Web Portal](#) and not on paper. For all other questions related to timely filing, refer to the [General Provider Information Manual](#), located on the [Billing Manuals web page](#) under the General Provider Information drop-down section.



## **Prior Authorization Requests (PARs) Determination Letter Change Reminder**

The following information pertains to all providers who obtain prior authorizations through the Department's PAR vendor, eQHealth Solutions.

Providers are reminded that effective June 17, 2019, all letters regarding PAR determinations that are reviewed by eQHealth are posted to eQHealth's PAR portal, eQSuite®. PAR letters are no longer posted in DXC Technology's (DXC's) Provider Web Portal. A full list of services requiring authorization can be found on the [ColoradoPAR website](#).

PAR determination letters can be found in eQSuite® by clicking on "view letter" on the individual review under the Letters tab.

Contact eQHealth at [co.pr@eqhs.org](mailto:co.pr@eqhs.org) or 888-801-9355 with any questions regarding PAR determination letters.

This information was originally sent out via email communication to all affected providers on June 14, 2019, titled [Prior Authorization Requests \(PARs\) Determination Letter Change](#).

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## **Federally Qualified Health Centers (FQHCs), Regional Health Centers (RHCs) & Indian Health Services (IHS) Providers**

### **Update on Known Issue for Claims Paying at Zero Incorrectly**

The resolution for the issue of the Colorado interChange paying \$0 on some claims will be implemented shortly. This change will end the incorrect payment for claims that should pay the encounter rate, and addresses the issue stated in the [March 2018 Provider Bulletin \(B1800411\)](#).

After the changes are made, claims will pay the appropriate amount when there are National Correct Coding Initiative (NCCI) edits that were previously resulting in a claim to pay \$0. The system fix is only related to claims that have NCCI pairs billed on the same claim.

Failing to include a National Drug Code (NDC) for a physician-administered drug will no longer result in a claim that pays \$0. The claim will either pay the encounter rate or deny where appropriate. All claims that include a physician-administered drug must include an NDC.

Affected claims will be reprocessed.

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

# Home & Community Based Services (HCBS) Providers

## Changes to Room and Board and Personal Needs Amounts

Effective January 1, 2020, there will be a 1.6 percent cost-of-living-adjustment to both Social Security and Old Age Pension (OAP) beneficiaries. The maximum Supplemental Security Income (SSI) monthly payment an individual may receive will increase to \$783.00 per month, and the maximum OAP amount will increase to \$821.00 per month. In response to the Cost of Living Adjustment (COLA) increases, the Department is adjusting the Room and Board payment amounts, as well as the Personal Needs Allowance (PNA) amounts for clients utilizing Group Residential Support Services (GRSS), Individual Residential Services and Supports (IRSS), Alternative Care Facilities (ACF) and Supported Living Programs (SLP).

The amount participants must receive for their PNA will increase to \$83.00 per month and the maximum amount a residential provider may charge a participant in a GRSS, IRSS, ACF or SLP setting for Room and Board is **\$700.00**. The current and past amounts are calculated in the table below:

	2018 R & B	2019 R & B	2020 R & B	2018 PNA	2019 PNA	2020 PNA
ACF/SLP/ GRSS/ IRSS	\$692	\$695	\$700	\$58	\$76	\$83

Contact the Community Options Benefits Section at [hcpf\\_hcbs\\_questions@state.co.us](mailto:hcpf_hcbs_questions@state.co.us) with any questions.

## Hospital Providers

### General Updates

#### Long Term Acute Care (LTAC), Rehabilitation (Rehab) and Spine/Brain Injury Treatment Specialty Hospital Hospitals Changed to Per Diem Reimbursement

An interim solution has been developed to price claims with dates of service July 1, 2019, using the per diem methodology until a permanent solution is implemented in 2020. The solution is currently being tested. Once implemented, claims will show in a suspended status for a short time until the claims are priced.

Future communications will be posted to the [Inpatient Hospital Per Diem Reimbursement Group web page](#) after the testing period.

Contact Elizabeth Quaife at [Elizabeth.Quaife@state.co.us](mailto:Elizabeth.Quaife@state.co.us) with additional questions.

#### 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, January**

10, 2020, 1:00pm-4:00pm at 303 East 17th Avenue, 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](mailto: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.

### **All Physician-Administered Drug 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 on the PAD Fee Schedule on 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](mailto:Emily.Ng@state.co.us) with any questions about PADs.

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## **Hospital Back Up (HBU) Rate Corrections - December 2019**

The Department was notified in October 2019 of errors in Resource Utilization Group (RUG) classification rates for HBU providers loaded on January 1, 2019. Upon discovery of the error, correct rates were loaded for all providers in November 2019. Providers may see a reduction in per diem rates as a result of the rate correction. All providers who have received reductions to their rates have been identified and were notified directly. Facilities may file an appeal of the Department's determination of the correct RUG rate with the Office of Administrative Courts within 30 days from the date of the Department's notice.

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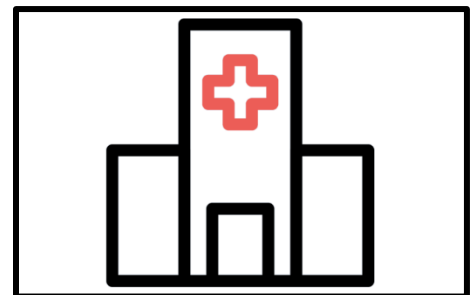
## **Hospital Transformation Program (HTP)**

### **1115 Demonstration Application**

Effective November 10, 2019, the Department began engaging stakeholders, through public comment and public hearings, for the waiver component of the HTP before the waiver is submitted to the Centers for Medicare & Medicaid Services (CMS) on December 31, 2019. A specific section on the [HTP Waiver web page](#) was created to serve as an information hub for all component information and documents.

### **Public Comment**

The public notice pertaining to HTP will be published on November 10, 2019, to the [Colorado Register](#). Upon publication, the Department will alert stakeholders via email and begin accepting comments and inquiries



until Sunday, December 15, 2019, at 5:00 p.m. MT. During the public comment period, comments may be sent to [COHTP@state.co.us](mailto:COHTP@state.co.us) and submitted via the United States Postal Service using the following address:

Special Financing Division Director  
Colorado Department of Health Care Policy & Financing  
1570 Grant Street  
Denver, Colorado 80203  
ATTN: Public Comment - HTP DSRIP.

### Public Hearings

The Department invites stakeholders to attend public hearings in person or to join by teleconference or webinar to learn more about Colorado's 1115 Demonstration application and provide comments. A list of public hearings can be found on the [Colorado Hospital Transformation Program web page](#).

Providers are encouraged to visit the [Colorado Hospital Transformation web page](#) and to read editions of the HTP Newsletter in the [online archives](#).

Contact Courtney Ronner, Hospital Relations and Communication Manager, at [Courtney.Ronner@state.co.us](mailto:Courtney.Ronner@state.co.us) or 303-866-2699 with any additional questions about the HTP.

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## Inpatient Hospital Review Program (IHRP)

When submitting an inpatient hospital claim, ensure the date of admission on the claim matches the date of admission on the approved IHRP Prior Authorization Request (PAR). In some instances, this requires the Date of Admission on the PAR to be changed, and the Department and their prior authorization vendor, eQHealth Solutions, have developed a process for this. Additional guidance on how to change the Date of Admission on an IHRP PAR can be found on the [ColoradoPAR website](#).



Email [hcpf\\_hospitalreview@state.co.us](mailto:hcpf_hospitalreview@state.co.us) for any questions, concerns or issues that need to be addressed by the Department related to IHRP. When sending an email related to a specific admission, include the PAR number, Review ID, screenshots, and any other information to assist the Department staff with identifying the example.

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## Inpatient Medicare Part B-Only and Medicare Part A Exhaust Claims Pricing

Effective October 2, 2019, the Colorado interChange was updated to ensure that Hospital Providers are paid correctly for Medicare Part B-Only and Medicare Part A Exhaust crossover claims.

Hospital providers can bill Health First Colorado for inpatient services when Medicare Part B-Only and Medicare Part A Exhaust payments are present. Providers must manually enter the Medicare Part B-Only and Medicare Part A Exhaust payments. Final claim payment should equal the Medicaid inpatient allowable amount less the Medicare payment, commercial insurance payment (if applicable), and any co-payment. The Provider Web Portal was updated to allow providers to use a new Part B only/Part A checkbox when billing inpatient crossover claims for members that have TXIX benefits and Medicare Part A benefits are exhausted prior to or during the stay.

Claims can be submitted via paper, interactively via the Provider Web Portal or by batch via Electronic Data Interchange (EDI). See the instructions below for each submission type:

- **Paper:** In the Payer Name field, enter the payment source code H - Medicare Part B/A Exhaust, followed by name of each payer organization from which the provider might expect payment. At least one line must indicate Health First Colorado. Refer to the [Inpatient/Outpatient Hospital Billing Manual](#), available on the [Billing Manuals web page](#), for further details. Electronic claims format shall be required unless hard copy claims submittals are specifically prior authorized by the Department. Refer to the [General Provider Information Billing Manual](#), available on the [Billing Manuals web page](#), for further details.
- **Provider Web Portal:** Refer to the [Provider Web Portal Quick Guide -Submitting a Claim with Other Insurance or Medicare Crossover Information](#), available on the [Quick Guides and Webinars web page](#).
- **EDI:** Refer to the Companion Guides available on the [EDI Support web page](#).



Information regarding crossover payments for the State Funded Mental Health Institutes was previously published in the [October 2019 Provider Bulletin \(B1900437\)](#), available on the [Bulletins web page](#).

## 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, located 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, which is accessed from the [Pharmacy Resources web page](#).

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

The following drug classes and preferred products for the PDL drug classes listed below will become effective January 1, 2020, for Health First Colorado:

Hepatitis C Virus Treatments				
Epclusa	Harvoni	Mavyret	Ribavirin cap/tab	
Antidepressants				
Amitriptyline	Bupropion	Citalopram	Desvenlafaxine (generic Pristiq)	
Doxepin	Duloxetine	Escitalopram	Fluoxetine cap/soln	Fluvoxamine IR
Imapramine HCL	Mirtazapine	Nortriptyline	Paroxetine	Sertraline
Trazodone	Venlafaxine IR		Venlafaxine ER caps	
Antiemetics				
Ondansetron		Transderm Scop		

Epinephrine Products				
Epinephrine autoinjector (generic Epipen)				
Targeted Immune Modulators				
Cosentyx	Enbrel	Humira	Xeljanz IR	
Antipsoriatics				
Calcipotriene soln		Dovonex cream	Soriatane cap	Taclonex susp/oint
Ulcerative Colitis Agents				
Apriso	Lialda	Mesalamine suppository (generic Canasa)		
Pentasa	Sulfasalazine			
Fluoroquinolones				
Cipro susp	Ciprofloxacin susp	Ciprofloxacin tab		Levofloxacin tab
Antihyperuricemics				
Allopurinol	Probenecid	Colchicine cap	Probenecid/Colchicine	
NSAIDs (oral)				
Celecoxib	Diclofenac Sodium EC/DR		Diclofenac Potassium	
Ibuprofen tab/susp		Indomethacin	Ketorolac tab	Meloxicam tab
Nabumetone	Naproxen IR/EC/DR/susp		Sulindac	
NSAIDs (topical)				
Diclofenac 1% gel		Diclofenac soln	Voltaren gel	
Proton Pump Inhibitors				
Esomeprazole Magnesium cap		Lansoprazole cap	Nexium packet	Omeprazole cap
Pantoprazole tab		Prevacid solutab		
H. Pylori Treatments - No changes				
Pulmonary Arterial Hypertension Agents				
Epoprostenol	Letairis	Opsumit 2nd Line		Orenitram
Sildenafil tab (generic Revatio)		Tracleer 62.5mg/125mg		Ventavis
Tadalafil (generic Adcirca)				
Pancreatic Enzymes				
Creon	Zenpep			
Antiplatelet Agents				
Aggrenox	Brilinta	Cilostazol	Clopidogrel	Dipyridamole
Pentoxifylline	Prasugrel			
Antiherpetic Agents				
Acyclovir tab/cap/susp		Denavir	Valacyclovir	Zovirax cream/oint
Triptans				
Eletriptan	Naratriptan	Rizatriptan	Sumatriptan tab/vial	Zomig intranasal

## Physician Services, Pharmacy Providers

### **Vivitrol Administration Enhanced Reimbursement**

Effective November 8, 2019, Health First Colorado increased the total reimbursement for Vivitrol by increasing the reimbursement for administration of the drug from \$15.67 to \$83.65. Providers should bill the administration code to the medical benefit as usual but will also have to include the claim modifier TU to



receive the enhanced reimbursement. This increases the total reimbursement for Vivitrol to \$1,276.85 per syringe.

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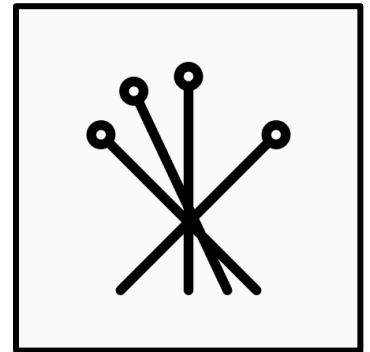
## **Practitioner Groups, Therapy Providers**

### **Dry Needling 97799 Update**

Health First Colorado considers Current Procedural Terminology (CPT) 97799 to be an **untimed procedure code unit**. Units are to be reported based on the number of times the procedure is performed per day. CPT 97799 is limited to a maximum of once per day, per member.

This means that time spent performing this procedure is not to be counted towards the total treatment time for 15-minute unit codes. Refer to the Reporting of Service Units instruction found in the [Physical and Occupational Therapy Billing and Fee-For-Service Policy Manual](#), located on the [Billing Manuals web page](#).

Dry Needling is to be billed using only CPT 97799, effective June 1, 2019, until more precise codes for the service are indicated. Claims must be submitted with medical records attached via the web portal indicating dry needling, with “dry needling” spelled out in the notes.



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

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## **Radiology Providers and Independent Laboratories**

### **Rate Updates for Non-Clinical Diagnostic Laboratory Upper Payment Limit (CDL-UPL)**

Radiology and Laboratory rates for codes **not** subject to the CDL-UPL will be loaded in early December 2019, with a retroactive effective date of July 1, 2019. Impacted claims with dates of service from July 1, 2019, to December 1, 2019, will be reprocessed according to the amended rates. All payment rates and affected procedure codes can be found on the [Provider Rates and Fee Schedules web page](#).

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## **Provider Billing Training Sessions**

### **December 2019 and January 2020 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.

### December 2019

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

## January 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23 <a href="#">CMS 1500 Provider Workshop</a> 9:00 a.m. - 11:30 a.m. MT	24	25
26	27	28	29	30 <a href="#">UB-04 Provider Workshop</a> 9:00 a.m. - 11:30 a.m. MT		

**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](mailto: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](mailto: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
<b>Christmas Eve</b> Wednesday, 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.
<b>Christmas Day</b> 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.
<b>New Year's Day</b> Wednesday, January 1	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>Martin Luther King, Jr. Day</b> Monday, January 20	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.

## 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