



Dear Provider,

**Effective at 12:00 a.m., April 1, 2026**, Health First Colorado Fee-for-Service (FFS) claims processing and prior authorization review will be transitioned from the current processor, Prime Therapeutics, to MedImpact Healthcare Systems, Inc.

**Note:** There are no changes to the Bank Identification Number (BIN), Processor Control Number (PCN) and Group, which will result in a seamless transition at the pharmacy. Contact the switch vendor to confirm that claims are being routed correctly to MedImpact if experiencing issues submitting claims on or after April 1, 2026. Contact MedImpact at [COFFSTeams@medimpact.com](mailto:COFFSTeams@medimpact.com) for further assistance, if needed.

**Upcoming Informational Sessions:** MedImpact will hold an informational session via Teams video conferencing on March 2, 2026, from 9:00 a.m. to 10:00 a.m. MT, to facilitate information exchange and answer questions. Join by accessing the link below or dial in by phone.

[Join the meeting](#)

Meeting ID: 211 658 154 148 2

Passcode: v7xL3dw6

**Dial in by phone**

[+1 858-252-2734, 594960382#](tel:+18582522734) United States

[Find a local number](#)

Phone conference ID: 594 960 382#

**Provider Network:** Enrollment in the Health First Colorado FFS program will not change. There is no action for pharmacies as MedImpact will use Colorado's existing pharmacy network for the Health First Colorado FFS program. Contact the [Provider Services Call Center](#) with any questions.

**Preferred Drug List (PDL):** All existing PDL limits and requirements remain in effect. A copy of the PDL is available on the [Pharmacy Resources web page](#). Pharmacists and prescribing practitioners may contact MedImpact's Pharmacy Help Desk on or after April 1, 2026, for any questions related to the PDL.

**Prior Authorization (PA) Form:** PA forms have no significant changes. The only change to the PA form is the contact information. The new form with changes will be posted on April 1, 2026. The PA form is available on the [Pharmacy Resources web page](#) under Pharmacy Prior Authorization Request. Pharmacists and prescribing practitioners may contact MedImpact's Prior Authorization Request Desk on or after April 1, 2026, for any questions related to PA requests or the form.

**Reversals:** B3 Claim Rebill is not supported. Claims requiring adjustment must first be reversed and then resubmitted as a new claim.

The procedures and forms for submitting paid pharmacy claims adjustments remain unchanged with this transition and continue to follow the guidelines outlined in the [Reversals section](#) of the [Pharmacy Billing Manual](#).

If a claim that is older than 120 days is reversed, it will not be able to be resubmitted. If a claim older than 120 days needs to be reversed and resubmitted, a Request for Reconsideration PHARMACY Form must be completed and submitted to MedImpact. The Request for Reconsideration PHARMACY Form can be found on the [Provider Forms web page](#) under **Claim Forms and Attachments** section.

**Incremental Fills:** If greater than 60 days from date written for Schedule II (CII) drugs, claims will deny with Reject code 650 - Fill Date Greater Than 60 Days from CII Date Prescription Written.

**Usual and Customary (U&C):** When claims are paid based on the submitted U&C, the U&C value will be represented in the Ingredient Cost Paid (506-F6) field and the Dispensing Fee Paid (507-F7) will be zero.

**Prescriber Drug Enforcement Administration (DEA) Enforcement:** A DEA license, or registration, is a federal license required for healthcare providers to legally prescribe, administer, or dispense controlled substances. Prescriber DEA license will be edited as follows:

- If the prescriber does not have a valid DEA license on file, claims will deny with Reject Code 44 - Plan's Prescriber Database Indicates the Associated DEA To Submitted Prescriber ID Is Not Found.
- If the pharmacy can verify the DEA license is valid, the pharmacy can utilize one of the following Submission Clarification Codes to override Reject Code 44:

- 43 = For the prescriber ID submitted, the associated DEA number has been renewed, or the renewal is in progress
- 45 = For the prescriber ID submitted, the associated DEA number is a valid hospital DEA number with suffix
- If the prescriber does not have a valid DEA license to prescribe controlled substances, claims will be denied with Reject Code 46 - Plan's Prescriber Database Indicates Associated DEA To Submitted Prescriber ID Does Not Allow This Drug DEA Schedule.

**Payer Sheet:** All electronic pharmacy claims should continue to be submitted in accordance with the National Council for Prescription Drug Programs (NCPDP) version D.0 standard format. MedImpact enforces NCPDP standards according to the *Telecommunication Standard Implementation Guide Version D.0*. Fields submitted, even if not required, will be edited according to NCPDP standards and denied with the appropriate NCPDP Reject Codes. Providers can download a complete version of the Health First Colorado D.0 payer sheet from the [Pharmacy Resources web page](#). The payer sheet will be updated to reflect several changes as part of the PBM transition. These changes are noted below and will be effective April 1, 2026. Contact MedImpact at [COFFSTeam@MedImpact.com](mailto:COFFSTeam@MedImpact.com) with any questions or clarification.

**Note:** Pharmacies should consult with their software vendor as soon as possible to determine if, and when, changes need to be made to a pharmacy's billing software or procedures so that no disruption occurs during this transition. Failure by the pharmacy to effect all such changes could lead to Point of Sale (POS) claims rejections.

**Additional note:** Prime Therapeutics, the current PBMS vendor, will begin enforcing certain NCPDP D.0 standards effective March 1, 2026. These include: Missing/Invalid (M/I) Medicaid Indicator Field 360-2B, M/I Patient ZIP/postal code (special characters (e.g. dashes) are not permitted), M/I Patient Street Address (must be entered in all capital letters), and M/I Cardholder Name (first and last name must be all capital letters).

The tables below summarize the key changes pharmacies need to work on to be ready at the implementation date.

**Table 1: Changes to Claim Billing Request Transaction**

<b>Segment</b>	<b>NCPDP Field</b>	<b>NCPDP Field Name</b>	<b>MedImpact Value/Situation Defined</b>
Header	103-A3	TRANSACTION CODE	B3 (Rebill) Not supported

Insurance (111 AM) = "04"	303-C3	PERSON CODE	Required When (RW)-Use value printed on card to identify specific person when cardholder ID is for family. A valid value must be submitted. Adding a space or submitting blank will result in the claim being denied with Reject Code 08 – M/I Person Code
Insurance (111 AM) = "04"	309-C9	ELIGIBILITY CLARIFICATION CODE	RW-when needed to clarify member eligibility If submitted, only valid numeric values will be accepted. Other values will result in the claim being denied for Reject Code 14, M/I Eligibility Clarification Code.
Insurance (111 AM) = "04"	360-2B	MEDICAID INDICATOR	RW- This field will not accept space or values other than a valid two-character state code. If a space or value other than a valid two-character state code the claim will deny for Reject Code 2B, M/I Medicaid Indicator.
Patient (111 AM) = "01"	322-CM	PATIENT STREET ADDRESS	RW- for state/federal/regulatory agency programs. This field does not accept lower case letters. If submitted, it will result in the claim being denied for Reject Code CM, M/I Patient Street Address.
Patient (111 AM) = "01"	323-CN	PATIENT CITY ADDRESS	RW
Patient (111 AM) = "01"	324-CO	PATIENT STATE/PROVINCE ADDRESS	RW
Patient (111 AM) = "01"	325-CP	PATIENT ZIP/POSTAL ZONE	RW-Submitted value should only contain numeric characters. A dash is not allowed and claim will be denied for Reject Code CP, M/I Patient Zip/Postal Zone.
Claim (111 AM) = "07"	429-DT	SPECIAL PACKAGING INDICATOR	RW-Required for LTC claims for brand oral solid drugs.

Claim (111 AM) = "07"	461-EU	PRIOR AUTHORIZATION TYPE CODE	RW- Required to indicate the need for special handling to override a normal processing rejection.
Claim (111 AM) = "07"	462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	RW- Required to indicate the need for special handling to override a normal processing rejection.
Claim (111 AM) = "07"	996-G1	COMPOUND TYPE	RW- Required when billing for compound.
Claim (111 AM) = "07"	147-U7	PHARMACY SERVICE TYPE	RW- Required for Mail Order, Long Term Care (LTC) and Specialty Pharmacies for proper reimbursement.
Claim (111 AM) = "07"	408-D	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	Required (R) - Dispense as Written (DAW) 0,1,8 and 9 are allowed. All others will deny. DAW 0 cannot be submitted on a multi-source drug with available generics. DAW 1 cannot be submitted on generics or Single Source Brands.
Pricing (111-AM) = "11"	433-DX	PATIENT PAID AMOUNT SUBMITTED	NOT USED: This field is not used for COB billing. Claim will deny if value is other than \$0.
Pricing (111-AM) = "11"	438-E3	INCENTIVE AMOUNT SUBMITTED	RW- Required when pharmacy is entitled to a Vaccine Administration fee.
Pricing (111-AM) = "11"	478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	RW
Pricing (111-AM) = "11"	479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	RW
Pricing (111-AM) = "11"	480-H9	OTHER AMOUNT CLAIMED SUBMITTED	RW
Pricing (111-AM) = "11"	481-HA	FLAT SALES TAX AMOUNT SUBMITTED	RW- Flat Sales Tax Amount should be submitted when a governing jurisdiction requires the collection of a fixed amount for all applicable prescriptions. Pharmacy is responsible for submission of accurate flat tax

			values for use in payment calculation. Required when flat sales tax is applicable to product dispensed.
Pricing (111-AM) = "11"	482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	RW- Required when percentage sales tax is applicable to product dispensed. NCPDP standard field required if its value has an effect on Gross Amount Due Calculation Pharmacy is responsible for submission of accurate percentage tax values for use in payment calculation. NOTE: For payment of Percentage Tax, all 3 Percentage Tax fields must be submitted: -Percentage Sales Tax Amount Submitted -Percentage Sales Tax Rate Submitted -Percentage Sales Tax Basis Submitted
Pricing (111-AM) = "11"	483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	RW- Required when sales tax is applicable to product dispensed to provide the rate for use in payment calculation.
Pricing (111-AM) = "11"	484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	RW- Required when sales tax is applicable to product dispensed to provide the basis for use in payment calculation.
Pricing (111-AM) = "11"	430-DU	GROSS AMOUNT DUE	Must summarize according to NCPDP criteria. Ingredient Cost Submitted (409-D9) + Dispensing Fee Submitted (412-DC) + Flat Sales Tax Amt Submitted (481-HA) + Percentage Sales Tax Amt Submitted (482-GE) + Incentive Amount Submitted (438-E3) + Other Amount Claimed (480-H9)

			If not equal to gross amount due, then claim will deny for Reject Code R9 - Value in Gross Amount Due Does Not Follow Pricing Formula
Prescriber (111-AM) = "03"	427-DR	PRESCRIBER LAST NAME	RW-Required to identify the prescriber of the product dispensed.
Prescriber (111-AM) = "03"	368-2P	PRESCRIBER/ZIP POSTAL ZONE	If submitted, it must contain valid value. This field is numeric. A dash or space is not allowed and claim will deny for Reject Code 2P, M/I Prescriber Zip/Postal Zone.
Coordination of Benefits/Other Payments (111-AM) = "05"	337-4C	COORDINATOIN OF BENEFITS/OTHER PAYMENTS COUNT	Mandatory (M)
Coordination of Benefits/Other Payments (111-AM) = "05"	338-5C	OTHER PAYER COVERAGE TYPE	M
Coordination of Benefits/Other Payments (111-AM) = "05"	339-6C	OTHER PAYER ID QUALIFIER	R – 03 = BIN Number
Coordination of Benefits/Other Payments (111-AM) = "05"	340-7C	OTHER PAYER ID	R - If no BIN exists due to billing of a non-online payer, please use value 999999 as the BIN of the Other Payer.
Coordination of Benefits/Other Payments (111-AM) = "05"	443-E8	OTHER PAYER DATE	R
DUR/PPS (111-AM) = "08"	473-7E	DUR/PPS CODE COUNTER	R

DUR/PPS (111-AM) = "08"	439-E4	REASON FOR SERVICE CODE	<p>RW- needed to communicate DUR information. Allowed Values:</p> <ul style="list-style-type: none"> <li>• DD = Drug-Drug Interaction</li> <li>• ER = Early Refill</li> <li>• HD = High Dose</li> <li>• PG = Pregnancy</li> </ul> <p>If not included, will receive a soft reject that can be overridden in the pharmacy</p>
DUR/PPS (111-AM) = "08"	474-8E	DUR/PPS LEVEL OF EFFORT	RW-Payer requirement. Required when needed by plan for proper adjudication.
DUR/PPS (111-AM) = "08"	475-J9	DUR CO-AGENT ID QUALIFIER	Sometimes (S)
DUR/PPS (111-AM) = "08"	476-H6	DUR CO-AGENT ID	S
Compound (111-AM) = "10"	449-EE	COMPOUND INGREDIENT DRUG COST	R
Compound (111-AM) = "10"	490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	R
Clinical (111-AM) = "13"	491-VE	DIAGNOSIS CODE COUNT	RW
Clinical (111-AM) = "13"	492-WE	DIAGNOSIS CODE QUALIFIER	RW
Clinical (111-AM) = "13"	424-DO	DIAGNOSIS CODE	<p>RW-Decimal point should not be included in the International Classification of Diseases (ICD)-10 value. If submitted, only valid numeric values will be accepted. Other values will result in the claim being denied for Reject Code 30, M/I Diagnosis Code.</p>

**Table 2: Change to Claim Response Transaction Accepted/Paid or Duplicate Paid**

<b>Segment</b>	<b>NCPDP Field</b>	<b>NCPDP Field Name</b>	<b>MedImpact Value/Situation Defined</b>
Insurance (111-AM) = "25"	524-FO	PLAN ID	RW
Insurance (111-AM) = "25"	545-2F	NETWORK REIMBURSEMENT ID	RW
Insurance (111-AM) = "25"	568-J7	PAYER ID QUALIFIER	RW
Insurance (111-AM) = "25"	569-J8	PAYER ID	RW
Status (111-AM) = "21"	987-MA	URL	RW-FUTURE USE
Pricing (111-AM) = "23"	558-AW	FLAT SALES TAX AMOUNT PAID	RW
Pricing (111-AM) = "23"	559-AX	PERCENTAGE SALES TAX AMOUNT PAID	RW
Pricing (111-AM) = "23"	560-AY	PERCENTAGE SALES TAX RATE PAID	RW
Pricing (111-AM) = "23"	561-AZ	PERCENTAGE SALES TAX BASIS PAID	RW
Pricing (111-AM) = "23"	523-FN	AMOUNT ATTRIBUTED TO SALES TAX	RW
Pricing (111-AM) = "23"	571-NZ	AMOUNT ATTRIBUTED TO PROCESSOR FEE	RW
Pricing (111-AM) = "23"	133-UJ	AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION	RW
Pricing (111-AM) = "23"	134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION / BRAND DRUG	RW
Pricing (111-AM) = "23"	135-UM	AMOUNT ATTRIBUTED TO PRODUCT SELECTION / NON-	RW

PREFERRED FORMULARY SELECTION			
Pricing (111-AM) = "23"	136-UN	AMOUNT ATTRIBUTED TO PRODUCT SELECTION / BRAND NON-PREFERRED FORMULARY SELECTION	RW
Pricing (111-AM) = "23"	137-UP	AMOUNT ATTRIBUTED TO COVERAGE GAP	RW
Pricing (111-AM) = "23"	575-EQ	PATIENT SALES TAX AMOUNT	RW
Pricing (111-AM) = "23"	574-2Y	PLAN SALES TAX AMOUNT	RW
Pricing (111-AM) = "23"	148-U8	INGREDIENT COST CONTRACTED / REIMBURSABLE AMOUNT	RW- Returned when payment is based on Patient Responsibility Coordination of Benefits (COB) or Patient Pay Amount.
Pricing (111-AM) = "23"	149-U9	DISPENSING FEE CONTRACTED / REIMBURSABLE AMOUNT	RW- Returned when payment is based on Patient Responsibility COB or Patient Pay Amount.
Pricing (111-AM) = "23"	577-G3	ESTIMATED GENERIC SAVINGS	RW
Coordination of Benefits/Other Payers (111-AM) = "28"	355-NT	OTHER PAYER ID COUNT	M- Maximum count of 3
Coordination of Benefits/Other Payers	338-5C	OTHER PAYER COVERAGE TYPE	M
Coordination of Benefits/Other Payers (111-AM) = "28"	144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE	RW
Coordination of Benefits/Other Payers (111-AM) = "28"	145-UY	OTHER PAYER BENEFIT TERMINATION DATE	RW

**Table 3: Changes to Claim Response Transaction Accepted/Rejected**

<b>Segment</b>	<b>NCPDP Field</b>	<b>NCPDP Field Name</b>	<b>MedImpact Value/Situation Defined</b>
Insurance (111-AM) = "25"	301-C1	GROUP ID	RW
Insurance (111-AM) = "25"	302-C2	CARDHOLDER ID	REMOVED
Insurance (111-AM) = "25"	524-FO	PLAN ID	RW
Insurance (111-AM) = "25"	545-2F	NETWORK REIMBURSEMENT ID	RW
Status (111-AM) = "21"	987-MA	URL	RW-Future use
Prior Authorization (111-AM) = "26"	498-PY	PRIOR AUTHORIZATIO NUMBER-ASSIGNED	REMOVED
Coordination of Benefits/Other Payer (111-AM) = "28"	355-NT	OTHER PAYER ID COUNT	M- Maximum count of 3
Coordination of Benefits/Other Payer (111-AM) = "28"	338-5C	OTHER PAYER COVERAGE TYPE	M
Coordination of Benefits/Other Payer (111-AM) = "28"	144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE	RW
Coordination of Benefits/Other Payer (111-AM) = "28"	145-UY	OTHER PAYER BENEFIT TERMINATION DATE	RW

**Table 4: Changes to Claim Reversal Request Transaction**

<b>Segment</b>	<b>NCPDP Field</b>	<b>NCPDP Field Name</b>	<b>MedImpact Value/Situation Defined</b>
Insurance (111-AM) = "04"	301-C1	GROUP ID	R- Value submitted on claim should be included on reversal.
Insurance (111-AM) = "04"	306-C6	PATIENT RELATIONSHIP CODE	REMOVED
Claim (111-AM) = "07"	147-U7	PHARMACY SERVICE TYPE	RW

**Table 5: Changes to Claim Reversal Response Transaction Accepted/Rejected**

<b>Segment</b>	<b>NCPDP Field</b>	<b>NCPDP Field Name</b>	<b>MedImpact Value/Situation Defined</b>
Status (111-AM) = "21"	503-F3	AUTHORIZATION NUMBER	RW- When calling Help Desk, this ID is the fastest means to identify the claim.

**Table 6: Claim Reversal Response Transaction Rejected/Rejected**

<b>Segment</b>	<b>NCPDP Field</b>	<b>NCPDP Field Name</b>	<b>MedImpact Value/Situation Defined</b>
Status (111-AM) = "21"	503-F3	AUTHORIZATION NUMBER	RW- When calling Help Desk, this ID is the fastest means to identify the claim.

Thank you,

Department of Health Care Policy & Financing

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