



Dear Providers,

This special newsletter summarizes the emails and communications concerning COVID-19 from the past two weeks. The Department knows providers will have many questions about COVID-19 and will post updates on policies, codes and other important information on the new [COVID-19 Information for Health First Colorado and CHP+ Provider and Case Managers web page](#). The new web page will be frequently updated with resources and guidance on COVID-19 as information becomes available.

COVID-19 Topics & Resources

Reminder: Application to Apply for CARES Act Provider Relief Funding Deadline is July 20, 2020

On June 9, 2020, the [U.S. Department of Health and Human Services \(HHS\) announced additional funding available through the Provider Relief Fund to eligible Medicaid and Children's Health Insurance Program \(CHIP\) providers](#). Funding will be distributed through the Health Resources and Services Administration (HRSA). Approximately \$15 billion is expected to be distributed to eligible providers that have not already received a payment from the Provider Relief Fund General Allocation.

The announcement outlines who might be eligible for the additional funding and a link for information on how to apply: "Examples of providers serving Medicaid and/or CHIP beneficiaries who may be eligible for this funding include pediatricians, obstetrician-gynecologists, dentists, opioid treatment and behavioral health providers, assisted living facilities, and other home and community-based services providers. To be eligible for this funding, health care providers must not have received payments from the \$50 billion Provider Relief Fund General Distribution and either have directly billed their state Medicaid/CHIP programs or Medicaid managed care plans for healthcare-related services between January 1, 2018, to May 31, 2020. Close to one million healthcare providers may be eligible for this funding."

Examples of providers serving Medicaid and/or CHIP beneficiaries who may be eligible for this funding include:

- Pediatricians
- Obstetrician-Gynecologists
- Dentists
- Opioid Treatment and Behavioral Health Providers
- Assisted Living Facilities
- Other Home and Community-Based Services Providers

Providers are reminded that *the deadline to apply for relief funding is July 20, 2020*. Applications should be submitted via the [CARES Act Provider Relief Fund Payment Attestation Portal](#).

More information about eligibility and the application process is available on the [HHS website](#) on their [CARES Act Provider Relief Fund: General Information web page](#)

Colorado interChange Update for Inpatient Subacute Care Pricing Process During the COVID-19 Public Health Emergency in Non-Psychiatric Hospitals & Approved Alternative Care Sites (ACS)

The Colorado interChange is being updated to temporarily allow hospital providers, excluding psychiatric hospitals, to render and bill for COVID-19 Inpatient Subacute Care services provided in hospitals and ACS approved by the Colorado Department of Public Health and Environment.

For claim submission details, refer to the email communication sent out to providers on 7/13/20, titled [Colorado interChange Update for Inpatient Subacute Care Pricing Process during the COVID-19 Public Health Emergency in Non-Psychiatric Hospitals & Approved Alternative Care Sites \(ACSS\)](#). A copy of the email can be found on the [Provider News web page](#) under the Hospital - General drop-down section.

New Provider Leader Resource Center Web Page

Providers are encouraged to visit the new [Provider Leader Resource Center web page](#) for content from prior and upcoming webinars for Provider Association Leaders and their members.

Telemedicine Services Reminders

Providers are encouraged to check the allowable billing provider types listed in the [Telemedicine billing manual](#) before rendering or billing for services that are done via telemedicine. Providers may only bill for procedure codes which they are already eligible to bill. Members may not be billed for services because the provider billed for codes not covered by their provider type.

An originating provider that only makes a room and telecommunications equipment available and is not providing clinical services should bill with procedure code Q3014 (telemedicine originating site fee).

If the originating provider also provides clinical services to the member, the provider should bill with the appropriate procedure code in addition to the Q3014.

The originating site is the location of the member at the time the service is being rendered.

COVID-19 Guidance for Home & Community Based Service (HCBS) Providers and Long-Term Services and Supports

System, billing and policy COVID-19 guidance for HCBS providers are available on the [Long-Term Services and Supports COVID-19 Response web page](#)

Please do not reply to this email; this address is not monitored.