



COLORADO
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All Providers

Offices Closed in Observance of Martin Luther King Jr. Day

State Offices, DentaQuest, AssureCare and the ColoradoPAR Program are closed on Monday, January 15, 2024, for Martin Luther King Jr. Day. Gainwell Technologies will be open.

Capitation cycles may potentially be delayed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks.

Home and Community-Based Services (HCBS) Providers

Career Resources for Direct Care Workers

[Healthcare Common Procedure Coding System \(HCPCS\) Updates for 2024 \(B2400504 - 01/24\)](#)

Holiday:

Martin Luther King, Jr. Day

Monday, January 15, 2024

Direct care workers change lives! Direct care workers can make a difference in the lives of people who need help.

If you are looking for a new career or want to advance your skills, visit the [Direct Care Careers website](#). It has everything needed to succeed in direct care, from resources to job matching.

2024 Medicare Part A and Part B Deductible Amounts

The Medicare annual deductibles amounts have changed for 2024.

Medicare Part A increased from \$1,600 to \$1,632. Medicare Part B increased from \$226 to \$240.

The Colorado interChange has been updated with these new deductible amounts for claims with dates of service on or after January 1, 2024.

2024 Provider Enrollment Application Fee

The Affordable Care Act (ACA) requires certain providers to remit an application fee. The Centers for Medicare & Medicaid Services (CMS) sets the fee annually.

This fee is assessed at initial enrollment, revalidation and change of ownership, as required, and is assessed in full for each service location enrolled in Health First Colorado (Colorado's Medicaid program).

The Provider Enrollment Application Fee has been set at \$709 for the 2024 calendar year, effective January 1, 2024.

Behavioral Health Administration (BHA) Coverage Type Not Eligible for Medicaid or Child Health Plan *Plus* (CHP+)

Providers may see a "Coverage" type for Behavioral Health Administration Benefits (BHAB), shown in the Provider Web Portal as "BHA Benefit Plan" and "BHAB."

[BHAB](#) is a program utilizing the Colorado interChange system. It is overseen by [Behavioral Health Administration \(BHA\)](#), a separate entity that is addressing behavioral health needs of individuals not covered by other medical assistance programs. BHAB "benefits" are not the same as BHO+B benefits (Medicaid Behavioral Health Benefits) provided through the Regional Accountable Entities (RAEs).

Note: This program is not part of Health First Colorado or Child Health Plan *Plus* (CHP+). Individuals who only have "BHA Benefit Plan" listed are not eligible for any service under Medicaid or CHP+.

Reminder: Health First Colorado and CHP+ providers must confirm coverage types before rendering any Medicaid or CHP+ services or submitting claims.

Eligibility Coverage Types (not an all-inclusive list):

- Medicaid: "Medicaid State Plan" and "TXIX" (Title XIX)
- Child Health Plan Plus: "CHP+B"
- Behavioral Health Coverage through the Regional Accountable Entities (RAEs): "Medicaid Behavioral Health Benefits" and "BHO+B"

Claims submitted for individuals who do not have current Medicaid or CHP+ coverage listed will be denied.

Vision Providers: Requirements for Eyewear Providers

Eyeglasses and contacts must have a valid prescription from a qualifying provider. Providers must maintain prescriptions and other member records in accordance with [10 CCR 2505-10 8.130.2](#) Maintenance of Records.

Other requirements can be found in the [Vision and Eyewear Billing Manual](#) and the Code of Colorado Regulations Vision Services Rules located at [10 CCR 2505-10 8.203](#).

Contact Christina Winship at Christina.Winship@state.co.us with any questions.

Recently Updated Billing Manuals

- [Behavioral Health Secure Transportation \(BHST\)](#)
- [Inpatient/Outpatient \(IP/OP\)](#)
- [Speech Therapy](#)
- [Vision Care and Eyewear](#)

Visit the [Billing Manuals web page](#) to locate all published manuals.

Resolved Known Issue

Resolved 01/12/24: Some Speech Therapy Claims were Denying for Explanation of Benefits (EOB) 5550, 5551 and 5552

Some speech therapy claims with first date of service (FDOS) on or after December 1, 2023, were denying incorrectly when a valid Prior Authorization (PA) is available.

Explanation of Benefits (EOB) Codes and Descriptions

- 5550 - Speech Rehabilitative Service Limit of 12 sessions has been met.
- 5551 - Speech Therapy Service Limit of 12 sessions has been met.
- 5552 - Speech Habilitative Service Limit of 12 sessions has been met.

Affected claims were reprocessed 01/12/24.

Issue resolved 01/12/24.
