

Provider News & Resources

February 21, 2025 Issue 110

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Did You Know? Third Party Liability (TPL)

Providers cannot bill members for co-pays or deductibles assessed by third-party resources or 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 an additional payment.

A member's commercial health insurance must be billed first, and lower-of pricing is used to calculate reimbursement from Health First Colorado.

Visit the <u>Third-Party Liability and Recoveries</u> web page and refer to the <u>General Provider</u> <u>Information Manual</u> for more information.

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Members Requiring Non-Emergent Medical Transportation (NEMT) Services

Members who require non-emergent medical transportation to and from medical appointments in the Denver area can call Transdev Health Solutions at (303) 398-2155 or (720) 279-3830 to schedule a ride. Members outside the Denver area can contact a provider from the Non-Emergent Medical Transportation (NEMT) Service Area list.

- Providers are **not allowed** to request or accept payment from members.
- Member safety is the Department's top priority and we will only do business with providers who follow state and federal rules.
- Health First Colorado has more than 100 NEMT providers who are authorized to provide non-emergent medical transportation services.
- The Member Contact Center can help members find other transportation services
- Members can call or go online to find a new provider:
 - Visit hcpf.colorado.gov/nemtlist
 - Call the Health First Colorado Member Contact Center at 800-221-3943 (State Relay: 711)

Provider Web Portal Extended Maintenance Starts Friday, February, 21, 2025, at 6:00 PM MT

The <u>Provider Web Portal</u> will be unavailable due to extended systems maintenance beginning at 6:00 p.m. MT on Friday, February 21, 2025. Maintenance is expected to be completed shortly after 6:00 p.m. MT on Saturday, February 22, 2025.

Providers may continue to use the <u>Provider Web Portal</u> to check member eligibility until 6:00 a.m. on Saturday, February 22, 2025.

Trading partners will be able to access the MOVEit/Secure File Transfer Protocol (SFTP) system to send files throughout the maintenance window. Batch 270 eligibility files may be checked until 6:00 a.m. on Saturday, February 22, 2025. A response will not be received from the system between 6:00 a.m. and 6:00 p.m. MT on Saturday, February 22, 2025.

We apologize for any inconvenience.

Reminder: Signatures on Paper Claims

Claims must be signed by the enrolled billing provider or by an authorized agent or representative designated by the enrolled billing provider. Stamped signatures are acceptable; typed in names are not.

The red-ink forms must be used for paper claims and cannot be photocopied. Use black ink to complete the forms.

- For Professional (CMS-1500) claim forms, ensure box 31 is signed.
- For Institutional (UB-04) claim forms, complete and sign the Institutional Provider Certification and mail it with the paper claim.

Paper claims mailed without the proper signatures will deny.

Refer to the <u>Authorized Signatures</u> section of the <u>General Provider Information Billing Manual</u> and the <u>General Claim Completion Instructions</u> for additional information.

Reminder: Mailing Address for Paper Claims

Only authorized providers who submit less than five (5) or less claims per month may submit paper claims. All other providers must submit claims electronically, even if an attachment is required. Requests may be sent to Gainwell Technologies, P.O. Box 30, Denver, CO 80201-0030.

The following claims can be submitted on paper and processed for payment:

 Claims from providers who consistently submit five (5) claims or fewer per month (requires prior approval)

Paper claims mailed to a different address or mailed to the Department of Health Care Policy & Financing (the Department) may cause delays.

Refer to the <u>Paper Claims</u> section of the <u>General Provider Information Billing Manual</u> for additional information.

Stakeholder Meeting: County Administration Rules

Beginning in December 2024, the Department of Health Care Policy & Financing (the Department) began to solicit input on the County Administration Rules. The Department's County Administration rules govern the Medical Assistance fiscal and programmatic operations of the county departments of human/social services (counties). These rules set standards for fiscal and program compliance, customer service, non-discrimination and accessibility and more. These rules do not apply to eligibility determinations or actions taken in the eligibility determination system.

Providers, advocates, members and the general public are encouraged to provide feedback on the <u>suggested changes to the rules</u>. Interested parties can provide feedback by providing <u>written comments</u> or by participating in a stakeholder meeting. A full list of stakeholder meetings, a copy of the suggested changes to rules, and the comment form can be found on the <u>County Rulemaking web page</u>.

County Administrative Rule Overview

Thursday, February 27, 2025 9:00 a.m. - 11:00 a.m. MT Zoom Link / Recording

Thursday, March 20, 2025 9:00 a.m. - 11:00 a.m. MT Zoom Link / Recording

Meeting Date and Time

Thursday, March 13, 2025 1:00 to 2:00 p.m. MT

Registration and Location: This meeting will be virtual via Zoom. Register in advance.

Register for the meeting.

Attendees will receive a confirmation email after registering with information about joining the webinar.

Home and Community-Based Services (HCBS): Working Adults with Disabilities Stakeholder Meeting Announcement and Invitation

The Health First Colorado Buy-In Program for Working Adults with Disabilities allows adults with a qualifying disability to "buy into" Health First Colorado (Colorado's Medicaid program). Members who work and earn too much to qualify for Health First Colorado may qualify for the Buy-In Program. Interested stakeholders are invited to a virtual stakeholder meeting to learn about updates being made to the Working Adults with Disabilities Buy-In Program effective July 1, 2025.

Staff from the Department of Health Care Policy & Financing (the Department) will present an overview of the changes being made to how Health First Colorado members enroll into the Working Adults with Disabilities Buy-In Program. These changes will specifically impact Health First Colorado Members who also receive services through Home and Community-Based Services (HCBS) waivers. Attendees are invited to learn and ask questions about the upcoming changes.

Meeting Date and Time

Thursday, March 13, 2025 1:00 to 2:00 p.m. MT

Registration and Location: This meeting will be virtual via Zoom. Register in advance.

Register for the meeting.

Attendees will receive a confirmation email after registering with information about joining the webinar.

A recording of the meeting may be requested by emailing Kyra Acuna at hccp.stakehold-ers@state.co.us.

Refer to the <u>Health First Colorado Buy-In Program For Working Adults With Disabilities web</u> <u>page</u> for more information about the Health First Colorado Buy-In Program for Working Adults with Disabilities.

Bariatric Surgery Rule Revision - Upcoming Stakeholder Meeting on March 13, 2025

The valuable feedback from everyone who participated in the first stakeholder meeting on January 23, 2025 is appreciated. Stakeholders are invited to join the second meeting in this series:

Stakeholder Meeting 2

Thursday, March 13, 2025 9:30 a.m. – 12:30 p.m. MT

Location: Virtual via Zoom (Register in advance)

During this meeting, staff from the Department of Health Care Policy & Financing will continue discussions on revising the bariatric surgery rule. Building on feedback from the January 23, 2025 meeting, staff will present refined language changes and facilitate further discussion on key areas of the rule. Stakeholders will have the opportunity to provide additional input and share any supporting documentation or research.

Attendees are encouraged to review the <u>current rule</u> and the <u>recording</u> of the January 23, 2025 meeting before participating.

Meeting Accommodation and Language Access Notice: Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Notify HCPF_Stakeholders@state.co.us at least one week prior to the meeting to make arrangements.

Las ayudas y servicios auxiliares para individuos con discapacidades y servicios de idiomas para individuos cuyo idioma materno no sea inglés pueden estar disponibles por solicitud. Comuníquese con nosotros a HCPF_Stakeholders@state.co.us al menos una semana antes de la reunión para hacer los arreglos necesarios.

Contact HCPF Stakeholders@state.co.us for more information.

Recently Updated Billing Manuals and Fee Schedules

Billing Manuals

Visit the <u>Billing Manuals web page</u> to locate all published manuals.

Fee Schedules

Q1 2025 Physician-Administered Drug (PAD) Fee Schedule

Visit the Provider Rates and Fee Schedule web page to locate all published fee schedules.

Known Issues

Home and Community-Based Services (HCBS) Providers

In Home Support Service (IHSS) Claims Are Denying for Explanation of Benefits (EOB) 3054 — "EVV Record Required and Not Found"

IHSS claims submitted after January 1, 2025, for Electronic Visit Verification (EVV) Implementation are denying incorrectly for Explanation of Benefits (EOB) 3054 – "EVV Record Required and Not Found."

Affected claims will be reprocessed.