

Provider News & Resources

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In This Issue:

Did You Know? Revalidation Spreadsheet

Enrollment Processing Timelines

Claims Denials Begin January 1, 2025 for Past-Due Revalidations

Reminder: Update Address for Internal Revenue Service (IRS) Form 1099 in Provider Web Portal

Intermediate Billing Training

Non-Emergent Medical Transportation (NEMT) Providers Meeting

Revalidation Explanation of Benefits (EOB) and Requirements for Billing, Individual and Ordering, Prescribing and Referring (OPR) Providers

Did You Know? Revalidation Spreadsheet

Providers who do not complete the enrollment revalidation process by their revalidation due date will be subject to claim denials and disenrollment. Providers can locate their revalidation date on the Provider Revalidation Dates Spreadsheet, which is located on the Revalidation web page under the Revalidation Resources section.

Enrollment Processing Timelines

New applications, revalidations and enrollment updates are currently being processed by the Department of Health Care Policy & Financing's (the Department's) fiscal agent within five (5) business days on average.

Feasibility Study - Coverage of Housing & Nutrition Services

Provider Enrollment Application Fee Amount for Calendar Year 2025

All Patient Refined–Diagnosis Related Group (APR-DRG) Version 40 Update

Health First Colorado and Child Health Plan Plus (CHP+) Will Expand to Cover Children and Pregnant People Regardless of Immigration Status

Recently Updated Billing Manuals and Fee Schedules

Speech Therapy:

Known Issue: Inaccurate Portal Display for Speech Therapy Units

Durable Medical Equipment (DME) Supply Providers:

Known Issue: Inaccurate Rates in Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Manual

Featured Resources:

<u>December 2024 Provider Bulletin</u> (B2400517)

Upcoming Holidays:

Christmas -Wednesday, December 25, 2024

Claims Denials Begin January 1, 2025 for Past-Due Revalidations

Effective January 1, 2025, claims for providers that have not completed revalidation by their due date will be denied. Providers who successfully revalidate may resubmit their claims.



State Offices, Gainwell
Technologies, DentaQuest,
AssureCare and the ColoradoPAR
Program will be closed.

Reminder: Update Address for Internal Revenue Service (IRS) Form 1099 in Provider Web Portal

Providers are encouraged to ensure the Internal Revenue Service (IRS) 1099 form mailing address on file with Health First Colorado (Colorado's Medicaid Program) is accurate and current prior to January 2025. Providers may add, view or modify the IRS 1099 form mailing address through the Provider Maintenance option in the Provider Web Portal. A confirmation letter will be sent to all linked provider service locations when an update is completed.

The letter will contain:

- The provider service location ID
- Information about the user who completed the change
- Details of the address changes made (previous and new)

Note: The IRS 1099 form mailing address is linked to the associated tax ID. If multiple provider IDs share the same tax ID, and one provider changes the 1099 address, that address will change for all providers with that tax ID.

Visit the <u>Provider Maintenance - Provider Web Portal Quick Guide web page</u> and view <u>Address Changes</u> for instructions on how to update an address in the Provider Web Portal.

Intermediate Billing Training

Intermediate Billing Training is offered for providers who previously attended a Beginner Billing Training session and would like to expand their knowledge about billing Health First Colorado.

Intermediate Billing Training covers claims processing and remittance advice via the Provider Web Portal and batch, secondary billing with commercial insurance and Medicare, attachment requirements, timely filing, suspended claims, adjustments and voids, reconsiderations and resubmissions and more.

This training is a general training for all provider types. It is highly recommended providers attend Beginner Billing Training prior to Intermediate Billing Training.

Sign up for the next instructor-led session from 9:00 a.m. to 10:30 a.m. MT on Thursday, January 23, 2025.

All training materials can be found on the <u>Provider Training web page</u> under the calendar in the Billing Training section.

Non-Emergent Medical Transportation (NEMT) Providers Meeting

Non-Emergent Medical Transportation (NEMT) providers are invited to a virtual stakeholder meeting to learn more about moving to a statewide broker model.

Staff from the Department will review the reasons for and benefits of the proposal. Attendees are invited to listen, learn, ask questions and provide feedback.

Meeting Date and Time: Monday, January 27, 2025, 9:30 a.m. to 11:30 a.m. MT

Registration and Location: The meeting will be virtual via Zoom. Register in advance for the meeting.

A recording will be shared afterward and posted to the <u>NEMT web page</u> for those who cannot attend.

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 Patrick Potyondy at 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 Patrick Potyondy a HCPF_Stakeholders@state.co.us al menos una semana antes de la reunión para hacer los arreglos necesarios.

Contact Patrick Potyondy at HCPF Stakeholders@state.co.us for more information.

Revalidation Explanation of Benefits (EOB) and Requirements for Billing, Individual and Ordering, Prescribing and Referring (OPR) Providers

Providers who need to revalidate as Health First Colorado providers may see Explanation of Benefits (EOB) reasons on Remittance Advice reports that indicate that revalidation is required. Claims are now being denied for providers who have not revalidated.

Providers are reminded to take action to complete the revalidation process ahead of the due date so that claims will not be suspended or denied due to revalidation delays. Groups and facilities are encouraged to confirm that all individuals on a claim have been revalidated, including all Ordering, Prescribing and Referring (OPR) providers. All OPR providers indicated on a claim must be actively enrolled as an individual with Health First Colorado (42 CFR § 455.410(b)).

Even if the billing provider has revalidated, claims will not pay if an individual has not revalidated.

Providers can locate revalidation dates on the Provider Revalidation Dates Spreadsheet located on the <u>Revalidation web page</u> under the <u>Revalidation Resources section</u>.

Refer to the <u>Ordering, Prescribing and Referring Claim Identifier Project web page</u> for more information on OPR.

Feasibility Study - Coverage of Housing & Nutrition Services

House Bill 24-1322 directs the Department to assess whether it is feasible to expand certain housing and nutrition services through Health First Colorado that address members' Health-Related Social Needs (HRSN). If any components are found to be budget neutral, the Department must seek federal authorization no later than July 1, 2025.

It has been determined certain services are feasible based on ongoing expansion work and an amendment request was submitted to add certain HRSN services to the 1115 Substance Use Disorder (SUD) waiver this summer. While there is significant supporting evidence for the rest of the components and some infrastructure in Colorado to implement, the budget is difficult to estimate and would exceed federal financial requirements. There are also timeline constraints which make pursuing additional amendments at this time difficult. The feasibility of expansions will continue to be estimated in a future study, HB23-1300 "Continuous Eligibility Medical Coverage," due by the start of 2026.

Read the full study and find webinar materials on the <u>HRSN web page</u>. Contact <u>HCPF HRSN@state.co.us</u> for more information.

Provider Enrollment Application Fee Amount for Calendar Year 2025

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. The Provider Enrollment Application Fee has been set at \$730 for the 2025 calendar year, effective January 1, 2025.

Contact the <u>Provider Services Call Center</u> with questions.

All Patient Refined-Diagnosis Related Group (APR-DRG) Version 40 Update

Version 40 of the All Patient Refined–Diagnosis Related Group (APR-DRG) methodology and its associated weight table has been updated. Claims dated on or after October 1, 2024, will be reprocessed with a retroactive claims adjustment.

Visit the <u>Inpatient Hospital Payment web page</u> to locate the weight tables that will be implemented. Visit the <u>Hospital Stakeholder Engagement Meetings web page</u> to review webinar recordings of the meetings.

Email Diana Lambe at <u>Diana.Lambe@state.co.us</u> and Andrew Abalos at <u>Andrew.Abalos@state.co.us</u> with questions or concerns.

Health First Colorado and Child Health Plan Plus (CHP+) Will Expand to Cover Children and Pregnant People Regardless of Immigration Status

Providers are reminded that effective January 1, 2025, Colorado children ages 18 and younger and pregnant people living in Colorado, no matter what their immigration status is, can apply to get health coverage through Health First Colorado and Child Health Plan Plus (CHP+).

These members will have access to **full Health First Colorado and CHP+ benefits and may seek services from a provider** without additional action needed by providers.

What does this mean for providers?

These new members will not change processes for providers such as checking eligibility or submitting claims. Expectations and requirements for providers are the same for these members as any other member.

The impact to providers is expected to be limited to a potential increase in patients seeking services. These new members may not speak English well or at all. As a reminder, Section 1557 of the Affordable Care Act requires healthcare providers who receive federal funding to provide limited English proficiency (LEP) patients with a qualified interpreter.

Visit the <u>Cover All Coloradans</u>: <u>Health Benefits for Children and Pregnant Persons web page</u> for more information. Contact <u>hcpf_coverallco@state.co.us</u> with any questions.

Recently Updated Billing Manuals and Fee Schedules

Billing Manuals

- Federally Qualified Health Center and Rural Health Clinic Billing Manual
- <u>Lactation Support Services Billing Manual</u>
- Pediatric Behavioral Therapies Billing Manual

Visit the Billing Manuals web page to locate all published manuals.

Fee Schedules

- Health First Colorado Fee Schedule
- Home and Community-based Services (HCBS) Rate Schedule
- HCBS Alternative Care Facility (ACF)/Supportive Living Program (SLP) Post-Eligibility Treatment of Income (PETI) Forms Rate Schedules
- Physician-Administered Drug Fee Schedule

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

Known Issues

Speech Therapy:

Inaccurate Portal Display for Speech Therapy Units

The Provider Web Portal is displaying inaccurate units available for speech therapy services. Claims are being processed correctly but the totals displayed in the Provider Web Portal are inaccurate.

Providers may contact <u>Acentra</u> to begin the prior authorization process even if all units have not been utilized.

Durable Medical Equipment (DME) Supply Providers:

Inaccurate Rates in Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Manual

The rate published for manually priced codes in the <u>Durable Medical Equipment</u>, <u>Prosthetics</u>, <u>Orthotics and Supplies (DMEPOS)</u> manual is incorrect. Claims are being processed at the correct rates. An updated manual will be published soon. If providers billed at the lower rate they may resubmit an adjustment for the increase.

The correct rates are:

SC Modifier (by Manufacturer's Suggested Retail Price [MSRP]) minus 13.78% UB Modifier (by invoice) plus 24.06%