



Provider News & Resources

November 13, 2023 Issue 79

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Did You Know?

Provider Enrollment Revalidation

Providers that do not complete the enrollment revalidation process by their revalidation due date will be subject to claim denials or disenrollment effective November 11, 2023.

Providers can locate their new revalidation date on the Provider Revalidation Dates Spreadsheet, which is located on the [Revalidation web page](#) under the Revalidation Resources section.

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Resolved Known Issue: Maternity Claims Denying EOB 1087 and EOB 1088

Featured Resources:

[November 2023 Provider Bulletin \(B2300501\)](#)

Upcoming Holidays:

Thanksgiving Day

Thursday, November 23

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

Day After Thanksgiving

Friday, November 24

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

Direct Care Workers

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](#) that has everything needed to succeed in direct care from resources to job matching.



Provider Enrollment Revalidation

The flexibility that paused disenrollment for providers past their revalidation date during the COVID-19 Public Health Emergency (PHE) is ending effective November 12, 2023. Providers with revalidation due dates of October 1, 2020, through November 11, 2023, have been given a post-PHE grace period to complete the revalidation process.

Those providers will also be sent another notification six (6) months prior to their revalidation date. Providers with revalidation due dates between October 1, 2020, through November 11, 2023, who had no claims activity in the last three (3) years must revalidate by November 11, 2023.

Providers that do not complete the revalidation process by their revalidation due date will be subject to claims denial or disenrollment. Providers with revalidation applications that are 'in process' must complete the process by November 11, 2023. Visit the [Revalidation web page](#) to learn more about the provider revalidation process and how to prepare.

Providers are encouraged to coordinate with any Ordering, Prescribing or Referring (OPR) providers to ensure the provider IDs have also been revalidated.

Reminder: Submission Request for Paper Claims

Providers must be **approved** to send paper claim submissions. Submitting claims electronically is the **required** method by the Department of Health Care Policy & Financing (the Department).

Complete the Request to Submit Paper Claims Form located on the [Provider Forms web page](#) under the Claim Forms and Attachments drop-down.

Follow the instructions listed on the form to submit via the [Provider Web Portal](#).

Note: Do not mail the form to Gainwell Technologies.

COVID-19 Public Health Emergency (PHE) Unwind

Colorado has resumed regular eligibility reviews for people with Health First Colorado (Colorado's Medicaid program) and Child Health Plan *Plus* (CHP+) after a two-plus (2+) year pause during the COVID-19 Public Health Emergency (PHE).

New Federal Guidance on Ex Parte Process

All states received [guidance from the Centers for Medicare & Medicaid Services \(CMS\) on August 30, 2023](#), that requires a change to the ex parte (automation) process for renewals. Instead of renewing members with ex parte at the household level (all members of a household receiving Health First Colorado or CHP+ benefits reviewed for eligibility at the same time), as has been done in the past, CMS is requiring states to perform ex parte automation reviews on an individual basis, meaning each person in the household is reviewed and approved separately.

A short-term system change was implemented in mid-October to have the system identify individuals who were determined eligible during ex parte and approve them regardless of whether the household returns a renewal packet or renewal signature. This change will continue until a longer-term change is implemented in the future.

Refer to the [COVID-19 Public Health Emergency \(PHE\) Unwind](#) email dated November 7, 2023, for more information.

Vaccine Providers

Coverage of Respiratory Syncytial Virus (RSV) Vaccine for Members Under 19

Providers seeking reimbursement for administering immunizations to members under 19, including flu and COVID-19 vaccines, must enroll in the Vaccines for Children (VFC) program and use VFC-distributed products.

The Respiratory Syncytial Virus (RSV) vaccine is a covered benefit for pregnant individuals, effective September 22, 2023, but is currently out-of-stock from the VFC program. In the interim, providers must submit an [Early and Periodic Screening, Diagnosis and Treatment \(EPSDT\) Request for Coverage Form](#) to HCPF_EPSDT@state.co.us in order to receive reimbursement for administering the RSV vaccine to pregnant members under the age of 19. When VFC stock becomes available, the administering provider must be VFC-enrolled and use VFC-distributed vaccine to receive reimbursement for administration of the RSV vaccine to these members.

Visit the [Early and Periodic Screening, Diagnostic and Treatment \(EPSDT\) web page](#) and the [June 2023 EPSDT Policy Statement](#) for more information.

Contact Gina Robinson at Gina.Robinson@state.co.us with EPSDT questions.

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

Provider Responsibility to Review Delegate Provider Web Portal Accounts

As a reminder, providers who are registered as Individuals Within a Group must have their own Provider Web Portal username and password to **revalidate separately** from their affiliated group. Providers who have forgotten their username or password should refer to the [Administrative Password Reset Process Quick Guide](#).

Support staff or third-party vendors contracted by the provider can be set up as delegates to perform certain functions on the provider's behalf, such as verifying claim status or retrieving remittance advice. Providers are responsible to review the status of delegate accounts and the functions delegates are authorized to access in the Provider Web Portal.

A delegate's status and functions should be kept up to date in accordance with current job duties and employment status. Only delegates with a valid, current business reason should have Provider Web Portal access. A delegate account that has an outdated status presents a security risk to program integrity.

Only the administrative account gives a user full access to the functionality available within the Provider Web Portal.

Note: Accounts that are inactive will be deactivated. Providers are reminded to log into the Provider Web Portal on a regular basis to prevent deactivation.

- Existing Accounts - deactivated after 90 days of inactivity
- New Accounts - deactivated after 60 days of inactivity

Refer to the [Delegates Quick Guide](#) for more information on adding, linking and managing delegates.

Refer to the [Delegates Access Definitions Quick Guide](#) for more information on delegate functions.

Behavioral Health Administration (BHA) Benefits (BHAB)

Providers are encouraged to review eligibility carefully and verify that a member has Title XIX (TXIX) benefits (Health First Colorado, Colorado's Medicaid program) benefits before providing TXIX services. Members who have BHAB but not TXIX are not eligible for any service under TXIX.

State-Funded BHAB allows the BHA Service Organization (Managed Services Organization) and the Community Mental Health Centers (CMHCs) to service members who are eligible for tested services:

- Behavioral Health Means (X1)
- Behavioral Health Non-Means (X2)

These services provide a limited behavioral health safety net benefit that covers the 14 critical behavioral health-related services in every region of the state.

Contact the [Provider Services Call Center](#) with any questions.

BHA/BHAB Resources

[Verifying Member Eligibility \(Including Managed Care Assignment Details and Benefit Plan Information\) and Co-Pay Quick Guide](#)

[Operational Memo \(OM\) 23-044 Behavioral Health Administration Community Services - June 30, 2023](#)

[Behavioral Health Administration Community Services High-Level Program Group FAQ - June/July 2023](#)

[Behavioral Health Administration web page](#)

Ordering, Prescribing and Referring (OPR) Providers

Upcoming Enrollment Requirement

Claims with services requiring Ordering, Prescribing or Referring (OPR) providers will post Explanation of Benefits (EOB) 1997 - "The referring, ordering provider, and attending type is invalid for the service. The service is not within the scope of the provider type." if the OPR provider is not enrolled with Health First Colorado beginning around mid-November 2023. This is not a claim denial.

Claims submitted for services or items that require an OPR can be found in the relevant billing manual on the [Billing Manuals web page](#).

Contact the [Provider Services Call Center](#) with any questions.

Reminder: Sign Up for Provider Email Communications

Recipients of this email are already signed up to receive Provider Bulletins and general announcements. To receive emails specific to provider type, [sign up by selecting the email list\(s\) that best apply](#).

Keeping provider contact information up to date in the Provider Web Portal will help to ensure that providers receive emails specific to their organization's claims. The email address associated with the mailing address in the Web Portal will be used for provider communications. Visit the [Provider Maintenance Provider Web Portal Quick Guide web page](#) for instructions on how to access and update the email address on file.

Looking for a recent newsletter or email? Newsletters and many of the emails sent to providers are posted on the [Provider News web page](#).

Recently Updated Billing Manuals

- [Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs](#)
- [Audiology](#)
- [Inpatient/Outpatient \(IP/OP\)](#)
- [Medical and Surgical Services](#)

Home and Community-Based Services (HCBS)

- [HCBS for Persons with Intellectual and/or Developmental Disabilities Waiver Programs & Targeted Case Management for HCBS Waiver Programs](#)

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

Resolved Known Issues

Federally Qualified Health Center (FQHC), Hospitals, Indian Health Services (IHS), Non-Physician Practitioner, Physician Services/Clinics, Rural Health Clinic (RHC)

Resolved 11/01/23: Maternity Claims Denying for Explanation of Benefits (EOB) 1087 and EOB 1088

Maternity claims were denying incorrectly for EOB 1087 - "Quantity of one or more services billed is not allowed" and EOB 1088 - "Single Date of Service billing requirement not met" when submitted with non-maternity procedures with more than one unit billed.

Affected claims were reprocessed on 11/06/23.

Issue resolved 11/01/23.
