

### **Provider News & Resources**

May 27, 2025 Issue 117

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### Reminder: Provider License Status

Some claims are currently being denied for no license on file. Practitioner licenses expired with the Department of Regulatory Agencies (DORA) on April 30, 2025. Some licenses were automatically updated. Providers may have an active license with DORA but the license may not be on file with Health First Colorado (Colorado's Medicaid program).

If an exact match for the provider's name is not found, the license must be manually updated through the <u>Provider Web Portal</u> by the provider to avoid claim denials. The grace period for this issue has ended and claims that previously were paid may now be denied. Providers are urged to check the status of the individual's provider license on file and update as needed.

Refer to the <u>Update Licenses and Clinical</u> <u>Laboratory Improvement Amendments</u> (<u>CLIA</u>) <u>Quick Guide</u> for information on how to update licenses. (HCBS): New Children with Complex Health Needs (CwCHN) Waiver

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#### Featured Resources:

<u>Provider Web Portal Password Reset</u> Quick Guide

Verifying Tax ID Quick Guide

### **Behavioral Health Providers Meeting**

The Certified Community Behavioral Health Clinic meeting for May will be held on May 28, 2025, at 3:00 p.m. MT to accommodate Memorial Day. Register for the new date and time to attend.



#### **Reminder: Self-Service Provider Web Portal Registration Available**

The Password Reset Webform is an easy self-service method to request a password reset for access to the <u>Provider Web Portal</u>. The Password Reset Webform is only available for account administrators who have previously registered for the Provider Web Portal. Registration must be completed ahead of using the Password Reset Webform. Providers may register by visiting the Provider Web Portal home page and entering the information related to the provider ID.

<u>Portal Registration</u> is a required step for administrators, and may be completed on behalf of providers who have an approved enrollment application.

The account administrator is solely responsible for creating delegate accounts and resetting delegate passwords in the Provider Web Portal. Delegates **may not** request an administrative password reset.

Delegates needing to reset their password can utilize the "Forgot Password?" link on the <u>Provider Web Portal</u> Home Page.

- Forgotten password
  - They must know their user ID.
  - o They will be presented with one challenge question that they must answer.
  - If answered successfully, a temporary password will be sent to the email address on file for their Portal account.
  - If answered unsuccessfully or they no longer have access to that email, the administrator must create a new delegate account for them.

## Clarification for Substance Use Disorder (SUD) Continuum Providers on Terming Specialty Type 64/477

On July 1, 2024, new Specialty Types were added under Provider Type (PT) 64 (Substance Use Continuum) to align with Behavioral Health Administration (BHA) Endorsements for each American Society of Addiction Medicine (ASAM) level of care. This allows the Department and Regional Accountable Entities (RAEs) to accurately track network adequacy for all Substance Use Disorder (SUD) levels of care.

Ensure that PT 64 enrollments include a Specialty Type for each ASAM level of care endorsement on BHA licenses by June 15, 2025. Submit a maintenance request through the <u>Provider Web Portal</u> to add a Specialty Type to the PT 64 enrollment. The Department's <u>Provider Maintenance Quick Guide</u> explains how to submit a maintenance request.

The list of ASAM level of care Specialty Types can be referenced on the Department's <u>Find Your Provider Type web page</u> under Substance Use Disorder (SUD) Continuum.

Specialty Type 477 is not associated with an ASAM level of care and is therefore being discontinued. It is not possible for a provider to remove a Specialty Type via a maintenance request. Once all SUD Continuum providers have added the necessary ASAM level of care Specialty Type(s), the 477 Specialty Type will be end-dated in the system.

Correction for content mentioned in April newsletter: The Department will not be denying claims with dates of service after June 30, 2025, when billed by Provider Specialty Type 64/477. This policy may be revisited in the future.

Contact <u>HCPF\_SUDBenefits@state.co.us</u> with any questions.

### Help Shape the Future of Health First Colorado: Apply to Join the Medical Care Advisory Committee (MCAC)

The Department is now recruiting for the Medical Care Advisory Committee.

In 2024, the Centers for Medicare and Medicaid Services updated federal requirements (42 CFR 431.12) directing states to establish and operate a public Medicaid Advisory Committee.

This new committee will play an important role in improving quality of care, advancing health equity, and strengthening Medicaid services across Colorado.

Individuals are being sought with relevant experience in health care or advocacy who:

- Serve or represent Health First Colorado members
- Have demonstrated leadership or expertise in their field
- Are open to diverse viewpoints

Have a desire to improve Medicaid services for all members

Applications are open from May 12, 2025 to July 1, 2025.

Learn more about the committee and eligibility requirements on the <u>Medical Care Advisory</u> Committee website.

Individuals are encouraged to apply or share this opportunity with others who may be interested.

View the application.

#### **Recently Updated Billing Manuals and Fee Schedules**

#### **Billing Manuals**

- 340B Policy and Procedure Manual
- Appendix X HCPCS/NDC Crosswalk
- Pharmacy Billing Manual
- Screening, Brief Intervention and Referral to Treatment (SBIRT) Program Billing Manual

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

#### **Fee Schedules**

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

#### **Known Issues**

Case Managers and Home & Community-Based Services (HCBS)

New Children with Complex Health Needs (CwCHN) Waiver

The new Children with Complex Health Needs (CwCHN) waiver for members will be viewable as a program option in the Bridge, but case managers should continue to enroll CHCBS and CLLI members with May or June CSRs for July 1, 2025 start dates forward into CLLI, as they will automatically transition to CwCHN on July 1, 2025. After July 1, 2025, case managers may begin to select CwCHN for members. Case managers will need to enroll all newly eligible children into the CwCHN waiver after July 1, 2025 using the new eligibility criteria.

For more operational guidance, please review OM 25-024.

#### **Comprehensive Safety Net Providers**

### Claims for Comprehensive Safety Net Provider Services Are Denying for Explanation of Benefits (EOB) 1040

Claims for Comprehensive Safety Net Provider Services with Date of Service (DOS) on or after 7/1/2024 are denying for Explanation of Benefits (EOB) 1040 – "Contract Could Not Be Determined."

Affected claims will be reprocessed.

A resolution is in process.

#### **Substance Use Disorder (SUD)**

## Clarification for SUD Continuum Providers on Terming Specialty Type 64/477

Providers are unable to remove a Specialty Type via a maintenance request. Once all SUD Continuum providers have added the necessary American Society of Addiction Medicine (ASAM) level of care Specialty Type(s), the 477 Specialty Type will be end-dated in the system.

#### **Resolved Known Issues**

#### **All Providers**

# Resolved 5/14/25: Providers Who Utilize Electronic Visit Verification (EVV) Were Experiencing a Delay in the Creation of The EVV Sandata Account

Some providers on or after 4/24/25 were experiencing a delay in the creation of their EVV Sandata account. This impact included both providers eligible to submit the EVV Attestation Form and Provider Type (PT) 10 Home Health, PT 36 Home and Community Based Services (HCBS) and PT 60 Personal Care Agency.

A file issue was identified between Gainwell Technologies and Sandata affecting Sandata's access to new provider IDs and ability to create EVV accounts for EVV visit submission.

Issue resolved 5/14/25.

#### **Case Managers**

### Resolved 5/12/25: A Defect in the Bridge was causing Non-CDASS Claim Service Line Dollar Amounts to Default to \$0.01

Non Consumer-Directed Attendant Support Services (CDASS) service line dollar amount on claims for Date of Service (DOS) May 8, 2025 to May 12, 2025 were defaulting to \$0.01 due to a defect in the Bridge. The following service codes were affected: T1019, H0038 and S5030. The defect was repaired after 5:00 PM MT on May 12, 2025.

Case Managers who see a service line dollar amount of \$0.01 may contact the Care and Case Management (CCM) Help Desk.

Issue was resolved 5/12/25.