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In this issue:

All Providers.....	1
ACC Phase II Update.....	1
New Medicare-Medicaid Advocate Changes to the Provider Portal & Pharmacy Benefits Management System.....	2
Testing New Provider Web Portal. Effort to Improve Member Eligibility Correspondence.....	3
ColoradoPAR Program Updates....	4
Coding Changes to Fee-for-Service Depression Screening.....	4
NCCI Quarterly Updates.....	5
Health First Colorado Cards.....	5
Record Retention.....	6
September 2016 Holiday.....	6
DMEPOS Providers.....	6
Unit Limit and PA Review.....	6
Billing Manual Updates.....	7
Family Planning Providers.....	8
Change Notification for NDC.....	8
Hospital Providers.....	8
Inpatient Rates/APR-DRG Update	8
Imaging/Radiology Providers..	9
Attention.....	9
Pharmacy Providers.....	9
PDL Update.....	9
Hepatitis C Medication PA Process Committee Meeting.....	10
Transition of Pharmacy Benefit Management Services to Magellan Rx Management.....	10



Did you know...?

Provider training sessions are currently suspended until later this fall when the new fiscal agent provider, Hewlett Packard Enterprises, begins conducting training sessions for the new Colorado interChange platform.

All Providers

Accountable Care Collaborative Phase II Update: Request for Proposals and Federal Waiver Authority

The Department of Health Care Policy and Financing (the Department) is working with our partners to develop the next phase of the Accountable Care Collaborative (ACC). Phase II of the ACC seeks to leverage the proven successes of Health First Colorado's programs to enhance the member and provider experience. [Learn more about ACC Phase II.](#)



Currently, the ACC Phase II Team is working with internal subject matter experts to review the draft request for proposals (RFP). We look forward to sharing the draft RFP for stakeholder comment in fall 2016. Between now and the release of the draft RFP, the Department will **not** regularly solicit stakeholder feedback.

Federal Waiver Authority

Through ongoing conversations with the Centers for Medicare & Medicaid Services (CMS), the Department received notification that we can seek the necessary federal authority for the Program through a 1915(b) waiver. A new 1915(b) waiver will give the Department the federal authority to fulfill key components of Phase II, including automatic enrollment of members into the ACC and the utilization of one entity per region to administer primary care and behavioral health services for members.

In preparation for the waiver submission, the Department has been working with Leavitt Partners to analyze our waiver options. As experts in CMS authorities, Leavitt Partners is also helping the Phase II Team draft the waiver request. The two consultants from Leavitt Partners have more than 65 years of combined working experience in Medicaid and state health programming. They have been valuable

**Xerox State Healthcare
Denver Club Building
518 17th Street, 4th floor
Denver, CO 80202**

Contacts

Billing and Bulletin Questions
800-237-0757

Claims and PARs Submission
P.O. Box 30
Denver, CO 80201

Correspondence, Inquiries, and Adjustments
P.O. Box 30
Denver, CO 80201

Enrollment, Changes, Signature Authorization and Claim Requisitions
P.O. Box 1100 Denver, CO 80201

ColoradoPAR Program PARs
www.coloradopar.com

assets in the development and refinement of the draft waiver and communications with CMS. The Department intends to formally submit the waiver draft to CMS on September 1, 2016 in order to open up a dialogue and move towards the final draft submission in 2017.

Reminder: Stay Informed

Please continue to encourage members to sign up for the [ACC Phase II Stakeholder Updates List](#) and check out our site, Colorado.gov/HCPF/ACCPhase2.

Introducing Colorado's New Medicare-Medicaid Advocate

Did you know Colorado has an advocate* for those who have both Medicare and Health First Colorado (Colorado's Medicaid Program) and are members of Health First Colorado's ACC for Medicare and Medicaid Enrollees?

The Colorado Medicare-Medicaid Advocate is available - free of charge - to help members resolve problems with their health care services that they have been unable to resolve through the [organization that coordinates care for members through the ACC](#).

Members may qualify for help from the Colorado Medicare-Medicaid Advocate if they have no other private or public health insurance such as Medicare Advantage, TRICARE, the Program for All Inclusive Care of the Elderly (PACE) or Health First Colorado administered by Denver Health Medicaid Choice Plan.

The Colorado Medicare-Medicaid Advocate cannot help with Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) questions and concerns.

*The Colorado Medicare-Medicaid Advocate is part of Disability Law Colorado, formerly called The Legal Center. The Colorado Medicare-Medicaid Advocate is not employed by Medicare or Health First Colorado and is not an attorney.

[Watch our video to learn more](#)

Coming Soon! Big Changes to the Provider Portal & Pharmacy Benefits Management System (PBMS)

As part of the Colorado Medicaid Management Innovation and Transformation (COMMIT) project, the Department will be launching several new provider-facing systems on October 31, 2016. Two of these new systems will affect the way providers submit claims and receive payments:

1. Colorado interChange - a new claims processing and eligibility verification system (*providers will access the Colorado interChange through a new provider web portal*).
2. Pharmacy Benefits Management System - a new pharmacy point-of-sale system.



Over the next several months, the Department will work to inform and prepare Health First Colorado (Colorado's Medicaid program) and Child Health Plan *Plus* (CHP+) providers for these changes. Provider training schedules can be found on the Department's [Provider Resources](#) website.

Are You Prepared for October 31, 2016?

- Your batch claims submitter **MUST** apply for a new Trading Partner ID (TPID) and submit test transactions for HIPAA compliance. Whether your submitter is a clearinghouse, software vendor, or in-house Trading Partner, they must apply for a new

TPID in order to submit batch claims in the Colorado interChange system. **Submitters without a new TPID will not be able to submit batch claims or receive reports beginning October 31, 2016.** Your submitter can learn more about applying for a new TPID at: Colorado.gov/HCPF/EDI-support.

- Providers who did not begin the enrollment/revalidation process by August 1, 2016 have put themselves at **serious risk for delayed payments**, as the process may take several weeks to complete.
- Providers who are not approved and enrolled in the Colorado interChange by October 31, 2016, will **not be able to submit claims or Prior Authorization Requests (PARs), receive payments, or verify member eligibility.** Visit the Department's [Provider Resources](#) website for more information about revalidation or enrollment.

Get Tailored Updates That Matter to You!

[Sign-up](#) for our email distribution list today, and we'll send you training schedules and other important information **specific to your provider type or business.**

Other Ways to Stay Informed

The Department will keep you informed and help you prepare for the upcoming changes. Look for general information, training schedules, and updates posted in the [Provider Bulletins](#), [At a Glance](#), and on the [Department's website](#).

Facilitated Provider Testing of the New Provider Web Portal

The Department is seeking providers to participate in Facilitated Testing of our new Provider Web Portal. Participation is open to all types of providers and interested providers should [sign-up](#) but seats are limited. Accepted testers will be notified by email on September 16, 2016 with more details and instructions.

What: The Department will be hosting a series of topics over the course of a week, with a topic presented in the morning and a repeat session each afternoon. Each session will be led by a system subject matter expert, who will demonstrate system functionality and walk providers through various scenarios.

When: These sessions are tentatively scheduled for the end of September 2016, with specific dates to come.

Where: These sessions will be hosted on-site at the Department's downtown Denver office. Alternatively, providers may participate virtually via a webinar.

Cross-Agency Effort to Improve Member Eligibility Correspondence

In the spring of 2016, the Department, the Department of Human Services, the Governor's Office of Information Technology, and Connect for Health Colorado partnered on a research project to inform and improve member eligibility correspondence.

The first part of the research project engaged our partners, members, and communications experts in the field of plain language. We chose to focus on the four letters that would reach nearly every member: the Notice of Action, Redetermination/Renewal Letter, Income and Eligibility Verification System Letter, and Verification Checklist Letter.

The final reports, recommendations, and a brief webinar to review the first part of the research project's findings are available at Colorado.gov/HCPF/PlainLanguage.

The next phase of this project is to gather additional feedback from policy and legal experts, stakeholders, and counties on the redrafted correspondence. We look forward to sharing additional information with you in the coming months.

ColoradoPAR Program Updates

Changes to Submitting Supporting Documentation Electronically

Recent eQSuite® changes will simplify the process of uploading supporting documentation to PARs.

Previously, providers were required to select the appropriate attachment type before uploading documents. When an incorrect attachment type was selected, this resulted in the review being pended for additional information, even though the information had been uploaded.



Now, providers will have only one attachment option: Supporting Documentation.

Provider Guide – Instructions for Submitting Supporting Documentation

A [Submitting Supporting Documentation Provider Guide](#) is now available. The Provider Guide outlines the step-by-step process for submitting supporting documentation (electronically and via fax) for PARs with the statuses of “Pended for Additional Information”, “Awaiting Required Attachments”, and “Approved” (via SmarT Review).

Submitting Supporting Documentation – Deadline Extended

Providers expressed challenges in obtaining supporting documentation within the allotted timeframe when a PAR review is “Pended for Additional Information”.

Effective June 14, 2016, providers have ten (10) business days to fax or upload supporting PAR documentation, compared to the previous window of four (4) business days.

Please contact eQHealth Solutions Customer Service Line at 888-801-9355 with questions.

Coding Changes to the Health First Colorado Fee-for-Service Primary Care Depression Screening Benefit Reminder



Effective January 1, 2015, fee-for-service primary care providers are required to bill the following procedure codes to receive payment for Health First Colorado (Colorado’s Medicaid Program) member depression screenings for dates of service on or after January 1, 2015:

G8431 (positive screening)

G8510 (negative screening)

Additional ICD-10 diagnosis codes are required. The Current Procedural Terminology (CPT) code **99420** is not accepted for dates of service on or after January 1, 2015.

Postpartum depression screening counts as an annual depression screening, and Health First Colorado primary care providers are encouraged to screen new mothers at a well-child visit using the mothers’ Health First Colorado ID number. If a behavioral health need is identified after screening, the pediatric provider should assist with referring the mother to a Behavioral Health Organization (BHO) or Regional Care Collaborative Organization (RCCO) provider.

Important note: One depression screening is allowed per member per fiscal year. Postpartum depression screening counts as an annual depression screening.

This benefit also requires providers to use a standardized, validated depression screening tool. Please review the online Healthy Living Addressing Depression in [Primary Care Tool Kit](#) for additional information. Please contact Jerry.Ware@state.co.us with questions.

National Correct Coding Initiative (NCCI) Notification of Quarterly Updates

Providers are encouraged to monitor CMS for updates to NCCI rules and guidelines. Updates to the procedure-to-procedure (PTP) and medically unlikely edit (MUE) files are completed quarterly with the next file update available October 2016. Please find more information on the CMS NCCI website.

Obtaining or Replacing Health First Colorado (Colorado's Medicaid Program) Cards

Once an application is approved, Health First Colorado members are automatically sent a hard copy of their Health First Colorado card via the United States Postal Service (USPS). This initial Health First Colorado card can take up to two (2) weeks to arrive and is sent to the member's address on file. Members can also get an electronic version of their card **immediately** after being approved by:

- Downloading the free **PEAKHealth** mobile app and getting an electronic version of the card. The card in **PEAKHealth** is a real-time feed from CBMS, so members will know if they are "Active" or "Inactive" by looking at their card. Members can then use the electronic Health First Colorado card at their provider's office. The card can be accessed at any time, which means there is no need for members to wait for their card to come in the mail.
- Going online to **Colorado.gov/PEAK** and viewing and/or printing a PDF version of the card. This can be done at any time, which means there is no need for members to wait for their card to come in the mail.



If a member needs a **replacement card**, they can get it in any of the ways below:

- Members can request a replacement card be mailed to them through **Colorado.gov/PEAK**. This will take up to two (2) weeks to arrive and will be sent to the member's address on file. Members should always verify their mailing address before requesting a new card.
- Call or go in-person to the **local County Department of Human/Social Services** to request a replacement card be mailed. The card will take up to two (2) weeks to arrive and will be sent to the member's address on file. Members should always verify their mailing address before requesting a new card.
- Call the **Health First Colorado Member Contact Center** to request a replacement card be mailed. The card will take up to two (2) weeks to arrive and will be sent to the member's address on file. Members should always verify their mailing address before requesting a new card.

Although there are many ways for members to get a copy of their Health First Colorado card, **a card does not guarantee eligibility for Health First Colorado**. Providers should verify member identity and eligibility at each appointment. For additional information on how to verify a member's eligibility see pages 22-24 of the [General Provider Information Billing Manual](#).

Special cases: Though accessing a Health First Colorado card through PEAK *Health* and Colorado.gov/PEAK works for most members, there is a small population of members who may not be able to access their card online. In this situation, members should contact their local County Department of Human/Social Services.

Record Retention

Providers must maintain records that fully disclose the nature and extent of services provided. Upon request, providers must furnish information about payments claimed for Colorado Medical Assistance Program (Medicaid and Child Health Plan Plus) services. Records must support submitted claim information. Such records include, but are not limited to:

- Treatment plans
- Prior Authorization Requests (PARs)
- Medical records and service reports
- Records and original invoices for items, including drugs that are prescribed, ordered, or furnished
- Claims, billings, and records of Colorado Medical Assistance Program payments and amounts received from other payers

Each medical record entry must be signed and dated by the person ordering and providing the service. Computerized signatures and dates may be applied if the electronic record keeping system meets Colorado Medical Assistance Program security requirements. Records must be retained for at least six (6) years, or longer if required by regulation or a specific contract between the provider and the Colorado Medical Assistance Program.

September 2016 Holiday



Labor Day Holiday

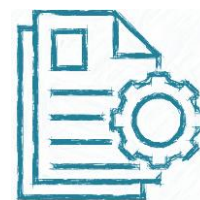
Due to the Labor Day holiday on **Monday, September 5, 2016**, State offices, Xerox State Healthcare, DentaQuest, and the ColoradoPAR Program will be closed. The receipt of warrants and Electronic Funds Transfers (EFTs) may be delayed due to the processing at the United States Postal Service or providers' individual banks.

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Providers

Unit Limit and Prior Authorization Review

The Department has published suggested new and revised unit limits and is actively soliciting public comment.

In order to demonstrate sound stewardship of state resources and ensure that Health First Colorado members have access to and receive appropriate care, the Department sets reasonable limits on the type and amount of durable medical equipment and supplies that may be obtained without a prior authorization. The Department has been reviewing these criteria with the help of the Colorado Association for Medical Equipment Services ([CAMES](#)) and continues to seek provider feedback prior to final decisions.



For administrative ease, CAMES recommended the codes be broken into three sections. Starting September 1, 2016, each section will be posted a month apart.

- **Section 1** contains the recommendations for the codes that represent:
 - Disposable supplies
 - Wheelchairs
 - Bedroom equipment
 - Bathroom equipment
 - Complex rehabilitation technology (CRT)
- **Section 2** contains the recommendations for the codes that represent:
 - All other DME
 - All other supplies
 - Upper body orthotics
 - Orthotic repairs
- **Section 3** contains the recommendations for the codes that represent:
 - Lower body orthotics
 - Prosthetics

Section 1 is now posted on the [Provider Forms](#) page, under the DMEPOS forms.

Comments can be emailed to: DMEPOS.BMReview@state.co.us. Please include the section in the subject line (e.g. "Section 1").

For a complete list of all codes reviewed by CAMES, please reference the [DMEPOS](#) billing manual.

Billing Manual Updates

Continuous and Bi-level Positive Airway Pressure Devices (CPAP/BiPAP)

The Department has reviewed the definition of compliance for CPAPs and BiPAPs. Effective September 1, 2016, CPAP and BiPAP compliance is defined as:

Usage that is \geq four (4) hours per night on 70% of nights during a consecutive 30-day period anytime during the approved trial/rental period.

Reminders to Providers:

- Health First Colorado, Colorado's Medicaid Program, is considered the payer of last resort. As such, when a member has primary health coverage, the member must comply with their primary's coverage requirements. This includes using the primary's provider network and other cost containment provisions. Please reference [10 CCR 2505-10 § 8.061](#) for more detailed information regarding when and how other resources should be used prior to Colorado's Medical Assistance Benefits.
- Wound Therapy Equipment: The reimbursement for code **E2402** (negative pressure wound therapy electrical pump, stationary or portable) includes **all** equipment and supplies related to the wound. This includes, but is not limited to: antiseptics, skin cleansers, skin preparation, foam dressings, gauze, tape, gloves, etc.



Please contact HCPF_DME@state.co.us with questions.

Family Planning Providers

Liletta Intrauterine Device – Product Change Notification for NDC

Health First Colorado received a product change notification for the Liletta intrauterine contraceptive system (IUS). Liletta is a sterile 52mg levonorgestrel-releasing device, indicated for pregnancy prevention use and lasting up to three years. A new single-handed insertion device for Liletta has been approved for use and is expected to be released soon. Effective in early September 2016, Liletta’s distributor reports that the single-handed inserter will be available for distribution and the two-handed inserter will be phased out.

A new National Drug Code (NDC) for this single-handed insertion device is provided below along with current NDC numbers available for billing.

Liletta IUS NDCs for HCPCS code: J7297	
Liletta with sterile two-handed inserter Old NDC Code(s)	Liletta with sterile single-handed inserter NEW NDC Code
52544-0035-54 or 52544-035-54	00023-5858-01

For further product information contact Allergan, Inc. at: www.allergan.com/contact.

Hospital Providers

2016-17 Inpatient Rates and All Patient Refined Diagnosis Related Group (APR-DRG) Recalibration Update

The Department received significant feedback from Hospitals after the release of the State Fiscal Year 2016-17 Inpatient Hospital base rates and APR-DRG weights. Based on this feedback, the Department identified and incorporated several factors for calculating the new Inpatient Hospital base rates and APR-DRG weights that became effective July 1, 2016. New rate letters announcing the State Fiscal Year 2016-17 Inpatient Hospital base rates were sent to hospitals in the middle of August 2016 while the new version of the [APR-DRG Recalibration](#) document was also posted to the [Inpatient Hospital Payment](#) website in August 2016.

The Department cannot implement these new State Fiscal Year 2016-17 base rates without CMS approval but anticipates receiving this approval in the 4th quarter of calendar year 2016. Once the Department receives CMS approval, a mass adjustment will reprocess all inpatient hospital claims with discharge dates July 1, 2016 or later and these claims will utilize the new rates and the revised APR-DRG weights. In the interim, the new APR-DRG weights are loaded into the claims system and apply to all claims with discharge dates on or after July 1, 2016.

Please contact Diana.Lambe@state.co.us with questions.

Imaging and Radiology Providers

Attention Imaging and Radiology Providers



Effective September 30, 2016, per federal coding guidelines, the current Healthcare Common Procedure Coding System (HCPCS) code used for low-dose CT lung scans, **S8032**, is closing and will be replaced by new code **G0297** on October 1, 2016. All of the current policies pertaining to **S8032** will apply to **G0297**.

Please refer to the [Outpatient Imaging and Radiology](#) billing manual in the CMS 1500 section for details.

Please contact Alex.Weichselbaum@state.co.us with questions.

Pharmacy Providers

Preferred Drug List (PDL) Update

Effective October 1, 2016, these are the following drug classes and preferred agents:

Oral Anticoagulants: warfarin will still be preferred first line, Xarelto and Pradaxa will be second line

Bisphosphonates: alendronate tablets and etidronate for heterotopic ossification

Amylin: no preferred

Biguanides: metformin IR, metformin XR 500mg (generic Glucophage XR)

Hypoglycemic Combinations: no preferred

Meglitinides: no preferred

DPP4 Inhibitors: Tradjenta (with three-month trial of metformin prior to initiation of therapy)

GLP1 Receptor Agonists: Byetta preferred first line, Victoza second line (both with three month trial of metformin prior to initiation of therapy)

SGLT2 Inhibitors: Invokana (with three-month trial of metformin prior to initiation of therapy)

Thiazolidinediones: pioglitazone

Erythropoiesis Stimulating Agents: Epogen

Overactive Bladder Agents: oxybutynin tablets, oxybutynin ER tablets, Toviaz

Stimulants and ADHD: Adderall IR (brand and generic), Adderall XR (brand only), Focalin IR (brand only), Focalin XR (brand only), Guanfacine ER (generic Intuniv), Ritalin IR (brand and generic), Methylphenidate ER (generic Concerta), Strattera, Vyvanse

Hepatitis C Agents:

- **Genotype 1:** Viekira Pak
- **Genotypes 2 and 3:** Epclusa
- **Genotype 4:** Technivie
- **Genotypes 5 and 6:** no preferred

Hepatitis C Medication Prior Authorization Process

Effective immediately, all prior authorization requests for Hepatitis C medications and questions about coverage will need to be faxed to the PA Help Desk at 1-888-772-9696. The PA Help Desk

may also be reached via phone at 1-800-365-4944. All questions or comments that have been previously directed to Kelli Metz will now need to be directed to the PA Help Desk.

An updated [Prior Authorization Form](#) has been uploaded to the website and can be found on the [Provider Forms](#) website in the Pharmacy subsection.

Pharmacy and Therapeutics Committee Meeting

Tuesday, October 4, 2016

1:00 p.m. – 5:00 p.m.

303 E 17th Avenue

11th floor Conference Rooms

New Plan Information

On October 31, 2016, 4:00 a.m. Mountain Time (MT), Magellan Rx Management will assume administrative operation of the Pharmacy Benefit Management System (PBMS) on behalf of Health First Colorado, Colorado’s Medicaid program.

Providers must be enrolled in the new Colorado interChange. All pharmacy providers and suppliers must be enrolled in the Colorado interChange system by October 31, 2016. Those who are not approved and enrolled will not be able to submit claims or receive payments. Visit Colorado.gov/HCPF/Provider-Resources for more information.



All ordering, prescribing, and referring (OPR) providers must be enrolled in the new Colorado interChange. The Affordable Care Act (ACA) now requires physicians and other eligible practitioners to enroll in the Medicaid Program to order, prescribe, and refer items or services for Health First Colorado members, even when they do not submit claims to Health First Colorado. Claims listing an OPR provider who is not enrolled cannot be paid. Visit Colorado.gov/HCPF/OPR for more information.

Your BIN, PCN, and Group number will be changing. This transition requires that your claim submission software be updated with the Magellan Rx Management BIN and PCN. **You will receive new BIN, PCN, and Group numbers along with additional information on the transition in a subsequent notice.**

Important Dates and Times

Pharmacy Operations Transition Dates	
October 30, 2016, 10:00 p.m. MT	Stop Pharmacy claim submission <i>(more information about filling prescriptions during down-time to come)</i>
October 31, 2016 4:00 a.m. MT	Pharmacy claim submission to Magellan Rx Management processing done by FirstRx SM

Payer Sheets

Updated payer sheets and billing manuals will be available in mid-late August 2016. The payer sheet will include the claim submission fields and requirements to assist in claim filing. Reimbursement policies are not changing. We encourage you to contact your software vendor soon to make them aware of the upcoming transition.

Pharmacy Testing

Magellan Rx Management will offer pharmacies the opportunity to submit test claims prior to the transition. You will receive information on pharmacy testing in mid-late August 2016.

Important Training Available Soon for Pharmacy Providers

Magellan Rx Management will host web-based training for Health First Colorado pharmacy providers. Training will begin in September 2016. Dates, times and registration information will be available mid-late August 2016.

Contact Information

Please contact the Magellan RX Management Network team at RxNetworksDept@magellanhealth.com with questions about the transition of Pharmacy Benefit Management Services.

Please contact the Health First Colorado Enrollment and Revalidation Information Center at 800-237-0757, option 5 for provider enrollment assistance.

Image Attribution:

Presentation by Hea Poh Lin

Click and Hold by Cristiano Zoucas

Internet by Martin Vanco

Depression by Anna Vital

ID Card by Alohishek Rana

File Settings by Icon Fair

Labor Day by Amos Meron

Clipboard by Carlos Salgado

Radiology Android by Hadi Davodpour

Medicine by Yefei

Test Driven Development by Richard Slater



Providers –What you need to know or do in preparation for October 31, 2016 – Part 1

It's very important that you read this entire guide and please share it widely across your organization.

Contents

Are you ready?1

 Section 1 - Have you completed revalidation and/or enrollment into the Colorado interChange? ..1

 Section 2 - Are you aware of the upcoming deadlines to submit claims and PARs?2

 Section 3 - Are you planning for a delay in payment? \$\$.....2

 Section 4 - If you are a batch claims submitter, have you enrolled as a Trading Partner in the interChange?3

 Section 5 - Do you know when training will begin on the new systems?3

Do you have our Provider Resources web page bookmarked?3

Keep an eye out for Part 2 of this guide!3

Are you ready?

On October 31, 2016 the Department of Health Care Policy and Financing (Department) will launch a new Claims Payment System, the Colorado interChange, for processing payments for services rendered on behalf of Health First Colorado (Colorado’s Medicaid program) and Child Health Plan *Plus* (CHP+) members. In addition, a new provider Web Portal and a new Pharmacy Benefits Management System (Pharmacy Point of Sale system) will launch October 31st. This will not only be a transition to new systems, but to new vendors and new processes as well.

The Department has created this guide to help inform and prepare providers for these changes. This document contains general guidelines for our providers and is not intended to provide comprehensive guidance for every situation.

Section 1 - Have you completed revalidation and/or enrollment into the Colorado interChange?

No? Please visit our [Provider Enrollment](#) web page to get started.



Enrollment into the Colorado interChange is the most basic requirement when preparing for October 31, 2016. The provider information in the interChange feeds into the rest of our systems. If you are not enrolled in the Colorado interChange, you will not be able to perform basic tasks such as verifying member eligibility and submitting PARs. Most importantly – you will not be able to submit claims or receive payments. Bottom line - if you are not



enrolled in the interChange, you no longer have an active Provider Participation Agreement with the Department and you are no longer a Health First Colorado or CHP+ provider.

You can always enroll after October 31, 2016, but keep in mind that you will be considered a *new* provider and we cannot guarantee payments for items or services provided during a lapse in your Provider Participation Agreement.

Section 2 - Are you aware of the upcoming deadlines to submit claims and PARs?

No? Please download this [list of important dates](#) along with this [claims calendar](#).

Pharmacies – Please download this list of [important pharmacy dates](#) and this [pharmacy claims calendar](#).

Dental Providers, SEPs, CCBs, and Case Management Agencies - you will receive additional information soon.



A lot of work goes into building a new system, with a lot of moving parts. Rest assured that we are doing everything possible to minimize any negative impacts of this transition on our provider community and the Coloradans we cover. Even so, we are approaching a system transition where we need to stop incoming data so the new systems can pick up where the old ones left off. Unfortunately, this means there **will** be times when we cannot accept incoming claims, PARs, or even updates to provider information. We've outlined these dates and times for you in the 'important dates' and 'calendar' documents referenced above. To help us help you, please make sure these documents make their way to your billing department, your front desk, the people who submit your PARs and your accounting team.

Section 3 - Are you planning for a delay in payment? \$\$

No? Please read this [60-Day Transition Notice](#) for specific information.

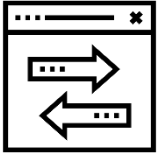


As noted above, we will need to stop incoming data so the new systems can pick up where the old ones left off. Without incoming data, we are not able to process claims or send outgoing payments. **The length of delay you should expect will depend on the type and methodology of the claims you are submitting.** Paper claims take longer to process, so we will stop accepting them *earlier* than claims submitted electronically. Specific dates are provided in the [60-Day Transition Notice](#) and, just like the documents in Section 2, please share them with your billing department and your accounting team so they can plan accordingly.



Section 4 - If you are a batch claims submitter, have you enrolled as a Trading Partner in the interChange?

No? Please visit our [EDI Support](https://www.colorado.gov/hcpf/edi-support) web page <https://www.colorado.gov/hcpf/edi-support> to get started.



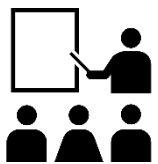
If you are a batch submitter or plan to become a batch submitter after October 30, 2016, you will need to enroll as a Trading Partner for the Colorado interChange. The Trading Partner ID you currently use to transmit your batch files will not work in the interChange. The process to enroll as a Trading Partner is fairly simple, but you will need to submit test transactions before being approved to submit transactions in the new system. Trading Partner enrollment started in early September 2016. Be sure you enroll, test, and receive authorization before October 31, 2016 (the first date you'll be able to submit batch claims with your new TPID).

The providers for whom you submit batch claims will need to **authorize you** as their submitter, **even** if you were authorized in the old system. All the information you need to enroll and test can be found on our [EDI Support](https://www.colorado.gov/hcpf/edi-support) web page. We also recommend that you download the list of important dates and claims calendars referenced in Section 2 above.

Section 5 - Do you know when training will begin on the new systems?

No? [Here is the training schedule](#). Registration information will be posted on our [Provider Resources](#) web page as soon as it's available...check this website daily.

Pharmacies – your training schedule will be posted on our [Pharmacy Transition](#) web page as soon as it's available. Again, check the website daily.



Training will teach you everything you need to know about the new provider Web Portal, the new PBMS, and more. Training classes will cover a large variety of topics, including day-to-day tasks such as submitting claims via the Web Portal, verifying member eligibility, updating your information online, pulling reports and verifying PARs. There will also be training on Trading Partner administration, applying for electronic health records (EHR) incentive payments, and even training about what members will be able to do via the new Member Portal.

Do you have our Provider Resources web page bookmarked?

No? Bookmark it now, our [Provider Resources web page](#) is where we will post important transition-related information.

Keep an eye out for Part 2 of this guide!

Part 2 will be available mid-October and will include important policy changes and reminders, along with final steps you may need to take prior to (or shortly after) October 31, 2016.