COLORADO
Department of Health Care Policy & Financing

Provider Bulletin

Reference: B1700404

Oct 2017

Did You Know?

The Provider Web Portal is down for regularly scheduled maintenance every Wednesday night beginning at 7 p.m. MT. Anticipated downtime is usually less than two (2) hours, but could be up to five (5) hours.

All Providers

Temporary Filing Extension Update

The Department of Health Care Policy & Financing (the Department) recognizes some providers have had difficulties submitting claims during the transition to the new claims payment system, the Colorado interChange.

In an effort to ensure providers are appropriately paid for services to our members, the Department is extending the temporary timely filing extension for an additional six (6) months.

Effective May 12, 2017, the timely filing limit was extended to 240 calendar days.

Effective May 1, 2018, the limit will be changed back to 120 calendar days.

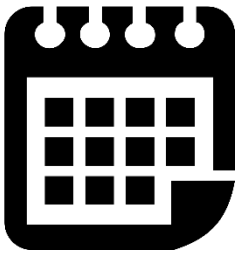
On May 1, 2018, all claims with a date of service (DOS) prior to January 1, 2018, will be outside the timely filing limit of 120 days, and providers will need to submit additional documentation to request a timely filing extension.

Examples of additional documentation are:

- A claim denial or payment on a Remittance Advice (RA) or 835
  - Payment is not an adverse action, but will suffice as proof of timely filing, if the ICN of the denial or payment is referenced on the claim
- Claims that have been date-stamped by the fiscal agent or the Department and returned to the provider

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

- Provider enrollment letter for initial enrollment approval or a backdate approval (affiliations or updates are not acceptable reasons for late filing)
- Load letter for eligibility backdate
- Affidavit of delayed notification of member eligibility



Claims that are not able to be submitted within the 240-day guideline, but have one (1) of the above documents attached to the submission, will be reviewed by the fiscal agent.

Note:

Load Letters

Load letters are ***only*** applicable to member eligibility and are only issued if there was a delay in the member's eligibility approval. Load letters will not be issued for any other timely filing circumstance unrelated to member eligibility backdates.

Provider Enrollment Delays

Providers are advised to complete the enrollment process before rendering services to a member to ensure claims processing. However, in most cases, providers can be backdated 240 days from the date of the enrollment approval, as long as they are licensed and meet all other enrollment requirements through those dates. **Providers can use the approval letter as a timely filing waiver to submit any claims after their approved effective date.**

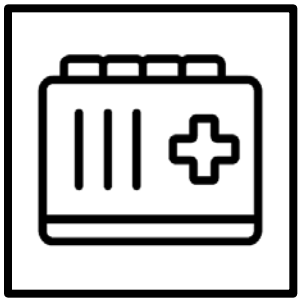
Further information on timely filing can be found in the General Provider Information Billing Manual.

Colorado PAR Information

Submitting Documentation in Support of Medical Necessity

All Prior Authorization Requests (PARs) require appropriate documentation supporting the medical necessity of the requested services. Detailed information regarding what documentation is required for each service and/or supply can be found in corresponding Department Billing Manuals. Failure to submit supporting documentation for a PAR in a timely manner will result in a technical denial for lack of information (LOI).

Once a PAR is submitted, its status becomes "Awaiting Required Attachments" in eQSuite®. The requesting provider then has 24 hours to submit the required documentation. Please see section 1.2 of the Provider Guide for step-by-step instructions on how to submit supporting documentation.



After 24 hours, if the supporting documentation has not been submitted, the status of the PAR in eQSuite® will change to "Pended for Additional Information". The requesting provider then has 10 business days from the date of the status change to submit the required documentation via eQSuite® or fax. Please see section 1.1 of the Provider Guide for step-by-step instructions for submitting additional information.

A PAR in the "Pended for Additional Information" status for more than 10 business days with no supporting documentation submitted will be issued a technical denial for LOI.

*Please note: The fastest and most convenient method to submit supporting documentation is to upload the file directly into eQSuite®. However, if choosing to submit the documentation via fax, use a barcoded fax cover sheet for that specific review only. The barcoded fax cover sheet will automatically link the documentation to the correct review. Instructions on generating and printing the barcoded fax cover sheet

are explained in the Provider Guide. This provider guide and many other resources can be found on the ColoradoPAR website on the Provider Resources tab.

Code Changes for Pediatric Behavioral Therapy PARs

As of August 8, 2017, the procedure codes for Behavioral Therapy PARs have changed. Please refer to the table below for the new procedure codes:

Previous Procedure Code	New Procedure Code	New Procedure Modifier	Unit
H2015	H0046		Per 15 Minutes
H0036	H0046	TJ	Per 15 Minutes
H0031	T1024		Per 15 Minutes
H0031 Modifier: TS	T1024	TJ	Per 30 Minutes limited to two units per six months

Contact co.pr@eqhs.org for questions regarding Behavioral Therapy PARs. For questions regarding billing and payment for the new codes, contact epsdt@state.co.us.

Child Health Plan *Plus* Update

Unless Congress acts, federal funding for the Children's Health Insurance Program (known as Child Health Plan *Plus*, or CHP+, in Colorado) ends September 30, 2017. **At this time, there are no changes to CHP+ eligibility or the CHP+ program**; however, the Department is beginning to plan for the necessary actions that will need to be taken if Congress does not continue funding.

Current law allows states to continue to spend unspent federal fund allotments collected before October 1, 2017. The Department estimates that Colorado will be able to use these funds for health care for CHP+ members until sometime in the first quarter of calendar year 2018.

Visit Colorado.gov/HCPF/future-child-health-plan-plus-chp for more information. This web page will be updated as new information becomes available.

Revised Behavioral Health Laboratory Policy

In the September 2017 Provider Bulletin (B1700403), the Department issued guidance on behavioral health laboratory policy. After further review, the Department has determined it is necessary to revise this policy; laboratory codes 80047 – 89398 will continue to be covered under Fee-For-Service Medicaid, except when these services are provided as part of Behavioral Health Organization (BHO) covered hospital treatment.

Providers should void any professional laboratory claims they submitted to a BHO and must submit those claims to Fee-For-Service Medicaid for payment.

Claims previously denied for payment by Fee-For Service Medicaid will be automatically reprocessed.

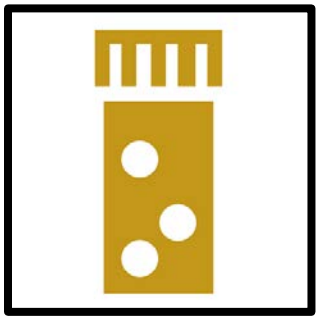
Contact Melissa Eddleman at Melissa.Eddleman@state.co.us with any questions.

Drug Utilization Review (DUR) Announcements

Check out the most recent DUR Newsletter!

Effective October 1, 2017, the Morphine Milligram Equivalents (MME) upper limit is decreasing to 250 MME from the current maximum of 300 MME.

- Beginning October 1, 2017, the prescription that puts the member above 250 MME will reject and require a consult with the pain management physician.
- It is recommended that providers and their teams work to taper Medicaid members to at or below 250 MME prior to October 1, 2017.



The next DUR meeting is scheduled for November 7, 2017, and the following drug classes will be covered, among other individual agents TBD:

> anti-emetics, newer generation antidepressants, anti-herpetic agents, oral anti-platelets, epinephrine products, oral fluoroquinolones, pancreatic enzymes, proton pump inhibitors, pulmonary arterial hypertension agents, targeted immune modulators, triptans, agents for hepatitis C infection

If interested in providing testimony for agents within these classes, see the DUR Home Page. The formal Agenda will be posted to the DUR Home Page one month prior to the meeting.

Visit our page or email SSPPS.co-dur@ucdenver.edu for more information about the DUR's activities.

Durable Medical Equipment, Prosthetic, Orthotic, and Supply (DMEPOS) Providers

Coding Update: Miscellaneous Disposable Supplies – T5999

To date, the Department has requested that providers bill procedure code A4649 in place of T5999. This was done as the Department limited billing of procedure code T5999 to disposable humidifier bottles, Type B oxygen cylinder tanks and large compressed air cylinders. There are now more appropriate coding options for these items so T5999 will be opened for NOS supplies.

Effective November 1, 2017, Supply and Pharmacy with DME Provider Types will be unable to bill claims for procedure code A4649. PARs and claims should utilize procedure code T5999 for NOS supplies and **T5999 will require a PAR**.

Note: T5999 should **only** be utilized when the supply is **not** associated with a DME item and there is not a more appropriate/specific code that can be used.

Procedure code A9999 should be used when the supply is associated with DME, provided that there is not a more appropriate code.

Contact HCPF_DME@state.co.us with any questions.

Secretary of State (SOS): DME Supplier License

The Secretary of State (SOS) has recently launched a page on their website where complaints regarding the DME Supplier License can be submitted. If providers or members are having an issue with a company that has this license, and there is suspicion that they are not compliant with the requirements of the license, fill out and submit the SOS's complaint form. The SOS's web page includes an outline of the SOS's role regarding the license, the requirements of the license, a list of the current suppliers that have the license, and a link to the section in the Colorado Revised Statues (CRS) that implemented it.

Note: The DME Supplier License is NOT required for enrollment into or the billing of Health First Colorado (Colorado's Medicaid Program). With a few exceptions (noted in the CRS), this license is required for the billing of Medicare. For all issues regarding Health First Colorado, please contact the Department.

Home and Community Based Services (HCBS) Providers

Rate Increases

The 1.4% across-the-board rate increases have been approved by the Centers for Medicare and Medicaid Services (CMS) effective October 1, 2017, for the following HCBS waivers:

- HCBS - Elderly, Blind and Disabled (EBD)
- HCBS - Brain Injury (BI)
- HCBS - Spinal Cord Injury (SCI)
- HCBS - Children with Life Limiting Illness (CLLI)
- Children's HCBS (CHCBS)

The 1.4% across-the-board rate increases have been approved by the CMS effective October 1, 2017, for qualified services for the following CCT programs:

- CCT - Elderly, Blind, and Disabled (65+, 18-64)
- CCT - Brain Injury
- CCT - Developmental Disabilities
- CCT - Supported Living Services

These across-the-board rate increases do not apply to Non-Medical Transportation, Personal Care, and Homemaker, as these services received targeted rate increases. Non-Medical Transportation was increased by 7.01%. Personal Care and Homemaker rates increased by $0.50 per hour. Consumer Directed Attendant Support Services (CDASS) providers are included in the personal care/homemaker specific rate increase of $0.50 per hour.

Rates have been loaded into the Colorado interChange and will be reimbursed for dates of service on or after October 1, 2017. Fee schedules with the approved rate increases are available on the Department's website on the Provider Rates and Fee Schedules page.

Providers who bill usual and customary charges that are less than the updated rate for dates of service on or after October 1, 2017, must submit adjustments to their claims to receive the increased rate of reimbursement. Provider whose usual and customary charges are greater than or equal to the updated rate for dates of services on or after October 1, 2017, will not have to take action to receive the increased rate of reimbursement.

The Department is still awaiting CMS approval for the HCBS-Community Mental Health Supports (CMHS) waiver renewal.

Hospital Providers

Inpatient Base Rate & Outpatient Hospital Supplemental Medicaid Payment Interim Percentage Adjustment Factors for Federal Fiscal Year (FFY) 2017-18

In September 2017, hospital providers were notified of interim monthly Colorado Healthcare Affordability and Sustainability (CHASE) provider fees and supplemental payments beginning October 2017. The interim monthly provider fee and supplemental payment are calculated using the FFY 2016-17 model, but adjusted to reflect changes to Colorado's Federal Medical Assistance Percentages (FMAP). A greater portion of fees collected will be needed as state share for supplemental payments and expansion members. For the interim period, provider fees are the same as the FFY 2016-17 model, but interim payments will be lower to ensure sufficient fees are available to fund expansion members and supplemental payments. Inpatient and Outpatient percentage adjustment factors have been revised accordingly. The interim percentage adjustment factors are listed below.

Contact Jeff Wittreich at Jeff.Wittreich@state.co.us or 303-866-2456 with questions.

Hospital	FFY 2017-18 Inpatient Percentage Adjustment Factor (%)	FFY 2017-18 Outpatient Percentage Adjustment Factor (%)
Animas Surgical Hospital	108.83%	35.54%
Arkansas Valley Regional Medical Center	117.33%	47.73%
Aspen Valley Hospital	115.57%	47.02%
Banner Health Fort Collins	47.00%	24.92%
Boulder Community Hospital	49.11%	26.04%
Castle Rock Adventist Hospital	44.66%	23.68%
Cedar Springs Behavior Health System	0.00%	0.00%
Centennial Peaks Hospital	0.00%	0.00%
Centura Health - Avista Adventist Hospital	109.67%	47.44%
Centura Health - Littleton Adventist Hospital	110.31%	47.72%
Centura Health - Ortho Colorado	0.00%	0.00%
Centura Health - Parker Adventist Hospital	44.83%	23.77%
Centura Health - Penrose -St. Francis Health Services	45.10%	23.91%
Centura Health - Porter Adventist Hospital	45.14%	23.93%
Centura Health - Saint Anthony Central Hospital	44.83%	23.77%
Centura Health - Saint Anthony North Hospital	44.68%	23.69%

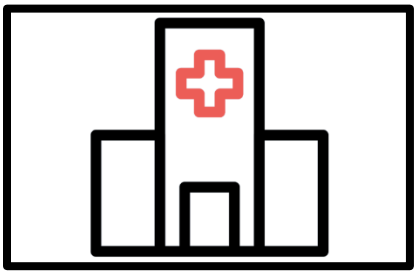
Hospital	FFY 2017-18 Inpatient Percentage Adjustment Factor (%)	FFY 2017-18 Outpatient Percentage Adjustment Factor (%)
Centura Health - Saint Anthony Summit Hospital	106.51%	34.78%
Centura Health - St. Mary-Corwin Medical Center	108.19%	38.97%
Centura Health - St. Thomas More Hospital	109.89%	35.89%
Children's Hospital Colorado	5.81%	6.59%
Clear View Behavioral Health	0.00%	0.00%
Colorado Acute Long Term Hospital	4.59%	0.00%
Colorado Mental Health Institute-Ft Logan	0.00%	0.00%
Colorado Mental Health Institute-Pueblo	0.00%	0.00%
Colorado Plains Medical Center	109.55%	35.77%
Colorado West Psychiatric Hospital Inc	0.00%	0.00%
Community Hospital	110.48%	39.80%
Conejos County Hospital	108.95%	35.57%
Craig Hospital	4.47%	4.47%
Delta County Memorial Hospital	117.47%	47.79%
Denver Health Medical Center	31.65%	18.44%
East Morgan County Hospital	114.36%	46.53%
Eating Recovery Center	0.00%	0.00%
Estes Park Medical Center	24.26%	15.00%
Family Health West Hospital	106.35%	38.31%
Good Samaritan Medical Center	45.17%	23.95%
Grand River Medical Center	117.32%	47.73%
Gunnison Valley Hospital	115.65%	47.05%
Haxtun Hospital	100.31%	40.79%
HealthOne Medical Center of Aurora	45.12%	23.92%
HealthOne North Suburban Medical Center	47.19%	25.02%
HealthOne Presbyterian/St. Luke's Medical Center	110.94%	47.99%
HealthOne Rose Medical Center	110.67%	47.87%
HealthOne Sky Ridge Medical Center	45.27%	24.00%
HealthOne Spalding Rehabilitation Hospital	4.50%	4.68%
HealthOne Swedish Medical Center	110.53%	47.81%
HealthSouth Rehabilitation Hospital - Colorado Springs	4.39%	4.39%
HealthSouth Rehabilitation Hospital - Denver	4.26%	0.00%
Heart of the Rockies Regional Medical Center	116.30%	47.31%
Highlands Behavioral Health System	0.00%	0.00%
Keefe Memorial Hospital	93.77%	38.18%
Kindred Hospital	4.61%	0.00%

Hospital	FFY 2017-18 Inpatient Percentage Adjustment Factor (%)	FFY 2017-18 Outpatient Percentage Adjustment Factor (%)
Kindred Hospital Aurora	4.59%	0.00%
Kit Carson County Memorial Hospital	116.08%	47.22%
Kremmling Memorial Hospital	115.27%	46.90%
Lincoln Community Hospital and Nursing Home	113.25%	46.07%
Longmont United Hospital	48.87%	25.91%
Lutheran Medical Center	45.07%	23.90%
McKee Medical Center	46.64%	24.73%
Medical Center of the Rockies	47.89%	25.39%
Melissa Memorial Hospital	112.92%	45.94%
Memorial Hospital	23.24%	17.33%
Mercy Medical Center	109.14%	35.64%
Montrose Memorial Hospital	118.21%	48.09%
Mount San Rafael Hospital	109.54%	35.77%
National Jewish Health	7.20%	8.17%
North Colorado Medical Center	27.65%	17.10%
Northern Colorado Long Term Acute Care Hospital	4.60%	0.00%
Northern Colorado Rehabilitation Hospital	4.55%	4.56%
Pagosa Mountain Hospital	116.39%	47.35%
Parkview Medical Center	108.48%	39.08%
Peak View Behavioral Health	0.00%	0.00%
Pikes Peak Regional Hospital	107.10%	34.97%
Pioneers Hospital	114.68%	46.66%
Platte Valley Medical Center	46.28%	24.54%
Poudre Valley Hospital	27.57%	17.05%
Prowers Medical Center	115.83%	47.13%
Rangely District Hospital	111.47%	45.31%
Rio Grande Hospital	106.85%	34.89%
Saint Joseph Hospital	109.91%	47.54%
San Luis Valley Regional Medical Center	109.23%	35.67%
SCL Health Community Hospital - Westminster	46.24%	24.52%
Sedgwick County Memorial Hospital	112.23%	45.66%
Select Long Term Care Hospital	4.61%	0.00%
Select Specialty Hospital - Denver	4.61%	0.00%
Southeast Colorado Hospital	109.80%	44.67%
Southwest Memorial Hospital	117.01%	47.60%
Spanish Peaks Regional Health Center	114.47%	46.57%
St. Mary's Hospital and Medical Center	110.26%	47.70%

Hospital	FFY 2017-18 Inpatient Percentage Adjustment Factor (%)	FFY 2017-18 Outpatient Percentage Adjustment Factor (%)
St. Vincent General Hospital District	112.79%	45.88%
Sterling Regional Medical Center	109.73%	35.83%
The Memorial Hospital	118.11%	48.05%
UCHealth Broomfield Hospital	46.26%	24.52%
University of Colorado Hospital	29.47%	25.38%
Vail Valley Medical Center	108.65%	35.48%
Valley View Hospital	112.25%	36.65%
Vibra Long Term Acute Care Hospital	4.55%	4.55%
Weisbrod Memorial County Hospital	96.35%	39.21%
Wray Community District Hospital	116.03%	47.20%
Yampa Valley Medical Center	109.17%	35.65%
Yuma District Hospital	115.45%	46.97%

Hospital Updates

Outpatient Hospitals



Newly Issued Outpatient Enhanced Ambulatory Patient Grouping (EAPG) Base Rates FY 2017-18

Outpatient EAPG Base Rates to be effective FY 2017-18 have been posted to the Outpatient Hospital Payment web page. These rates were calculated by applying a 1.4% increase to the transitional hospital-specific EAPG base rates effective on October 31, 2016. The rule allowing the Department to implement this update to the base rates will be presented to the Medical Services Board on October 13, 2017. The EAPG base rates will be loaded into the Colorado interChange pending the Medical Services Board's approval, with a related mass adjustment occurring thereafter.

Modifier 25 Request

The Department requests that Outpatient Hospital Providers, when appropriate, begin billing using modifier 25. This will allow the Department to more accurately assess the impact of any future payment policy changes relating to this modifier. Please note that billing with modifier 25 will not increase payment under currently effective EAPG payment policies.

Billing for 340B Drugs

In accordance with Federal Register Volume 59, Number 92 (Friday, May 13, 1994), 340B drugs may only be billed an amount that does not exceed the entity's actual acquisition cost for the drug. This is a Federal requirement.

Contact Andrew Abalos at Andrew.Abalos@state.co.us or 303-866-2130 for any questions regarding the new EAPG rates or the EAPG methodology in general.

Biweekly EAPG Meetings
Beginning September 22, 2017, the Department began hosting biweekly meetings dedicated to the EAPG methodology. These meetings are intended to be an informal discussion where the Department and its hospital providers can discuss issues relating to billing, payment, or the EAPG methodology in general. For a recording of the September 22 meeting and any related materials, as well as the current schedule for future meetings, please visit the Department's Outpatient Hospital Payment web page. The next meeting will be hosted by the Department on October 6, 2017.

Contact Andrew Abalos at Andrew.Abalos@state.co.us or 303-866-2130 with any questions regarding the new EAPG rates or the EAPG methodology in general.

Inpatient Hospitals

ICD-10 10/1/2017 Update
The Department is aiming for the APR-DRG Version 33 Software to be updated to reflect the new codes on or shortly after October 1, 2017.

Contact Diana Lambe at Diana.Lambe@state.co.us or 303-855-5526 with any questions.

Inpatient Claim Mass-Adjustment Coordination
The test mass adjustment was conducted on September 8, 2017, and the Department is currently reviewing the results. The goal is to provide an update at the next Hospital Engagement Meeting about the test results and next steps, in addition to the Hospital Engagement Newsletter.

Please sign up to receive the Hospital Engagement Meeting newsletters.

Contact Diana Lambe at Diana.Lambe@state.co.us for any concerns about the impending mass adjustments or more information.

Specialty Hospitals

Meetings
Specialty Hospitals will be hosting monthly meetings starting Friday, October 6, 2017.

For more information please go to the Specialty Hospital section on our Hospital Engagement Meetings web page.

All Hospital Providers

Hospital Engagement Meetings
The Department has been holding multiple Hospital Engagement Meetings in 2017 to discuss current issues regarding payment reform and operational issues moving forward. The next meeting is scheduled for Friday, November 3, 2017.

Sign up to receive the Hospital Engagement Meeting newsletters.

The agenda for upcoming meetings will be available on the Hospital Engagement Meetings web page in advance of each meeting.

Registration links for each session during the day will also be available prior to the meeting. Just click on the links to register for each session and you will receive a link to connect to the webinar. For more information, please visit the Hospital Engagement web page.

Contact Elizabeth Quaife at Elizabeth.Quaife@state.co.us or 303-866-2083 with any questions.

Hospitals and Transportation Providers

Hospital Discharge Transportation

The Department contracts with a broker in the nine county Denver metro area to administer Health First Colorado Non-Emergent Medical Transportation (NEMT) trips. The state-contracted broker, currently Veyo, LLC, coordinates NEMT trips for members who reside in the following counties: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, Larimer and Weld.

Effective January 1, 2017, all Health First Colorado hospital discharge trips in the Veyo service area must be arranged through Veyo for Health First Colorado to cover the NEMT trip. The hospital will need to arrange the trips with Veyo for payment to be rendered to the transportation provider for the trip. This article does not apply to inter-facility transportation or NEMT services outside of the Veyo service area.

Steps to request NEMT hospital discharge trips through Veyo:

1. Once the hospital determines a patient is able to discharge and does not have transportation available, the hospital can contact a preferred transportation company to determine if the transportation company is able to accommodate the trip.
    - Hospitals can skip Step 1 if the hospital does not have agreements with transportation companies or if they prefer Veyo to coordinate the transportation.
    - A hospital can request a specific transportation provider (i.e., preferred provider) for the patient. However, that provider is not guaranteed, must be a fully enrolled provider, and be able to accommodate the trip.
    - The transportation provider must be an approved Health First Colorado NEMT provider and must be credentialed by, and enrolled with, Veyo.
2. Call Veyo with the correct patient information. The Veyo representative will obtain all necessary information, verify eligibility for NEMT, and arrange the trip. A confirmation number will be provided.
    - If the hospital has contacted the transportation company directly to schedule the trip, the hospital should advise the Veyo representative that they have received confirmation that the transportation company can accommodate the trip.
3. If the transportation provider completes the trip, the transportation provider must log into the Veyo portal and complete the trip for payment. If the transportation provider does not complete the trip in the portal or if transportation was not provided, payment cannot be rendered.

NEMT services for members in the Veyo service area must be coordinated and reimbursed by Veyo. Payment will not be made for trips not arranged by Veyo. NEMT claims submitted directly to DXC for members in the Veyo service area will be denied.

This article supersedes any previous guidance provided by the Department regarding hospital discharge transportation.

Contact Veyo with any questions. Contact information is available on the Veyo website.

Inter-Facility Transportation

The Colorado Code of Regulations, 10 CCR 2505-10 8.018 outlines Emergency Medical Transportation (EMT) services that can be provided under Health First Colorado. The regulations allow inter-facility transfers between hospitals to be billed as EMT. These transfers can include transportation of people who are experiencing a mental health or substance use disorder crisis.

Hospitals can directly contact Health First Colorado EMT providers to perform inter-facility transports. The hospital must provide necessary medical documentation to the EMT provider justifying the need for medical care or supervision during transport.

Hospital discharges or pre-scheduled appointments cannot be billed as EMT. Transportation for discharges and pre-scheduled appointments are NEMT services and must be billed as NEMT and provided by an approved Health First Colorado NEMT provider. NEMT can only be used to transport a covered member to and/or from covered Health First Colorado appointments and services. The Colorado Code of Regulations, 10 CCR 2505-10.8014 and the Non-Emergency Medical Transportation Benefits Collaborative Policy Statement outline NEMT services.

To become a Health First Colorado provider for NEMT or EMT services, online resources are available on the Department's Provider Revalidation and Enrollment page.

For questions about NEMT processes and administration, contact one of the State Designated Entities in the member's county of residence:

Veyo: 855-264-6368

- Adams
- Arapahoe
- Boulder
- Broomfield
- Denver
- Douglas
- Jefferson
- Larimer
- Weld

Mountain Ride Transportation Resource Center: 844-686-7433

- Eagle
- Grand
- Jackson
- Pitkin
- Routt
- Summit

Northeast Colorado Transportation Authority: 970-521-4857

- Logan
- Morgan
- Phillips
- Sedwick
- Washington
- Yuma

San Luis Valley Transportation (Red Willows): 719-589-5734

- Alamosa
- Conejos
- Costilla
- Mineral
- Rio Grande
- Saguache

Contact the Local County Office for any other county not listed above.

Contact NEMT@state.co.us for questions about transportation policies.

Outpatient Physical, Occupational and Speech Therapy Providers

Outpatient Therapy Coding

Beginning October 1, 2017, modifier 'SZ' will replace modifier 'HB' for outpatient habilitative therapy claims.

Providers must use modifier 'SZ', instead of 'HB', in the second modifier position for these types of claims. PARs for habilitative outpatient therapies must also use modifier 'SZ' instead of 'HB' in the second modifier position.

The first modifier position for both outpatient rehabilitative and habilitative therapy claims must be either 'GP', 'GO', or 'GN', depending on the type of therapy. See modifier table below.

Outpatient Therapy Type	Modifier 1	Modifier 2
Rehabilitative Physical Therapy	GP	
Rehabilitative Occupational Therapy	GO	
Rehabilitative Speech Therapy	GN	
Habilitative Physical Therapy	GP	SZ
Habilitative Occupational Therapy	GO	SZ
Habilitative Speech Therapy	GN	SZ
Early Intervention Physical Therapy	GP	TL
Early Intervention Occupational Therapy	GO	TL
Early Intervention Speech Therapy	GN	TL

Claim and PAR modifier code table

Reference the Outpatient Physical & Occupational Therapy Policy and Billing Manual and the Outpatient Speech Therapy Policy and Billing Manual under the CMS1500 section on the Billing Manuals web page for details.

Questions can be sent to Alex Weichselbaum at Alex.Weichselbaum@state.co.us.

Outpatient Therapy Manuals Updated

The Outpatient PT/OT and Outpatient Speech Therapy billing and policy manuals have been updated.

Changes include:

- Improvements to the organization of information in the manuals
- Clarification regarding Community Centered Boards (CCBs) acting as referring providers for Individual Family Service Plan (IFSP) early intervention therapies
- Updates to habilitative services modifier coding

Providers are reminded that even though these two manuals reside in the CMS1500 dropdown menu, they are applicable to all providers of outpatient therapy regardless of the claim form used.

Questions can be sent to Alex Weichselbaum at Alex.Weichselbaum@state.co.us.

Pharmacy Providers

Long Term Care (LTC) Pharmacy Partial Fills for CII Prescriptions

Effective October 15, 2017, LTC pharmacies will be able to utilize the partial fill function on CII prescriptions for LTC members. The full copay, full dispensing fee and ingredient drug reimbursement will be applied on the first partial fill. All subsequent partial and/or completion fills will only have regular drug reimbursement applied, and ingredient cost will be prorated.

No co-pay or dispensing fees will be applied to partial or completion fills after the first partial fill. For specifics on how to utilize this function please refer to the Pharmacy Billing Manual.

Contact Brittany Schock at Brittany.Schock@state.co.us for questions or additional guidance.

Drug Classes and Preferred Agents

The following drug classes and their preferred agents will become effective October 1, 2017.

Oral Anticoagulants: warfarin preferred first line, Xarelto and Pradaxa

Bisphosphonates: alendronate tablets

Amylin: no preferred

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

Hypoglycemic Combinations: no preferred

Meglitinides: no preferred

DPP4 Inhibitors: Tradjenta

GLP1 Receptor Agonists: Byetta and Bydureon preferred first line, Victoza

SGLT2 Inhibitors: Invokana and Farxiga

Thiazolidinediones: pioglitazone

Erythropoiesis Stimulating Agents: Epogen

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

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

Hepatitis C Agents:
- **Genotype 1:** Viekira XR/Pak (Harvoni for decompensated cirrhosis)
- **Genotypes 2 and 3:** Epclusa
- **Genotype 4:** Technivie
- **Genotypes 5 and 6:** no preferred

Colony Stimulating Factors: Neupogen vial

GI Motility Agents: Amitiza, Linzess, Movantik

Ophthalmic Immunomodulators: Restasis (single-dose)

Stimulant Maximum daily doses: Maximum daily doses will be enforced effective October 1, 2017 for all agents contained within the stimulants and related agent PDL class. Maximum daily doses table can be found within the October 1, 2017 Preferred Drug List (PDL), beginning on page 53, which can be accessed on the Pharmacy Resources web page.

The October 1, 2017, PDL and Appendix P are available on the Pharmacy Resources web page. Please refer to these documents for pharmacy benefit coverage details and detailed prior authorization criteria.

Pharmacy and Therapeutics Committee Meeting:

Pharmacy and Therapeutics Committee Meeting:
Tuesday, October 3, 2017

1-5 p.m.

303 E 17th Avenue

11th floor Conference Rooms

Pharmacy & Therapeutics (P&T) Committee Open Positions:

The P&T Committee has openings for the following positions for January 2018: Pharmacist (2 positions), Other Specialty Physician (3 positions) and Member Representative (1 position).

The actively practicing pharmacist or physician or member representative shall serve two-year terms. Duties, membership and other term details can be found at P&T Committee Policies and Procedures, accessible under "Our Members."

Any interested parties can send a resume or CV along with a completed conflict of interest form to Brittany Schock at Brittany.schock@state.co.us, or mail to 1570 Grant Ave, Denver, CO 80203, or fax 303-866-3590. The deadline for this submission will be November 3, 2017.

MME (Morphine Milliequivalent) Reminder

Effective October 1, 2017, MME Upper Limit Decreasing to 250 MME from Current Maximum of 300 MME. Beginning October 1, 2017, the prescription that puts the member above 250 MME will be rejected and require a consultation with our pain management physician. It is recommended that providers and their teams work to taper Medicaid members below or up to 250 MME prior to October 1, 2017. Methadone will be calculated into the members' total daily morphine equivalent with a conversion factor of four (4).

Total Annual Prescription Volume (TAPV) Survey

The Department has contracted with Myers and Stauffer to conduct the TAPV survey of pharmacy providers. The prescription volume information submitted by most pharmacy types will be used to determine their dispensing fee for the 2018 calendar year.

Pharmacies which meet the regulatory definition of a Government or Rural Pharmacy will have their dispensing fee determined by their pharmacy type (per 10 CCR 2505-10, Sections 8.800.1 and 8.800.13).

Myers and Stauffer will distribute the surveys to pharmacy providers starting October 1, 2017, and completed surveys must be returned to Myers and Stauffer by October 31, 2017. Pharmacy providers (other than Government or Rural Pharmacies) which choose not to participate in the prescription volume survey will be placed in the lowest dispensing fee tier, currently paying $9.31 per eligible Medicaid prescription.

Total Annual Prescription Volume (TAPV)	Dispensing Fee
0 – 59,999 TAPV	$13.40
60,000 – 89,999 TAPV	$11.49
90,000 – 109,999 TAPV	$10.25
110,000+ TAPV	$ 9.31
Rural Pharmacy	$14.14
Government Pharmacy	$ 0.00

Contact the Pharmacy Section at Colorado.SMAC@state.co.us for questions regarding the survey.

Physicians, Nurse Practitioners, Certified Nurse-Midwives, Dentists, Physician Assistants

Colorado Medical Assistance Provider Incentive Repository (MAPIR) Accepting Medicaid Eligible Professionals (EPs) and Eligible Hospitals (EHs) Attestations

The Department has announced that the Colorado MAPIR will be open and accepting Medicaid Electronic Health Record (EHR) Incentive Program attestations for Program Year (PY) 2016 beginning October 15, 2017. Please refer to the CMS webpage for program requirements. As a reminder, for PY 2016 all providers must attest to objectives and measures using EHR technology certified to the 2014 Edition. If it is available, providers may also attest using EHR technology certified to the 2015 Edition, or a combination of the two.

For further questions, please contact the Medicaid EHR Incentive Program Coordinator at 720-285-3232 or by email at MedicaidEHR@corhio.org.

Providers should refer to the COHRIO website or email MedicaidEHR@cohrio.org for any questions or concerns.

School Health Services Providers

Temporary Change in Transportation Claiming for Fiscal Year (FY) 2016-17 Cost Report

All School Health Services Providers (Provider Type 51) that submit claims for transportation services one way trips (procedure code T2003), please note an alternative methodology will be used to calculate the transportation costs on the FY 2016-17 annual cost report. Once final updated information is available, cost reports will be recalculated and finalized.

More detailed information will be provided to all School Health Services providers. Contact Shannon Huska at Shannon.Huska@state.co.us or 303-866-3131 for questions about this change.

Vision Providers

New Vision and Eyewear Rule Implemented Effective September 30, 2017

Effective September 30, 2017, a new rule outlining vision and eyewear benefits has been implemented and published at 10 CCR 2505-10 section 8.203. Extensive stakeholder engagement, policy research, and clinical review all informed the development of this rule.

All Health First Colorado enrolled members are eligible for annual eye exams and follow-up visits as necessary. Members under 21 are eligible for orthoptic and pleoptic vision therapy, plastic or polycarbonate-lens eyeglasses, or contact lenses if eyeglasses are not able to fix the vision problem. Members 21 and over are eligible for eyeglasses only if they have previously had eye surgery.

Vision and eyewear services do not require prior authorization. Some prior authorizations may be re-instituted in 2018. The Department is currently reviewing policy, clinical, and systems research, as well as seeking approval from CMS to establish the list of services that will require prior authorization.

The Vision and Eyewear Billing Manual was updated to reflect the new rule.

This vision rule allows coverage for eyeglass frames as outlined in 10 CCR 2505-10 section 8.203.4.B. A client eligible for eyeglasses may receive frames as covered by Health First Colorado. If a client wishes to purchase frames that are a cosmetic upgrade from the provider's base model, they will not be covered by Health First Colorado.

In addition, the following changes were made in the Colorado interChange system to align with the new rule:

1. Age limits for ocular prosthetics and related services were removed from CPT codes V2623, V2624, V2625, V2626, V2627, V2628 and V2629.

2. The CPT code for orthoptic and pleoptic vision training, 92065, was updated to pay at $60.01 for clients aged 0-20 with a diagnosis of convergence insufficiency, which has an ICD10 diagnosis code of H51.11. One unit of 92065 is for a single visit or training session. The Department's rates team developed this rate based on extensive analysis of labor statistics, county assessor websites and additional sources.

Contact Child Health Policy Specialist Elizabeth Freudenthal at Elizabeth.Freudenthal@state.co.us or 303-866-6814 for any questions about the vision and eyewear benefit policy.

Upcoming Holidays

Holiday	Closed Offices/Offices Open for Business
Columbus Day **Monday, October 9**	State Offices, DentaQuest, and the ColoradoPAR Program will be closed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks. DXC will be open.
Veterans Day (Observed) **Friday, November 10**	State Offices, DentaQuest, and the ColoradoPAR Program will be closed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks. DXC will be open.
Thanksgiving Day **Thursday, November 23**	State Offices, DentaQuest, DXC and the ColoradoPAR Program will be closed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks. Friday, November 24, State Offices, DentaQuest, DXC and the ColoradoPAR Program will be open.

DXC Contacts

DXC Office
Civic Center Plaza
1560 Broadway Street, Suite 600
Denver, CO 80202

Provider Services Call Center
1-844-235-2387

DXC Mailing Address
P.O. Box 30
Denver, CO 80201