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Did You Know?

Revalidation will be done via the Provider Web Portal. All providers, including individuals, will need a Web Portal account to revalidate. Revalidation letters will be sent approximately six (6) months prior to each provider's required revalidation date.

For more information on completing a Provider Web Portal registration, refer to the Web Portal Registration Quick Guide on the [Quick Guides web page](#).

All Providers

Suspension of Payment Error Rate Measurement (PERM) Activities

On April 2, 2020, the Centers for Medicare & Medicaid Services (CMS) announced that all PERM audit-related engagement, communication or data requests to providers and state agencies are suspended until further notice. CMS took these steps to allow states and medical providers to focus their resources on COVID-19. The announcement can be found on the [CMS Payment Error Rate Measurement \(PERM\) website](#). All requests to providers for medical records are temporarily suspended. Outstanding requests for medical records are also on hold.

If the provider has the resources to submit records, the PERM auditors will receive them; however, providers will not be penalized if they do not submit requested records during the suspension. Refer to the auditor's request letter received or to the blank copy found on the [Payment Error Rate Measurement \(PERM\) web page](#) for record submission methods.

Additional guidance regarding the administration of PERM will be published in future communications. It is anticipated that the PERM audit will resume after the public health emergency . Auditors will request any medical records they have not received.

Visit the [Payment Error Rate Measurement \(PERM\) web page](#) for any updates.

Contact Matt Ivy at Matt.Ivy@state.co.us or at 303-866-2706 with any questions.

All Providers Who Bill Commercial Insurance

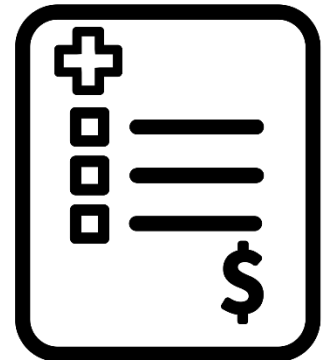
Provider Benefits of Billing Third-Party Liability (TPL) (Commercial) Insurance

Health First Colorado (Colorado's Medicaid Program) is the payer of last resort because the federal regulations require that all available health insurance benefits be used before Health First Colorado considers payment.

Why Should Providers Bill a Commercial Insurance First?

Providers will benefit from the higher TPL reimbursement, while the Department of Health Care Policy & Financing (the Department) complies with the law and saves taxpayer funds. This all takes place without the member incurring out-of-pocket costs other than the Health First Colorado co-pay.

TPL coverage often offers greater benefits or higher payments than Health First Colorado, so it is advantageous for providers to pursue commercial health insurance payments. Providers should encourage members to use all available resources.



Why Should Members Disclose all Available Resources?

Members may be reluctant to disclose their TPL coverage because they incorrectly believe they are responsible for additional payments other than the Health First Colorado co-pay.

Providers cannot bill members for the difference between TPL payments and the billed charges when Health First Colorado does not make an additional payment. The provider also cannot bill members for co-pay or deductible assessed by the TPL coverage.

Reporting all resources will ensure correct initial billing and a credible partnership between the member and the provider.

A poster has been created in both Spanish and English to encourage members to disclose all forms of health care coverage to providers.

Contact Eujenia Renfroe at Eujenia.Renfroe@state.co.us to receive a printable copy.

Ambulatory Surgery Centers (ASCs)

New ASC Grouper

A new ASC payment group for Healthcare Common Procedure Coding System (HCPCS) V2785 has been developed. Effective for dates of service beginning May 1, 2020, this procedure will be placed in group 11, which is priced at \$3,418.65.

Reimbursement for this procedure, when reported by an ASC, includes payment for acquisition of corneal tissue as well as the facility payment for the associated surgical procedure(s). For more information about ASC payment methodology, refer to the [Ambulatory Surgery Centers \(ASC\) Billing Manual](#).

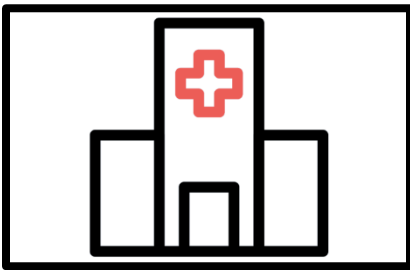
Contact Christopher Lane at Christopher.Lane@state.co.us with policy questions.

Hospital Providers

General Updates

Inpatient Hospital Per Diem Reimbursement

The implementation of the Inpatient Hospital Per Diem payment methodology for Long Term Acute Care Hospitals, Rehabilitation Hospitals and Spine/Brain Injury Treatment Specialty Hospitals in the Colorado interChange was completed on February 26, 2020.



Instructions to re-bill claims that spanned the implementation date of July 1, 2019, were uploaded to the [Inpatient Hospital Per Diem web page](#) and the [Inpatient/Outpatient \(IP/OP\) Billing Manual](#) on April 24, 2020. Please re-bill qualifying claims according to directions provided.

Contact Elizabeth Quaife at Elizabeth.Quaife@state.co.us with questions or concerns.

All Hospital Providers

Bi-Monthly Hospital Stakeholder Engagement Meetings

The hospital stakeholder engagement meetings scheduled for April 30 and May 1, 2020, have been canceled. It will be assessed whether it is appropriate to hold these meetings for the foreseeable future. Currently, the Department is still planning to host bi-monthly Hospital Engagement meetings scheduled for July and will communicate further on those meetings as they approach.

[Sign up to receive the Hospital Stakeholder Engagement Meeting newsletters.](#)

Visit the [Hospital Engagement Meeting web page](#) for more details, meeting schedules and past meeting materials.

Contact Elizabeth Quaife at Elizabeth.Quaife@state.co.us with any questions or topics to be discussed at future meetings. Please provide questions or topics as soon as possible so that the appropriate Department personnel can be in attendance to address specific concerns.

Outpatient Hospital Providers

Enhanced Ambulatory Patient Grouping (EAPG) Drug Re-Weighting Project

Effective June 1, 2020, the Department will be implementing a payment policy which modifies EAPG payments, resulting in an increase in payment for outpatient hospital drugs for Critical Access Hospitals and Medicare Dependent Hospitals, and a decrease in payment for Non-Independent Urban Hospitals. This change is contingent on the approval of a State Plan Amendment and modification of the Colorado interChange, meaning this payment policy will not be reflected in claims payment until this methodology is approved by Centers of Medicare & Medicaid Services (CMS). This change in payment is intended to be a temporary measure to provide financial relief for rural hospitals.

As a long-term measure for the payment of drugs provided in the outpatient hospital setting, the Department is working with a contractor to determine an outpatient hospital drug payment methodology that is an alternative to the EAPG payments. Development and implementation of such a methodology will require resources for the collection and interpretation of outpatient hospitals drug costs and their variation within the Colorado hospital community. Given the resources required for such a change, the Department anticipates an implementation date as early as calendar year 2021.

Contact Andrew Abalos at Andrew.Abalos@state.co.us with any questions regarding outpatient hospital payment.

Ordering, Prescribing and Referring (OPR) Providers

Requirement for OPR Providers to Enroll with Health First Colorado

Providers are reminded that the Affordable Care Act (ACA) requires physicians and other eligible practitioners to enroll in Health First Colorado to order, prescribe and refer items or services for Health First Colorado members. All National Provider Identifiers (NPIs) listed on a claim must be enrolled with Health First Colorado. This also applies to providers who do not bill claims directly.

Pharmacies and All Medication-Prescribing Providers

Drug Utilization Review (DUR) Health First Colorado DUR Board Positions

Pharmacists or physicians licensed in the state of Colorado are eligible to join the Health First Colorado DUR Board as a voting member. Terms are two years in length with a time commitment of about five hours every three months to attend DUR Board meetings held in the Denver metropolitan area. DUR board members serve the Health First Colorado population by providing high-impact, clinically relevant and evidence-based recommendations to the State regarding medication use and prior authorization criteria. There are terms expiring every year, so there may be an opening.



Contact Jeffrey Taylor at Jeffrey.Taylor@state.co.us for more information.

HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs (PADs)

Effective April 1, 2020, Appendix X, the Healthcare Common Procedure Coding System (HCPCS) and National Drug Code (NDC) crosswalk, available on the [Billing Manuals web page](#) under the Appendices drop-down section, will be updated twice per month.

The update schedule will be the first and fifteenth day of every month. If either day occurs on a weekend or state holiday, the update will occur on the subsequent work day.

As a reminder, Appendix X is posted as a billing manual for PADs. Claims billed for PADs must contain valid HCPCS-NDC combinations for the date of service.

Contact Felecia Gephart at Felecia.Gephart@state.co.us with questions or concerns.

Preferred Drug List (PDL) Highlights

Recent Changes to Coverage of Prescription Immune Globulin Products



Effective April 1, 2020, **Immune Globulins** are a new drug class on the Health First Colorado PDL. Prior authorization (PA) is required for all of the products listed in these classes. Members who have an approval on file may continue to receive the preferred or non-preferred medication until the authorization end date.

The preferred and non-preferred immune globulins listed on the PDL are only for medications covered under the pharmacy benefit. It does not apply to immune globulins covered by the medical benefit. If immune globulin is being administered in a long-term care facility or in a member's home by a healthcare provider, it should be billed as a pharmacy claim. All other claims must be submitted through the medical benefit.

Immune Globulins - The following preferred agents became effective April 1, 2020: Gammalex, Privigen, Gammagard liquid, Gammaked, Gamunex-C, Hizentra, and Cuvitru.

Members currently receiving a preferred or non-preferred immunoglobulin product may receive a PA approval to continue therapy with that product at prescribed doses not exceeding maximum U.S. Food & Drug Administration (FDA) approved dosing. Members newly initiating an immune globulin covered under the pharmacy benefit are subject to the coverage criteria in the Preferred Drug List available on the [Pharmacy Resources web page](#).

Contact the Magellan Rx Management Pharmacy Call Center at 1-800-424-5725 with questions regarding rejected claims or PA.

Pharmacy Providers

COVID-19-Related Pharmacy News

Medication Prior Authorization (PA) Deferments

Effective April 6, 2020, PA requirements for Health First Colorado members on all medications for which there is an existing 12-month PA approval in place may be temporarily deferred. Each PA may be extended one time for 90 days. These will be handled on a case-by-case basis by the Magellan Rx Management Pharmacy Call Center if requested by a Health First Colorado healthcare professional (i.e. enrolled prescribers, pharmacists within an enrolled pharmacy, or their designees). New PAs and existing PA approvals that are less than 12 months are not eligible for deferment. Contact the Magellan Rx Management Pharmacy Call Center at 1-800-424-5725 for a one-time PA deferment.

Zero Co-pay

Effective March 1, 2020, co-pay amounts are being waived for medications related to COVID-19 when the ICD-10 diagnosis code U07.1 is entered on the claim transmittal. Pharmacists should ensure that the diagnosis is documented on the electronic or hardcopy prescription. Contact the Magellan Rx Management Pharmacy Call Center at 1-800-424-5725 for questions.

Drug Shortages

Drug shortages continue to be monitored and the following changes have been made:

- Albuterol: Effective March 24, 2020, Proair, Ventolin and Proventil albuterol HFA are preferred.
- Chloroquine and Hydroxychloroquine: Effective March 24, 2020, require a PA.

Please refer to the PDL and Appendix P documents on the [Pharmacy Resources web page](#).

The Magellan Rx Management Pharmacy Call Center has a process in place for shortages or backorders and a pharmacy may call the Magellan Rx Management Pharmacy Call Center at 1-800-424-5725 for assistance.

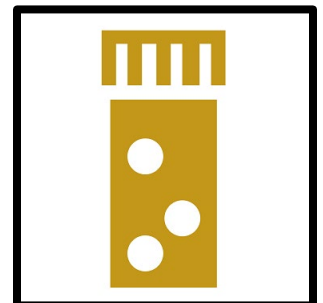
Signature Requirements

Signature requirements are temporarily waived for Member Counseling and Proof of Delivery. Pharmacies are expected to keep records indicating when member counseling was not or could not be provided.

Early Refills

Pharmacies are able to override early refills at the point-of-sale (POS) after 50% of medication day supply has lapsed since last fill for reasons related to COVID-19. Use Drug Utilization Evaluation (DUE) response codes with reason for service code 'ER' at the POS to receive a paid claim. This override is not available for use by mail order pharmacies.

If a member requires a refill before 50% of the day supply has lapsed, a POS override is not available. Contact the Magellan Rx Management Pharmacy Call Center at 1-800-424-5725 for a one-time refill authorization.



Prescription Cough and Cold

- Effective March 25, 2020, prescription cough and cold products for all ages will not require a PA for Health First Colorado members.
- Prescription cough and cold products may be approved with a PA for an acute condition for Dual Eligible (Medicare-Medicaid) members.

- Prescription cough and cold products include non-controlled products and guaifenesin/codeine syrup formulations (i.e. Cheratussin AC, Virtussin AC).

Maintenance Medications

Maintenance medications are taken on a regular basis for chronic (long-term) conditions. Maintenance medications can be dispensed for up to a 100-day supply and are covered for Health First Colorado members. The maximum day supply for non-maintenance medications is 30 days.

Communications

Visit the [COVID-19 web page](#) regularly to stay up-to-date with ongoing changes.

Physicians, Clinics and Non-Physician Practitioners

Centers for Disease Control and Prevention (CDC) Recommendations for Childhood Immunizations During COVID-19

Below is the recommendation from the CDC regarding routine childhood vaccines during COVID-19. This information is also available on the [Coronavirus Disease 2019 \(COVID-19\) web page](#) on the [CDC website](#).



The COVID-19 pandemic is changing rapidly and continues to affect communities across the United States differently. Some of the strategies used to slow the spread of disease in communities include postponing or cancelling non-urgent elective procedures and using telemedicine instead of face-to-face encounters for routine medical visits.

Ensuring the delivery of newborn and well-childcare, including childhood immunization, requires different strategies. Healthcare providers in communities affected by COVID-19 are using strategies to separate well visits from sick visits. Examples include:

- Scheduling well visits in the morning and sick visits in the afternoon.
- Separating patients spatially, such as by placing patients with sick visits in different areas of the clinic or another location from patients with well visits.
- Collaborating with providers in the community to identify separate locations for holding well visits for children.

Because of personal, practice or community circumstances related to COVID-19, some providers may not be able to provide well child visits, including provision of immunizations, for all patients in their practice. **If a practice can provide only limited well child visits, healthcare providers are encouraged to prioritize newborn care and vaccination of infants and young children (through 24 months of age) when possible.** CDC is monitoring the situation and will continue to provide guidance.

Provider Billing Training Sessions

May and June 2020 Provider Billing Webinar-Only Training Sessions

Providers are invited to participate in training sessions for an overview of Health First Colorado billing instructions and procedures. The current and following months' workshop calendars are shown below.

Who Should Attend?

Staff who submit claims, are new to billing Health First Colorado services, or need a billing refresher course should consider attending one or more of the following provider training sessions.

The UB-04 and CMS 1500 training sessions provide high-level overviews of claim submission, prior authorizations, navigating the [Department's website](#), using the [Provider Web Portal](#), and more. For a preview of the training materials used in these sessions, refer to the UB-04 Beginning Billing Workshop and CMS 1500 Beginning Billing Workshop available on the [Provider Training web page](#) under the Billing Training and Workshops drop-down section.

Specialty training sessions provide more training for that particular provider specialty group. Providers are advised to attend a UB-04 or CMS 1500 training session prior to attending a specialty training. For a preview of the training materials used for specialty sessions, visit the [Provider Training web page](#) and open the Billing Training and Workshops drop-down section.

For more training materials on navigating the Provider Web Portal, refer to the Provider Web Portal Quick Guides available on the [Quick Guides web page](#).

Note: Trainings may end prior to 11:30 a.m. MT. Time has been allotted for questions at the end of each session.

May 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8	9
10	11	12	13	14 CMS 1500 Provider Workshop 9:00 a.m. - 11:30 a.m. MT	15	16
17	18	19	20	21	22	23
24	25	26	27	28 UB-04 Provider Workshop 9:00 a.m. - 11:30 a.m. MT	29	30

June 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11 CMS 1500 Provider Workshop 9:00 a.m. - 11:30 a.m. MT	12	13
14	15	16	17	18	19	20
21	22	23	24	25 UB-04 Provider Workshop 9:00 a.m. - 11:30 a.m. MT	26	27
28	29	30				

Live Webinar Registration

Register for a live webinar by clicking the title of the desired training session in the calendar above and completing the webinar registration form. An automated response will confirm the reservation. For questions or issues regarding webinar registration, email co.training@dxc.com with the subject line "Webinar Help." Include a description of the issue being experienced, name and contact information (email address and phone number), and the name and date of the webinar(s) to be attended. Allow up to 2-3 business days to receive a response.

Upcoming Holidays

Holiday	Closed Offices/Offices Open for Business
Memorial Day Monday, May 25	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.

DXC Contacts

Provider Services Call Center
1-844-235-2387