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Did You Know?

The Affordable Care Act (ACA) requires certain providers to remit an application fee. The Centers for Medicare & Medicaid Services (CMS) sets the fee annually. This fee is assessed at initial enrollment, revalidation and change of ownership, as required, and is assessed in full for each service location enrolled in Health First Colorado (Colorado's Medicaid Program).

Effective January 1, 2021, the Provider Enrollment Application Fee has been set at \$599 for the 2021 calendar year.

All Providers

Direct Care Collaborative Starts in January

The [Direct Care Workforce Collaborative](#) (the Collaborative) is a stakeholder-led group with support from the interagency Direct Care Workforce Group. The Collaborative was formed to help identify and elevate priority issues affecting the workforce. The group will be run by non-agency members who will help develop agendas, lead discussions, form partnerships and receive reports and recommendations based on the priorities of the workgroups.

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

The goal of the Collaborative is to implement strategies that support their priorities, raise awareness and ultimately stabilize the direct care workforce.

The first meeting is on January 13, 2021, and is open for anyone to attend. Attendees will have the opportunity to take a deeper dive into the challenges, priorities and solutions that were discussed at the Direct Care Worker Summit this past October.

Call-In Information:

Wednesday, January 13, 2021

10:00 a.m. - 11:30 a.m. MT

Webinar Call-In Information:

Local: 720-279-0026

Toll Free: 1-877-820-7831

Participant Code: 982280#

[Webinar Link](#)

Contact HCPF_DCWorkforce@state.co.us for more information.

Member Billing

Providers cannot bill members for claim denials for covered services. Timely filing, billing errors or other system related denials are not acceptable reasons to bill the member.

Providers cannot bill members for the difference between commercial health insurance payments and their billed charges when Health First Colorado does not make additional payment. The provider also cannot bill members for co-pay or deductibles assessed by Third-Party Liability (commercial insurance).

Visit the [General Provider Information Manual web page](#) for more information.

Member Video Toolkit



Providers are encouraged to share videos of Health First Colorado members telling their stories about getting quality health care through Health First Colorado. Visit the [member video toolkit](#) to find copy-and-paste messaging and videos to upload to social media channels.

Contact Erin Cummings at Erin.Cummings@state.co.us for more information.

Social Security Verification for Revalidation Applications

To avoid getting a revalidation application returned, providers are reminded to verify the Social Security Number (SSN) on file for any individual within a group or billing individuals such as a physician, therapist or dentist. Even though the individual may only get paid under a group or facility tax ID, an SSN is required for identification. If the provider determines that the SSN on file is incorrect upon revalidation, a copy of the social security card should be attached. The SSN on file can be located on the “Request Information” panel of the Revalidation Application accessed via the [Provider Web Portal](#).

COLORADO
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Contact Us | Logout

Home Eligibility Claims Care Management Resources

Home > Provider Revalidation > Revalidation Request Information Friday 10/02/2020 10:50 AM MST

Provider Name: Medical Provider Provider ID: Providers - 1234567891 (NPI) Location: 00000000 - Medical Provider
Taxonomy: 1234Z20000FL

Provider Revalidation: Request Information

Welcome

Request Information

Specialties

Addresses

Provider Identification

Languages

Other Information

Disclosures

Attachments and Fees

Agreement

Summary

You are revalidating your enrollment application. Below is the current information. Complete the fields on each screen and select the Continue button to move forward to each page. All mandatory data is required to "Finish Later". The contact person will potentially be contacted to answer any questions regarding the information provided in this enrollment application.
* Indicates a required field.

Initial Enrollment Information

Enrollment Type Individual
Provider Type 19 - Audiologist

Provider Information

The provider identification numbers listed below are additional identifiers for the enrolling providers. Not all fields are required.
If the below SSN is incorrect you must complete a new enrollment application. The existing Colorado Medicaid enrollment associated to the old SSN must be terminated by completing the Change of Ownership option from the menu items listed within the new application. Please cancel out of this process and begin a new enrollment.

NPI 1234567891	MCD 1234567
NPI Zip + 4 88888-1234	Taxonomy 231H00000X - Audiologist
SSN 123-456-7890	Tax ID Type SSN

Contact Information

*Last Name

*First Name

Suffix

*Phone Ext

Fax Number

*Contact Email

*Confirm Email

*Email For Provider Publications

*Confirm Email

Preferred Method of Communication

All Medication Prescribers

Prescriber Tool Project

The Prescriber Tool is a multifunctional platform that will be accessible to prescribers through most electronic health record (EHR) systems. The goals of the Prescriber Tool project are to help improve health outcomes, reduce administrative burdens for prescribers, and better manage prescription drug costs. The Prescriber Tool will achieve these goals by providing patient-specific information to prescribers at the point of care.

The Prescriber Tool is being implemented in modules which will provide different types of patient information or functionalities.

Opioid Risk Module

The opioid risk module will be implemented first and is anticipated to be operational in January 2021. OpiSafe has been contracted to administer the opioid risk module which will help prescribers prevent the misuse and abuse of opioids and benzodiazepines. The module will provide the following:

- Easy access to Prescription Drug Monitoring Program (PDMP) data
- Identification of Opioid Use Disorders (OUD)
- Educational tools with access to evidence-based treatment
- Tools for overdose prevention

Additional modules are expected to be implemented by summer 2021, including a module that will provide real-time, patient-specific pharmacy benefit information.

Open Access License Program

Each prescriber must have an individual license to access the opioid risk module. The license will provide prescribers with access to information for all their patients including those not covered by Health First Colorado.

A limited number of user licenses will be awarded free of charge to qualified Health First Colorado prescribers to facilitate rapid adoption of the module. The subsidized license will be valid for one year, after which prescribers will need to pay an annual license fee to OpiSafe.

Note: The Department of Health Care Policy & Financing (the Department) is unable to assist with any EHR-related costs (if applicable) for accessing the opioid risk module.

The online application for the Open Access License Program will be available from January 2 through March 1, 2021, or until all subsidized licenses have been awarded.

The cost to prescribers for accessing the Prescriber Tool once it is in operation will vary depending on the specific module(s) and EHR utilized. Visit the [Prescriber Tool Project web page](#) to apply for a user license and for more information about the Prescriber Tool project.

Contact hcpf_Colorado.SMAC@state.co.us for more information.



Alternative Care Facilities (ACFs), Clinics, Home Health, Hospitals, Physicians, Pharmacy Providers

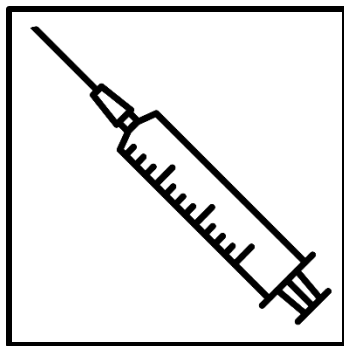
COVID-19 Vaccines

COVID-19 vaccines are a covered benefit for all Health First Colorado members. Health First Colorado will reimburse enrolled and qualified providers for administration of COVID-19 vaccines approved by the U.S. Food and Drug Administration (FDA) under their Emergency Use Authorization (EUA) authority. Pharmacists enrolled with Health First Colorado may claim reimbursement for administration of COVID-19 vaccines to Health First Colorado members. Providers will receive vaccine products from the federal government at no cost. Health First Colorado will only reimburse providers for the administration fee associated with the vaccines.

Home Health

A member receiving home health services may receive immunizations if the administration is part of a normally scheduled home health visit. A home health visit for the sole purpose of immunization administration is not a benefit.

The pharmacy may bill the vaccine as an individual dose under the member's Health First Colorado ID. The home health agency may not bill for the vaccine.



Alternative Health Care Facilities (ACFs) and Group Homes

Residents of an ACF may receive immunizations from their physician and may also receive vaccines under home health as stated above in the home health guideline.

Health First Colorado also will reimburse pharmacists for administration of COVID-19 vaccines in Long-term Care Facilities through the Center for Disease Control and Prevention's (CDC's) Pharmacy Partnership for Long-Term Care (LTC) Program or other partnership between an LTC and a pharmacy.

Distribution

The vaccine will be distributed in phases. These phases are designed to save as many lives as possible by vaccinating high risk essential health care workers first. Local public health agencies, health care providers, pharmacies and diverse community partners are working with Health First Colorado to distribute the vaccine as equitably and efficiently as possible. Individual vaccine providers, in consultation with local public health agencies, will need to use their best judgement about which patients may be eligible for vaccination during each of the phases. The vaccine prioritization plan has three phases (as of December 9, 2020):

- **1A:** Highest-risk health care workers and individuals. These are the people who must have direct contact with COVID-19 patients for longer periods of time (defined as 15 minutes or more over a period of 24 hours) as part of their jobs. This phase also includes long-term care facility staff and residents.

- **1B:** Moderate-risk health care workers and responders. Health care workers who do not have prolonged direct contact with COVID-19 patients, but still work in direct patient care or as direct patient care support staff. This phase also includes Emergency Medical Services (EMS), firefighters, police, correctional workers, dispatchers, funeral services, other first responders, and COVID-19 response personnel.
- **2:** Higher-risk individuals and essential workers. People who are at an elevated risk of getting very sick or dying of COVID-19, including any adult age 65 and older, as well as adults of any age with obesity, diabetes, chronic lung disease, significant heart disease, chronic kidney disease, cancer, or who are immunocompromised. This phase includes people who have direct interactions with the public as part of their jobs, such as grocery store workers and school and childcare staff, and people who work in high density settings like farms and meat-packing plants. Workers who serve people that live in high-density settings (e.g. homeless shelter or group home workers), other health care workers not included in Phase 1, and adults who received a placebo during a COVID-19 vaccine clinical trial are also included.
- **3:** The general public. Any individuals age 18-64 without high-risk conditions.

Prioritization is subject to change based on data, science and availability. Contact Christina Winship at Christina.Winship@state.us.co for questions or more information.

The Colorado interChange is being updated with the COVID-19 vaccine procedure codes. Providers are encouraged to check the [Provider Rates & Fee Schedule web page](#) before billing to ensure the codes have a rate loaded into the Colorado interchange.

Communications will be sent with rates information in the coming weeks to notify providers that claims may be submitted for the codes.

Contact the [Provider Services Call Center](#) for general questions regarding claim submission.

Refer to the [Immunization Rate Schedule](#) for updated rates.

Visit the [Immunizations Billing Manual web page](#) for information and billing guidance.

Case Managers, Home & Community-Based Services (HCBS) Providers

Sign Up to Receive Updates on the Upcoming Care and Case Management System Implementation

The design, development and implementation of a new Care and Case Management system is underway. This new system is intended to replace the BUS, Bridge and DDDWeb and will include the new Long-Term Services and Supports Level of Care (LTSS LOC) Eligibility Determination, HCBS Assessment and Person-Centered Support Plan. The new system is scheduled to go live in July 2021.

Gainwell Technologies (formerly DXC Technology) will be using MedCompass®, a configurable care management platform product of AssureCare®, to customize the new Care and Case Management system to Colorado’s unique needs. The new system will help streamline processes and increase efficiency for case managers and members in Colorado.

Case managers and all other interested stakeholder groups can also sign up to join the mailing list which will be used to publish regular project updates. [Subscribe to the mailing list](#) by filling in the required information and selecting the “Case Manager’s Corner” mailing list.

Clinic, Practitioner & Outpatient Hospital Providers

Physician Administered Drugs (PADs) - Healthcare Common Procedure Coding System (HCPCS)/ National Drug Code (NDC) Crosswalk Update

Effective January 1, 2021, the HCPCS/NDC Crosswalk listed as [Appendix X](#) on the [Provider Billing Manuals web page](#) contains a Benefit Qualifier field for each record listed. The Benefit Qualifier is for informational purposes and directs any HCPCS/NDC record questions to the most appropriate billing manual, fee schedule, and/or additional references.

Records on the HCPCS/NDC Crosswalk are categorized and labeled with the most applicable of the following Benefit Qualifiers.

Benefit Qualifier (BQ)	Benefit	Resources
DIAG	Diagnostic agent, radiopharmaceutical	General Provider Information Billing Manual
		Health First Colorado Fee Schedule
		Physician Administered Drug Resources
		Physician Administered Drug Fee Schedule
DMEPOS	Durable Medical Equipment, Prosthetics, Orthotics, and Supplies	Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Billing Manual
		Durable Medical Equipment, Upper Payment Limit
IMM	Immunization	Immunizations Billing Manual
		Immunization Rate Schedule

Benefit Qualifier (BQ)	Benefit	Resources
		Pharmacist Enrollment: Over-the-Counter and Immunizations
IP	Inpatient Hospital	Inpatient/Outpatient (IP/OP) Hospital Billing Manual
OP	Outpatient Hospital	Inpatient/Outpatient (IP/OP) Hospital Billing Manual
OPHCO	Outpatient Hospital Specialty Drug Carve-Out	Inpatient/Outpatient (IP/OP) Hospital Billing Manual
		Appendix Z
		Physician Administered Drug Resources
PAD	Physician Administered Drug	Physician Administered Drug Resources
		Appendix X
		Physician Administered Drug Fee Schedule
PHARM	Pharmacy Benefit	Pharmacy Resources
		Pharmacy Rate List
0 N/A	BQ To Be Determined	N/A

Contact Felecia.Gepart@state.co.us with questions or concerns.

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

Multiple Line Items

Effective February 1, 2021, Durable Medical Equipment (DME) providers must begin separating Healthcare Common Procedure Coding System (HCPCS) procedure codes into separate line items, only when multiple units of the same procedure code represent different products and only when each separate item is priced differently. This applies to both prior authorization requests and claim submissions which must have matching modifier coding. Modifier codes U1-U9 must be used to distinguish each line item of the same procedure code.

Example

The provider submits a Prior Authorization Request, and subsequent claim, which includes a total of 15 units of service for HCPCS K0108. Three units of K0108 are for the same product, while each of the remaining 12 are for different products.

Procedure Code	Units of Service	Modifier 1	Modifier 2	Modifier 3	Modifier 4
K0108	3	NU	SC	U1	
K0108	1	NU	SC	U2	
K0108	1	NU	SC	U3	
K0108	1	NU	SC	U4	
K0108	1	NU	SC	U5	
K0108	1	NU	SC	U6	
K0108	1	NU	SC	U7	
K0108	1	NU	SC	U8	
K0108	1	NU	SC	U9	
K0108	1	NU	SC	U1	U2
K0108	1	NU	SC	U1	U3
K0108	1	NU	SC	U1	U4
K0108	1	NU	SC	U1	U5

Contact Alex Weichselbaum at Alex.Weichselbaum@state.co.us with questions.

Home & Community-Based Services (HCBS) Providers

Children's Habilitation Residential Program (CHRP) - Service Changes

Effective January 1, 2021, the following changes apply to CHRP Residential Child Care Facility (RCCF) rates and billing codes:

- RCCF Rates and Billing codes are changing for all Support Need Levels. Find the updates to the rates and billing codes on the [Provider Rates and Fees web page](#) and on the [Children's Habilitation Residential Program \(CHRP\) Billing Manual web page](#).
- The RCCF Support Need Level 6 rate will be a negotiated rate based upon substantiated health and safety support needs for the individual and provider. Refer to the separate [Operational Memo](#) on the process details for requesting a Support Level Review, including the negotiated Level 6 process.
- All prior authorization requests will need to be revised to reflect these changes. Direction will be provided to the Case Management Agencies (CMAs) to make these changes. Work with the CMAs to ensure the service is updated in the Bridge.

Contact Kathleen Homan at Kathleen.Homan@state.co.us for more information.

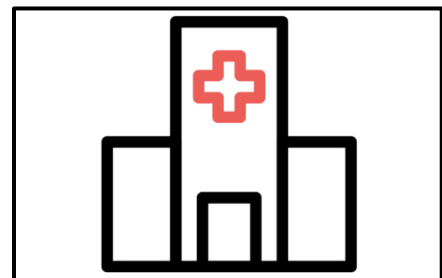
Hospital Providers

General Updates

Inpatient APR-DRG Hospital Providers

Draft Inpatient Base Rate Methodology

The implementation of the new inpatient base rate methodology has been extended to July 1, 2022. It must be determined whether to update the inpatient base rate in the normal fashion (takes 4-6 months' work to implement) or to update the inpatient base rate using the State Budget Action which will allow work to continue on the draft inpatient base rate methodology.



Review the [discussion](#) including both pros and cons from timestamp: 4:12 - 28:41 and then log preference in the following survey:

[How should inpatient base rates be updated for fiscal year \(FY\) 21-22?](#)

- State Budget Action applied to FY 20-21 Rates.
- Regular base rate calculation.

Contact Diana Lambe at Diana.Lambe@state.co.us or Andrew Abalos at Andrew.Abalos@state.co.us with questions regarding meeting or materials posted.

All Hospital Providers

Hospital Stakeholder Engagement Meetings

The Department will continue to host bi-monthly Hospital Engagement meetings to discuss current issues regarding payment reform and operational processing. [Sign up to receive the Hospital Stakeholder Engagement Meeting newsletters.](#)

- The next Rural Hospital Engagement meeting is scheduled for [Thursday, January 7, 2021, from 2:00 p.m. - 4:00 p.m.](#) and will be hosted virtually.
- The All-Hospital Engagement meeting is scheduled for [Friday, January 8, 2021, from 1:00 p.m. - 4:00 p.m.](#) and will be hosted virtually.

Visit the [Hospital Stakeholder Engagement Meeting web page](#) for more details, meeting schedules and past meeting materials. **Calendar Year 2021 meetings have been posted.**

Contact Andrew Abalos at Andrew.Abalos@state.co.us with any questions or topics to be discussed at future meetings. Advanced notice will provide the Rates team time to bring additional Department personnel to the meetings to address different concerns.

Outpatient Hospital Providers

3M Enhanced Ambulatory Patient Grouping (EAPG) Updates

Reimbursement is calculated for outpatient hospital services using the 3M EAPG methodology. 3M released version 2021.0.0 on December 29, 2020, which will be installed into the Colorado interChange on January 6, 2021. This release accommodates updates to the Common Procedural Terminology (CPT)/HCPCS/ICD-10 code sets that have occurred since the previous release installed in October 2020. Version 3.10 of the methodology remains in effect. Any claims with payment impacted by this module update will be identified and reprocessed for accurate reimbursement calculation.

Work has also been initiated to upgrade to a more recent version of the EAPG methodology. Updating to a new version will impact reimbursement for outpatient hospital services and will also include an update to the Inpatient-Only List currently maintained by 3M so that it more accurately applies to modern outpatient hospital service delivery standards. It is highly encouraged that hospital representatives regularly attend the [Hospital Stakeholder Engagement meetings](#) to obtain regular updates and provide feedback on this project.

Refer to Appendix O on the [Billing Manuals web page](#) for the current Inpatient-Only List. Contact Andrew Abalos at Andrew.Abalos@state.co.us with questions regarding the EAPG module update or the version update.

Hospital Transformation Program (HTP) Update

HTP Implementation Update

The novel coronavirus disease (COVID-19) pandemic continues to worsen and hit unprecedented levels while having major impacts on communities and hospitals. On November 20, 2020, Executive Director Kim Bimestefer authorized the decision to move the start date for the HTP from February 1, 2021, to April 1, 2021. This is part of the continued effort to support hospitals during this crisis and the commitment to set the HTP up for success. Additional details and updated program timelines will be shared through the HTP listserv.

Contact Courtney Ronner at Courtney.Ronner@state.co.us to be added to this listserv.



Rural Support Payment Update

The Rural Support Payment is an integral part of the HTP that will aid in making the concepts of HTP operations a reality for many rural hospitals. The total funding available is \$12,000,000 per year for five years, beginning with federal fiscal year (FFY) 2020-21. On December 3, 2020, [additional information was shared](#) with program participants and stakeholders, including a list of qualified hospitals.

Link to HTP Refresher Training

An HTP Refresher training took place on November 10, 2020. The training was [recorded](#) and can be found on the [Colorado Hospital Transformation Program web page](#) under the Tools & Resources drop-down section.

Community Advisory Council

Community Advisory Council meetings continue to take place on a monthly basis, with the most recent meeting having taken place on November 16, 2020. The agenda, meeting materials and previous meeting notes can be found on the [Community Advisory Council web page](#).

Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) Board Meeting

A CHASE Board meeting took place via webinar on December 15, 2020. Additional information about the board, as well as meeting materials posted before the meeting can be found on the [Colorado Healthcare Affordability and Sustainability Enterprise \(CHASE\) Board web page](#).

Non-Emergent Medical Transportation (NEMT) Providers

Reminder to Bill through IntelliRide

NEMT providers must enroll and submit claims to the transportation vendor IntelliRide. Claims submitted directly to Colorado interChange will be denied. This information was originally

published in the [July 2020 Provider Bulletin \(B2000450\)](#). Billing was deactivated at the end of November.

Contact Intelliride at 1-855-489-4999 for enrollment, scheduling trips or claims assistance.

Contact Ryan Dwyer at Ryan.Dwyer@state.co.us with questions related to policy.

Pharmacies and All Medication-Prescribing Providers

Preferred Drug List (PDL) Announcement of Preferred Products

Updates:

1. Epclusa 200-50 mg tablet will remain a preferred product in the PDL Hepatitis C Virus Treatment drug class. **Only the higher strength Epclusa 400-100 mg tablet will be moving to a non-preferred status with its generic, Sofosbuvir/Velpatasvir 400-100 mg tablet (Asegua only), moving to a preferred status.**
2. Harvoni 45-200 mg tablet will remain a preferred product in the PDL Hepatitis C Virus Treatment drug class. **Only the higher strength Harvoni 90-400 mg tablet will be moving to a non-preferred status with its generic, Ledipasvir/Sofosbuvir 90-400 mg tablet (Asegua only), moving to a preferred status.**
3. **Generic Mesalamine sulfite-free (generic sf-Rowasa) enema will be preferred.**

The following will be the preferred products for the PDL drug classes listed below effective January 1, 2021.

NSAIDs - Oral

Preferred products will be: Celecoxib, Diclofenac Sodium EC/DR, Diclofenac Potassium, Ibuprofen tab/susp (Rx), Indomethacin, Ketorolac tab, Meloxicam tab, Nabumetone, Naproxen IR/EC/DR/susp (Rx), Sulindac

NSAIDs - Non-Oral

Preferred products will be: Diclofenac 1% gel (Rx), Diclofenac soln, Voltaren BNR gel (Rx)

Antiherpetic Agents

Preferred products will be: Acyclovir, Denavir, Famciclovir, Valacyclovir, Zovirax BNR cream/ointment

Fluoroquinolones - Oral

Preferred products will be: Cipro BNR susp, Ciprofloxacin susp, Ciprofloxacin tab, Levofloxacin tab

Antibiotics, Inhaled

Preferred products will be: Tobramycin inhalation solution, Cayston 2nd Line

Hepatitis C Virus Treatments

Preferred products will be: Epclusa 200-50 mg tablet, Harvoni 45-200 mg tablet, Harvoni pellets, Ledipasvir/Sofosbuvir 90-400 mg tablet (generic Harvoni - Asegua only), Mavyret, Ribavirin cap/tab, Sofosbuvir/Velpatasvir 400-100 mg tablet (generic Epclusa - Asegua only), Vosevi 2nd Line

Pulmonary Arterial Hypertension Agents

Preferred products will be: Epoprostenol, Letairis BNR, Orenitram ER, Sildenafil tab (generic Revatio), Tracleer BNR 62.5 mg, 125 mg tablet, Tadalafil (generic Adcirca), Ventavis

Newer Generation Antidepressants

Preferred products will be: Bupropion 75mg, 100mg tablet, Bupropion ER 100 mg, 150 mg, 200 mg, 300 mg tablet, Citalopram, Desvenlafaxine (generic Pristiq), Duloxetine (generic Cymbalta), Escitalopram, Fluoxetine cap/soln, Fluvoxamine IR, Mirtazapine, Paroxetine, Sertraline, Trazodone, Venlafaxine IR, Venlafaxine ER caps

Monoamine Oxidase Inhibitors (MAOIs)

Preferred products will be: No preferred agents

Tricyclic Antidepressants (TCAs)

Preferred products will be: Amitriptyline, Doxepin 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg capsule, Doxepin solution, Imipramine HCl, Nortriptyline

Triptans and Other Migraine Treatments

Preferred products will be: Eletriptan, Imitrex BNR intranasal, Naratriptan, Rizatriptan, Sumatriptan tab/vial

Antipsoriatics

Preferred products will be: Acitretin, Calcipotriene soln, Dovonex BNR cream, Taclonex BNR susp/oint

Antiemetics - Oral

Preferred products will be: Doxylamine Succinate/Vitamin B6 (generic Diclegis - Analog Pharma only), Ondansetron, Meclizine (Rx), Metoclopramide sol/tab, Prochlorperazine, Promethazine syrup/tab, Trimethobenzamide

Antiemetics - Non-Oral

Preferred products will be: Prochlorperazine suppository, Promethazine 12.5 mg and 25 mg suppository, Transderm-Scop BNR patch

Pancreatic Enzymes

Preferred products will be: Creon, Zenpep

Proton Pump Inhibitors

Preferred products will be: Esomeprazole Magnesium cap, Lansoprazole cap, Nexium BNR packet, Omeprazole cap, Pantoprazole tab, Prevacid BNR solutab

H. Pylori Treatments

Preferred products will be: Pylera

Ulcerative Colitis Agents - Oral

Preferred products will be: Apriso, Lialda, Pentasa, Sulfasalazine

Ulcerative Colitis Agents - Non-Oral

Preferred products will be: Mesalamine suppository (generic Canasa), Mesalamine sulfite-free (generic sf-Rowasa) enema

Antiplatelet Agents

Preferred products will be: Aggrenox BNR, Aspirin/Dipyridamole, Brilinta, Cilostazol, Clopidogrel, Dipyridamole, Pentoxifylline, Prasugrel

Methotrexate Agents

Preferred products will be: Methotrexate vial, tablet

Targeted Immune Modulators

Preferred products will be: Enbrel, Humira, Taltz 2nd Line, Xeljanz IR, Otezla 2nd Line

Epinephrine Products

Preferred products will be: Epinephrine autoinjector (generic Epipen - Mylan only)

Antihyperuricemics

Preferred products will be: Allopurinol, Mitigare BNR, Probenecid, Probenecid/Colchicine

New Hepatitis C Treatment Form Posted

A new hepatitis C treatment form has been posted on the [Pharmacy Resources web page](#). It reflects the new prior authorization (PA) criteria effective January 1, 2021, and should be used for any new PA requests beginning January 1, 2021.

Brand Name Medication Favored over Equivalent Generic

Certain brand name products are managed by the Department by favoring them over the generic equivalent non-preferred medications. Brand favored over Generic products are posted in Appendix P, which is accessed from the [Pharmacy Resources web page](#).

If a generic is medically necessary for the member (over the equivalent Brand name), additional clinical information will need to be provided during the normal prior authorization process.

Pharmacies may contact to Magellan Rx Management Pharmacy Call Center at 1-800-424-5725 for assistance, available 24 hours a day, 7 days a week.

Other brand/generic changes for preferred drugs are available for reference on the Preferred Drug List, which is accessed from the [Pharmacy Resources web page](#).

Pharmacy and Therapeutics (P&T) Committee Meeting

Tuesday, January 12, 2021

1:00 p.m. - 5:00 p.m.

Meeting to be held virtually.

Visit the [Pharmacy and Therapeutics \(P&T\) Committee web page](#) for the agenda and meeting information.



Pharmacy and Therapeutics (P&T) Committee New Member Openings

The decision-making process for P&T Committee member terms 2021-2022 is currently under way.

Applicants for the following positions are needed:

- One physician who specializes in the practice of psychiatry
- One physician who specializes in the treatment of members with disabilities

If interested in serving or know someone who would be qualified, please submit a CV along with a completed [Conflict of Interest form](#) to:

Colorado Department of Health Care Policy & Financing
Attn: Brittany Schock, PharmD
Fax to 303-866-3590 or email Brittany.Schock@state.co.us

Pharmacy Providers

Reminder to Update Fax Numbers



Pharmacy providers are encouraged to ensure their fax numbers are accurate and current to receive important pharmacy fax blasts. Many pharmacies either do not have a fax number on file or have a corporate fax number on record.

For more information on updating the fax number, refer to the [Provider Maintenance - Provider Web Portal Quick Guide web page](#).

Physician-Administered Drug (PAD) Providers

Quarter 1 Rate Updates 2021

The PAD rates for the first quarter of 2021 have been updated. The new rates are effective January 1, 2021, and are posted to the [Provider Rates & Fee Schedule web page](#) under the Physician Administered Drug Fee Schedule drop-down section.

Contact Marli Firillo at Marli.Firillo@state.co.us with any questions about PAD rates.

COVID-19 Monoclonal Antibody Infusions

The U.S. Food and Drug Administration (FDA) issued Emergency Use Authorizations (EUA) for two investigational monoclonal antibody COVID-19 therapies. An EUA was issued for bamlanivimab on November 9, 2020, and an EUA was issued for casirivimab and imdevimab, administered together, on November 21, 2020.

Providers should only bill Health First Colorado for the administration procedure codes and should not include the monoclonal antibody-specific procedure codes on the claim when doses of either therapy are provided without charge from the federal government. If codes are billed for the monoclonal antibody(ies), the line(s) may pay at zero or be denied. This information is subject to change dependent on the COVID-19 public health emergency declaration.

The following tables may be used as a procedure code reference during the applicable EUA.

EUA effective November 9, 2020 - bamlanivimab

Procedure Code	Long Description	Short Description
Q0239	Injection, bamlanivimab-xxxx, 700 mg	bamlanivimab-xxxx
M0239	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	bamlanivimab-xxxx infusion

EUA effective November 21st - casirivimab and imdevimab, administered together

Procedure Code	Description	Short Description
Q0243	Injection, casirivimab and imdevimab, 2400 mg	casirivimab and imdevimab
M0243	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring	casirivi and imdevi infusion

Additional information is provided at:

- [Lilly Bamlanivimab for COVID-19](#)
- [Fact Sheet for Health Care Providers Emergency Use Authorization \(EUA\) of Bamlanivimab](#)
- [Regeneron Casirivimab and Imdevimab EUA Guidebook](#)
- [Fact Sheet for Health Care Providers Emergency Use Authorization \(EUA\) of Casirivimab and Imdevimab](#)

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

Substance Use Disorder (SUD) Service Providers

Benefit Expansion Go-Live, Residential and Inpatient SUD Provider Manual and Updates to Other Billing Manuals

Effective January 1, 2021, Health First Colorado will cover the full continuum of SUD benefits to members, including residential and inpatient services. Please see the [November 2020 Provider Bulletin \(B2000455\)](#) and the [September 2020 Provider Bulletin \(B20000452\)](#) for additional details about the benefit expansion.

The [Ensuring a Full Continuum of SUD Benefits web page](#) has been updated to include new resources, including a [Benefit Overview](#), a new [Frequently Asked Questions \(FAQ\)](#), and the [Provider Manual for Residential and Inpatient Substance Use Disorder \(SUD\) Services](#). The manual covers member eligibility, provider requirements, provider enrollment procedures, SUD benefit policies, the roles of Managed Service Organizations (MSOs) and Regional Accountable Entities (RAEs) in benefit management and coding pages for the new services.

The January 2021 edition of the Uniform Service Coding Standards Manual will include information about the SUD benefit expansion, including the coding pages for new services. This manual will be available on the [Accountable Care Collaborative Phase II - Provider and Stakeholder Resource Center web page](#).

The [Inpatient/Outpatient \(IP/OP\) Hospital Billing Manual web page](#) and the [Outpatient Behavioral Health Fee-for-Service Billing Manual web page](#) have been updated related to the benefit expansion

Contact Victoria Laskey at Victoria.Laskey@state.co.us with any questions about this update.

Telemedicine Providers

Telemedicine Well-Child Check-Ups

Health First Colorado has added temporary coverage of well-child check-ups provided via telemedicine during the public health emergency for COVID-19. Effective November 12, 2020, providers may bill procedure codes 99382, 99383, 99384, 99392, 99393, 99394 rendered via telemedicine for children between the ages of 2 and 18.

Non-Federally Qualified Health Center (FQHC)/Rural Health Center (RHC)/Indian Health Services (IHS) Provider Billing Instructions for Professional Claims

- Place of Service 02 must be indicated on all professional claims for well-child check-ups delivered via telemedicine.
- Providers are encouraged to complete the physical examination the next time the member is seen in person. Providers who perform a physical examination within 4 months of the telemedicine well child check-up should void the previously paid telemedicine claim and resubmit for payment of the well child check-up using the date of service of the physical examination.



FQHC, RHC, and IHS Provider Instructions for Institutional Claims

- FQHC/RHC and IHS/Tribal 638 providers must indicate the well-child check-up provided through telemedicine by appending modifier GT to the UB-04 institutional claim form line item with the service's procedure codes.
- FQHC/RHCs and IHS/Tribal 638 providers do not need to void a previous encounter when a physical examination is performed within 4 months of the telemedicine well-child check-up due to their encounter payment methodologies.

Outpatient hospitals may not bill facility claims for telemedicine well-child check-ups.

Providers are encouraged to perform in person well-child check-ups for children under age 2 or for children who need a vaccine or to arrange for vaccine administration in person following the telemedicine check-up.

Visit the [Telemedicine - Provider Information web page](#) for the updated list of telemedicine codes.

Contact Morgan Anderson at Morgan.Anderson@state.co.us with questions or concerns.

Provider Billing Training Sessions

January and February 2021 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 Beginner Billing Training: Professional Claims (CMS 1500) and Beginner Billing Training: Institutional Claims (UB-04) available on the [Provider Training web page](#) under the Billing Training - Schedule and Signup 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.

January 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	2				1 New Year's Day	2
3	4	5	6	7	8	9
10	11	12	13	14 Beginner Billing Training: Professional Claims (CMS 1500) 9:00 a.m. - 11:30 a.m. MT	15	16
17	18 Martin Luther King, Jr. Day	19	20	21	22	23
24/31	25	26	27	28 Beginner Billing Training: Institutional Claims (UB-04) 9:00 a.m. - 11:30 a.m. MT	29	30

February 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11 Beginner Billing Training: Professional Claims (CMS 1500) 11:00 a.m. - 1:00 p.m. MT	12	13
14	15 Presidents' Day	16	17	18	19	20
21	22	23	24	25 Beginner Billing Training: Institutional Claims (UB-04) 11:00 a.m. - 1:00 p.m. MT	26	27
28						

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
New Year's Day Friday, January 1	State Offices, DentaQuest, Gainwell Technologies 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.
Martin Luther King, Jr. Day Monday, January 18	State Offices 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. DentaQuest and Gainwell Technologies will be open.
Presidents' Day Monday, February 15	State Offices, DentaQuest, Gainwell Technologies 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

Gainwell Technologies Contacts

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