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Did You Know?

Providers must not rely solely on the member to provide eligibility information but must verify through batch submissions or the [Provider Web Portal](#). Providers are responsible for verifying eligibility within 365 days of the date of service to ensure the claim can be submitted within the timely filing guidelines. Providers are responsible for using any means necessary to determine coverage. Providers may not bill the members if they did not determine eligibility within 365 days of the date of service.



All Providers

Electronic Fund Transfers (EFT)

Providers are reminded that the Electronic Fund Transfers (EFT) verification process for providers was updated to avoid any fraudulent changes.

Providers are encouraged to ensure that the billing contact information and the billing address are correct to expedite EFT changes and minimize disruptions to payments.

Providers will receive a paper check in the interim while an EFT change is being processed. Verify that the change has been authorized if a provider receives a paper check in the mail when payments are usually received via EFT.

Contact the [Provider Services Call Center](#) if an EFT was submitted that was not authorized.

National Provider Identifier (NPI) Updates in the Provider Web Portal

Providers will soon be required to use a National Provider Identifier (NPI) that is not already active on a pending new enrollment application, or on a pending NPI change maintenance request. The NPI is entered on a provider application in the Request Information panel in the [Provider Web Portal](#). The NPI is entered on the Specialty and Contact Information Changes panel for maintenance requests.

This update will prevent an already-enrolled provider from changing their NPI to an NPI that is on an Application Tracking Number (ATN) under review (enrollment application or maintenance request), or from changing it to an NPI that is already active and enrolled.

An error message will appear if a provider enters an NPI that is already included on an active enrollment or maintenance ATN. Providers will be unable to continue with their applications or maintenance requests until the error is resolved.

The new error messages will state the following:

- **For enrollment applications:** “The NPI entered is either pending in another application or already enrolled and active. Please enter a unique NPI that is not in use.”
- **For maintenance requests:** “The NPI entered is either pending in another application or previously used. Please enter a unique NPI that is not in use.”

Refer to the [Provider Maintenance - Adding a National Provider Identifier \(NPI\) Quick Guide](#) and the [Provider Maintenance - Hospital Provider - Adding a National Provider Identifier \(NPI\) Quick Guide](#) for more information.

Contact the [Provider Services Call Center](#) with questions.

Public Health Emergency (PHE) Expiration and Member Eligibility

The COVID-19 Public Health Emergency (PHE) will expire on May 11, 2023. Some Health First Colorado (Colorado's Medicaid program) and Child Health Plan *Plus* (CHP+) members that are currently receiving benefits due to the PHE will become ineligible upon their renewal date if they do not renew and qualify. Providers are encouraged to check member eligibility after May 11, 2023, to ensure accurate claim processing.

Visit the [Public Health Emergency Planning web page](#) for more information on the PHE and member renewals and eligibility.

Contact the [Provider Services Call Center](#) with questions.

Public Health Emergency (PHE) Unwind Resources

Materials to help Health First Colorado and Child Health Plan *Plus* (CHP+) members prepare for the return to normal renewal processes have been developed with stakeholders and partners over the past year. Toolkits with downloadable flyers and messaging can be found on the [Public Health Emergency Planning web page](#).

[Frequently Asked Questions](#) about the PHE Unwind have been updated and will be expanded over the coming months. The [Public Health Emergency Planning web page](#) also includes a link to sign up for a monthly [PHE Planning newsletter](#).



A [Health First Colorado Renewals web page](#) for members with frequently asked questions has been created. This page is available in [English](#) and [Spanish](#).

Providers can help by [downloading and hanging flyers](#) in public areas and at reception desks to raise awareness that members will need to take action to renew their Health First Colorado or CHP+ coverage. Providers can also [download and hang this flyer](#) to help people who no longer qualify for Health First Colorado learn about options for other health coverage.

Scammer Alert

Scammers are targeting Health First Colorado and CHP+ members through text messages and phone calls. Members are being told that they must pay to keep or renew their health coverage.

Members or applicants are **never** asked for money, bank account or credit card information, social security numbers or any other financial information through text or over the phone. Help spread the word and report any suspected scam activity to the [Attorney General Consumer Protection Unit](#).

Partner Webinars

Quarterly informational sessions about the end of the Continuous Coverage Requirement and the COVID-19 PHE are being hosted. These webinars are geared toward community partners such as advocacy organizations, providers, and community organizations who may provide other assistance to Health First Colorado or CHP+ members (housing, social services, etc.).

Upcoming Webinar Information

When: July 26, 2023, 1:00 p.m. to 2:30 p.m. MT

Register in advance for this webinar: [Zoom Registration](#)

A confirmation email containing information about joining the webinar will be received after registering.

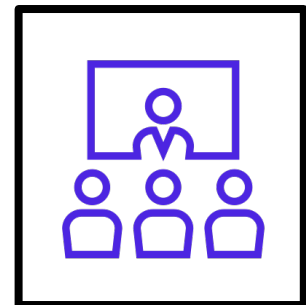
Visit the [COVID-19 PHE Planning web page](#) for the latest information on returning to normal renewal processes and other communication resources.

Recovery Audit Contractor (RAC) Program Stakeholder Engagement Meeting

The provider community is invited to participate in a Recovery Audit Contractor (RAC) Stakeholder Engagement Meeting on Friday, May 12, 2023.

The following topics will be presented for feedback:

- Draft rules for rebilling certain claims identified as an overpayment in a RAC audit
- Draft rules for the informal reconsideration and formal appeal of RAC overpayment determinations
- Draft amendments to hospital rules clarifying standards for inpatient and outpatient admissions



The RAC Stakeholder Engagement Meeting will be held Friday, May 12, 2023, at 1:00 p.m. MT.

The link for this virtual meeting will be available on the HMS Colorado RAC and the RAC Program web pages prior to the meeting.

Visit the [HMS Colorado RAC web page](#) or the [RAC Program web page](#) for more information about the RAC program.

All Providers Who Utilize the ColoradoPAR Program

Inpatient Hospital Review Program (IHRP)

Official Launch of Inpatient Hospital Review Program (IHRP) 2.0

The soft launch of Step 1 of IHRP 2.0 will be extended until June 1, 2023. Use of hospital pre-admission reviews for claims payment will be delayed as hospitals continue to determine workflows and processes. It is recommended that hospitals continue to develop operational processes and to submit pre-admission reviews during this extended soft launch. Prior Authorization Requests (PARs) and claims processing will be monitored for another 30 days. IHRP 2.0 submission for post-admission reviews on hospital inpatient day 6 and continued stays at hospital inpatient day 30, 60 and 90 (and every 30 days thereafter) will still be required.

The continuing engagement with providers is appreciated. The IHRP Joint Operating Committee will continue to meet weekly and discuss questions, issues, results and best practices for the next few months. Training materials and additional information about IHRP 2.0 can be found on the [IHRP 2.0 web page](#). Contact either the ColoradoPAR Program Utilization Management (UM) Team at hcpf_um@state.co.us or Kepro® Provider Relations at COproviderissue@kepro.com with questions or for assistance.

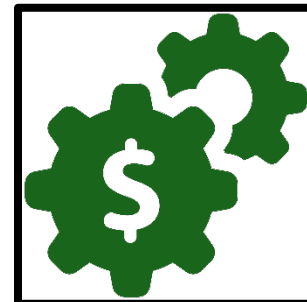
Request Types for IHRP

Inpatient requests are submitted on cases that require preauthorization for a select group of procedures under service type 374 - Inpatient Hospital Review Program (IHRP) with Admission as the Request Type. Post admission reviews are submitted under service type 375 - Inpatient Hospital Diagnosis-Related Group (DRG) with DRG-Post Admit as the Request Type.

Post-admission reviews are necessary for a select subset of DRG on day 6 if the member is still inpatient, as well as days 30, 60, 90, 120 and every 30 days after that if still inpatient on those days.

Note that the process for surgical procedure requests will not change when a case is submitted for the procedure under the 117d - Physician Services service type. Once approved, a request should be made for the inpatient stay as a separate request if the procedure is one of the select [ICD-10-PCS codes](#). An infographic and the list of post-admit DRGs can be found on the [IHRP 2.0 web page](#).

Contact either the ColoradoPAR Program UM Team at hcpf_um@state.co.us or Kepro Provider Relations at COproviderissue@kepro.com with questions or for assistance.



Provider Satisfaction Survey Now Closed

The provider survey officially closed on April 17, 2023.

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

General Updates

Continuous Glucose Monitors

There are two additional Healthcare Common Procedure Coding System (HCPCS) procedure codes for Continuous Glucose Monitors (CGMs): E2102 and A4238. These codes are open and require a prior authorization request effective May 1, 2023.

Refer to the [Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\) Billing Manual](#) for CGM criteria.

Contact Haylee Rodgers at Haylee.Rodgers@state.co.us with questions.

Face-To-Face (F2F) Documentation Requirements

Providers and prescribers of Durable Medical Equipment (DME) are encouraged to review the Face-To-Face (F2F) Requirements section in the [DMEPOS Billing Manual](#), specifically the Documentation subsection, which outlines the information that should be submitted. Auto-generated notes answered with yes or no, including those provided by Parachute Health, are not sufficient for determining medical necessity.

Contact the ColoradoPAR Program Utilization Management (UM) Team at HCPF_UM@state.co.us with questions.

Pulse Oximeter Accessories

The [December 2022 Provider Bulletin \(B2200487\)](#), which can be found on the [Bulletins web page](#), announced the addition of two modifiers for procedure code E0445. Future requests for replacement accessories should include documentation that the tabletop pulse oximeter has already been provided in cases that were approved prior to the addition of the modifiers.

Contact Haylee Rodgers at Haylee.Rodgers@state.co.us with questions.

Home and Community-Based Services (HCBS) Providers

American Rescue Plan Act (ARPA) Base Wage Attestations

All Home and Community-Based Services (HCBS) providers, effective January 1, 2022, and all Children's Habilitation Residential Program (CHRP) providers, effective July 1, 2022, were required to increase their direct care workers (employees and independent contractors) base wage to at least \$15 per hour and/or increase the per diem base wage by the percentage rate increase for each individual service type performed. Refer to the Department of Health Care Policy & Financing (the Department) rule [10 CCR 2505-10-8.511](#) for further requirements.

Compliance reviews are currently being conducted on the American Rescue Plan Act (ARPA) attestations submitted in 2022. Providers are encouraged to respond timely to emails from HCPF_WageCompliance_FCU@state.co.us.

Providers are reminded to verify contact information on the [Provider Web Portal](#) to prepare for the June 30, 2023, attestation reporting deadline. The service location contact information is utilized for communications regarding compliance with this attestation. Watch for future Operational Memos regarding 2023 attestation requirements.

If any of the following services are provided, attestation reporting is required:

- HCBS
 - Adult Day Services
 - Alternative Care Facility (ACF)
 - Community Connector
 - Group Residential Support Services (GRSS)
 - Homemaker
 - Homemaker Enhanced
 - In-Home Support Services (IHSS)
 - Individual Residential Support Services (IRSS)
 - Job Coaching
 - Job Development
 - Mentorship
 - Personal Care
 - Prevocational Services
 - Respite
 - Specialized Habilitation
 - Supported Community Connections
 - Supported Living Program
- CHRP
 - Foster Care Home
 - Host Home (participants aged 18-20)
 - Group Home

Contact the Office of Community Living's Financial Compliance Unit Team at HCPF_WageCompliance_FCU@state.co.us for more information.

Hospice Providers

Temporary Billing Practices for 5615 Forms Extended to June 2024

The temporary operational instructions for acceptable billing practices related to delays in receipt of 5615 forms for hospice providers when 5615s are unavailable due to COVID-19 have

been extended to June 2024. Facilities may submit claims using estimated patient liabilities while facilities are waiting on 5615 forms to be provided by eligibility sites to ensure timely payment during the COVID-19 pandemic.

The temporary process is as follows:

1. Facilities may estimate patient liability and submit an unsigned 5615 or comparable report to HCPF_LTC_FinCompliance@state.co.us upon admission. Use the NF or ICF-IID name followed by an estimated 5615 as the subject line of the email when submitting either the form or the report.
Example: Facility Name estimated 5615
2. Facilities are authorized to submit claims using this estimated patient liability until receipt of a signed 5615 from the eligibility site.
 - a. Facilities must adjust claims for future billing cycles if the eligibility site provides a patient liability that is higher than the estimate. Claims submitted prior to the receipt of the eligibility site 5615 do not need to be adjusted.
 - b. Facilities must adjust all past claims and refund the resident for past overpayments if the eligibility site provides a patient liability that is lower than the estimate. This process is valid for the duration of the COVID-19 pandemic.

Contact Devinne Parsons at Devinne.Parsons@state.co.us with hospice policy-related questions.

Hospital Providers

General Updates

All Hospital Providers

Fiscal Year (FY) 23-24 Inpatient Base Rates

Fiscal year (FY) 23-24 Inpatient Base Rates are currently being created by the Department using the new methodology developed over the past two (2) years. Visit the [Inpatient Hospital Payment web page](#) to check for new developments. The FY 23-24 Inpatient Base Rates will be posted in mid- to late-May for hospital review.

Contact [Diana Lambe, Andrew Abalos and Kevin Martin](#) with any input or questions on the model.

Hospital Stakeholder Engagement Meetings

Bi-monthly Hospital Engagement Meetings will continue to be hosted to discuss current issues regarding payment reform and operational processing. [Sign up](#) to receive the Hospital Stakeholder Engagement Meeting newsletters.

- The next All-Hospital Engagement Meeting is scheduled for Friday, May 5, 2023, from 9:00 a.m. to 11:00 a.m. MT and will be hosted virtually.

Visit the [Hospital Stakeholder Engagement Meetings web page](#) for more details, meeting schedules and past meeting materials. Calendar Year 2023 meetings have been posted.

Contact Tyler Samora at Tyler.Samora@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 Hospitals

Enhanced Ambulatory Patient Grouping (EAPG) Base Rate

Discussions began during the March 3, 2023, Hospital Stakeholder Engagement Meeting on a new hospital specific EAPG base rate methodology that is being developed with an intended effective date of July 1, 2024. Updates will continue to be provided and feedback solicited within upcoming provider bulletins and Hospital Stakeholder Engagement meetings.

Contact Tyler Samora at Tyler.Samora@state.co.us with any questions or suggestions.

Rural Health Clinics

Bi-monthly Rural Health Clinic Engagement meetings will continue to be hosted to discuss current issues regarding payment reform and operational processing.

- The next Rural Health Clinic Engagement Meeting is scheduled for Thursday, May 4, 2023, from 12:30 p.m. to 1:00 p.m. MT and will be hosted virtually. The meetings are now held on Zoom.

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

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.

Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) Supplemental Payments

The federal fiscal year (FFY) 2022-23 CHASE supplemental payments will be reconciled in May and June 2023. Refer to a [detailed description of the FFY 2022-23 CHASE supplemental payments](#) which can be found on the [CHASE Board web page](#). Additional components for several of the FFY 2022-23 CHASE supplemental payments are provided below. This includes the inpatient/outpatient adjustment factors, Essential Access payment totals, Disproportionate Share Hospital (DSH) adjustment groups, and Hospital Quality Incentive Payment (HQIP) measure groups and measures.

Inpatient and Outpatient Payment Adjustment Factors

Below are the inpatient and outpatient CHASE supplemental payment adjustment factors by hospital for FFY 2022-23. The inpatient supplemental payment equals Health First Colorado fee-for-service (FFS) patient days multiplied by an inpatient dollar adjustment factor. The

outpatient supplemental payment equals estimated outpatient costs multiplied by an outpatient percent adjustment factor. The inpatient and outpatient adjustment factors are listed in the table below for each hospital.

Hospital Name	Inpatient Adjustment Factor	Outpatient Adjustment Factor
University of Colorado Hospital	\$ 867.85	50.33%
Arkansas Valley Regional Medical Center	\$ 1,275.00	101.75%
Aspen Valley Hospital	\$ 1,275.00	101.75%
Delta County Memorial Hospital	\$ 1,275.00	101.75%
Denver Health Medical Center	\$ 1,413.00	10.20%
East Morgan County Hospital	\$ 1,275.00	101.75%
Estes Park Health	\$ 1,275.00	101.75%
Grand River Health	\$ 1,275.00	101.75%
Gunnison Valley Health	\$ 1,275.00	101.75%
Haxtun Health	\$ 1,275.00	101.75%
Heart of the Rockies Regional Medical Center	\$ 1,275.00	101.75%
Keefe Memorial Hospital	\$ 1,275.00	101.75%
Kit Carson County Memorial Hospital	\$ 1,275.00	101.75%
Middle Park Medical Center	\$ 1,275.00	101.75%
Lincoln Community Hospital	\$ 1,275.00	101.75%
Melissa Memorial Hospital	\$ 1,275.00	101.75%
Memorial Hospital	\$ 550.00	7.55%
The Memorial Hospital at Craig	\$ 1,275.00	101.75%
Montrose Regional Health	\$ 1,275.00	101.75%
North Colorado Medical Center	\$ 560.00	31.60%
Pagosa Springs Medical Center	\$ 1,275.00	101.75%
Pioneers Medical Center	\$ 1,275.00	101.75%
Poudre Valley Hospital	\$ 550.00	7.55%
Prowers Medical Center	\$ 1,275.00	101.75%
Rangely District Hospital	\$ 1,275.00	101.75%
Sedgwick County Health Center	\$ 1,275.00	101.75%
Southeast Colorado Hospital	\$ 1,275.00	101.75%
Southwest Health System	\$ 1,275.00	101.75%
Spanish Peaks Regional Health Center	\$ 1,275.00	101.75%

Hospital Name	Inpatient Adjustment Factor	Outpatient Adjustment Factor
St. Vincent Hospital	\$ 1,275.00	101.75%
Weisbrod Memorial County Hospital	\$ 1,275.00	101.75%
Wray Community District Hospital	\$ 1,275.00	101.75%
Yuma District Hospital	\$ 1,275.00	101.75%
Animas Surgical Hospital	\$ 700.00	93.00%
Avista Adventist Hospital	\$ 1,355.00	106.35%
Foothills Hospital	\$ 1,280.00	95.50%
Castle Rock Adventist Hospital	\$ 560.00	31.60%
St. Thomas More Hospital	\$ 700.00	93.00%
Children's Hospital Anschutz	\$ 534.00	6.45%
St. Joseph Hospital	\$ 1,055.00	84.00%
Centura St. Elizabeth Hospital	\$ 700.00	93.00%
Community Hospital	\$ 1,280.00	95.50%
Conejos County Hospital	\$ 700.00	93.00%
Craig Hospital	\$ 15.00	15.00%
Good Samaritan Medical Center	\$ 560.00	31.60%
Lutheran Medical Center	\$ 1,355.00	106.35%
Family Health West	\$ 700.00	93.00%
Rehabilitation Hospital of Littleton	\$ 15.00	15.00%
Kindred Hospital - Aurora	\$ 15.00	15.00%
Kindred Hospital - Denver	\$ 15.00	15.00%
PAM Specialty Hospital of Denver	\$ 15.00	15.00%
Littleton Adventist Hospital	\$ 1,355.00	106.35%
Longmont United Hospital	\$ 560.00	31.60%
McKee Medical Center	\$ 560.00	31.60%
Medical Center of the Rockies	\$ 560.00	31.60%
Mercy Regional Medical Center	\$ 700.00	93.00%
Mt. San Rafael Hospital	\$ 700.00	93.00%
National Jewish Health	\$ 560.00	31.60%
North Suburban Medical Center	\$ 560.00	31.60%
Northern Colorado Long Term Acute Hospital	\$ 15.00	15.00%

Hospital Name	Inpatient Adjustment Factor	Outpatient Adjustment Factor
Northern Colorado Rehabilitation Hospital	\$ 15.00	15.00%
Parker Adventist Hospital	\$ 1,355.00	106.35%
Parkview Medical Center	\$ 1,280.00	95.50%
Penrose-St. Francis Health Services	\$ 1,355.00	106.35%
Pikes Peak Regional Hospital	\$ 700.00	93.00%
Platte Valley Medical Center	\$ 560.00	31.60%
Porter Adventist Hospital	\$ 560.00	31.60%
OrthoColorado Hospital	\$ 560.00	31.60%
Rehabilitation Hospital of Colorado Springs	\$ 15.00	15.00%
Rio Grande Hospital	\$ 700.00	93.00%
Rose Medical Center	\$ 1,355.00	106.35%
San Luis Valley Health Regional Medical Center	\$ 700.00	93.00%
Sky Ridge Medical Center	\$ 1,355.00	106.35%
Spalding Rehabilitation Hospital	\$ 15.00	15.00%
St. Anthony Hospital	\$ 560.00	31.60%
St. Anthony North Health Campus	\$ 560.00	31.60%
St. Anthony Summit Medical Center	\$ 700.00	93.00%
Presbyterian-St. Luke's Medical Center	\$ 1,355.00	106.35%
St. Mary-Corwin Medical Center	\$ 560.00	31.60%
St. Mary's Medical Center	\$ 1,355.00	106.35%
Sterling Regional MedCenter	\$ 700.00	93.00%
Swedish Medical Center	\$ 1,355.00	106.35%
The Medical Center of Aurora	\$ 1,355.00	106.35%
Vail Health Hospital	\$ 700.00	93.00%
Valley View Hospital	\$ 700.00	93.00%
Vibra Hospital of Denver	\$ 15.00	15.00%
Yampa Valley Medical Center	\$ 700.00	93.00%
Banner Fort Collins Medical Center	\$ 560.00	31.60%
Broomfield Hospital	\$ 560.00	31.60%
Longs Peak Hospital	\$ 560.00	31.60%
Grandview Hospital	\$ 560.00	31.60%

Hospital Name	Inpatient Adjustment Factor	Outpatient Adjustment Factor
Vibra Rehabilitation Hospital	\$ 15.00	15.00%
Greeley Hospital	\$ 560.00	31.60%
Highlands Ranch Hospital	\$ 1,355.00	106.35%
Children's Hospital Colorado Springs	\$ 534.00	6.45%
Reunion Rehabilitation Hospital - Denver	\$ 15.00	15.00%
Reunion Rehabilitation Hospital - Inverness	\$ 15.00	15.00%

Essential Access Supplemental Payment

The Essential Access supplemental payment equals \$20 million divided by the total number of Essential Access hospitals. For FFY 2022-23, there are 34 Essential Access hospitals equaling a \$588,235 per hospital payment.

DSH Payment Adjustment Groups

Several hospital groups are included in the FFY 2022-23 DSH supplemental payment calculation. Hospitals that meet the requirements of a designated hospital group receive a percent of their FFY 2022-23 DSH limit as their FFY 2022-23 DSH supplemental payment. Below are the hospital groups, the requirements for a hospital to be included in a hospital group, and the percent of the DSH limit paid through the DSH supplemental payment.

Hospital Group	Requirements	% of DSH Limit
High CICP Cost	Colorado Indigent Care Program (CICP) write-off cost greater than 700% of average statewide CICP write-off cost	96.00%
Critical Access	Critical Access Hospital	96.00%
Small Independent Metro	Not owned/operated by a healthcare system, within a Metropolitan Statistical Area (MSA), and having less than 2,400 Medicaid patient days	96.00%
Low MIUR	Medicaid Inpatient Utilization Rate (MIUR) less than or equal to 22.5%	10%

HQIP Measure Groups

A hospital's FFY 2022-23 HQIP supplemental payment is based on their scores for certain measure groups and measures. The FFY 2022-23 measure groups and measures are below.

Maternal Health and Perinatal Care Measure Group

- Exclusive Breast Feeding
- Cesarean Section
- Perinatal Depression and Anxiety
- Maternal Emergencies and Preparedness
- Reproductive Life/Family Planning

Patient Safety Measure Group

- Zero Suicide
- Reduction of Racial and Ethnic Disparities
- Clostridium Difficile, Sepsis
- Antibiotics Stewardship
- Adverse Event Reporting
- Culture of Safety Survey
- Handoffs and Sign-Outs

Patient Experience Measure Group

- Hospital Consumer Assessment of Healthcare Providers and Systems
- Advance Care Planning

Visit the [Hospital Quality Incentive Payment Program web page](#) for more information on the HQIP measure groups and measures.

Contact Riley DeValois at Riley.DeValois@state.co.us with any questions or concerns.

Laboratory Service Providers

Coverage of Certain Laboratory Codes for the Duration of the Public Health Emergency (PHE)

The following procedure codes are covered only for the duration of the Public Health Emergency (PHE), which is ending May 11, 2023.

- 0202U
- 0223U
- 0224U
- 0225U
- 0226U
- 0240U
- 0241U

There will be no reimbursement for these services performed after that date.

Contact Sarah Kaslow at Sarah.Kaslow@state.co.us with questions.

Medical and Surgical Providers

Breast Implant Policy Update

The [Medical-Surgical Billing Manual](#) has been updated to clarify when removal and replacement of breast implants is considered medically necessary.

Contact Chris Lane at Christopher.Lane@state.co.us with any questions.

Nursing Facilities and Assisted Living Residences Providers

Frequently Asked Questions (FAQ) Document Now Available

A Frequently Asked Questions (FAQ) document titled “Accessing Regional Accountable Entity (RAE) - Covered Behavioral Health Services in Long-term Care Settings” has been published. This FAQ presents the authority, parameters and processes related to accessing RAE-covered behavioral health services for Health First Colorado members living in long-term care settings.



The FAQ is intended to be a resource for facilities and clinical staff to secure appropriate care for residents needing behavioral health services.

Visit the [Accountable Care Collaborative Phase II - Provider and Stakeholder Resource Center web page](#) under the Provider Resources section to view this document.

Contact Kara Gehring at Kara.Gehring@state.co.us with any questions.

Pediatric Behavioral Therapy Providers

Electronic Visit Verification (EVV) in Pediatric Behavioral Therapies

Pediatric Behavioral Therapy (PBT) providers will not be required to collect Electronic Visit Verification (EVV) data when the services are delivered via telehealth, effective May 1, 2023. EVV remains a requirement for all other PBT services when delivered in the home or community.

Contact evv@state.co.us with questions.

Pediatric Residential Treatment Providers

Critical Incident Reporting for Residential Providers

Critical incident reporting is required for all pediatric residential providers. This includes providers who are enrolled as Residential Childcare Facilities (RCCFs), Qualified Residential Treatment Providers (QRTPs), and Psychiatric Residential Treatment Facilities (PRTFs).

Examples of critical incidents:

- Death
- Damage to or theft of member's property
- Abuse, neglect and exploitation
- Medication management
- Criminal activity
- Missing person
- Serious injury or illness of member
- Unsafe housing or displacement
- Other high-risk Issues

The Critical Incident Report form for QRTP and PRTF providers can be found on the [Provider Forms web page](#), under the Critical Incident Reporting System Forms drop-down menu.

Children's Habilitation Residential Program Waiver (CHRP) providers who are also enrolled as RCCFs should continue to use their designated forms and established processes to report critical incidents to the Case Management Agency.

Contact hcpf_chrp@state.co.us with any questions related to CHRP critical incident reporting.

QRTP and PRTF providers: Contact Christina Winship at Christina.Winship@state.co.us with any questions and to submit completed forms.

Pharmacy Providers and All Medication Prescribers

Buprenorphine/Naloxone Sublingual Tablet Update

Prior authorization (PA) will no longer be required for generic buprenorphine/naloxone sublingual (SL) tablets under the pharmacy benefit, effective April 12, 2023. Visit the [Pharmacy Resources web page](#) to view additional information regarding medication coverage under the Health First Colorado pharmacy benefit.

Physician-Administered Drug (PAD) Providers

Opioid Treatment Providers: Take-Home Buprenorphine

Opioid treatment providers (OTPs) may dispense up to a seven-day supply of take-home oral buprenorphine and buprenorphine combination products to a Health First Colorado member as outlined within this policy, effective May 1, 2023.

Policy will allow for up to a seven-day, take-home supply of oral buprenorphine and buprenorphine combination physician-administered drugs (PADs) to be billed through the medical benefit via standard buy-and-bill processes when an OTP:

- Obtains the appropriate Drug Enforcement Administration (DEA) registration
- Has authority based on the rules and regulations set forth by the State of Colorado
- Follows all guidelines set forth by the Substance Abuse and Mental Health Services Administration (SAMHSA)

OTPs must be enrolled with Health First Colorado as provider type Substance Use Disorder - Clinic (PT 64) and bill for the national drug code (NDC) of the take-home oral buprenorphine and buprenorphine combination product dispensed to the member on the claim, with the most appropriate Healthcare Common Procedure Coding System (HCPCS) code. The applicable HCPCS for take-home oral buprenorphine and buprenorphine combination PADs are as follows:

Take-Home Buprenorphine HCPCS				
J0571	J0572	J0573	J0574	J0575

Some oral buprenorphine products may be preferred or subject to prior authorization requirements when billed and dispensed through the pharmacy benefit. Refer to the Preferred Drug List (PDL) and Appendix P, located on the [Pharmacy Resources web page](#), for all pharmacy benefit policies and procedures on continuation of care and allowing for transition from take-home supply to outpatient prescription.

Billing

OTPs must bill for office administered oral buprenorphine or buprenorphine combination PADs, along with any additional procedure codes as applicable, for the date of service when the PAD was administered and observed in office. See the **In-Office Administration** example below.

The OTP may then bill an additional line on the claim for the amount dispensed as a take-home supply. The From Date of Service (FDOS) and To Date of Service (TDOS) should start the day after the clinic visit and represent the total number of days appropriate for the amount dispensed. See the **Take-Home Supply** example below, with the date span being no more than seven (7) days in total and place of service home (12).

Examples

In-Office Administration

Claim line	1
Procedure Code	J0572
NDC	NDC of PAD administered to the member and reimbursable for the date of service per Appendix X
Units Billed	1
Place of Service	11 (Office)
FDOS	05/01/2023
TDOS	05/01/2023

Take-Home Supply

Claim Line	2
Procedure Code	J0572
NDC	NDC of PAD administered to the member and reimbursable for the dates of service per Appendix X
Units Billed	7
Place of Service	12 (Home)
FDOS	05/02/2023
TDOS	05/08/2023

All PAD policies and procedures apply to the take-home supply of oral buprenorphine and buprenorphine combination products, including but not limited to billing of accurate HCPCS units, HCPCS/NDC billing per the HCPCS/NDC Crosswalk ([Appendix X](#)), and all requirements set forth in the [Physician-Administered Drugs \(PAD\) Billing Manual](#) and the [Physician-Administered Drugs web page](#).

Contact HCPF_PAD@state.co.us with additional questions.

Physician Services

Gender-Affirming Care Stakeholder Engagement Questions and Answers

A list of [questions and answers](#) has been issued following the Gender-Affirming Care Stakeholder Meeting on March 1, 2023. Stakeholders gave feedback during the meeting to help inform and refine the gender-affirming care policy.

Visit the [Gender-Affirming Care Stakeholder Engagement web page](#) for more information.

Contact Chris Lane at Christopher.Lane@state.co.us with any questions.

Physician Services, Federally Qualified Health Center (FQHC), Rural Health Center (RHC) Providers

Well Child Check-ups Via Telemedicine Update

Temporary coverage of well child check-ups provided via telemedicine was added during the federal Public Health Emergency (PHE) for COVID-19. The telemedicine coverage of well child check-up codes will be discontinued effective May 12, 2023. This end date aligns with the expiration of the federal PHE for COVID-19 on May 11, 2023.

Procedure codes affected by this update include 99382, 99383, 99384, 99392, 99393 and 99394.

Providers will still be reimbursed for in-person well child check-ups.

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

Contact Morgan Anderson at Morgan.Anderson@state.co.us and Naomi Mendoza at Naomi.Mendoza@state.co.us with any questions.

Physician Services, Pharmacy Providers

COVID-19 Pediatric Bivalent Boosters

Common Procedural Terminology (CPT) Code 0174A for the pediatric COVID-19 bivalent booster is a covered benefit for members aged six (6) months through four (4) years, effective March 14, 2023.

The rate for this code is reflected on the [Immunization Rate Fee Schedule](#).

Contact Christina Winship at Christina.Winship@state.co.us with questions.

Provider Billing Training Sessions

May and June 2023 Provider Billing Training Sessions

Providers are invited to participate in training sessions for an overview of Health First Colorado billing instructions and procedures. These sessions are virtual-only webinars. 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 who need a billing refresher course should consider attending one or more of the following provider training sessions.

The institutional claims (UB-04) and professional claims (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. Refer to the Beginning Billing Training: Professional Claims (CMS 1500) and the Beginning Billing Training: Institutional Claims (UB-04), available on the [Provider Training web page](#) under the Billing Training - Resources drop-down section, for a preview of the training materials used in these sessions.

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

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

May 2023

Monday	Tuesday	Wednesday	Thursday	Friday
1	2	3	4	5
8	9	10	11 Beginner Billing Training: Professional Claims (CMS 1500) 9:00 a.m. - 11:30 a.m. MT	12
15	16	17	18	19
22	23	24	25 Beginner Billing Training: Institutional Claims (UB-04) 9:00 a.m. - 11:30 a.m. MT	26
29	30	31		

June 2023

Monday	Tuesday	Wednesday	Thursday	Friday
			1	2
5	6	7	8 Beginner Billing Training: Professional Claims (CMS 1500) 9:00 a.m. - 11:30 a.m. MT	9
12	13	14	15	16
19	20	21	22 Beginner Billing Training: Institutional Claims (UB-04) 9:00 a.m. - 11:30 a.m. MT	23
26	27	28	29	30

Live Webinar Registration

Click the title of the desired training session in the calendar above to register for a webinar. An automated response will confirm the reservation. Send an email to co.training@gainwelltechnologies.com with the subject line "Webinar Help" with questions or issues regarding webinar registration. Include a description of the issue being experienced, your name and contact information (email address and phone number), and the name and date of the webinar(s) to be attended. Allow up to two (2) to three (3) business days to receive a response.

Upcoming Holidays

Holiday	Closures
Memorial Day Monday, May 29	State Offices, Gainwell Technologies, DentaQuest and the ColoradoPAR program will be closed. Capitation cycles may potentially be delayed. The receipt of warrants and Electronic Funds Transfers (EFTs) may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks.

Holiday	Closures
Juneteenth Monday, June 19	State Offices, the ColoradoPAR program and DentaQuest will be closed. Capitation cycles may potentially be delayed. 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 will be open.

Gainwell Technologies Contacts

Provider Services Call Center

1-844-235-2387

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