

## Table of Contents

Page	Title
<b>All Providers</b>	
1	Did You Know? Member Eligibility
2	Claim Processing for New Procedure Codes
2	Colorado RAC Invitation
3	DRA of 2005 due November 1, 2023
4	OPR Providers Enrollment Requirement
4	Provider Enrollment Revalidation
4	Extension for Member Eligibility Renewal
5	Timely Filing Resubmission Instructions
<b>ColoradoPAR Program</b>	
6	Acentra Provider Training
<b>All Medication Prescribers</b>	
7	Prescriber Tool Alternative Payment Model
<b>Behavioral Therapy</b>	
7	Behavioral Assessment Code Reduction Reversal
<b>Durable Medical Equipment (DME)</b>	
8	Face-to-Face Requirements
8	Certificate of Medical Necessity Changes
<b>Hospice</b>	
8	Rate Update Effective October 1, 2023
<b>Hospital</b>	
9	General Updates
10	Emergency Medicaid Services (EMS) Billing
<b>Hospital, PAD</b>	
11	Suspended Claims for New Procedure Codes
<b>Laboratory Service</b>	
12	Presumptive and Definitive Tests
<b>PAD</b>	
12	Quarter 4 Rate Update 2023
<b>PAD, Outpatient Hospital</b>	
13	Specialty Drugs: Policy Clarification
<b>Physician Services</b>	
14	Free SBIRT Training for Health First Colorado Providers

## Primary Care Physicians, HCBS

14	New Resource for Providers Managing Chronic Pain Treatment
<b>Speech Therapy</b>	
15	Information Regarding Speech Therapy Before PAR is Required
<b>Substance Use Disorder (SUD)</b>	
16	Third Annual SUD Stakeholder Forum
<b>Provider Billing Training Sessions</b>	
16	October and November 2023 Provider Billing Training Sessions

## Did You Know?

Providers are reminded to verify member eligibility and the member's Managed Care Organization (MCO), if applicable, for each date of service. Providers should contact the appropriate MCO for further benefit details once the member is assigned to the MCO. Benefits through Child Health Plan *Plus* (CHP+) may vary from the Health First Colorado (Colorado's Medicaid program) Title XIX benefit plan.

Providers must not rely solely on the member to provide eligibility information. Verification must be completed through batch submissions or the [Provider Web Portal](#). Providers are encouraged to refer to the [Verifying Member Eligibility and Co-Pay Quick Guide](#) for more detailed instructions.

Providers are responsible for verifying eligibility within 365 days of the date of service to ensure the claim can be submitted within timely filing guidelines. Providers are responsible for using any means necessary to determine coverage.

Providers may not bill the member if eligibility is not determined within 365 days of the date of service.

## All Providers

### **Claim Processing Times for New Procedure Codes**

Providers are reminded to check the [Provider Rates and Fee Schedule web page](#) before billing to ensure procedure codes are a covered benefit. All codes must be reviewed for medical necessity, prior authorization coverage standards and rates before they are reimbursable.

New procedure codes that are suspending for Explanation of Benefits (EOB) 0000 - "This claim/service is pending for program review." may be under review for 30 to 60 days.

Physician Administered Drugs (PADs) require a National Drug Code (NDC) assignment and may take up to 90 days before implementation.

The Colorado interChange is updated with the billing codes based on the Centers for Medicare & Medicaid Services (CMS) release of deletions, changes and additions.

Claims in a suspended status will be released and processed once the update is complete.

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### **Colorado Recovery Audit Contract (RAC) Invitation to Join the Provider Advisory Board**

All Health First Colorado providers who would like to participate in the Recovery Audit Contract (RAC) Provider Advisory Board are invited to submit a resume on the [Colorado RAC Provider Advisory Board Member Consideration Request web page](#).

The Department of Health Care Policy & Financing (the Department) previously expressed during the August 3, 2023, Stakeholder Engagement meeting that the RAC Provider Advisory Board would only be open to providers and not to attorneys or associations. Providers who participate on other boards or are part of an association are welcome to apply.

RAC audits encompass many types of providers and unique provider type billing practices. The RAC Provider Advisory Board should be comprised of providers from different backgrounds, specialties and areas of medical and billing expertise, specifically those that can speak about billing and give insight about common practices in their fields. This will provide for an open, collaborative approach in reviewing diverse issues and creating common solutions, ensuring that the program is fair, balanced and equitable.

The RAC Provider Advisory Board will meet quarterly and in between Stakeholder Engagement meetings to provide time for adding needed items to the stakeholder agenda.

Board members should have the availability to:

- Submit agenda items prior to the meeting (if needed) and take the lead to give context to those items
- Meet quarterly for one (1) to two (2) hours for open discussion related to the agenda
- Join in collaborative and open conversations during the board meetings

There is currently representation from providers in the following areas:

- Hospice
- Metro Hospitals

The willingness of the volunteers that have already applied is appreciated. There is still a need for providers from areas such as Rural Health Clinics (RHCs) and hospitals, Durable Medical Equipment (DME), physician services, home health agencies and Home and Community-Based Services (HCBS) to ensure a board with equality in the voices of providers who may be subject to RAC audits.

The form will close on October 16, 2023, and all resumes will be sent to Executive Director Kim Bimestefer for final selection of the RAC Provider Advisory Board members.

### **Have Questions or Suggestions for the Department Regarding the RAC?**

A Google form for Stakeholder Engagement has been created to ensure that providers are getting timely responses for requested information. This will allow the Contractor Audit Operations Unit Team to respond more quickly and efficiently.

Providers are encouraged to complete the [Colorado RAC Stakeholder Engagement: Questions & Requests Form](#) to submit suggestions, ask questions or request agenda topics.

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## **Deficit Reduction Act (DRA) of 2005 due November 1, 2023**

Section 6032 of the [Deficit Reduction Act \(DRA\) of 2005](#) requires that providers meeting the definition of entity and making or receiving annual Medicaid payments of \$5 million or more establish and disseminate certain written policies for preventing and detecting fraud, waste and abuse. The entities must also provide information to employees and contractors about the following:

- The Federal False Claims Act (FCA) and other applicable federal and state false claims laws
- The administrative remedies for false claims and statements
- The whistleblower protections afforded under such laws

Providers subject to Section 6032 are required each year to furnish certain documentation to show compliance with these requirements. Providers will receive an email requesting this documentation. Ensure the contact information in the [Provider Web Portal](#) is current to receive this email.

Entities subject to the DRA must complete and return the DRA Declaration to the Department. Entities with multiple identified locations must send one DRA Declaration with an attachment listing all National Provider Identifiers (NPIs) and service location IDs covered by the DRA Declaration. The due date for the Federal Fiscal Year (FFY) of October 1, 2022, through September 30, 2023, is November 1, 2023.

The completed [DRA Declaration](#) and all required documents must be emailed to [HCPF\\_DRAAct2005@state.co.us](mailto:HCPF_DRAAct2005@state.co.us).

Contact Eileen Sandoval at [HCPF\\_DRAAct2005@state.co.us](mailto:HCPF_DRAAct2005@state.co.us) with questions related to the DRA.

## Ordering, Prescribing, Referring (OPR) Providers Enrollment Requirement

Claims with services requiring Ordering, Prescribing or Referring (OPR) providers will post Explanation of Benefits (EOB) 1997 - "The referring, ordering provider, and attending type is invalid for the service. The service is not within the scope of the provider type." if the OPR provider is not enrolled with Health First Colorado beginning in October 2023. This is not a claim denial. Claims submitted for services or items that require an OPR can be found in the relevant billing manual on the [Billing Manuals web page](#).

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

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## Provider Enrollment Revalidation

The flexibility that paused disenrollment for providers past the revalidation date during the COVID-19 Public Health Emergency (PHE) is ending effective November 12, 2023. Providers with revalidation due dates of October 1, 2020, through November 11, 2023, have been given a post-PHE grace period to complete the revalidation process. Providers can locate the new revalidation dates on the Provider Revalidation Dates Spreadsheet located on the [Revalidation web page](#) under the Revalidation Resources section.



Those providers will also be sent another notification six (6) months prior to the revalidation date. Providers with revalidation due dates between October 1, 2020, through November 11, 2023, with no claim activity in the last three (3) years must revalidate by November 11, 2023. Providers who do not complete the revalidation process by the revalidation due date will be subject to claim denial or disenrollment. Providers with revalidation applications that are "in process" must complete the process by November 11, 2023.

Visit the [Revalidation web page](#) to learn more about the provider revalidation process and how to prepare.

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## Temporary Extension for Member Eligibility Renewal

[New guidance](#) from the Centers for Medicare & Medicaid Services (CMS) was received on August 30, 2023, requiring a change to the ex parte process for renewals. CMS is now requiring states to perform ex parte automation reviews on an individual basis instead of renewing members at the household level (i.e., all members of a household receiving Health First Colorado or Child Health Plans *Plus* [CHP+] benefits reviewed for eligibility at the same time). This means that each person in the household is reviewed and approved separately.

The eligibility system currently moves households where everyone in the family cannot be approved through an automated ex parte process into the renewal eligibility completion and submission process. The new CMS guidance will require significant changes to the eligibility

system that will be completed in a phased approach. A temporary renewal extension for all members with September and October renewal dates is being implemented in mid-October.

A strategy is being developed to renew coverage for members who were disenrolled if a household did not properly complete and submit the required renewal application. This strategy will be communicated once finalized. Members eligible to have their coverage renewed will be notified.

### **Ongoing 60-Day Renewal Extension for Vulnerable Populations**

Additional [flexibility from CMS](#) is being leveraged to provide a 60-calendar-day extension to complete the renewal process for vulnerable populations, including Long-Term Care (LTC), individuals on Waivered Services and Buy-In recipients who have not returned their renewal packet on time during the COVID-19 PHE Unwind. This extension also allows additional outreach to these vulnerable members when they are up for renewal, while providing extra time for the members to return the information or the counties to process it.

The extension is in effect September 5, 2023, through the remainder of the unwind period, June 2024. Members who have already submitted their renewal packet to the county or those who have completed the renewal process are not affected. The county may grant additional time through a Good Faith extension for a member to turn in this information if a member has already turned in their renewal packet and still needs to submit additional information.

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## **Timely Filing Resubmission Instructions**

Providers can keep claims within timely filing by resubmitting every 60 days after the initial timely filing period of 365 days from the date of service (DOS). Providers may resubmit within 60 days if an adjustment or recoupment is initiated by the fiscal agent, Gainwell Technologies, or Health Management Systems, Inc. (HMS).

**The previous Internal Control Number (ICN) must be referenced on the claim if the claim is over 365 days.**

Providers must submit all claims within 365 days. The next submission must be received within 60 days of the last action if the original timely filing period (365 days) has expired.

### **Referring to the Previous ICN on a Claim**

#### **Provider Web Portal:**

Claims outside of timely filing must be resubmitted by entering the previous ICN in the “Previous Claim ICN” field in the Claim Information section. Refer to the [Submitting an Institutional Claim Quick Guide](#) and the [Submitting a Professional Claim Quick Guide](#) for more information.



**Paper Claim:**

- **Professional CMS 1500 Claim:** Indicate a resubmission with the code 1 in box 22 and the original ICN in the adjacent 22 box. Field 22 is a split box and needs to be designated with a single-digit code and an ICN to correspond.
- **Institutional UB-04 Claim:** Enter the Type of Bill into Box 4 for a resubmission. The Type of Bill should end in a 1. Enter the ICN in Box 64a.

**Electronic Data Interchange (EDI) Batch Claim:**

Providers need to qualify (2300/REF01) with F8 and use the previous ICN as the Payer Claim Control Number along with the 1 code in the 2300/CLM segment composite CLM05-3.

**Note:** Copies of all Remittance Advices (RAs) or correspondence documenting compliance with timely filing and 60-day rule requirements must be maintained in the provider's files. A copy of the RA should **not** be included with the claim.

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## **All Providers Who Utilize the ColoradoPAR Program**

### **Acentra (Formerly Kepro®) Provider Training**

Provider-Specific Training offers Prior Authorization Request (PAR) submission information focused on the benefit. Acentra's October Provider-Specific Training is Audiology. The training provides insight into criteria from the [Audiology Benefit Billing and Policy Manual](#) and the specific medical documents needed to complete a timely review.

Email [COProviderRegistration@kepro.com](mailto:COProviderRegistration@kepro.com) if experiencing technical issues when registering for provider PAR training.

- [Audiology Training: October 11, 2023, at 8:30 a.m. MT](#)
- [Audiology Training: October 11, 2023, at 12:00 p.m. MT](#)
- [Audiology Training: October 11, 2023, at 3:00 p.m. MT](#)

Email [COProviderIssue@kepro.com](mailto:COProviderIssue@kepro.com) with questions or if needing assistance when registering for Acentra's provider PAR portal Atrezzo®.

- [PAR Submission: October 25, 2023, at 8:30 a.m. MT](#)
- [PAR Submission: October 25, 2023, at 12:00 p.m. MT](#)

### **Durable Medical Equipment (DME) Specific Survey**

The Durable Medical Equipment (DME) Specific Survey is now open for DME providers who submit PARs to Acentra through the provider portal Atrezzo. DME providers are invited to complete the survey and provide feedback on Acentra's performance in multiple aspects of processing DME PAR submissions. This survey informs the Department how to improve the PAR process for providers.

An email with a link to the survey went out to DME providers in early September. This short survey should take less than five (5) minutes to complete.

The [DME Specific Survey](#) opened September 12, 2023, and will remain available until October 24, 2023. The QR code below can also be used to access the survey.



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## **All Medication Prescribers**

### **Prescriber Tool Alternative Payment Model**

The Prescriber Tool Alternative Payment Model (APM) program will officially kick off its first program year in October. A form will be released on October 2, 2023, where providers can update their contact information and opt out of the Prescriber Tool APM program. This information will be used to distribute provider-facing dashboards in December. Providers must participate in the program to access these dashboards. The form will be posted on the [Prescriber Tool APM web page](#) along with the completion deadline and program details.

The Prescriber Tool APM is a risk-free program to support provider engagement with the Prescriber Tool, specifically the Real-Time Benefits Inquiry module. Providers who participate will be eligible to receive an incentive payment to share in pharmacy cost savings.

Opting out of the program means that a dashboard will not be developed for the provider for this program year. Providers who opt out will have the opportunity to opt in prior to the start of the next program year.

Visit the [Prescriber Tool web page](#) for more information.

Contact [HCPF\\_PharmacyAPM@state.co.us](mailto:HCPF_PharmacyAPM@state.co.us) for more information.

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## **Behavioral Therapy Providers**

### **Behavioral Assessment Code Reduction Reversal**

Procedure codes (96136, 96137) related to behavioral health assessments will receive a reversal of a reduction to 100% of Medicare as of July 1, 2023. Additionally, these codes will receive the 3% across-the-board increase from their original rate retroactively effective to July 1, 2023. The [Health First Colorado Fee Schedule](#) has been updated in accordance with this change. Providers billing the fee schedule rate instead of the usual and customary

charges will need to manually adjust claims to the increased rate. Providers billing usual and customary charges will see claims adjustments via claims reprocessing.

Procedure Code	7/1/2022 Rate	7/1/2023 Reduced Rate	New 7/1/2023 Rate
96136	\$64.82	\$43.82	\$66.76
96137	\$47.44	\$40.49	\$48.86

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## **Durable Medical Equipment (DME) Providers**

### **Face-to-Face Requirements**

Face-to-Face (F2F) requirements were not enforced during the COVID-19 PHE on certain Prior Authorization Requests (PARs) by the Department's Utilization Management (UM) vendor, Acentra (formerly Kepro). Acentra will begin to enforce this requirement as the PHE has ended. Requests for DME submitted on or after January 1, 2024, must abide by F2F policies as stated in the [Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\) Billing Manual](#).

Contact [HCPF\\_UM@state.co.us](mailto:HCPF_UM@state.co.us) for questions related to PAR submissions. Contact Haylee Rodgers at [Haylee.Rodgers@state.co.us](mailto:Haylee.Rodgers@state.co.us) for policy-related questions.

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## **Certificate of Medical Necessity Changes for Oxygen**

The Medical Services Board (MSB) approved the Department's request on September 8, 2023, to remove the Certificate of Medical Necessity (CMN) requirement for long-term oxygen therapy, previously stated in [10 CCR 8.580.5.C](#). CMNs will not be required on long-term oxygen therapy claims with a date of service (DOS) on or after October 30, 2023.

Contact [Haylee.Rodgers@state.co.us](mailto:Haylee.Rodgers@state.co.us) with questions.

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## **Hospice Providers**

### **Rate Update Effective October 1, 2023**

Hospice rates effective October 1, 2023, through September 30, 2024, will be updated once guidance and approval from the Centers for Medicare & Medicaid Services (CMS) is received. Reimbursement should reflect updated rates for all claims billed for dates of service on or after October 1, 2023.



The Hospice Fee Schedule effective October 1, 2023, through September 30, 2024, will be posted to the [Provider Rates and Fee Schedule web page](#) under the Hospice category upon implementation of the rates.

Contact Amanda Villalobos at [Amanda.Villalobos@state.co.us](mailto:Amanda.Villalobos@state.co.us) for additional support or questions regarding rates.

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## **Hospital Providers**

### **General Updates**

#### **All Hospital Providers**

##### **Hospital Stakeholder Engagement Meetings**

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

- The next All-Hospital Stakeholder Engagement meeting is scheduled for Friday, November 3, 2023, from 9:00 a.m. to 11:00 a.m. MT and will be hosted virtually on Zoom.

Visit the [Hospital Stakeholder Engagement Meetings web page](#) for more details, meeting schedules and past meeting materials. Contact Tyler Samora at [Tyler.Samora@state.co.us](mailto:Tyler.Samora@state.co.us) with any questions or topics to be discussed at future meetings. Advance notice will provide the Rates Team time to bring additional Department personnel to the meetings to address different concerns.



##### **Outpatient Hospitals**

[Senate Bill 23-214](#) authorized a 3% increase to fee-for-service hospital rates effective July 1, 2023. Approval from Centers for Medicare & Medicaid Services (CMS) to implement this rate increase was received on July 24, 2023. The associated hospital base rates were implemented into Colorado interChange as of August 17, 2023, with all claim adjustments being completed as of August 28, 2023.

A calculation error of the September 1, 2022, Peer Group Averages was noticed. The [Outpatient Hospital Payment web page](#) has the corrected rates, with appeal language, posted as of September 5, 2023.

Visit the [Outpatient Hospital Payment web page](#) for information relating to the outpatient hospital base rates and Enhanced Ambulatory Patient Groups (EAPG) weights.

## Observation Cap Lift

The [Medical Services Board](#) (MSB) passed [MSB 23-05-17-A](#), a revision to the hospital services rule in section 8.300 on September 8, 2023. This update removes the observation stay cap on units and billed hours effective October 30, 2023.

3M released General Availability version 2023.3.0 on September 21, 2023. This update was installed into the Colorado interChange during the week of September 25, 2023. A part of this update was to accommodate for the removal of the observation cap on units/hours.

## Rural Health Clinics (RHC)

### Rural Health Clinic (RHC) Bi-Monthly Meeting

The next RHC meeting is scheduled for Thursday, November 2, 2023, from 12:30 p.m. to 1:00 p.m. MT and will be hosted virtually on Zoom.

Visit the [RHC Meetings web page](#) for more details, meeting schedules and past meeting materials.

Contact Andrew Abalos at [Andrew.Abalos@state.co.us](mailto:Andrew.Abalos@state.co.us) with any questions or topics to be discussed at future meetings. Advance notice will provide the Rates Team time to bring additional Department personnel to the meetings to address different concerns.

## Emergency Medicaid Services (EMS) Billing

The Emergency Medicaid Services (EMS) benefit plan covers services necessary to treat an emergency medical condition, family planning services and family planning-related services for people who qualify. EMS is a limited benefit that does not cover all medical services. Claims must follow billing guidance provided in the [Inpatient/Outpatient \(IP/OP\) Billing Manual](#) and the [Family Planning Benefit Expansion for Special Populations Billing Manual](#) to indicate that a covered service is intended for emergency or family planning purposes in order to be reimbursed.

### Billing for Services Covered by the EMS Benefit Plan

Service Type	Definition	Billing Guidance	Care Setting	Examples (Include, but not limited to)
Emergency Services	Services necessary to treat an emergency condition	Emergency Indicator or Admission Type (1 or 5)	Setting to treat an emergency condition (does <b>not</b> need to be an emergency room)	<ul style="list-style-type: none"> <li>Health emergencies (i.e., chest pain, heart attack, appendicitis, etc.)</li> <li>Labor and delivery</li> <li>Dialysis for End-Stage Renal Disease (ESRD)</li> </ul>

Service Type	Definition	Billing Guidance	Care Setting	Examples (Include, but not limited to)
Family Planning Services	Services to delay, plan or prevent a pregnancy	Modifier (FP) or covered International Classification of Diseases (ICD) codes	Family planning setting (not an emergency)	<ul style="list-style-type: none"> <li>Any Food and Drug Administration (FDA)-approved contraceptive</li> <li>Sterilization</li> <li>Contraceptive counseling</li> </ul>
Family Planning-Related Services	Services provided pursuant to a family planning visit	Modifiers (FP+32) or covered ICD codes	Family planning setting (not an emergency)	<ul style="list-style-type: none"> <li>Sexually Transmitted Infection (STI) screening and treatment</li> <li>Cervical cancer screening and prevention</li> <li>Preventative services</li> </ul>

### Emergency Family Planning Services

The claim must have the appropriate emergency indicator on claims forms when family planning or related services are medically necessary to treat an emergency medical condition for recipients of EMS.

### Family Planning Services Provided at the Time of Labor and Delivery

EMS covers labor and delivery as services necessary to treat an emergency condition. Labor and delivery claims should have the appropriate emergency indicator or admission type. Use the appropriate admission type for UB-04 claims if a sterilization service or immediate postpartum Long-Acting Reversible Contraception (LARC) insertion occurs during a delivery stay and is necessary to treat an emergency medical condition.

Refer to the [Inpatient/Outpatient \(IP/OP\) Billing Manual](#) and the [Family Planning Benefit Expansion for Special Populations Billing Manual](#), or visit the [Emergency Medicaid Services \(EMS\) Overview web page](#) for more information.

## **Hospital, Physician-Administered Drugs (PADs)**

### **Providers**

#### **Suspended Claims for New Procedure Codes**

New procedure codes that are suspending for Explanation of Benefits (EOB) 0000 - "This claim/service is pending for program review." may be under review for 30 to 60 days.

**Physician-Administered Drugs (PADs) require a National Drug Code (NDC) assignment and may take up to 90 days before implementation.** The Colorado interChange is updated with

the billing codes based on the Centers for Medicare & Medicaid Services (CMS) release of deletions, changes and additions. Claims will be released from suspense once the update is complete.

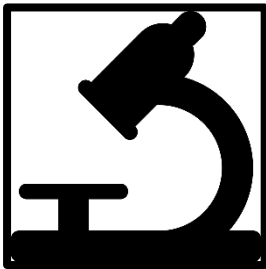
Providers are reminded to check the [Provider Rates and Fee Schedule web page](#) before billing to ensure procedure codes are a covered benefit. All codes must be reviewed for medical necessity, prior authorization coverage standards and rates before they are reimbursable.

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## **Laboratory Service Providers**

### **National Correct Coding Initiative (NCCI) Edit for Presumptive and Definitive Tests**

The Centers for Medicare & Medicaid Services (CMS) implemented a new National Correct Coding Initiative (NCCI) edit which prohibits the use of both presumptive tests (80305, 80306 and 80307) and definitive tests (G0480, G0481, G0482, G0483 and G0659) on a patient for the same date of service, effective July 1, 2023. Health First Colorado loads NCCI edits, including this one, into the Colorado interChange.



CMS has since published a revision to the edit that takes effect October 1, 2023. All previously denied claims affected by this edit will be reprocessed once this revision is loaded into the Colorado interChange. Visit the [NCCI web page](#) for further information.

Contact Sarah Kaslow at [Sarah.Kaslow@state.co.us](mailto:Sarah.Kaslow@state.co.us) with any questions.

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## **Physician-Administered Drugs (PADs) Providers**

### **Quarter 4 Rate Update 2023**

The Physician-Administered Drug (PAD) rates for the fourth quarter of 2023 have been updated. The new rates are effective October 1, 2023, and are posted to the [Provider Rates and Fee Schedule web page](#) under the [Physician-Administered Drug Fee Schedule section](#).

Contact Tyler Collinson at [Tyler.Collinson@state.co.us](mailto:Tyler.Collinson@state.co.us) with any questions about PAD rates.

## Physician Administered Drugs (PADs), Outpatient Hospital Providers

### **Physician-Administered Drugs (PADs) and Outpatient Hospital Specialty Drugs: Policy Clarification**

#### **PAD Prior Authorization (PA) Program**

Certain PADs administered in the office or clinic fall under the PAD PA policy. Refer to [Appendix Y: Physician Administered Drug Medical Benefit Prior Authorization Procedures and Criteria](#) for the list of PADs requiring a PA.

Providers must ensure a PA request is submitted to Acentra Health (previously Kepro) through the [Atrezzo portal](#) and an approval is received prior to administering the PAD to the member. Visit the [ColoradoPAR: Health First Colorado Prior Authorization Request Program web page](#) for additional information, recorded trainings and user guides.

#### **Outpatient Hospital Specialty Drugs - Enhanced Ambulatory Patient Group (EAPG) Carveout Program**

Approved outpatient hospital specialty drugs fall under the Outpatient Hospital Specialty Drugs - EAPG Carveout policy. Refer to [Appendix Z: List of Outpatient Hospital Specialty Drugs](#) for the list of specialty drugs subject to this policy.

Member-specific PA requests must be submitted directly to the Department using the request form (located on the [Physician-Administered Drugs web page](#) under the Outpatient Hospital Specialty Drugs - EAPG Carveout drop-down) and approved prior to administration of the specialty drug. Visit the Physician-Administered Drugs web page for resources, including Appendix Z, coverage standards, request forms and submission requirements.



#### **General Information**

Retroactive requests are not usually considered, and PA approval does not guarantee payment. Both the PAD and Outpatient Hospital benefits require the National Drug Code (NDC) of the PAD administered to the member to be billed on the claim line. Refer to [Appendix X: Healthcare Common Procedure Coding System \(HCPCS\) / NDC Crosswalk for Billing Physician-Administered Drugs](#) for guidance and valid and reimbursable HCPCS/NDC combinations.

Refer to the [PAD Billing Manual](#) and the [Inpatient/Outpatient \(IP/OP\) Billing Manual](#), or visit the [PAD web page](#) for additional policy information.

Contact [HCPF\\_PAD@state.co.us](mailto:HCPF_PAD@state.co.us) with additional questions.

## **Physician Services Providers**

### **Free Screening, Brief Intervention and Referral to Treatment (SBIRT) Training for Health First Colorado Providers**

Free Screening, Brief Intervention and Referral to Treatment (SBIRT) training for Health First Colorado providers is offered through partnership with Peer Assistance Services, Inc. (PAS). PAS has provided SBIRT training and support since 2006. The SBIRT program promotes prevention and early intervention efforts through in-person, online and virtual training; technical assistance; and hands-on SBIRT implementation.

Visit the [PAS Training Calendar web page](#) to register for an upcoming training. The shared goal is to promote SBIRT as a standard of care throughout Colorado. Refer to the [SBIRT Program Billing Manual](#) to learn more about SBIRT in Colorado.

Contact Janelle Gonzalez at [Janelle.Gonzalez@state.co.us](mailto:Janelle.Gonzalez@state.co.us) with questions.

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## **Primary Care Physicians, Home and Community-Based Services (HCBS) Providers**

### **New Resource for Providers Managing Chronic Pain Treatment - Centers of Excellence Chronic Pain Project**

Many Home and Community-Based Services (HCBS) members deal with chronic pain, and they may be unsure how to access providers who are best equipped to help manage their pain. Outreach efforts including members and care coordination managers have shown that many Health First Colorado members have not been able to obtain adequate pain management services. There may be many reasons for this, including:

- Providers who are hesitant due to scrutiny around opioid prescribing
- Patients who face additional obstacles related to transportation and accessibility
- Presence of mental health and Substance Use Disorders (SUDs)



A program is being piloted that will offer expanded pain consultation services and training to any Primary Care Provider (PCP) who would like support in managing chronic pain treatment for HCBS members. The Pain Management Team includes a physician pain consultant and a pharmacist (PharmD) who utilizes best practices in pain management to support physical and behavioral health.

Care coordination support for these HCBS members is offered by the Department to help resolve recurring issues, such as problems with prior authorizations, delays in care, difficulty with expediting member referrals to pain specialists and other issues that might be experienced by care coordination teams.

Continuing Education (CE) and Continuing Medical Education (CME) accredited education sessions are being offered free of charge in partnership with the University of Colorado School of Pharmacy for healthcare providers who would like to learn more about chronic pain treatment.

Contact Judy Shepard, Chronic Pain Referral Coordinator, Pharmacy Office, at [Judy.Shepard@state.co.us](mailto:Judy.Shepard@state.co.us) for more information.

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## **Speech Therapy Providers**

### **Information Regarding 12 Sessions of Speech Therapy Before a Prior Authorization Request (PAR) is Required**

A Speech Therapy Stakeholder Engagement meeting was hosted on August 23, 2023, regarding the footnote in the 2023 Long Bill mandating 12 speech therapy sessions before a Prior Authorization Request (PAR) is required. This change will be implemented in December 2023 and is applicable to services for both children and adults. **Providers will be notified of the specific implementation date as soon as that information is available.**

Services are limited to five (5) units per day which equates to one (1) session on one (1) date of service. Separate limits of 12 sessions for habilitative and rehabilitative services are available for adult members enrolled in the Alternative Benefit Plan. Outpatient speech therapy services must have an order from any of the following even when a PAR is not required:

- Physicians (MD/DO)
- Physician Assistants
- Nurse Practitioners
- An Individualized Family Service Plan for Early Intervention Speech Therapy

Providers should [verify the remaining sessions](#) before seeing the member to determine whether the member has utilized any sessions within the rolling calendar year. The allowed number of sessions will decrement when a provider submits a claim for payment. The claims system is only capable of providing the units that have been reported, and the utilization count could change at any time when a new claim is reported.

There is no guarantee of payment based on the utilization information provided in the eligibility verification response. It is advised to request a PAR before the 12 sessions are exhausted if a provider believes that a member will need more sessions based on the course of treatment.

Providers must submit a retrospective PAR to the Utilization Management (UM) vendor for those units and any additional units, if applicable, when a claim is denied due to a claims processing issue.

Contact the [Provider Services Call Center](#) with any questions about claims and available sessions.

Contact Devinne Parsons at [Devinne.Parsons@state.co.us](mailto:Devinne.Parsons@state.co.us) with speech therapy policy-related questions. Contact the UM team at [HCPF\\_UM@state.co.us](mailto:HCPF_UM@state.co.us) with questions relating to PARs.

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## **Substance Use Disorder (SUD) Providers**

### **Third Annual Substance Use Disorder (SUD) Stakeholder Forum**

The third annual SUD Stakeholder Forum will be held virtually on October 10, 2023. The Annual Report for Demonstration Year 2 will be reviewed and the community updated about the 1115 Waiver “Expanding the Substance Use Disorder Continuum of Care” during the forum. Send any questions and feedback about gaps seen in the SUD services continuum to [HCPF\\_SUDBenefits@state.co.us](mailto:HCPF_SUDBenefits@state.co.us). This year’s forum will be a single event held virtually on Tuesday, October 10, 2023, from 5:00 p.m. to 6:30 p.m. MT. Participants can [register](#) to attend.

Participants will be able to ask questions about the benefit expansion and share ideas about community needs in the SUD space.

Visit the [Ensuring Full Continuum SUD Benefits web page](#) for more information on SUD.

Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Notify the SUD team at [HCPF\\_SUDBenefits@state.co.us](mailto:HCPF_SUDBenefits@state.co.us) or the Civil Rights Coordinator at [HCPF504ADA@state.co.us](mailto:HCPF504ADA@state.co.us) at least one (1) week prior to the meeting to make arrangements.

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## **Provider Billing Training Sessions**

### **October and November 2023 Provider Billing Training Sessions**

Providers are invited to sign up for an upcoming beginner billing training webinar. Two beginner billing trainings are offered each month:

1. Professional claims (CMS 1500)
2. Institutional claims (UB-04)

Click “[Which Training Do I Need?](#)” on the [Provider Training web page](#) to find trainings aligned to provider type. All sessions are held via webinar on Zoom, and registration links for the next two months are shown below.

Visit the [Provider Training web page](#) under the Billing Training - Resources drop-down section to preview training materials.

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

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### 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 provider training sessions.

These training sessions provide a high-level overview of member eligibility, claim submission, prior authorizations, [Department website](#) navigation, Provider Web Portal use and more.



### Live Webinar Registration

Click the title of the desired training session in the calendar to register for a webinar. An automated response will confirm the reservation.

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

October 2023				
Monday	Tuesday	Wednesday	Thursday	Friday
2	3	4	5	6
9	10	11	12 <a href="#">Beginner Billing Training: Professional Claims (CMS 1500) - Thursday, October 12, 2023, 9:00 a.m.-11:30 a.m. MT</a>	13
16	17	18	19	20
23	24	25	26 <a href="#">Beginner Billing Training: Institutional Claims (UB-04) - Thursday, October 26, 2023, 9:00 a.m.-11:30 a.m. MT</a>	27
30	31			

November 2023				
Monday	Tuesday	Wednesday	Thursday	Friday
		1	2 <a href="#">Beginner Billing Training: Professional Claims (CMS 1500) - Thursday, November 2, 2023, 9:00 a.m.-11:30 a.m. MT</a>	3
6	7	8	9 <a href="#">Beginner Billing Training: Institutional Claims (UB-04) - Thursday, November 9, 2023, 9:00 a.m.-11:30 a.m. MT</a>	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

## Upcoming Holidays

Holiday	Closures
<b>Frances Xavier Cabrine Day Monday, October 2</b>	State Offices 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, the ColoradoPAR Program and DentaQuest will be open.
<b>Veterans Day, Saturday, November 11 (Observed Friday, November 10)</b>	State Offices and the ColoradoPAR Program 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 and DentaQuest will be open.
<b>Thanksgiving Day, Thursday, November 23</b>	State Offices, Gainwell Technologies, DentaQuest and the ColoradoPAR Program 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 Contacts

### Provider Services Call Center

1-844-235-2387

### Gainwell Technologies Mailing Address

P.O. Box 30

Denver, CO 80201