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Did You Know?

Federal screening regulations found in [42 CFR § 455.412](#) require providers to maintain current licenses, without limitations, throughout the term of their agreement. A license update is required when the license on file will soon be expiring. Update the license information in the [Provider Web Portal](#) to remain actively enrolled by clicking Provider Maintenance and following the steps under Provider Identification Changes. A copy of the license showing the effective and end dates must be attached.

Refer to the [Provider Maintenance - Update License and Clinical Laboratory Improvement Amendments \(CLIA\) Quick Guide](#) located on the [Quick Guides web page](#) for more information.



Improve health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

All Providers

Reconsiderations and Appeals

Providers are reminded to correct and resubmit denied claims electronically as new claims. Denied claims do not need to be sent as a request for reconsideration. Reconsiderations are not all manually reviewed. Claims that do not meet the system criteria defined by the current policy may deny again even if a reconsideration is sent.

An appeal is a formal process involving attorneys, legal resources and the administrative courts. Providers that do not wish to file a formal appeal may contact the [Provider Services Call Center](#) to:

- Ask questions on how to correct denied claims.
- Discuss timely filing or other billing and policy concerns.
- Review denials regarding policy.

Health First Colorado July Fee Schedule

The [Health First Colorado \(Colorado's Medicaid program\) Fee Schedule](#) for July 2024 is posted to the Department's website. The new rates for dates of service beginning July 1, 2024, have been loaded into the Colorado interChange. New claims submitted will reflect the new rates. Reprocessing has been completed.

Providers must adjust to receive the correct reimbursement if claims for dates of services on or after July 1, 2024, were billed with a lesser submitted charge, as the lower of billed charges payment logic applies.

Billing Health First Colorado Members for Services

Colorado law ([C.R.S. § 25.5-4-301](#)) provides that no Health First Colorado member shall be liable for the cost of a covered service except for the Health First Colorado co-pay (if applicable). This requirement applies regardless of whether Health First Colorado has reimbursed the provider, claims are denied by Health First Colorado due to provider error, or the provider is enrolled with Health First Colorado. This requirement also applies even if a member agrees to pay for part or all of a covered service.

Providers may only collect payment from a Health First Colorado member if the service or medication is not covered by Health First Colorado. In this case, before charging a member for uncovered services, a provider must enter into a documented and written agreement with the member under which the member agrees to pay for non-covered services.

Members cannot lose Health First Colorado coverage if they choose to pay out of pocket for non-covered or covered services.

Visit the [Policy Statement: Billing Health First Colorado Members for Services web page](#) for more guidance on this topic. Contact Korri Conilogue at Korri.Conilogue@state.co.us with questions related to this policy.

Deficit Reduction Act of 2005 (DRA) Due November 1, 2024

Section 6032 of the [Deficit Reduction Act of 2005 \(DRA\)](#) requires providers that meet the definition of entity and that make or receive annual Medicaid payments of \$5 million or more to 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 Federal False Claims Act and other applicable federal and state false claims laws, the administrative remedies for false claims and statements and the whistleblower protections afforded under such laws.

Providers subject to Section 6032 are required each year by the Department of Health Care Policy & Financing (the Department) to supply certain documentation to show compliance with these requirements. Providers will receive an email from the Department requesting this documentation and should ensure the contact information listed with the Department's fiscal agent is current to receive this email.

Providers are required to submit for Federal Fiscal Year (FFY) 2023-2024 (October 1, 2023, through September 30, 2024) the DRA Declaration and a copy of the employee handbook or Code of Conduct containing the written policies, the rights of employees to be protected as whistleblowers and a copy of policies and procedures for detecting and preventing fraud, waste and abuse.

Entities subject to the DRA must complete and return the attached 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 (Health First Colorado Provider IDs) covered by the DRA Declaration.

The completed [DRA Declaration](#) and all required documents must be emailed to HCPF_DRAAct2005@state.co.us no later than November 1, 2024.

Contact Eileen Sandoval at HCPF_DRAAct2005@state.co.us with questions related to the DRA.

All Providers Who Utilize the ColoradoPAR Program

General Updates

What is the ColoradoPAR Program?

The ColoradoPAR Program is a third-party, fee-for-service Utilization Management (UM) program administered by Acentra Health, Inc. Visit the [Colorado Prior Authorization Request \(ColoradoPAR\) Program web page](#) for more information about the ColoradoPAR Program.

All Providers Who Submit Prior Authorization Requests (PARs)

All PARs are required to include the member's Health First Colorado ID number. The "create temporary consumer" option listed in Acentra's provider PAR portal Atrezzo® is for use with the Inpatient Hospital Transition (IHT) benefit for newborns who do not yet have a Health First Colorado ID or for other members awaiting a Health First Colorado ID but need a PAR.

Note: Any requests submitted using the "create temporary consumer" option will not generate an authorization number, and providers will not be able to bill on the request.

The request will be pended, notifying the provider that a new request needs to be submitted using the Health First Colorado ID number, until a member obtains active coverage after a request was submitted using the temporary consumer option.

Update Provider Contact Information via the Provider Web Portal



Ensure contact information is up to date with the Department's fiscal agent through the [Provider Web Portal](#). Acentra uses this information to contact providers for Prior Authorization Requests (PAR) processing follow-up, survey opportunities and other correspondence relating to the ColoradoPAR Program.

Refer to the [Provider Maintenance Quick Guide](#) for step-by-step instructions on updating contact information.

Durable Medical Equipment (DME) Survey Coming Soon

A survey for DME providers will be released in October 2024. Providers will receive a link to the survey when it opens via an email blast from Acentra.

Annual ColoradoPAR Provider Survey Results

The participation of all Health First Colorado providers that responded to Acentra's 2024 Provider Satisfaction Survey for the ColoradoPAR Program is appreciated. Results indicate a significant increase in satisfaction with Acentra across all benefits. Analysis also highlighted specific areas where Health First Colorado and Acentra will continue to collaborate to optimize the ColoradoPAR Program experience.

One of the identified opportunities for both providers and Acentra is to increase the participation rate in trainings offered for Prior Authorization Requests (PAR) submissions. Refer to the [ColoradoPAR Training web page](#) to view all upcoming training with registration links.

Nurse Advice Line Modernization

A significant step forward in modernizing the Health First Colorado Nurse Advice Line is being implemented, fulfilling the commitment to deliver exceptional healthcare services by enhancing the quality, accessibility and efficiency of healthcare for our members.

The Nurse Advice Line now includes second-level triage by emergency department physicians, availability of drug protocols and tele-triage. The modernization will also include nurse triage through email, improved data analytics and marketing and education

efforts for providers and other community organizations on the availability and use of the Nurse Advice Line.

The Nurse Advice Line at 1-800-283-3221 is available for Health First Colorado members.

Provider Training

Acentra Provider Training

Acentra will provide Prior Authorization Request (PAR) Submission trainings and benefit-specific trainings for Inpatient Hospital Transition (IHT) and Adult Long-Term Home Health (LTHH) providers in October 2024. Times shown are Mountain Time (MT).

PAR Submission trainings are appropriate for all new users and include information on how to submit a PAR using Acentra's provider PAR portal Atrezzo®.

- [PAR Submission Training: October 23, 2024, 8:30 a.m. - 9:00 a.m. MT](#)
- [PAR Submission Training: October 23, 2024, 12:00 p.m. - 12:30 p.m. MT](#)

Contact COProviderIssue@acentra.com with questions or for assistance when registering for Atrezzo®. Visit the [ColoradoPAR Training web page](#) for additional training information.

Adult Long-Term Home Health (LTHH) Enhancements

The Department's UM Vendor, Acentra Health, will begin processing PARs to simplify and streamline the administration of LTHH PARs for Health First Colorado adult members aged 21 years and older. Refer to the [Operational Memo 24-045 Adult Long-Term Home Health \(LTHH\) PAR Process](#) for more detailed information. This change is anticipated to go into effect mid-October 2024.

- [Adult LTHH Open Hours: October 9, 2024, 8:00 a.m. - 10:00 a.m. MT](#)
- [Adult LTHH Open Hours: October 16, 2024, 8:00 a.m. - 10:00 a.m. MT](#)

Required Actions For Home Health Agencies

Home Health Agencies (HHAs) must attend one of the training sessions hosted by Acentra to learn the updated process. **HHAs must register and obtain access to the Atrezzo® portal before October 7, 2024.** HHAs may also attend the benefit-specific trainings being offered to ensure compliance with program policies.

Visit the [Colorado Prior Authorization Request Program \(ColoradoPAR\) web page](#) to register for training sessions.

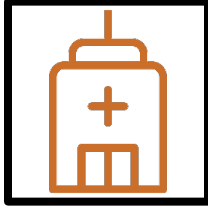


Department Contacts

- Contact HCPF_UM@state.co.us with questions about PARs.
 - Contact HomeHealth@state.co.us with questions on LTHH policy and benefits.
-

Inpatient Hospital Transitions (IHT) Enhancements

Inpatient Hospital Transition (IHT) (formerly Inpatient Hospital Review Program [IHRP 2.0]) went live on September 9, 2024.



Joint Operating Committee (JOC) meetings will be facilitated by the Department for the two (2) meetings scheduled on October 3, 2024, and November 7, 2024, at 1:00 p.m. MT. New information regarding IHT will be shared at the meetings. Hospitals providing IHT are encouraged to attend the JOC meetings, which will provide a continued opportunity for collaboration, troubleshooting and conversation for the IHT program.

Contact HCPF_UM@state.co.us to be included on the meeting invite if attending for the first time. Visit the [IHT web page](#) for more details.

Refer to the [IHT memo](#) sent to hospital providers from the Department, Acentra and the Colorado Hospital Association (CHA) in July 2024.

IHT Training and Open Hours remain available this month.

- [IHT Training: October 8, 2024, 12:00 p.m. - 1:00 p.m. MT](#)
- [IHT Open Hours: October 10, 2024, 12:00 p.m. - 2:00 p.m. MT](#)

Behavioral Health Providers

American Society for Addiction Medicine (ASAM) 4th Edition Workgroup

A Withdrawal Management (WM)-focused workgroup is being started by Behavioral Health Administration (BHA) in conjunction with the Department as the state begins to prepare for the transition into American Society for Addiction Medicine (ASAM) 4th Edition standards, which has a tentative implementation date of July 2026. The workgroup will begin in October 2024 and is open to all interested providers and stakeholders.

Contact CDHS_BHARuleFeedback@state.co.us if interested in participating.

Extension Request to Colorado's 1115 Substance Use Disorder (SUD) Waiver Demonstration

Colorado is requesting the Centers for Medicare & Medicaid Services (CMS) to extend the current 1115 “Expanding the Substance Use Disorder (SUD) Continuum of Care” Waiver. An extension to the current SUD demonstration, implementing all pending amendments and including presumptive eligibility for long-term services and supports, is being proposed by the Department. The Department will be moving to a comprehensive 1115 waiver that includes changing the name to “Comprehensive Care for Colorado.”

The renewal is posted on the [Expanding the SUD Continuum of Care Waiver web page](#) and open for public comment until October 10, 2024, at 5:00 p.m. MT.

Contact HCPF_1115Waiver@state.co.us with questions.

Fourth Annual Substance Use Disorder (SUD) Stakeholder Forum

The fourth annual Substance Use Disorder (SUD) stakeholder forum will be held virtually in October 2024. The Annual Report for Demonstration Year 3 will be reviewed by the Department, and the community will be updated about the 1115 Waiver “Expanding the Substance Use Disorder Continuum of Care” during the annual forum.

Contact the 1115 Inbox at HCPF_1115Waiver@state.co.us with questions and feedback about gaps in the SUD services continuum. This year’s forum will be held virtually on Wednesday, October 16, 2024, from 5:00 p.m. to 6:30 p.m. MT. [Register](#) to attend.

Participants will have questions answered about how the benefit expansion works and may share ideas about community needs in the SUD space.

Visit the [Ensuring Full Continuum SUD Benefits web page](#) for more information on SUD. Visit the [Expanding the SUD Continuum of Care Waiver web page](#) for more information on the 1115 SUD waiver.

Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English will be provided upon request. Notify the Department’s SUD team at HCPF_1115Waiver@state.co.us or the Civil Rights Coordinator at HCPF504ADA@state.co.us at least one (1) week prior to the meeting to make arrangements.

Behavioral Health Provider Training and Technical Assistance (TTA) Program

The participation of more than 280 individuals from across Colorado that attended live trainings or office hour sessions as part of the Department’s Training and Technical Assistance (TTA) program is appreciated. These individuals shared dedication to expanding benefits and services, improving access to care and elevating quality.

More than 30 pre-recorded trainings and 45 Frequently Asked Questions (FAQs) were shared during the program period, in addition to the 12 live trainings and seven (7) office hour sessions. Topics included behavioral health basics, Behavioral Health Administration (BHA) licensure and approval, payment, quality improvement and capacity building, serving specific populations and workforce.

Continued Support for Behavioral Health Providers

The TTA program concluded September 2024, but the Department is committed to continuing to provide support to behavioral health providers. Visit the [Safety Net Provider web page](#) for the latest information, resources and FAQs. Visit the [Training Library web page](#) for trainings, including foundational and introductory training materials.

Durable Medical Equipment (DME) Providers

General Updates

Providers are reminded to enter modifiers that determine rate (such as NU for new purchase or RR for rental) in the modifier 1 position on the claim. Informational modifiers that do not determine rate (such as RB for repair or TW for secondary/back up equipment) can be in any position after the rate-determining modifier. Providers with claims denied for this reason should resubmit with the modifiers entered in the correct position.

Complex Rehabilitation Technology (CRT) Providers

Providers are reminded that Complex Rehabilitation Technology (CRT) metrics were due to the Department by June 30, 2024, pursuant to [10 C.C.R. 2505-10 8.590.5.E](#). The next deadline for CRT Repair Metrics is December 31, 2024. Refer to the [Durable Medical Equipment, Prosthetics, Orthotics and Supplies \(DMEPOS\) Billing Manual](#) for more information.

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

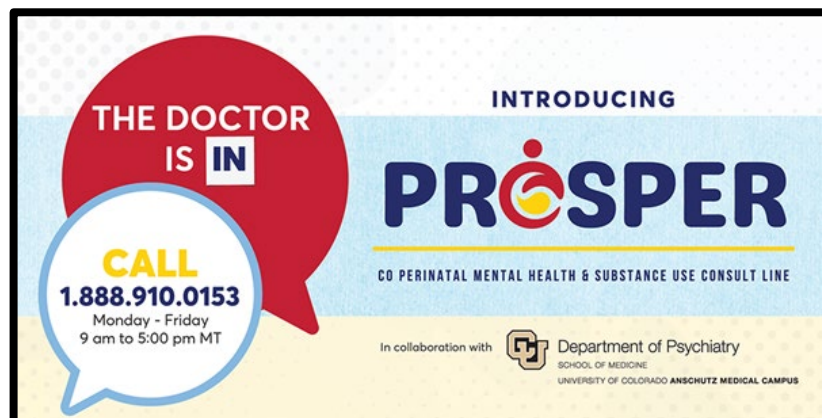
Family Planning, Physician Services, Women's Health Providers

New Provider Resource Available

A new health resource is available for providers seeing patients in the perinatal phase. The program is called Colorado Perinatal Resource Supporting Obstetric Screening, Psychiatric Education, Equity and Referral (PROSPER), and the consult phone line is now open. Visit the [Colorado PROSPER website](#) to learn more.

The goal of PROSPER is to ensure all new parents receive evidence-based mental health support during the perinatal period.

PROSPER is Colorado's new perinatal health and substance use consultation program. Colorado healthcare providers working with pregnant and postpartum individuals are supported with free statewide perinatal psychiatry consultation and referrals. The consultation line helps build capacity for universal screening, assessment and treatment within routine perinatal and primary care settings. This is achieved primarily through real-time phone access



to reproductive psychiatrists and one-time face-to-face patient consultations for diagnostic clarity and to guide treatment in the obstetric or medical home. Referral resources focused on equity, trauma-informed care and cultural considerations are provided for providers to share.

Join the upcoming Extension for Community Health Outcomes (ECHO) series, which is designed to offer providers training on perinatal mental health needs for their clients alongside health equity themes. Meetings are held virtually on Tuesdays from 12:00 p.m. to 1:00 p.m. MT, starting September 10, 2024, and running through October 29, 2024.

Visit the [Perinatal Mental Health: Bridging Gaps in Equity and Outcomes - ECHO Colorado web page](#) to register.

Contact Colorado PROSPER by calling 888-910-0153 and selecting option 3. A message may be left if a Resource and Referral Specialist does not answer, and the team will respond within the same business day. Consults are usually returned within 30 to 45 minutes or at a time specified by the provider.

Hospice Providers

Rate Update Effective October 1, 2024

The Hospice rate update effective October 1, 2024, through September 30, 2025, is waiting on guidance and approval from the Centers for Medicare & Medicaid Services (CMS). Hospice rates will be updated once a CMS communication is received. Reimbursement should reflect updated rates for all claims billed for dates of service on or after October 1, 2024.



The Hospice Fee Schedule effective October 1, 2024, through September 30, 2025, will be posted to the [Provider Rates and Fee Schedule web page](#) under the Hospice category upon implementation of the rates.

Hospital Providers

General Updates

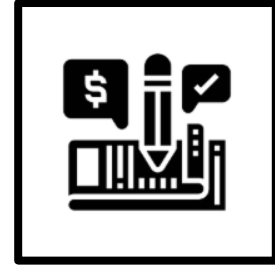
All Hospital Providers

Hospital Stakeholder Engagement Meetings

Bi-monthly Hospital Stakeholder Engagement Meetings will continue to discuss current topics regarding ongoing rate reform efforts and operational concerns. [Sign up](#) to receive the Hospital Stakeholder Engagement Meeting newsletters.

- The next Hospital Stakeholder Engagement Meeting is set for **Friday, October 11, 2024, from 1:00 p.m. to 3:00 p.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 2024 meeting dates have been posted.**



Contact Della Phan at Della.Phan@state.co.us with questions or topics to be discussed at future meetings. Advanced notice will provide the Rates Team enough time to bring additional Department personnel to the meetings to address different concerns.

All Patient Refined-Diagnosis Related Group (APR-DRG) Version 40 Update

The implementation of version 40 of the APR-DRG methodology and its associated weight table has been postponed until October 1, 2024. The Department is awaiting State Plan approval before paying claims using version 40 and will perform a retroactive claims adjustment upon approval.

The APR-DRG version 40 has been discussed throughout this past year during the Hospital Stakeholder Engagement Meetings. Visit the [Inpatient Hospital Payment web page](#) to locate the weight tables that will be implemented. Visit the [Hospital Stakeholder Engagement Meetings web page](#) to review webinar recordings of the meetings.

Email Diana Lambe at Diana.Lambe@state.co.us and Andrew Abalos at Andrew.Abalos@state.co.us with questions or concerns.

Rebasing of Inpatient Hospital Base Rates Effective July 1, 2025



All data input will be updated into the Inpatient Hospital Base Rate Methodology from Fiscal Year (FY) 2024-2025. It is being considered to modify two (2) add-ons in its base rate calculations. The calculation of Total Graduate Medical Education (GME) Ancillary Costs has historically included Outpatient Cost Centers for Clinic and Emergency from the CMS Form 2552-10 Cost Report Worksheet (WS) B, Column 21-22, lines 90 and 91. It will be determined whether these costs should be included in this inpatient base rate add-on calculation.

The second add-on for proposed modification, requested by a hospital for review, is Payer Mix. The modification would entail the inclusion of Health Maintenance Organization (HMO) Inpatient Psychiatric Facility and Inpatient Rehabilitation Facility days for consistent treatment of both acute care and subunits in the Payer Mix calculation.

Hospitals are requested to contact Diana Lambe at Diana.Lambe@state.co.us and Andrew Abalos at Andrew.Abalos@state.co.us with comments. If disagreeing with either change, include the reasons for the disagreement.

An extra Hospital Stakeholder Engagement Meeting has been set for October 11, 2024, from 1:00 p.m. to 3:00 p.m. MT to discuss this feedback. Final decisions on the changes will be presented during the November 4, 2024, Hospital Stakeholder Engagement Meeting.

Non-Emergent Medical Transportation (NEMT) Providers

Revalidation Date Extension

The revalidation deadline for Non-Emergent Medical Transportation (NEMT) providers has been extended from September 30, 2024, to **November 30, 2024**.

This process can take several weeks to complete. Providers must plan accordingly to be ahead of the deadline. The Department is urging providers to begin this process *immediately*.

Important Notes

1. Some providers may be required to revalidate earlier based on their original enrollment date with Health First Colorado. Providers should refer to the Provider Revalidation Dates Spreadsheet located under [Revalidation Resources](#) on the [Revalidation web page](#) to obtain their revalidation date.
2. Claims submitted after November 30, 2024, will not be reimbursed until the provider completes the revalidation process.



Ensure timely completion of revalidation to avoid any disruption in reimbursements.

A link for revalidation will appear on the [Provider Web Portal](#) prior to the revalidation due date. Refer to the instructions below for credentialing if a revalidation application is currently in process. All revalidation applications will be held until credentialing is approved through Transdev Health Solutions (formerly Intelliride).

The credentialing certificate from Transdev Health Solutions must be submitted with the revalidation application. Do not try to upload the certificate before receiving notification to revalidate.

Visit the [Revalidation web page](#) for additional information regarding the revalidation process.

Credentialing and Revalidation Process

Health First Colorado has updated the NEMT provider credentialing process. This consists of two (2) steps:

1. Credentialing with Transdev Health Solutions
2. Revalidating enrollment with Health First Colorado

Follow the instructions below to maintain enrollment as an NEMT provider.

Credentialing with Transdev Health Solutions (Formerly IntelliRide)

All NEMT providers must be credentialed to provide Health First Colorado services, which now includes all drivers and vehicles. Transdev Health Solutions manages driver and vehicle credentialing for all NEMT providers statewide.

Failure to complete this process will result in further action being taken in accordance with [Section 25.5-4-301, C.R.S. and 10 C.C.R. 2505-10, Section 8.076](#).

1. Visit the [Transdev Health Solutions website](#) to complete the Credentialing Request Form and License Agreement.
 - Providers will receive an email that includes a username, password and link to sign up for a software training.
2. Participate in ProCredEx credentialing software training session to learn how to use the software.
3. Visit the [Platform ProCredEx website](#) to upload the required driver and vehicle credentials.
 - Log in using the username and password received after the initial application for credentialing with TransDev Health Solutions.
4. Sign up for an in-person vehicle inspection. Vehicle inspections are required. Visit the [Transdev Health Solutions website](#) for a list of contacts, dates and times for inspections.

Transdev Health Solutions will review and provide a credential certificate once these steps are completed. This certificate must be submitted with the provider's Health First Colorado revalidation application.

Contact ProCredEx Provider Support at Support@procredex.com for help with the credentialing process.

Important: Any new drivers and vehicles added to the business at any time must be approved before they can be used to transport Health First Colorado members. Credentials for new drivers and vehicles must be submitted through the ProCredEx credentialing software. Any driver or vehicle which fails credentialing is prohibited from providing NEMT services to Health First Colorado members.

Vehicle Inspections

All vehicles must be inspected regardless of the age of the current inspection. Providers must contact Transdev Health Solutions to schedule an inspection date and time.

Contact Transdev Health Solutions Provider Support at 833-643-3010 or US.THSProviders@transdev.com with questions.

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

General Updates

Trips to Pharmacies

Non-Emergent Medical Transportation (NEMT) providers are reminded that rides to enrolled pharmacies are a covered benefit for medically necessary covered services. This includes but is not limited to vaccines, immunizations, preventive services, prescription pickups (if mail order is not available) and Durable Medical Equipment (DME).

Standard Forms Required

All NEMT providers must begin using the Department-provided Standard Trip Log effective October 1, 2024, for all rides provided. Forms must be submitted along with claims. NEMT

providers must keep completed trip reports on file since the Department may request copies of any and all trip reports for the provider's claims at any time. Visit the [NEMT web page](#) to locate the Standard Trip Log and the Trip Report Addendum forms and instructions for their use. These forms may be completed online. No other trip logs will be accepted after October 1, 2024.

Changes to Specialty Care Transport code A0434

Billing Healthcare Common Procedure Coding System (HCPCS) procedure code A0434 (Specialty Care Transport Base Rate) will be set effective October 1, 2024, to a limit of four (4) units per day per member, which equates to a maximum of two (2) roundtrips.

Updates to NEMT Taxi Services Reimbursement Method

The payment method for taxi services using HCPCS procedure code A0100 has changed. Taxi services are now reimbursed based on the Health First Colorado Fee Schedule and should be billed by reporting the base code (A0100) and the mileage code (A0425). Providers should report the base code for each leg of the trip (one unit of service) and the mileage code (one unit of service per mile) for each mile traveled while transporting a member. NEMT providers may resubmit claims back to July 1, 2024, with this new payment method.

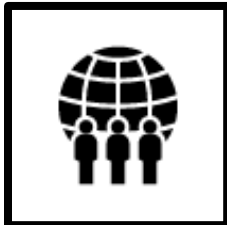
Contact Courtney Sedon at Courtney.Sedon@state.co.us with concerns or questions.

Pharmacy Providers

Total Annual Prescription Volume (TAPV) Survey

The Total Annual Prescription Volume (TAPV) survey of pharmacy providers is being conducted by the Department and Myers and Stauffer. The prescription volume information submitted by most pharmacy types will be used to determine the dispensing fee for the 2025 calendar year.

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



Myers and Stauffer will distribute the surveys to pharmacy providers starting October 1, 2024, and completed surveys must be returned to Myers and Stauffer by October 31, 2024. Pharmacy providers (other than Government or Rural Pharmacies) that do not participate in the prescription volume survey will be placed in the lowest dispensing fee tier (\$9.31).

Providers may submit the survey beginning October 1, 2024, via the following:

- Online submission: Under the Total Annual Prescription Volume Survey section of the [Myers and Stauffer home web page](#)
- Email: Pharmacy@mslc.com

- Postal mail: 800 E. 96th Street, Suite 200, Indianapolis, IN 46240
- Fax: 317-566-3203

Contact the Myers and Stauffer Pharmacy Help Desk at 800-591-1183 or email Pharmacy@mslc.com to request a survey form if the provider is not a Government or Rural pharmacy and a survey request was not received.

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

Contact Korri Conilogue at Korri.Conilogue@state.co.us with questions regarding the survey.

Prescription Drug Average Acquisition Cost (AAC) Survey



Ongoing Average Acquisition Cost (AAC) surveys for prescription drugs are being conducted by the Department and Myers and Stauffer. The participation of all selected pharmacy providers is strongly encouraged to ensure that AAC reimbursement rates adequately reflect the purchase conditions faced in the market today by Colorado providers. Initial surveys will be sent via postal mail on October 1, 2024, to a randomly selected group of pharmacy providers.

Purchase invoices may be submitted to Myers and Stauffer via the following:

- Email: Pharmacy@mslc.com
- Postal mail: 800 E. 96th Street, Suite 200, Indianapolis, IN 46240
- Fax: 317-566-3203

Contact the Myers and Stauffer Pharmacy Help Desk at 800-591-1183 or email Pharmacy@mslc.com for general inquiries.

All submitted invoice data will remain strictly confidential.

Contact Korri Conilogue at Korri.Conilogue@state.co.us with questions regarding this guidance.

Pharmacy and All Medication Prescribing Providers

Over-the-Counter (OTC) Choline Coverage

Over-the-Counter (OTC) oral choline may be covered for members with an approved prior authorization, effective October 1, 2024, and pursuant to [Senate Bill \(SB\) 24-175](#).

OTC oral choline may be approved for members meeting the following criteria:

1. Choline supplementation is directly related to **one** of the following conditions:
 - a. The member is pregnant or planning to become pregnant
 - b. The member is currently breastfeeding

and

2. Quantity limitation is not exceeded. Quantity is limited to quantity sufficient to achieve 550 milligram (mg) daily.

Approvals are limited to the following formulations.

Note: This product list may be subject to change.

Formulation	Manufacturer	National Drug Code (NDC)	Quantity Limit
Choline Citrate 650 mg tablet	Freeda® Health	58487-0021-81	1 tablet per day
Choline Sustained Release (SR) 300 mg tablet	Endurance	29135-0187-20	2 tablets per day

Refer to [Appendix P - Pharmacy Benefit Prior Authorization Procedures and Criteria](#) for coverage criteria.

Contact Korri Conilogue at Korri.Conilogue@state.co.us with questions related to this policy.

Prescriber Tool Alternative Payment Model (APM) Stakeholder Meetings

Health First Colorado providers receiving fee-for-service payments for their outpatient pharmaceutical claims are invited to one (1) of two (2) virtual stakeholder meetings to present information about the updates being made to Year 2 of the Prescriber Tool Alternative Payment Model (APM).

Staff from the Department will present an overview of the feedback received from Year 1 of the Prescriber Tool APM and will provide updates being made to Year 2 at these meetings. Attendees are invited to learn, ask questions and provide feedback about the proposed



changes. These meetings are identical, and attendees need to choose only the meeting date and time that best fits their schedule.

Registration and Location

These meetings will be held virtually via Zoom. Register in advance for the meetings.

- [Register for October 28, 2024, 2:00 p.m. to 3:00 p.m. MT](#)
- [Register for October 29, 2024, 7:30 a.m. to 8:30 a.m. MT](#)

Attendees will receive a confirmation email after registering that contains information about joining the webinar.

Feedback will be gathered at the meetings and via a feedback form that will be shared with attendees. Contact Kyra Acuna at HCPF_Stakeholders@state.co.us to request a link to the feedback form or a recording of the meeting.

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

Meeting Accommodation and Language Access Notice

Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English will be provided upon request. Contact Kyra Acuna at HCPF_Stakeholders@state.co.us at least one (1) week before the meeting to make arrangements.

Las ayudas y servicios auxiliares para individuos con discapacidades y servicios de idiomas para individuos cuyo idioma materno no sea inglés pueden estar disponibles por solicitud. Comuníquese con Kyra Acuna a HCPF_Stakeholders@state.co.us al menos una semana antes de la reunión para hacer los arreglos necesarios.

Contact Kyra Acuna at HCPF_Stakeholders@state.co.us with questions or for more information.

Physician Services Providers

Prenatal Plus Application Process

The Prenatal Plus application process will be updated effective October 1, 2024.

The Prenatal Plus application should now be submitted on the [Prenatal Plus New Site Application Form](#). Visit the [Prenatal Plus Program web page](#) to locate the application form and submission link and for more information about the program.

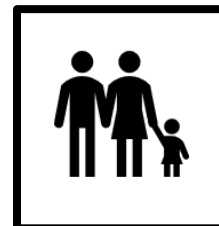
Contact HCPF_MaternalChildHealth@state.co.us if an application was submitted and no response has been received or with questions or concerns about the program.

Prenatal Plus and Special Connections Providers Rate Update Effective July 1, 2024

The Prenatal Plus and Special Connections Fiscal Year (FY) 2024-2025 fee schedule is now posted on the [Provider Rates and Fee Schedule web page](#) under the [Prenatal Plus and Special Connections section](#). The rates accurately reflect the legislatively approved 2.0% Across-The-Board (ATB) rate increase.

Claims have been reprocessed.

Providers must adjust claims to receive the correct reimbursement if claims for dates of service on or after July 1, 2024, were billed with a lesser submitted charge, as the lower of billed charges payment logic applies.



Physicians, Clinic 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.

Providers are required to participate in training about the implementation of evidence-based protocols for SBIRT to directly deliver screening and intervention services. Face-to-face trainings and consultations are available through various entities such as [SBIRT in Colorado](#), [Colorado Community Managed Care Network \(CCMCN\)](#) and the [Emergency Nurses Association \(ENA\)](#).

Visit the [SBIRT 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 best billing practices.

Contact Janelle Gonzalez at Janelle.Gonzalez@state.co.us with questions.

Physician-Administered Drug (PAD) Providers

Quarter 4 Rate Update 2024

The Physician Administered Drug (PAD) rates for the fourth quarter of 2024 have been updated. The new rates are effective October 1, 2024, and are posted on the [Provider Rates and Fee Schedule web page](#) under the [PAD Fee Schedule section](#).

Primary Care Physician (PCP), Physician Assistant (PA), Nurse Practitioner (NP), Registered Nurse (RN), Pharmacy

Centers of Excellence Chronic Pain Educational Series On-Demand Webinar

The Centers of Excellence Chronic Pain Educational Series On-Demand Webinar is now live. [Register now](#) and access course material at no charge. This course is approved for two (2) hours of Continuing Medical Education/Continuing Education (CME/CE) for physicians, Physician Assistants (PAs), Nurse Practitioners (NPs), nurses and pharmacists. The course counts toward the Colorado Department of Regulatory Agency's (DORA's) requirement for two (2) hours of CME to demonstrate competency in preventing substance abuse or treating patients with substance use disorders.

Contact Judy Mooney, Chronic Pain Referral Coordinator, at Judy.Mooney@state.co.us for additional information related to the Centers of Excellence Chronic Pain Educational Series Program.

Substance Use Disorder (SUD) - Clinic Providers

New Substance Use Disorder (SUD) Features in the Provider Web Portal

The [Provider Web Portal](#) has two (2) new features effective September 18, 2024, for Substance Use Disorder (SUD) providers which display for enrollment applications, maintenance requests and revalidation applications.

New Bed Type Field

Previously, when a Provider Type 64 - SUD provider with a specialty of 871-876 enrolled in the Provider Web Portal, only one facility bed count for both residential beds and withdrawal management beds was required.

A new Bed Type drop-down field displays options based on the provider's **active** specialties. These options separate the number of residential beds from the number of withdrawal management beds. Valid options in this drop-down field are Facility Residential and Facility Residential Withdrawal.

Specialty	Bed Count Requirement
875, 876	Must enter a Facility Residential Withdrawal bed count. The Facility Residential option will not be available.
871, 872, 873, 874	Must enter a Facility Residential bed count.

Specialty	Bed Count Requirement
	The Facility Residential Withdrawal option will not be available.
870*	No bed requirements. Providers with this specialty may use the other connecting specialties to determine the bed requirements used.
212, 213, 213, 371, 372, 373, 374 and 477 <i>only</i>	Facility Residential and Facility Residential Withdrawal bed counts default to zero (0).

*Providers with specialty type 870 **must** have an additional specialty and follow the requirements for that specialty.

Providers with multiple specialties may select both options from the Bed Type drop-down field, and a number of beds is required for each option. Outpatient programs should enter zero (0) in the Number of SUD Beds field.

New Total Number of Active SUD Beds Header

A new header on the Substance Use Disorder Bed Information section of the Other Information panel now displays the total number of active SUD beds.

Substance Use Disorder Bed Information

Click "+" to view or update the details in a row. Click "-" to collapse the row. To add a new row, enter all the required fields and click the "Add" button. Click "Remove" to remove the entire row.

Total Number of Active SUD Beds: 0

Substance Use Disorder applicants must complete. The Bed Type, Number of SUD allocated beds in the facility, Effective Date, and End Date are all required.

Note: The number of beds must be counted by the number of beds - based on staffing and facility design intended to serve withdrawal management (WM) level of care and the number of beds intended to serve non-WM SUD treatment level of care. The total number of beds allocated for SUD services in the facility should be the sum of these two counts. Do not count the same bed in both categories.

Outpatient programs should enter zero "0" in the "Number of SUD Beds" field.

When entering the Effective Date:

- enter today's date or;
- if submitting a change in the number of beds, enter the date when the change in bed count was effective.

When entering the End Date, a future date may be entered (e.g. 12/31/2299) to avoid the need to update the system if no changes to bed counts occur.

Bed Type	Number of SUD Beds	Effective Date	End Date	Action
<input type="checkbox"/> Click to collapse.				
*Bed Type <input type="text"/>	*Number of SUD Beds <input type="text"/>	*Effective Date <input type="text"/>	*End Date <input type="text" value="12/31/2299"/>	
<input type="button" value="Add"/> <input type="button" value="Reset"/>				

Refer to the Provider Enrollment Manual located on the [Provider Enrollment web page](#) and the Revalidation Manual located on the [Revalidation web page](#) for more information.

Refer to the [Provider Maintenance Quick Guide](#) for more information on updating bed counts for SUD facilities.

Provider Training Sessions

October 2024 Schedule

Providers are invited to sign up for a provider training session. Trainings focused on Health First Colorado include:

- Provider Enrollment
- Beginner Billing: Professional Claims (CMS 1500)
- Beginner Billing: Institutional Claims (UB-04)
- Intermediate Billing: All Claim Types
- Provider-Specific Billing Trainings

All sessions are held via webinar on Zoom, and registration links are shown in the calendar below. Availability of trainings vary monthly.

Provider Enrollment

Provider enrollment training is designed for providers at various stages of the initial enrollment process with Health First Colorado. It provides an overview of the program and guidance on the provider application process, including enrollment types, common errors and enrollment with other entities (e.g., DentaQuest, Regional Accountable Entities [RAEs], Health First Colorado vendors). It also provides information on next steps after enrollment.

Note: The training does not provide guidance on revalidation for providers already enrolled.

Beginner Billing Training



There are two (2) beginner billing trainings offered. One (1) is for providers that submit professional claims (CMS 1500), and the other is for providers that submit institutional claims (UB-04). These trainings are identical except for claim submission specifics.

Click "[Which Beginner Billing Training Do I Need?](#)" on the [Provider Training web page](#) to find training aligned to provider type.

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

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

Intermediate Billing Training

Intermediate billing training covers claims processing and Remittance Advice (RA) via the Provider Web Portal and batch, secondary billing with commercial insurance and Medicare, attachment requirements, timely filing, suspended claims, adjustments and voids, reconsiderations, resubmissions and more.

Provider-Specific Training

Provider-specific trainings cover topics unique to providers. Visit the [Provider Training web page](#) for information on upcoming provider-specific training.

Note: These sessions offer guidance for Health First Colorado only. Providers are encouraged to contact the Regional Accountable Entities (RAEs), Child Health Plan *Plus* (CHP+) and Medicare for enrollment and billing training specific to those organizations. Training for the Care and Case Management (CCM) system will not be covered in these training sessions. Visit the [CCM System web page](#) for CCM-specific training and resources.

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.

Live Webinar Registration

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

Note: Webinars may end early. Time has been allotted for questions at the end of each session.

October 2024				
Monday	Tuesday	Wednesday	Thursday	Friday
	1	2	3 Intermediate Billing Training 9:00 a.m. - 10:30 a.m. MT	4
7	8	9	10 Beginner Billing Training: Professional Claims (CMS 1500) 9:00 a.m. - 11:30 a.m. MT	11
14	15	16	17	18
21	22	23	24	25
28	29 Beginner Billing Training: Institutional Claims (UB-04) 1:00 p.m. - 3:00 p.m. MT	30	31	

Upcoming Holidays

Holiday	Closures
Frances Xavier Cabrini Day Monday, October 7	State Offices and AssureCare 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, DentaQuest and the ColoradoPAR Program will be open.
Veteran's Day Monday, November 11	State Offices, AssureCare 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.

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