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## Did You Know?

### Claim Submissions, Adjustments and Voids Limited to 50 or Less Detail Lines in the Provider Web Portal

The [Provider Web Portal](#) does not allow for claim submissions, adjustment or voids with over 50 detail lines. Claims with over 50 detail lines must be submitted, adjusted or voided via the Electronic Data Interchange (EDI) batch process, which allows for up to 999 detail lines per claim.

The Copy, Void, Adjust and Reconsideration buttons may be disabled when a user is viewing a claim with more than 50 detail lines in the Provider Web Portal, and the user will receive the following error message:

Not all service lines can be displayed due to the size of the claim. If these buttons are available, and the portal user attempts to copy or adjust a claim with more than 50 detail lines, the claim will be denied for EOB 1330 - "The total claim charge is invalid. Re-calculate and correct the total claim charge."



## All Providers

### Billing Health First Colorado Members for Services

Colorado law ([C.R.S. § 25.5-4-301](#)) provides that no Health First Colorado (Colorado's Medicaid program) 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](mailto:Korri.Conilogue@state.co.us) with additional questions related to this policy.

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### 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](mailto:HCPF_DRAAct2005@state.co.us) no later than November 1, 2024.

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

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## **Health First Colorado and Child Health Plan *Plus* (CHP+) Expanding to Cover Children and Pregnant People Regardless of Immigration Status**

Colorado children ages 18 and younger and pregnant individuals living in Colorado, no matter their immigration status, can apply to get health coverage through Health First Colorado and CHP+ effective January 1, 2025. [House Bill \(HB\) 22-1289](#), known as the Cover All Coloradans bill, will improve health equity in Colorado by making coverage more affordable and broadly available.

These members will have access to **full Health First Colorado and CHP+ benefits and may seek services from providers** without additional action needed by those providers.

Visit the [Cover All Coloradans: Health Benefits for Children and Pregnant Persons web page](#) for more information. Contact [HCPF\\_CoverAllCO@state.co.us](mailto:HCPF_CoverAllCO@state.co.us) with questions.



### **Frequently Asked Questions**

#### ***Who is eligible under this expansion?***

Colorado children ages 18 and younger and pregnant individuals living in Colorado, regardless of immigration status, can apply to get health coverage through Health First Colorado and CHP+ starting January 1, 2025.

#### ***What services are available to members of the eligibility expansion?***

This newly eligible population will receive full Health First Colorado or CHP+ benefits on January 1, 2025.

#### ***Is billing for members with Cover All Coloradans eligibility different than billing for other members?***

No. Providers do not have to do anything different when seeing these members.

#### ***Do providers have to see members eligible under Cover All Coloradans?***

Yes. The [Provider Participation Agreement](#) Nondiscrimination section (3.4) represents this newly eligible population.

#### ***How will this expansion of eligibility affect providers?***

Providers may see an increase in members seeking services and an increase in members who speak English as a second language or do not speak English at all.

## All Providers Who Utilize the ColoradoPAR Program

### 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 Program \(ColoradoPAR\) web page](#) for more information about the ColoradoPAR Program.

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### Acentra Provider Training

#### All Providers Who Submit Prior Authorization Requests (PARs)

Acentra will provide benefit-specific PAR submission trainings and Diagnostic Imaging provider trainings in November.

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®.

#### Diagnostic Imaging Benefit-Specific Training

- [November 13, 2024, 8:30 a.m. - 9:15 a.m. MT](#)
- [November 13, 2024, 12:00 p.m. - 12:45 p.m. MT](#)

#### PAR Submission Training

- [November 20, 2024, 9:00 a.m. - 9:30 a.m. MT](#)
- [November 20, 2024, 12:00 p.m. - 12:30 p.m. MT](#)

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

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### Adult Long-Term Home Health (LTHH)

Effective October 2024, the Department's Utilization Management (UM) vendor, Acentra Health, started processing Long-Term Home Health (LTHH) Prior Authorization Requests (PARs) for Health First Colorado adult members aged 21 years and older. Refer to the updated [Operational Memo \(OM\) 24-049](#) released October 3, 2024, for more detailed information.

Contact [HCPF\\_UM@state.co.us](mailto:HCPF_UM@state.co.us) with prior authorization questions.

Contact [HomeHealth@state.co.us](mailto:HomeHealth@state.co.us) with LTHH policy and benefit questions.



## Inpatient Hospital Transitions (IHT) Enhancements

Inpatient Hospital Transitions (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. The next two (2) meetings are scheduled for November 14, 2024, and December 5, 2024, at 1:00 p.m. MT. 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](mailto:HCPF_UM@state.co.us) to be included on the regular meeting invite. Visit the [Inpatient Hospital Transitions \(IHT\) web page](#) for more details.

**New IHT Information:** IHT is associated with provider reimbursement through the IHT and Hospital Transformation Program (HTP) alignment, effective October 1, 2024.

- The HTP-Severity Adjusted Length of Stay (SLOS) measure (SW-PH1) will be retired from HTP and will be replaced with requirements of participation in the IHT program.
- IHT will be implemented as a replacement complementary effort for measuring hospitals' existing interventions around care coordination and transitions of care.

Contact [HCPF\\_UM@state.co.us](mailto:HCPF_UM@state.co.us) with questions regarding IHT.

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## Update Provider Contact Information via the Provider Web Portal



Ensure that 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 Request (PAR) processing follow-up, survey opportunities and other correspondence related to the ColoradoPAR Program.

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

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## Durable Medical Equipment (DME) Survey is Open

Health First Colorado and Acentra Health are announcing the opening of the benefit-specific survey for Durable Medical Equipment (DME) providers. This survey is open and will remain open until November 12, 2024.

- Link to the survey: [2024 DME Provider Survey](#)
- Or scan the Quick Response (QR) code:



## DME Providers of Ambulation Devices

The base may be coded separately from other components (e.g., seat or brake attachment) for walkers with various accessories. Healthcare Common Procedure Coding System (HCPCS) code E1399 should not be utilized for walkers if there is a more appropriate code for the requested item. Refer to the [Durable Medical Equipment, Prosthetics, Orthotics and Supplies \(DMEPOS\) Billing Manual](#) for codes and Prior Authorization Request (PAR) requirements for walkers.

Contact Acentra Provider Relations at [COProviderIssue@acentra.com](mailto:COProviderIssue@acentra.com) or Acentra Customer Service at 720-689-6340 with any questions.

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## All Providers Required to Use Electronic Visit Verification

### Proper Use of Place of Service 99 for Live-In Caregiver Electronic Visit Verification (EVV) Exemption for Eligible Services

Potential improper billing has been identified for Electronic Visit Verification (EVV)-required services with Place of Service (POS) 99, indicating an EVV Live-In Caregiver (LIC) exemption when an LIC does not exist. Refer to the following resources to address these concerns:

- [Operational Memo \(OM\) 20-051 - EVV Live-In Caregiver Exemption](#)
- [Billing Manuals](#)

These resources identify services eligible for the EVV LIC exemption and outline the applicable billing methods and procedures for EVV LIC exemptions and may help avoid billing errors, claim denials and risk for recoupment.

All providers are strongly encouraged to review the applicable billing manual to confirm the correct POS code is being billed.

Some service types are ineligible to use the EVV LIC exemption but are allowed to use POS 99 for “Other - community location.” These services are Pediatric Behavioral Therapy (PBT), Occupational Therapy (OT), Physical Therapy (PT) and Speech Therapy (ST). The services must have EVV for claims payment in these cases.

All other services that require EVV are eligible for the EVV LIC exemption. Providers that previously used POS 99 to indicate information other than the LIC designation are advised that this POS was repurposed in May 2020 to identify services provided by LICs.

**Reminder:** Utilizing POS 99 for LIC-exempted services requires completed LIC documentation on file.

Prompt attention to this matter is appreciated. Contact the EVV Team at [EVV@state.co.us](mailto:EVV@state.co.us) or use the [EVV Inbox Submission Form](#) with any questions.



# Hospital Providers

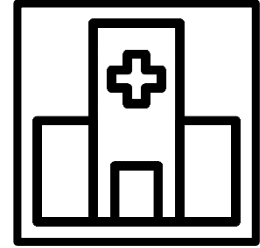
## General Updates

### Hospital Stakeholder Engagement Meetings

Bi-monthly Hospital Stakeholder Engagement Meetings will be hosted by the Department 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, November 1, 2024, from 9:00 a.m. to 11:00 a.m. MT** and will be hosted virtually.

Visit the [Hospital Stakeholder Engagement Meeting 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](mailto:Della.Phan@state.co.us) with any questions or topics to be discussed at future meetings. Advanced notice will provide the Facility Rates Section time to bring additional Department personnel to the meetings to address different concerns.

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

Approval was received on October 9, 2024, from the Centers for Medicare & Medicaid Services (CMS) on [State Plan Amendment 24-0011](#). This amendment allows for the implementation of Version 40 of the APR-DRG methodology effective October 1, 2024. The Department is collaborating with its fiscal agent to incorporate the APR-DRG version 40 DRG weight table and its associated statistics into the Colorado interChange. All inpatient hospital claims with the last date of service on or after October 1, 2024, using APR-DRG version 40 will be reprocessed. Visit the [Inpatient Hospital Payment web page](#) to review the APR-DRG Weight Table Version 40.

Contact Diana Lambe at [Diana.Lambe@state.co.us](mailto:Diana.Lambe@state.co.us) and Andrew Abalos at [Andrew.Abalos@state.co.us](mailto:Andrew.Abalos@state.co.us) with any questions or concerns.

### Inpatient Hospital Base Rates Rebasing Effective July 1, 2025

A meeting was held in October 2024 to discuss hospital feedback regarding requested changes to the Inpatient Hospital Base Rate Methodology for rates effective July 1, 2025. The meeting included discussion on the modification of the Graduate Medical Education add-on and Payer Mix calculations. Refer to the October Hospital Stakeholder Engagement Meeting materials (PowerPoint presentation and webinar recording) on the [Hospital Stakeholder Engagement Meetings web page](#) to review this discussion.

The regularly scheduled November Hospital Stakeholder Engagement Meeting will include the results of the review of the proposed changes and a decision on how the Department will move forward with these add-on calculations for inpatient base rates effective July 1, 2025.

Contact Diana Lambe at [Diana.Lambe@state.co.us](mailto:Diana.Lambe@state.co.us) and Andrew Abalos at [Andrew.Abalos@state.co.us](mailto:Andrew.Abalos@state.co.us) with any questions or concerns.

## Immunization Providers

### Updates and Reminders

Immunizations for all Health First Colorado members are a benefit when recommended by the Advisory Committee on Immunization Practices (ACIP). This includes vaccines approved through an Emergency Use Authorization (EUA).

Health First Colorado members under 19 years of age are eligible to receive all immunizations available from the federal Vaccines for Children (VFC) Program at VFC-enrolled provider offices. All vaccines that are part of the VFC Program are reimbursable only when administered to members under 19 years of age and when administered by a VFC-enrolled provider using VFC vaccine products.



Health First Colorado will not reimburse providers for the cost of vaccines that are available through the VFC Program or for the cost of vaccines that the provider receives at no cost from the federal government. A product code and an administration code must always be included on any claims for vaccination. Providers must be enrolled with Health First Colorado, be enrolled with VFC and use VFC vaccines to receive reimbursement for administering vaccines to members under 19 years of age.

Members enrolled in a Health First Colorado Managed Care Organization (MCO) must receive immunization services through a provider in the MCO's network, and providers may not bill Health First Colorado directly for vaccines provided to these members.

All ACIP-recommended vaccines are a covered benefit and may be administered to members 19 years of age and older. Adult members, 19 years of age and older, may receive vaccines from any enrolled provider acting within the scope of their licensure. This includes all enrolled pharmacies.

Health First Colorado covers vaccine counseling visits in which healthcare providers talk to families about the importance of vaccination. Health First Colorado also covers and will reimburse for stand-alone vaccine counseling visits. Providers should not bill for the vaccine counseling code and the vaccine administration code on the same date of service when vaccine administration codes are inclusive of counseling.

The seasonal influenza vaccine is a benefit for children and adults and is recommended for individuals who are six (6) months of age or older. The influenza vaccine is available through the VFC Program for providers enrolled in the program to administer to Health First Colorado-enrolled children and adolescents under 19 years of age.

Current Procedural Terminology (CPT) product codes for seasonal influenza vaccines are in the process of being updated for the 2024-2025 season. Previously submitted claims will be reprocessed without further action from the provider once the code update is complete.



Visit the [Provider Rates & Fee Schedule web page](#) under the [Immunization Rate Schedule section](#) to view the rates. Refer to the [Immunizations Billing Manual](#) for additional vaccine billing guidance.

Contact Christina Winship at [Christina.Winship@state.co.us](mailto:Christina.Winship@state.co.us) with any vaccine policy questions.

Contact the [Provider Services Call Center](#) for assistance with claims and billing.

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## Non-Emergent Medical Transportation (NEMT) Providers

### Revalidating Enrollment with Health First Colorado

All Non-Emergent Medical Transportation (NEMT) providers **must** be revalidated regardless of the provider's original revalidation date. Providers that are not revalidated will have claims suspended for payment until revalidation is completed. NEMT providers must have a valid credentialing certificate issued by Transdev Health Solutions (formerly IntelliRide) to complete the revalidation.

**Important: *The deadline for completion of credentialing and revalidation is November 30, 2024.***

This requirement is for NEMT (Provider Type 73) providers only. Non-Medical Transportation (NMT) providers (Provider Type 36) that are not currently due for revalidation are not included in this credentialing requirement.

### 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 (formerly IntelliRide)
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, including all drivers and vehicles, must be credentialed to provide Health First Colorado services. 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 Transportation Providers web page](#) to complete the Credentialing Request Form and License Agreement. Scroll down to Step 1 (Onboard) to access the link for the [Credentialing Request Form](#).
  - Providers will receive an email that includes a username, password and link to sign up for software training.

2. Participate in a 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 Transportation Providers web page](#) 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](mailto: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.THSPProviders@transdev.com](mailto:US.THSPProviders@transdev.com) with questions.

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

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## 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 milligrams (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](mailto:Korri.Conilogue@state.co.us) with questions related to this policy.

## Physician Services

### Colorado Medicaid eConsult Update

Health First Colorado providers have access to a free and secure statewide electronic consultation platform through [Colorado Medicaid eConsult](#). The eConsult platform allows Primary Care Medical Providers (PCMPs) to communicate electronically with specialty providers, frequently eliminating the need for in-person referrals for members.

A proposed policy update will be presented in a webinar to allow for Specialty-to-Specialty eConsults:

- [Wednesday, November 13, 2024, 9:00 a.m. - 11:00 a.m. MT](#)

The meeting recording will be posted on the [eConsult Specialist to Specialist Stakeholder Meeting web page](#) within 48 hours of the meeting.

Contact [HCPF\\_PolicyStakeholderEngagement@state.co.us](mailto:HCPF_PolicyStakeholderEngagement@state.co.us) to submit feedback.

#### 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 the meeting organizer Kelly O'Brien at [Kelly.O'Brien@state.co.us](mailto:Kelly.O'Brien@state.co.us) or the Civil Rights Officer at [HCPF504ada@state.co.us](mailto:HCPF504ada@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 organizador de reuniones Kelly O'Brien o [Kelly.Obrien@state.co.us](mailto:Kelly.Obrien@state.co.us) con el oficial de derechos civiles a [HCPF504ada@state.co.us](mailto:HCPF504ada@state.co.us) al menos una semana antes de la reunión para hacer los arreglos necesarios.

### Getting Started with Colorado Medicaid eConsult

Practices may complete the [Practice Enrollment Form](#) to begin the enrollment process or attend the monthly program overview webinar:

- [Friday, December 6, 2024, 12:15 p.m. - 1:00 p.m. MT](#)

Contact [ColoradoSupport@safetynetconnect.com](mailto:ColoradoSupport@safetynetconnect.com) with any questions.

### eConsult Reimbursement

Refer to the [Telemedicine Billing Manual](#) for details on eConsult reimbursement.

### Additional Information

Visit the [eConsult Platform web page](#) or contact the eConsult Team at [HCPF\\_eConsult@state.co.us](mailto:HCPF_eConsult@state.co.us) for more information.

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## 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](mailto:Janelle.Gonzalez@state.co.us) with questions.

## Vision Providers

### Ordering, Prescribing and Referring (OPR) Claim Identifier Mandate

It is anticipated that effective April 1, 2025, Health First Colorado will begin editing vision services claims for compliance with federal Ordering, Prescribing and Referring (OPR) regulations ([42 CFR § 455.440](#)).

The following providers are eligible to **order, prescribe or refer** vision services when enrolled with Health First Colorado and licensed by the Colorado Department of Regulatory Agencies (DORA) or the licensing agency of the state in which they do business: Optometrists, Ophthalmologists and Physicians.

The OPR provider indicated on the claim **must** be actively enrolled with Health First Colorado ([42 CFR § 455.410\(b\)](#)). The claim will be denied if the indicated provider is not actively enrolled.

The following providers are eligible to **render** vision services when enrolled with Health First Colorado and licensed by DORA or the licensing agency of the state in which they do business: Optometrists, Ophthalmologists and Opticians.

It is important for OPR providers to understand the implications of failing to enroll in Health First Colorado. Providers that render services to Health First Colorado members based on the order, prescription or referral from an OPR provider will not be reimbursed for such items or services unless the OPR provider is enrolled.

Vision providers are reminded to include OPR providers on claims and to ensure the OPR provider is currently enrolled with Health First Colorado.

The OPR field is located on the following:

- **CMS 1500 Professional Claim Form:** Field 17b
- **UB-04 Institutional Claim Form:** Fields 76 (Attending Provider), 78 and 79 (Other ID)
- This field may be labeled as “Referring Provider” in the [Provider Web Portal](#).

Claims with services requiring OPR providers will post Explanation of Benefits (EOB) 1997- “The referring, ordering, prescribing or attending provider is missing or not enrolled. Please resubmit with a valid individual National Provider Identifier (NPI) in the attending field” if the OPR provider is not enrolled with Health First Colorado. Claims are not currently set to deny for a missing OPR field.

Below is a visual example of the CMS 1500 claim form with an indicator of where the NPI number should be populated:

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) MM DD YY QUAL	15. OTHER DATE MM DD YY QUAL	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE [Red Arrow points to 17b]	17a 17b NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY
19. ADDITIONAL CLAIM INFORMATION (Restricted by NUC)	20. OUTSIDE LAB?	21. CHARGES

UB-04 outpatient hospital claims populate the required NPI in the **Attending** (provider) field (76) or the **Other** fields (78 or 79). The following is a visual example of where the OPR NPI must be populated:

The image shows a UB-04 claim form with several red arrows pointing to the NPI fields. The arrows point to the NPI fields for the Attending provider (76), the Other provider (78), and the Other provider (79). The form includes fields for patient information, procedure codes, and provider information. The NPI fields are located in the right-hand section of the form, specifically in the rows for 76 ATTENDING, 77 OPERATING, 78 OTHER, and 79 OTHER. The NPI field is labeled 'NPI' and is followed by 'LAST' and 'FIRST' fields.

The OPR mandate is not currently denying claims for missing OPR NPIs; however, it is anticipated that missing OPR NPIs will result in claim denials beginning April 1, 2025.

The following stakeholder engagement sessions will be held to better communicate the upcoming mandate:

- Monday, November 18, 2024, 12:00 p.m. - 1:00 p.m. MT
- Thursday, January 16, 2025, 4:00 p.m. - 5:00 p.m. MT

Visit the [OPR Requirements for Vision Services Stakeholder Engagement Session web page](#) for more information about these sessions, including how to register. Providers are highly encouraged to [sign up to receive Department communications](#).

Contact the [Provider Services Call Center](#) with questions about claim denials. Contact Christina Winship at [Christina.Winship@state.co.us](mailto:Christina.Winship@state.co.us) with questions on policy.

Refer to the [Vision Care and Eyewear Manual](#) for more information on billing vision claims.

Visit the [OPR Claim Identifier Project web page](#) for more information about OPR requirements.

## Women's Health, Family Planning, Behavioral Health Providers

### Perinatal Substance Use Disorder (SUD) Community Conversation

Health First Colorado providers, advocates and stakeholders that provide integrated care for pregnant and postpartum people with a Substance Use Disorder (SUD) across Colorado are invited to attend Health First Colorado's Perinatal SUD Community Conversation.

Staff from the Department, along with guest speakers, will present an overview of the work completed by the Maternal Opioid Misuse (MOM) Model, followed by breakout sessions focused on peer support specialists, plans of safe care and more. Attendees are invited to learn, ask



questions, provide feedback and build connections with Department staff members, Regional Accountable Entities (RAEs) and other community members. An agenda will be sent to all registrants one week prior to the conference.

- **Meeting date and time:** November 22, 2024, 8:00 a.m. - 12:00 p.m. MT
- **Registration and location:** [Register in advance](#). This meeting will be virtual via Zoom.

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



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](mailto:HCPF_Stakeholders@state.co.us) to request a link to the feedback form or a recording of the meeting.

Visit the [Maternal Opioid Misuse Model web page](#) for more information about the MOM Model.

### 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](mailto:HCPF_Stakeholders@state.co.us) at least one (1) week prior to 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](mailto: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](mailto:HCPF_Stakeholders@state.co.us) with questions or for more information.

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## Provider Training Sessions

### November 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. The availability of training sessions varies 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 who submit claims, are new to billing Health First Colorado services or who 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 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 provider training session in the calendar to register for the 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.

November 2024				
Monday	Tuesday	Wednesday	Thursday	Friday
				1
4	5	6	7	8
11	12	13	14 <a href="#">Beginner Billing Training: Professional Claims (CMS 1500)</a> 9:00 a.m. - 11:30 a.m. MT	15
18	19	20	21	22
25	26	27	28	29

## Upcoming Holidays

Holiday	Closures
<b>Veteran's Day</b> 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.
<b>Thanksgiving Day</b> Thursday, November 28	State Offices, Gainwell Technologies, DentaQuest, 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.
<b>Christmas Day</b> Wednesday, December 25	State Offices, Gainwell Technologies, DentaQuest, 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 Contacts**

### **Provider Services Call Center**

1-844-235-2387

### **Gainwell Technologies Mailing Address**

P.O. Box 30

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