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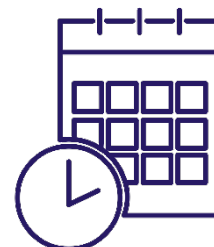
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## Did You Know?

### December 2024 - Revalidation Spreadsheet

Providers who do not complete the enrollment revalidation process by their revalidation due date will be subject to claim denials and disenrollment. Providers can locate their revalidation date on the Provider Revalidation Dates Spreadsheet, which is located on the [Revalidation web page](#) under the [Revalidation Resources section](#).



## All Providers

### Billing Health First Colorado (Colorado's Medicaid program) 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 if 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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### Health First Colorado and Child Health Plan Plus (CHP+) Will Expand to Cover Children and Pregnant People Regardless of Immigration Status

Effective January 1, 2025, Colorado children ages 18 and younger and pregnant people living in Colorado, no matter their immigration status, may obtain health coverage through Health First Colorado and CHP+.

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

#### What does this mean for providers?

Current processes for providers, such as checking eligibility and submitting claims, will not change. Expectations and requirements for providers are the same for these members as any other member.

The provider impact is expected to be limited to a potential increase in patients seeking services. These new members may not speak English well or at all. [Section 1557 of the Affordable Care Act](#) requires healthcare providers who receive federal funding to provide limited English proficiency (LEP) patients with a qualified interpreter.

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 any questions.

## Keeping a Claim within Timely Filing Guidelines

Providers can keep claims within timely filing by resubmitting the claim every 60 days after the initial timely filing period of 365 days from the date of service (DOS). The previous Internal Control Number (ICN) must be referenced on the claim if the claim is over 365 days. Providers may resubmit within 60 days and include the previous ICN if an adjustment is done by the fiscal agent. Visit the [Frequently Asked Questions \(FAQs\) and Billing Resources web page](#) and click the drop-down menu for Timely Filing for more information.

## National Correct Coding Initiative (NCCI) Notification of Quarterly Updates

Providers are encouraged to monitor the Centers for Medicare & Medicaid Services (CMS) for updates to National Correct Coding Initiative (NCCI) rules and guidelines. Updates to the procedure-to-procedure (PTP) and medically unlikely edit (MUE) files are completed quarterly, with the next file update available January 2025. For more information, visit the [National Correct Coding Initiative \(NCCI\) Edits web page](#).

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## New Colorado Medicaid Enterprise Solutions (CMES) Contracts: What is Changing and What is Not Changing

The Colorado Medicaid Enterprise Solutions (CMES) ecosystem is comprised of the health information solutions that operate the Health First Colorado, CHP+ and other health coverage programs for Coloradans who qualify.

Each of these health information solutions serves a critical role in the ecosystem that supports Providers, Regional Accountability Entities (RAEs), counties, case managers, and other partners who provide quality care for members.

The Department of Health Care Policy & Financing (the Department) is required by state and federal contract term limits to procure contracts for the components of its CMES. The Department began the procurement process for the CMES modules in 2020.

The CMES is comprised of 16 distinct components, also called modules. Visit the [Colorado Medicaid Enterprise Solutions \(CMES\) Transition web page](#) to see a full list of the modules.

More information will be shared as the implementation dates approach for each of the modules.

### Modules that are Changing

- The [Provider Services Call Center](#) module will transition from Gainwell to OptumInsight (Optum).
  - Optum is scheduled to take over the Provider Services Call Center in Spring 2025.

- Although the vendor managing this module is changing, the Department is committed to implementing Optum's new call center technology for an improved provider experience while limiting disruption to the user experience for providers.
- The **Electronic Data Interchange (EDI)** module will transition from Gainwell to Edifecs.
  - Edifecs will take over the EDI module in Spring 2026.
  - When this transition is complete, the web portal submission process will remain the same, but the Batch submission process will change.
- The **Electronic Data Warehouse** (formerly the Business Intelligence Data Management system or BIDM) module will transition from the current vendor, IBM, to the new vendor, Conduent.
  - The takeover will be complete in Spring 2025.
  - When Conduent's takeover is complete, the Colorado Data Analytics Portal (DAP), that displays quality measure results for the ACC and APM programs for RAEs and providers, will be retired. This information will be available through a new tool, which will be available in Summer 2025.
- The **Pharmacy Benefit Management System (PBMS); the Preferred Drug List module; the Real-Time Benefit Tool and the Rebate** modules will transition from Prime Therapeutics (formerly known as Magellan) to MedImpact.
  - These modules will transition in Fall 2025.
  - When this transition is complete, the pharmacy claims submission process will remain the same (i.e., BIN/PCN number will not change in this transition) but the contact information for prescribers and pharmacies to get help will change.

### Modules that are Not Changing

- The **Care and Case Management (CCM)** system will be contracted directly with AssureCare, which is the current subcontractor of the module solution. Subcontractors are separate companies that are contracted with the core vendor to provide a specialized service. By contracting directly with the subcontractor, disruption to users is minimized and operational efficiencies are improved.
- The **Medicaid Management Information System (MMIS)** module, which includes interChange, the claims processing system, the [Provider Web Portal](#) and provider enrollment will remain with Gainwell.
- The **Electronic Visit Verification (EVV)** module will be contracted directly with Sandata, which is the current subcontractor.
- The **Opioid Risk** module is not changing and will remain with OpiSafe.

Seamless transitions are a priority, but the Department recognizes providers may experience changes as each module is implemented.

The Department is committed to keeping providers informed about the changes that will come with each transition. Details about each transition will be shared via the Provider Bulletin, newsletters, the CMES Transition web page and, as needed, in special emails and the Provider Resources web page.

## Reminder: Timely Filing Policy for Delayed Member Notification

Providers are expected to take appropriate and reasonable action to identify Health First Colorado eligibility within 365 days (timely filing guidelines). Some examples of appropriate action include:

- Reviewing past medical and accounting records for eligibility and billing information for services provided
- Requesting eligibility information from the referring provider or facility where the member was seen
- Contacting the member by phone, email, and mail
- Verify eligibility via the [Provider Web Portal](#) or via batch

It is not effective to rely solely on billing statements, member notification, or collection agencies as the only means of obtaining eligibility and billing information. If the timely filing period expires because the provider is not aware that the member is Health First Colorado eligible, the fiscal agent is not authorized to override timely filing.

This information can be found in the [General Provider Information Manual](#).

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

Effective October 14, 2024, the Department's UM Vendor, Acentra Health, started processing LTHH PARs for Health First Colorado adult members aged 21 years and older. Refer to the updated Operational Memo released October 3, 2024, [HCPF OM 24-049](#), for more detailed information. All pending LTHH PARs (new and outstanding requests) submitted prior to October 14, 2024, should have been reviewed by the Case Management Agency (CMA) and sent to the LTHH PAR inbox for processing by December 1, 2024.

**Any new and revised PARs with service dates on or after October 14, 2024, need to be submitted to Acentra Health via the Atrezzo® portal and processed as outlined in [HCPF OM 24-049](#).**

Review the previously recorded training sessions on accessing the Atrezzo portal and benefit-specific training to ensure compliance with program policies. These recorded training sessions are on the [ColoradoPAR web page](#).

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

Contact [homehealth@state.co.us](mailto:homehealth@state.co.us) with questions on LTHH policy and benefits.

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## Inpatient Hospital Transitions (IHT) Enhancements

### IHT (Formerly Inpatient Hospital Review Program [IHRP 2.0]) Enhancements

IHT (formerly Inpatient Hospital Review Program [IHRP 2.0]) went live on September 9, 2024. The next Joint Operating Committee (JOC) meeting will be facilitated by the Department on 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 meeting invite if attending for the first time.

A Question and Answer document specific to IHT and the Hospital Transformation Program (HTP) is available on the [IHT web page](#) for reference.

- 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 is a replacement complementary effort for measuring hospital's existing interventions around care coordination and utilization review. The transition was finalized Oct 1, 2024.

Contact the Colorado PAR Program UM Team at [hcpf\\_um@state.co.us](mailto:hcpf_um@state.co.us) or Acentra Provider Relations at [coproviderissue@acentra.com](mailto:coproviderissue@acentra.com) with any additional questions.

### Update Provider Contact Information via the Provider Web Portal

Providers are encouraged to 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 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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## Provider Training

### Acentra Health Provider Training

Acentra Health will provide benefit-specific Prior Authorization Request (PAR) submission trainings and Diagnostic Imaging provider trainings in December. The trainings shown below are in Mountain Time.

- [Medical Surgical Benefit Specific Training December 11, 2024 8:30 a.m.](#)
- [Medical Surgical Benefit Specific Training December 11, 2024 12:00 p.m.](#)
- [PAR Submission Training December 18, 2024 8:30 a.m.](#)
- [PAR Submission Training December 18, 2024 12 p.m.](#)

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

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

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## Tips on Change of Provider (COP) Forms

The Change of Provider (COP) form must accompany the new PAR Form when a member has a current and active PAR with another provider.

The most common issues with filling out the form are incorrect data and incomplete fields. These can cause a pend or technical denial. The most common fields missed are related to the **member** not knowing information about the previous provider. It is recommended that the member call Health First Colorado to obtain the answers to the two fields below:

- Name of current provider
- Last billed DOS with that provider

**Health First Colorado member phone number: 1-800-221-3943**

The COP form can be found on the [Provider Forms web page](#) under the PAR Forms drop-down menu.

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## Clinics and Substance Abuse Clinics

### Non-Emergent Medical Transportation (NEMT) Guidelines

NEMT is a Health First Colorado benefit for members who don't have transportation to Medicaid-covered medical appointments. Health First Colorado covers rides for eligible individuals to and from the nearest doctor's office, hospital, or another medical office for approved care.

NEMT drivers can give members or their eligible family members a ride only to a medical office and back home. An NEMT driver should:

- Only take members to the appointment and then home
- Always take the most direct route to the appointment and back home
- Never offer members money or other incentives

Health First Colorado providers can help protect members by watching out for suspicious activity involving NEMT drivers. These types of incidents need to be reported:

- Rides of over 25 miles
- Multiple members being transported in the same vehicle
- Members being offered money or other incentives
- If an NEMT provider, driver, or company contacts the healthcare provider for member



names, IDs, or patient referrals to use their transportation services

Contact either Health First Colorado or the Attorney General's Office if a driver does something they should not.

- To contact Health First Colorado, choose one of these options:
  - Send an online [Health First Colorado Provider Fraud Form](#)
  - Call 855-375-2500 (for State Relay, call 711)
  - Email [hcpf\\_reportproviderfraud@state.co.us](mailto:hcpf_reportproviderfraud@state.co.us)
- To contact the Attorney General's Office, email [mfcu.investigations@coag.gov](mailto:mfcu.investigations@coag.gov) or call 720-508-6696.

Names and personal information will be kept confidential when reporting suspected provider fraud.

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## Home and Community-Based Services (HCBS) Providers

### Potential American Rescue Plan Act (ARPA) HCBS Direct Provider Payment

The Department anticipates implementing an ARPA HCBS **direct provider payment**, pending approval from the Joint Budget Committee (JBC).

#### Background

Funding has been made available to states through the ARPA so that states may improve HCBS programs and services. States were given authority to use funding to supplement their efforts but not supplant current spending on HCBS. The Department has been working to implement sixty-one (61) initiatives based on these requirements since 2021 and will end all ARPA spending by March 31, 2025. See the Department's [ARPA web page](#) for more information.

The Department intends to provide a final **HCBS provider payment for select services** utilizing ARPA HCBS funding pending JBC approval because providers have been, and continue to be, extremely valued partners in Colorado's efforts and mission to see people receive services needed to remain living in the community of their choice.

#### Provider Action Needed

All provider claims for the period of July 1, 2024, through December 31, 2024, must be submitted **no later than February 28, 2025**, to receive this retroactive HCBS rate increase and subsequent payment. This claims data will be used to determine the provider payment equivalent to the retroactive increase for eligible services. It is not anticipated that providers will need to resubmit claims to receive this payment, but the enhanced rate will only be available to those providers who have submitted claims by February 28, 2025. Providers will miss out on this one-time ARPA payment if claims are not submitted by February 28, 2025.



Providers are encouraged to start preparing now. Submit claims for this time period as soon as possible to ensure agencies are able to take advantage of this enhanced rate for all of the work and services provided.

More information will be forthcoming about this effort, including information on the JBC's decision, the eligible services and the date for payments.

**Ensure all HCBS provider claims are submitted for services rendered July 1, 2024 - December 31, 2024, as soon as billing rules allow.**

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## Hospital Providers

### General Updates

#### Hospital Stakeholder Engagement Meetings

Bi-monthly Hospital 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, January 10, 2025, at 1 p.m. to 3 p.m. Mountain Time** and will be hosted virtually.

Visit the [Hospital Stakeholder Engagement Meeting web page](#) for more details, meeting schedules and past meeting materials. **Calendar Year 2025 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**  
[Centers of Medicare & Medicaid Services approved State Plan Amendment 24-0011](#) on October 9, 2024, which allows for the implementation of Version 40 of the APR-DRG methodology effective for inpatient hospital claims with last DOS on or after October 1, 2024. The Department is working with its fiscal agent to incorporate the APR-DRG version 40 DRG weight table and its associated statistics into the Colorado interChange and will reprocess all impacted inpatient hospital claims such that they reimburse using APR-DRG version 40. The APR-DRG Weight Table Version 40 is available on the [Inpatient Hospital Payment web page](#).

Email 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**

Meetings were held to discuss possible changes to the Inpatient Hospital Base Rate Methodology for rates effective July 1, 2025. The meetings included hospital feedback on changes to Graduate Medical Education (GME) add-on and Payer Mix calculations. WS S-3, Part I, Col. 7, Line 3 Health Maintenance Organization (HMO) Inpatient Psychiatric Facility

(IPF) Subprovider and Line 4 HMO Inpatient Rehabilitation Facility (IRF) Subprovider will be added to the numerator of the Payer Mix calculation based on unanimous support from hospital stakeholders. The Department will be moving forward with the original methodology for the GME add-on for calculating Inpatient Ancillary GME Costs. The Department will be revisiting the GME add-on change in future rebasing years to make inpatient hospital base rate add-ons more precise.

Visit the [Hospital Engagement Meeting Web Page](#) to view the recorded webinars and PowerPoints from October and November 2024 to review the discussion.

Email 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.

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## Healthcare Affordability and Sustainability (HAS) Supplemental Payments

The HAS supplemental payments are retroactively increasing from 97.20% to 99.25% of the inpatient and outpatient Upper Payment Limits (UPL) for federal fiscal year (FFY) 23 and FFY 24. Provided below are the updated adjustment factors for the Inpatient and Outpatient Supplemental Payments for both years. Also provided are the updated hospital-specific limits for the Disproportionate Share Hospital (DSH) Supplemental Payment for FFY 24. The updated adjustment factors and hospital-specific limits supersede what was provided with the [July 2024 Provider Bulletin](#).

A one-time payment for the increase to 99.25% of the inpatient and outpatient UPLs for both years will occur on Monday, December 16, 2024. A summary letter was provided to hospitals on Monday, November 18, 2024, listing their payment amounts and calculations.

Contact Kyle Iftodi at [Kyle.Iftodi@state.co.us](mailto:Kyle.Iftodi@state.co.us) with any questions or concerns.

### Inpatient and Outpatient Supplemental Payment Adjustment Factors

Below are the inpatient and outpatient adjustment factors by hospital for FFY 2023 and FFY 2024. The Inpatient supplemental payment equals Medicaid fee-for-service patient days multiplied by an Inpatient dollar adjustment factor. The Outpatient supplemental payment equals estimated Outpatient costs multiplied by an Outpatient percent adjustment factor. The criteria for each adjustment group can be found on the [Colorado Healthcare Affordability and Sustainability Enterprise \(CHASE\) Information for Providers web page](#).

### FFY 2023 Adjustment Group & Factors

Hospital Name	Adjustment Group	Inpatient Adjustment Factor	Outpatient Adjustment Factor
AdventHealth Avista	Private NICU	\$1,440.09	110.24%
AdventHealth Castle Rock	Private	\$595.17	32.76%
AdventHealth Littleton	Private NICU	\$1,440.09	110.24%
AdventHealth Parker	Private NICU	\$1,440.09	110.24%
AdventHealth Porter	Private	\$595.17	32.76%
Animas Surgical Hospital	Private Rural/CAH	\$743.96	96.40%
Arkansas Valley Regional Medical Center	Non-State Gov Rural/CAH	\$1,455.03	107.77%
Aspen Valley Hospital	Non-State Gov Rural/CAH	\$1,275.00	101.75%
Banner East Morgan County Hospital	Non-State Gov Rural/CAH	\$1,455.03	107.77%
Banner Fort Collins Medical Center	Private	\$595.17	32.76%
Banner McKee Medical Center	Private	\$595.17	32.76%
Banner North Colorado Medical Center	Private	\$595.17	32.76%
Banner Sterling Regional MedCenter	Private Rural/CAH	\$743.96	96.40%
Children's Hospital Anschutz	Private Pediatric Specialty	\$567.54	6.69%
Children's Hospital Colorado Springs	Private Pediatric Specialty	\$567.54	6.69%
Community Hospital	Private Independent Metro	\$1,280.00	95.50%
Conejos County Hospital	Private Rural/CAH	\$743.96	96.40%
Craig Hospital	Rehabilitation/LTAC	\$15.94	15.55%
Delta County Memorial Hospital	Non-State Gov Rural/CAH	\$1,455.03	107.77%
Denver Health Medical Center	Non-State Gov Teaching	\$1,413.41	10.20%
Estes Park Health	Non-State Gov Rural/CAH	\$1,455.03	107.77%
Family Health West	Private Rural/CAH	\$743.96	96.40%
Foothills Hospital	Private Independent Metro	\$1,360.38	99.00%
Grand River Health	Non-State Gov Rural/CAH	\$1,275.00	101.75%
Gunnison Valley Health	Non-State Gov Rural/CAH	\$1,275.00	101.75%
Haxtun Health	Non-State Gov Rural/CAH	\$1,455.03	107.77%
HCA HealthONE North Suburban Medical Center	Private	\$595.17	32.76%

Hospital Name	Adjustment Group	Inpatient Adjustment Factor	Outpatient Adjustment Factor
HCA HealthONE Presbyterian-St. Luke's Medical Center	Private NICU	\$1,440.09	110.24%
HCA HealthONE Rose Medical Center	Private NICU	\$1,440.09	110.24%
HCA HealthONE Sky Ridge Medical Center	Private NICU	\$1,440.09	110.24%
HCA HealthONE Spalding Rehabilitation Hospital	Rehabilitation/LTAC	\$15.94	15.55%
HCA HealthONE Swedish Medical Center	Private NICU	\$1,440.09	110.24%
HCA HealthONE The Medical Center of Aurora	Private NICU	\$1,440.09	110.24%
Heart of the Rockies Regional Medical Center	Non-State Gov Rural/CAH	\$1,455.03	107.77%
Intermountain Health Good Samaritan Medical Center	Private	\$595.17	32.76%
Intermountain Health Lutheran Medical Center	Private NICU	\$1,440.09	110.24%
Intermountain Health Platte Valley Medical Center	Private	\$595.17	32.76%
Intermountain Health St. Joseph Hospital	Private Heart Institute	\$1,121.25	87.07%
Intermountain Health St. Mary's Medical Center	Private NICU	\$1,355.00	106.35%
Keefe Memorial Hospital	Non-State Gov Rural/CAH	\$1,455.03	107.77%
Kindred Hospital - Aurora	Rehabilitation/LTAC	\$15.94	15.55%
Kindred Hospital - Denver	Rehabilitation/LTAC	\$15.94	15.55%
Kit Carson County Memorial Hospital	Non-State Gov Rural/CAH	\$1,455.03	107.77%
Lincoln Community Hospital	Non-State Gov Rural/CAH	\$1,455.03	107.77%
Longmont United Hospital	Private	\$595.17	32.76%
Melissa Memorial Hospital	Non-State Gov Rural/CAH	\$1,455.03	107.77%
Mercy Regional Medical Center	Private Rural/CAH	\$743.96	96.40%
Middle Park Medical Center	Non-State Gov Rural/CAH	\$1,455.03	107.77%
Montrose Regional Health	Non-State Gov Rural/CAH	\$1,275.00	101.75%
Mt. San Rafael Hospital	Private Rural/CAH	\$743.96	96.40%
National Jewish Health	Private	\$595.17	32.76%
Northern Colorado Long	Rehabilitation/LTAC	\$15.94	15.55%

Hospital Name	Adjustment Group	Inpatient Adjustment Factor	Outpatient Adjustment Factor
Term Acute Hospital			
Northern Colorado Rehabilitation Hospital	Rehabilitation/LTAC	\$15.94	15.55%
OrthoColorado Hospital	Private	\$595.17	32.76%
Pagosa Springs Medical Center	Non-State Gov Rural/CAH	\$1,455.03	107.77%
PAM Specialty Hospital of Denver	Rehabilitation/LTAC	\$15.94	15.55%
Pioneers Medical Center	Non-State Gov Rural/CAH	\$1,455.03	107.77%
Prowers Medical Center	Non-State Gov Rural/CAH	\$1,455.03	107.77%
Rangely District Hospital	Non-State Gov Rural/CAH	\$1,455.03	107.77%
Rehabilitation Hospital of Colorado Springs	Rehabilitation/LTAC	\$15.94	15.55%
Rehabilitation Hospital of Littleton	Rehabilitation/LTAC	\$15.94	15.55%
Reunion Rehabilitation Hospital - Denver	Rehabilitation/LTAC	\$15.94	15.55%
Reunion Rehabilitation Hospital - Inverness	Rehabilitation/LTAC	\$15.94	15.55%
Rio Grande Hospital	Private Rural/CAH	\$743.96	96.40%
San Luis Valley Health Regional Medical Center	Private Rural/CAH	\$743.96	96.40%
Sedgwick County Health Center	Non-State Gov Rural/CAH	\$1,455.03	107.77%
Southeast Colorado Hospital	Non-State Gov Rural/CAH	\$1,455.03	107.77%
Southwest Health System	Non-State Gov Rural/CAH	\$1,455.03	107.77%
Spanish Peaks Regional Health Center	Non-State Gov Rural/CAH	\$1,455.03	107.77%
St. Elizabeth Hospital	Private Rural/CAH	\$743.96	96.40%
Penrose-St. Francis Health Services	Private NICU	\$1,440.09	110.24%
St. Anthony Hospital	Private	\$595.17	32.76%
St. Anthony North Health Campus	Private	\$595.17	32.76%
St. Anthony Summit Medical Center	Private Rural/CAH	\$743.96	96.40%
St. Mary-Corwin Medical Center	Private	\$595.17	32.76%
St. Thomas More Hospital	Private Rural/CAH	\$743.96	96.40%

Hospital Name	Adjustment Group	Inpatient Adjustment Factor	Outpatient Adjustment Factor
St. Vincent Hospital	Non-State Gov Rural/CAH	\$1,455.03	107.77%
The Memorial Hospital at Craig	Non-State Gov Rural/CAH	\$1,455.03	107.77%
UCHealth Broomfield Hospital	Private	\$595.17	32.76%
UCHealth Grandview Hospital	Private	\$595.17	32.76%
UCHealth Greeley Hospital	Private	\$595.17	32.76%
UCHealth Highlands Ranch Hospital	Private NICU	\$1,440.09	110.24%
UCHealth Longs Peak Hospital	Private	\$595.17	32.76%
UCHealth Medical Center of the Rockies	Private	\$595.17	32.76%
UCHealth Memorial Hospital	Non-State Gov	\$627.66	8.00%
UCHealth Parkview Medical Center	Private Safety Net Metro	\$1,360.38	99.00%
UCHealth Pikes Peak Regional Hospital	Private Rural/CAH	\$743.96	96.40%
UCHealth Poudre Valley Hospital	Non-State Gov	\$627.66	8.00%
UCHealth University of Colorado Hospital	State Teaching	\$868.06	50.33%
UCHealth Yampa Valley Medical Center	Private Rural/CAH	\$700.00	93.00%
Vail Health Hospital	Private Rural/CAH	\$743.96	96.40%
Valley View Hospital	Private Rural/CAH	\$743.96	96.40%
Vibra Hospital of Denver	Rehabilitation/LTAC	\$15.94	15.55%
Vibra Rehabilitation Hospital	Rehabilitation/LTAC	\$15.94	15.55%
Weisbrod Memorial County Hospital	Non-State Gov Rural/CAH	\$1,455.03	107.77%
Wray Community District Hospital	Non-State Gov Rural/CAH	\$1,455.03	107.77%
Yuma District Hospital	Non-State Gov Rural/CAH	\$1,455.03	107.77%

#### FFY 2024 Adjustment Group & Factors

Hospital Name	Adjustment Group	Inpatient Adjustment Factor	Outpatient Adjustment Factor
AdventHealth Avista	Private NICU	\$1,723.61	84.93%
AdventHealth Castle Rock	Private	\$551.65	28.62%
AdventHealth Littleton	Private NICU	\$1,723.61	84.93%
AdventHealth Parker	Private NICU	\$1,723.61	84.93%
AdventHealth Porter	Private	\$551.65	28.62%
Animas Surgical Hospital	Private Rural/CAH	\$527.50	89.00%
Arkansas Valley Regional Medical Center	Non-State Gov Rural/CAH	\$1,169.50	95.43%
Aspen Valley Hospital	Non-State Gov Rural/CAH	\$1,169.50	95.43%
Banner East Morgan County Hospital	Non-State Gov Rural/CAH	\$1,169.50	95.43%
Banner Fort Collins Medical Center	Private	\$551.65	28.62%
Banner McKee Medical Center	Private	\$551.65	28.62%
Banner North Colorado Medical Center	Private High Medicaid Utilization	\$1,150.65	41.25%
Banner Sterling Regional MedCenter	Private Rural/CAH	\$527.50	89.00%
Children's Hospital Anschutz	Private Pediatric Specialty	\$777.05	5.68%
Children's Hospital Colorado Springs	Private Pediatric Specialty	\$777.05	5.68%
Community Hospital	Private Independent Metro	\$1,525.00	90.50%
Conejos County Hospital	Private Rural/CAH	\$527.50	89.00%
Craig Hospital	Rehabilitation/ LTAC	\$16.47	16.10%
Delta County Memorial Hospital	Non-State Gov Rural/CAH	\$1,169.50	95.43%
Denver Health Medical Center	Non-State Gov Teaching	\$711.45	9.85%
Estes Park Health	Non-State Gov Rural/CAH	\$1,169.50	95.43%
Family Health West	Private Rural/CAH	\$527.50	89.00%
Foothills Hospital	Private Independent Metro	\$1,525.00	90.50%
Grand River Health	Non-State Gov Rural/CAH	\$1,169.50	95.43%
Gunnison Valley Health	Non-State Gov Rural/CAH	\$1,169.50	95.43%
Haxtun Health	Non-State Gov Rural/CAH	\$1,169.50	95.43%
HCA HealthONE North Suburban Medical Center	Private High Medicaid Utilization	\$1,150.65	41.25%



Hospital Name	Adjustment Group	Inpatient Adjustment Factor	Outpatient Adjustment Factor
HCA HealthONE Presbyterian-St. Luke's Medical Center	Private NICU	\$1,723.61	84.93%
HCA HealthONE Rose Medical Center	Private NICU	\$1,723.61	84.93%
HCA HealthONE Sky Ridge Medical Center	Private NICU	\$1,723.61	84.93%
HCA HealthONE Spalding Rehabilitation Hospital	Rehabilitation/ LTAC	\$16.47	16.10%
HCA HealthONE Swedish Medical Center	Private NICU	\$1,723.61	84.93%
HCA HealthONE The Medical Center of Aurora	Private NICU	\$1,723.61	84.93%
Heart of the Rockies Regional Medical Center	Non-State Gov Rural/CAH	\$1,169.50	95.43%
Intermountain Health Good Samaritan Hospital	Private	\$551.65	28.62%
Intermountain Health Lutheran Hospital	Private NICU	\$1,723.61	84.93%
Intermountain Health Platte Valley Hospital	Private High Medicaid Utilization	\$1,150.65	41.25%
Intermountain Health Saint Joseph Hospital	Private Heart Institute	\$1,348.25	72.94%
Intermountain Health St. Mary's Regional Hospital	Private NICU	\$1,723.61	84.93%
Keefe Memorial Hospital	Non-State Gov Rural/CAH	\$1,169.50	95.43%
Kindred Hospital - Aurora	Rehabilitation/ LTAC	\$16.47	16.10%
Kindred Hospital - Denver	Rehabilitation/ LTAC	\$16.47	16.10%
Kit Carson County Memorial Hospital	Non-State Gov Rural/CAH	\$1,169.50	95.43%
Lincoln Community Hospital	Non-State Gov Rural/CAH	\$1,169.50	95.43%
Longmont United Hospital	Private	\$551.65	28.62%
Melissa Memorial Hospital	Non-State Gov Rural/CAH	\$1,169.50	95.43%
Mercy Hospital	Private Rural/CAH	\$527.50	89.00%
Middle Park Medical Center	Non-State Gov Rural/CAH	\$1,169.50	95.43%
Montrose Regional Health	Non-State Gov Rural/CAH	\$1,169.50	95.43%
Mt. San Rafael Hospital	Private Rural/CAH	\$527.50	89.00%
National Jewish Health	Private	\$551.65	28.62%
Northern Colorado Long Term Acute Hospital	Rehabilitation/ LTAC	\$16.47	16.10%

Hospital Name	Adjustment Group	Inpatient Adjustment Factor	Outpatient Adjustment Factor
Northern Colorado Rehabilitation Hospital	Rehabilitation/ LTAC	\$16.47	16.10%
OrthoColorado Hospital	Private	\$551.65	28.62%
Pagosa Springs Medical Center	Non-State Gov Rural/CAH	\$1,169.50	95.43%
PAM Specialty Hospital of Denver	Rehabilitation/ LTAC	\$16.47	16.10%
PAM Specialty Hospital of Westminster	Rehabilitation/ LTAC	\$16.47	16.10%
Penrose/St Francis Hospital	Private NICU	\$1,723.61	84.93%
Pioneers Medical Center	Non-State Gov Rural/CAH	\$1,169.50	95.43%
Prowers Medical Center	Non-State Gov Rural/CAH	\$1,169.50	95.43%
Rangely District Hospital	Non-State Gov Rural/CAH	\$1,169.50	95.43%
Rehabilitation Hospital of Colorado Springs	Rehabilitation/ LTAC	\$16.47	16.10%
Rehabilitation Hospital of Littleton	Rehabilitation/ LTAC	\$16.47	16.10%
Reunion Rehabilitation Hospital - Denver	Rehabilitation/ LTAC	\$16.47	16.10%
Reunion Rehabilitation Hospital - Inverness	Rehabilitation/ LTAC	\$16.47	16.10%
Rio Grande Hospital	Private Rural/CAH	\$527.50	89.00%
San Luis Valley Health Regional Medical Center	Private Rural/CAH	\$527.50	89.00%
Sedgwick County Health Center	Non-State Gov Rural/CAH	\$1,169.50	95.43%
Southeast Colorado Hospital	Non-State Gov Rural/CAH	\$1,169.50	95.43%
Southwest Health System	Non-State Gov Rural/CAH	\$1,169.50	95.43%
Spanish Peaks Regional Health Center	Non-State Gov Rural/CAH	\$1,169.50	95.43%
St. Anthony Hospital	Private	\$551.65	28.62%
St. Anthony North Hospital	Private	\$551.65	28.62%
St. Anthony Summit Hospital	Private Rural/CAH	\$527.50	89.00%
St. Elizabeth Hospital	Private Rural/CAH	\$527.50	89.00%
St. Francis Hospital - Interquest	Private	\$551.65	28.62%
St. Mary-Corwin Hospital	Private	\$551.65	28.62%
St. Thomas More Hospital	Private Rural/CAH	\$527.50	89.00%

Hospital Name	Adjustment Group	Inpatient Adjustment Factor	Outpatient Adjustment Factor
St. Vincent Hospital	Non-State Gov Rural/CAH	\$1,169.50	95.43%
The Memorial Hospital	Non-State Gov Rural/CAH	\$1,169.50	95.43%
UCHealth Broomfield Hospital	Private	\$551.65	28.62%
UCHealth Grandview Hospital	Private	\$551.65	28.62%
UCHealth Greeley Hospital	Private	\$551.65	28.62%
UCHealth Highlands Ranch Hospital	Private	\$551.65	28.62%
UCHealth Longs Peak Hospital	Private	\$551.65	28.62%
UCHealth Medical Center of the Rockies	Private	\$551.65	28.62%
UCHealth Memorial Hospital	Non-State Gov	\$731.35	10.14%
UCHealth Parkview Medical Center	Private Safety Net Metro	\$1,435.73	88.53%
UCHealth Pikes Peak Regional Hospital	Private Rural/CAH	\$527.50	89.00%
UCHealth Poudre Valley Hospital	Non-State Gov	\$731.35	10.14%
UCHealth University of Colorado Hospital	State Teaching	\$658.66	47.55%
Vail Health Hospital	Private Rural/CAH	\$527.50	89.00%
Valley View Hospital	Private Rural/CAH	\$527.50	89.00%
Vibra Hospital of Denver	Rehabilitation/ LTAC	\$16.47	16.10%
Vibra Rehabilitation Hospital of Denver	Rehabilitation/LTAC	\$16.47	16.10%
Weisbrod Memorial County Hospital	Non-State Gov Rural/CAH	\$1,169.50	95.43%
Wray Community District Hospital	Non-State Gov Rural/CAH	\$1,169.50	95.43%
Yampa Valley Medical Center	Private Rural/CAH	\$527.50	89.00%
Yuma District Hospital	Non-State Gov Rural/CAH	\$1,169.50	95.43%

### Disproportionate Share Hospital Payment Adjustment Groups

There are several hospital groups included in the FFY 2024 DSH Supplemental Payment calculation. Hospitals that meet the requirements of a designated hospital group receive a percentage of their hospital-specific DSH limit as their payment. Below are the hospital groups, the requirements for a hospital to be included in a

hospital group, and the percentage of the hospital-specific DSH limit paid. No changes to the adjustment groups or percentage of hospital-specific DSH limit paid for the FFY 2023 DSH Supplemental Payments have occurred.

Hospital Group	Requirements	% of Hospital-Specific DSH Limit
High CICP Cost	Colorado Indigent Care Program (CICP) write-off cost greater than 700% of average statewide CICP write-off cost	100.00%
Critical Access & Rural	Critical Access Hospital or Rural Hospital	>=86.00%
Small Independent Metro	Not owned/operated by a healthcare system, within an MSA, and having less than 2,700 Medicaid patient days	85.15%
Low MIUR	Medicaid Inpatient Utilization Rate (MIUR) less than or equal to 22.5%	11.95%

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## Laboratory Service Providers

### Removal of PAR Requirement for Current Procedural Terminology (CPT) Codes: 87505 & 87506

CPT codes 87505 and 87506 no longer require a PAR, effective for claims with a DOS October 1, 2024, and later. Providers may resubmit previously denied claims.

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

Refer to the [Outpatient Imaging and Radiology Billing Manual](#) for more information.

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## Lactation Support Services

### Providers Can Now Bill for Lactation Services and New Provider Type Enrollment Available

Health First Colorado and CHP+ are expanding access to lactation services for members. Lactation Support Services include training and counseling the breastfeeding (or lactating) member about breastfeeding and human lactation, and providing comprehensive, skilled care and evidence-based information for breastfeeding and human lactation from pre-conception to weaning.

Provider enrollment and billing details can be found in the [Lactation Support Services billing manual](#), available in the CMS 1500 section on the [Billing Manuals web page](#).

- Effective January 1, 2025, House Bill HB22-1289, known as “[Cover All Coloradans](#),” will expand the lactation benefit to pregnant and postpartum people, regardless of their immigration status.

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

## Pharmacies and All Medication Prescribers

### Humira Biosimilars

Three additional Humira biosimilars will be added to Humira (adalimumab) and Hadlima (adalimumab-awwb) as preferred product options in the Targeted Immune Modulators PDL drug class, including Cyltezo (adalimumab-adbm), adalimumab-aaty, and adalimumab-adbm, as part of Health First Colorado preferred product changes going into effect January 1, 2025. Cyltezo will be the first preferred Humira biosimilar from this list that is classified as being directly interchangeable with Humira.

#### Preferred Adalimumab Biosimilar Products (Effective 1/1/2025)

Medication Name	Active Ingredient	Directly Interchangeable with Humira?
Adalimumab AATY	Adalimumab AATY	No
Adalimumab ADBM	Adalimumab ADBM	No
Cyltezo (pen and syringe)	Adalimumab ADBM	Yes
Hadlima	Adalimumab BWWD	No

Refer to the [Pharmacy Resources web page](#) for more information on preferred products.

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

## Opioid Medication Updates

Effective January 1, 2025, Xtampza ER, Nucynta IR, and Nucynta ER will no longer be participating in the Medicaid Drug Rebate Program (MDRP). These medications are currently preferred products but will no longer be a covered benefit on that date. Visit the [Pharmacy Resources web page](#) for a list of opioid products on the PDL to consider as alternatives.

## PDL Announcement of Preferred Products

Changes will be made for the following PDL classes, effective 01/01/2025:

PDL Drug Class	Moved to Preferred	Moved to non-preferred
Newer Hereditary Angioedema (HAE) Products	Cinryze	none
Targeted Immune Modulators (TIMs)	Adbry autoinjector, Tyenne Autoinjector & Syringe, Cyltezo, generic adalimumab (AATY and ADBM variants)	none
Inhaled Corticosteroids & Combinations	QVAR Redihaler	none

PDL Drug Class	Moved to Preferred	Moved to non-preferred
Antitherpetic Agents - Oral, Topical	None	Generic penciclovir

No changes will be made for the following PDL classes:

PDL Drug Class	PDL Drug Class
Human Immunodeficiency Virus (HIV) Treatments	Inhaled Beta2 Agonists (Short & Long-Acting)
Hepatitis C Virus Treatments	Phosphodiesterase Inhibitors (PDEIs)
Immune Globulins	Antibiotics, Inhaled
Methotrexate Products	Antihistamines/ Decongestant Combos
Fluoroquinolones, Oral	Intranasal Rhinitis Agents
Newer Generation Antihistamines	Leukotriene Modifiers
Epinephrine (self-administered) Products	Inhaled Anticholinergics & Combinations
Ribavirin Products	

Refer to the [Pharmacy Resources web page](#) for more information on preferred products.

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## Prescriber Tool Alternative Payment Model (APM) Update

The APM is an upside-risk-only program designed to incentivize increased and consistent use of the Prescriber Tool by Health First Colorado providers receiving fee-for-service payments for their outpatient pharmaceutical claims, specifically the Real-Time Benefits Inquiry (RTBI) module, and prescription of preferred medications where clinically appropriate.

Two virtual webinars were held in October discussing the updates being made to Year 2 of the Prescriber Tool APM. The slides and webinar recording can be found on the [Prescriber Tool Alternative Payment Model web page](#). Program Year 2 for Prescriber Tool APM began in October 2024. The activity window begins in January 2025. Eligible providers should look for an email in January 2025 with a link to complete the activities required and be eligible for payment.

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

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# Physician-Administered Drug (PAD) Providers

## Prior Authorization Update

Effective January 1, 2025, donanemab-azbt, mirikizumab-mrkz and infliximab-dyyb (Healthcare Common Procedure Coding System [HCPCS] codes listed below) will be added to the list of PADs that require prior authorization (PA).

Providers should ensure that any Health First Colorado member due to receive any of the following PADs should have an approved prior authorization on file prior to administration.

HCPCS	Drug Name
J0175	Kisunla (donanemab-azbt)
J2267	Omvoh (mirikizumab-mrkz)
J1748	Zymfentra (infliximab-dyyb)

All PAD PA procedures, clinical criteria and PADs subject to Prior Authorization Requests (PARs) can be found on [Appendix Y: Physician Administered Drug Medical Benefit Prior Authorization Procedures and Criteria](#), accessible via the [PAD Provider Resources web page](#).

Additional information regarding PAD PA requirements can be found via [ColoradoPAR: Health First Colorado Prior Authorization Request Program](#) and the [Physician Administered Drug Provider Resources web pages](#).

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

## Physician Services

### Claims Adjustments

Some claims billed as Professional or Professional Crossover for fee-for-service with dates of service from July 1, 2023, to July 21, 2023, may have been paid incorrectly at the previous year’s rates. Claims within this date span will be adjusted to correct any possible payment errors. Providers billing usual and customary charges or who have billed based on the posted fee schedule will see claims adjustments via claims reprocessing.

Contact [hcpf\\_waiverfeeschedrates@state.co.us](mailto:hcpf_waiverfeeschedrates@state.co.us) for more information.

### MED and P11 Rate Type Closure Notice

Effective December 1, 2024, MED and P11 Rate Types will be discontinued. These were rate types left over from the Legacy/Xerox system and are not included in billing manuals. This change will impact the following codes: 52204, 52214, 58565, 52224, 58353, 58356 and 58563. This will impact the provider services provider types. For place of service 11, 19, 20,

21, 22 and 24, payments will be calculated using the default rate type listed on the fee schedule.

Contact the Provider Services Call Center with any questions.

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

Free SBIRT training for Health First Colorado providers is provided 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.

In order to directly deliver screening and intervention services, providers are required to participate in training that provides information about the implementation of evidence-based protocols for screening, brief interventions and referrals to treatment. Face-to-face trainings and consultations are available through various entities such as [SBIRT Colorado](#), [Colorado Community Managed Care Network](#) and the [Emergency Nurses Association](#).

Visit the [PAS training calendar](#) to get registered for an upcoming training. The shared goal is to promote SBIRT as a standard of care throughout Colorado. Refer to the [SBIRT 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.

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## **Speech Therapy**

### **Adult Habilitative Speech Therapy Coverage Update**

A policy change to allow adults to access habilitative speech therapy pending required system changes will be implemented. The implementation date will be communicated to speech therapy providers once it has been determined by the fiscal agent.

Contact Devinne Parsons at [Devinne.Parsons@state.co.us](mailto:Devinne.Parsons@state.co.us) with any outpatient speech therapy questions.

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## **Transportation**

### **List of All Active NEMT Providers for Members Seeking Transportation Services**

An updated list of active NEMT providers has been posted on the [Non-Emergent Medical Transportation \(NEMT\) Service Areas web page](#). The updated list shows NEMT providers by

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county and if revalidation has been completed. It will be updated as providers complete the revalidation process.

Contact Courtney Sedon at [Courtney.Sedon@state.co.us](mailto:Courtney.Sedon@state.co.us) for more information.

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## Vision Providers

### Aspheric Lens PAR Requirements Stakeholder Meeting

Vision providers are invited to attend a stakeholder engagement session regarding proposed policy to require prior authorization of aspheric lenses for Health First Colorado Members. There will be time for questions and answers.

This policy change will require prior authorization and medical necessity review for aspheric lenses to ensure the proper lenses are ordered for members.

**Meeting Date and Time:** Wednesday, December 18, 11:30 a.m. - 12:30 p.m. MT

Registration and Location: The meetings will be virtual via Zoom.

[Register in advance or at the start of the webinar.](#) Attendees will receive a confirmation email with information to join the webinar.

**Dial-In:** +1 484-841-8349 (Toll free), Passcode: 903429737

The meeting recording will be posted to the [Aspheric Lens Prior Authorization Request \(PAR\) Requirements Stakeholder Engagement event web page](#) within 48 hours of the meeting.

Contact Kelsey Leva at [HCPF\\_PolicyStakeholderEngagement@state.co.us](mailto:HCPF_PolicyStakeholderEngagement@state.co.us) with questions about the proposed policy or the stakeholder engagement session.

#### 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 may be provided upon request. Notify the meeting organizer; [Kelly O'Brien](#); or the or the Civil Rights Officer at [hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us) at least one 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 organizador de reuniones; [Kelly O'Brien](#); o 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.

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### 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 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 following providers are eligible to **render** vision services when enrolled with Health First Colorado and licensed by the DORA or the licensing agency of the state in which they do business: Optometrists, Ophthalmologists and Opticians. The OPR provider indicated on the claim **must** be actively enrolled with Health First Colorado ([42 CFR § 455.410\(b\)](#)). If the indicated provider is not actively enrolled the claim will be denied.

It is important for OPR providers to understand the implications of failing to enroll in Health First Colorado. The providers who 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 the OPR providers on claims and to ensure the OPR provider is currently enrolled with Health First Colorado. The OPR field on the CMS 1500 professional claim form is 17b and in fields 76-79 on the UB-04 Institutional claim form. This field may be labeled as Referring Provider in the Provider Web Portal. Claims with services requiring OPR provider(s) 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 QUAL MM DD YY	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 NPI	17a. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY
19. ADDITIONAL CLAIM INFORMATION (Designated by NUBC)		20. OUTSIDE LAB? CHARGES

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

43401	REL ATTENDING	REL OPERATING	REL OTHER	REL OTHER
LAST FIRST MI	LAST FIRST MI	LAST FIRST MI	LAST FIRST MI	LAST FIRST MI
NPI	NPI	NPI	NPI	NPI

The OPR mandate is not currently denying claims for missing OPR NPI’s, however, missing OPR NPI’s will result in claims denials beginning April 1, 2025.

Providers are highly encouraged to [sign up to receive Department communications](#).

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

Policy questions should be directed to Christina Winship at [Christina.Winship@state.co.us](mailto:Christina.Winship@state.co.us).

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

Refer to the [Ordering, Prescribing, and Referring Claim Identifier Project web page](#) for more information about OPR requirements.

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## Provider Training Sessions

Providers are invited to sign up for a provider training session. Training sessions focused on Health First Colorado are offered:

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

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 that it does not provide guidance on revalidation for already enrolled providers.

### Beginner Billing Training

There are two (2) beginner billing training sessions 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 training sessions 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 training sessions 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, CHP+ and Medicare for enrollment and billing training specific to those organizations. Training for the new 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.

**December 2024 Schedule**

December 2024				
Monday	Tuesday	Wednesday	Thursday	Friday
2	3	4	5	6
9	10	11 <a href="#">Beginner Billing Training: Professional Claims (CMS 1500)</a> <a href="#">9-11:30 a.m.</a>	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

More training sessions will be available in 2025 and will be published in the January 2025 bulletin.

## Upcoming Holidays

Holiday	Closures
<b>Christmas</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.
<b>New Year's Day</b> Wednesday, January 1	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

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