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Did You Know?

Before rendering services, the provider should verify the member's eligibility to ensure that the member is eligible for benefits. Providers should retain documentation of the verified eligibility for billing purposes.

It is critical for providers to always check the eligibility response at each visit as eligibility may change.

Refer to the General Provider Information Billing Manual, located under the General Provider Information drop-down section on the [Billing Manuals web page](#), for more information.

All Providers

Child Health Plan *Plus* (CHP+) Update

Federal Funding Renewed

Congress has renewed federal funding for the Children's Health Insurance Program (CHIP) for six years and the President has signed the bill in to law. This means the [Child Health Plan *Plus* \(CHP+\) program](#) will continue in Colorado.

Read statements from [Governor John Hickenlooper](#) and the [Department](#) here.

This week the Department will begin notifying CHP+ members that the program will continue. Additional information will be made available in the coming days on the [Future of Child Health Plan *Plus* \(CHP+\) web page](#).

Important Reminders

- CHP+ members can continue to go to the doctor and use their benefits.
- CHP+ children can continue to go to the dentist.
- CHP+ providers can continue to make and keep appointments with the CHP+ members.
- If a CHP+ member receives a letter stating it is time to renew CHP+ benefits, they should follow the instructions in the letter and pay the enrollment fee, if one is owed. If they don't pay their enrollment fee, they may not have coverage.

Stay Informed

We encourage visits to the [Future of Child Health Plan Plus \(CHP+\) web page](#) and [signing up for our Future of CHP+ newsletter](#) for updates.

Fingerprint Criminal Background Checks

Federal regulations found at 42 CFR 455.434 require enhanced screening and revalidation of all Medicare, Medicaid and CHP+ providers.



Most Health First Colorado and CHP+ providers have already met the requirements for this revalidation cycle. However, we want to remind “high-risk” providers (and any person who has ownership or a controlling interest of 5% or more of a high-risk provider) that they will still need to undergo fingerprinting and a fingerprint criminal background check.

Providers must submit fingerprints within 30 days of a request from the Department.

This is not a request for fingerprint submission but a notice that fingerprinting requests and federal criminal background checks will begin in April. More information is coming soon.

2018 Health Care Procedural Coding System (HCPCS) Codes Annual Update

Claims are suspending when billed for HCPCS 2018 procedure codes with EOB 0000 - "This claim/service is pending for program review."

Claims will be released by DXC Technology (DXC) once the HCPCS 2018 procedure codes have been loaded into the Colorado interChange system. The Department of Health Care Policy & Financing (the Department) will notify providers with any updates.

Contact the [Provider Services Call Center](#) at 1-844-235-2387 with questions.



Effective March 1, 2018 - Checks for Refund Payment Must Be Made Out to “Colorado Department of Health Care Policy and Financing”

When writing a check to refund payment, make the check out to “Colorado Department of Health Care Policy and Financing” and mail it to:

DXC Technology
 P.O. Box 30
 Denver, CO 80201

However, we highly recommend submitting payments electronically as we will automatically set up an AR balance. To learn how to copy, adjust or void a claim in the Provider Web Portal, reference the [Provider Web Portal Quick Guide - Copy, Adjust, or Void a Claim](#).

Effective March 1, 2018, checks made out to other entities (such as ACS, Consultec, DXC, Hewlett Packard, HP, HPE, Xerox, etc.) will be returned. "Colorado Department of Health Care Policy and Financing" is the only pay-to name that will be accepted as of March 1, 2018.



CMS 1500 and UB-04 Paper Claim Form Reminder

As part of the transition to our Fiscal Agent, DXC, Health First Colorado (Colorado's Medicaid Program) hopes to have all claims processed as quickly and efficiently as possible. For this to occur, as of April 17, 2017, only original **red ink** claim forms submitted to the Fiscal Agent will be accepted.

All black and white CMS 1500 and UB-04 claim forms received on or after April 17, 2017, will be returned to providers unprocessed. This includes claims submitted as originals, resubmissions, reconsiderations, appeals and adjustments.



This is to facilitate Optical Character Recognition (OCR) scanners to accept the claim form. For the form to be read by a scanner, the form must be in OCR red ink. This creates a "cleaner" image that is easier and faster to process with data capture automation such as ICR/OCR (Intelligent Character Recognition/Optical Character Recognition) software. The result is that providers will see their paper claims process

faster and with fewer entry errors. As a reminder, providers who submit claims through the Provider Web Portal can send attachments with the claims.

This article was originally published in the [May 2017 Provider Bulletin \(B1700398\)](#).

Home and Community Based Services (HCBS) Providers

Spinal Cord Injury Pilot Waiver Annual Report Published

Background

Through [HB 09-1047](#) and [SB 15-011](#), the Colorado General Assembly authorized the Department to seek Federal approval from the Centers for Medicare and Medicaid Services (CMS) to implement a Home and Community Based Services (HCBS) Spinal Cord Injury (SCI) waiver. The HCBS-SCI waiver is set to expire in 2020.

The purpose of the SCI Waiver is to offer services that allow members to live in the community of their choice as well as to offer and evaluate the effectiveness of Complementary and Integrative Health Services

(CIHS) for individuals with a spinal cord injury which consist of acupuncture, massage, and chiropractic.

Report Findings

As mandated by the General Assembly, the Department is conducting an external evaluation on the effectiveness of the waiver through 2020. Each year, the Department receives an annual report with a final report due in 2020. The Department's 2017 [SCI Waiver Annual Report](#) findings are available online. Below are key findings from the report:

- The most commonly cited result of receiving CIHS was a decrease in pain; 81% of participant respondents said that they experienced pain on fewer days and 87% said their level of pain had decreased as a result of CIHS (page 38).
- It is hypothesized that better pain management through CIHS will lead to a reduced need for pharmaceuticals to manage pain and depression. Early data shows some support for this hypothesis (page 20).

The Department envisions adding further providers to our provider network of Complementary and Integrative Health Services, as well as increasing the number of enrolled members. With increased enrollment and service utilization, more members may experience the benefits of CIHS while also providing the Department with valuable feedback through the independent evaluation process. The increased number of participants in the waiver will help to increase the quality and validity of the final evaluation findings being presented to the General Assembly in 2020.

For more information on the HCBS-SCI waiver, go to the [Spinal Cord Injury Waiver \(SCI\) web page](#).

Contact Lindsay Westlund at Lindsay.Westlund@state.co.us if interested in participating in the waiver or becoming a participating provider.

Community Mental Health Supports (CMHS) Fiscal Year (FY) 2017-18 Rates Updates Approved

The Department has received CMHS waiver approval from CMS, and FY 2017-18 rate updates effective October 1, 2017, have been loaded into the Colorado interChange. Approved rate increases have been implemented in the system and the Department has begun performing mass adjustment of claims. For providers whose usual and customary charges are greater than or equal to the increased rate for FY 2017-18, there is no need to take any action to receive the increased reimbursement. Providers whose usual and customary charges are less than or equal to the increased rate for FY 2017-18 must submit an adjustment to the claims to receive the rate increase. For information on submitting adjustment to claims, please refer to the [Provider Web Portal Quick Guide - Copy, Adjust, or Void a Claim](#).



The fee schedule located on [Provider Services web page](#) has been updated to reflect the approved 1.4% across the board rate increase and targeted rate increases.

Home Health Providers

Long-Term Home Health (LTHH) Services Prior Authorization Requests (PARs)

To ensure timely review of each pediatric LTHH services PAR, appropriate clinical documentation supporting the medical necessity of the requested services must be submitted. Please ensure that appropriate and current clinical documentation, including therapy and physician notes, are submitted with the PAR to support medical necessity.

Hospital Providers

General Updates

INPATIENT HOSPITALS

Notice of Program Reimbursement (NPR) Due to Myers & Stauffer March 1, 2018

In order to calculate a hospital's inpatient base rate and the Medicaid specific add-ons for Fiscal Year (FY) 2018-2019, it is imperative that the Department's hospital contractor, Myers and Stauffer LC, receives an agency's most recent finalized Medicare NPR by March 1, 2018.



Please submit the following: Electronic Cost Report (ECR) file (if available) or hard copy, copy of Medicare adjustments and NPR letter. If a reopening was completed, send the most recent finalized report. **If a facility fails to include the NPR letter, the documents that have been submitted will not be used for rate setting.**

Electronic submissions may be sent to Eileen Glenn at eglenn@mslc.com. Paper versions should be mailed to the following address:

Attn: Eileen Glenn, Senior Manager

Myers and Stauffer LC

6312 S. Fiddlers Green Cir, Ste 510N

Greenwood Village, CO 80111

Inpatient Claims Reduced by Nursing Home Patient Liability

372 claims were affected and reprocessed on January 5, 2018. Please note that some claims did apply patient liability again, since the claims contain patient liability submitted by the provider. If noticing any problems with these claims, contact Diana Lambe at Diana.Lambe@state.co.us with Internal Control Numbers (ICNs).

OUTPATIENT HOSPITALS

Biweekly Enhanced Ambulatory Patient Groups (EAPG) Meetings

Beginning September 22, 2017, the Department began hosting biweekly meetings dedicated to the EAPG methodology. These meetings are intended to be an informal discussion where the Department and its

hospital providers can discuss issues relating to billing, payment, or the EAPG methodology in general. For recordings of previous meetings and any related materials, as well as the current schedule for future meetings, please visit the Department's [Outpatient Hospital Payment web page](#). The next meeting will be hosted by the Department on February 9, 2018.



****Please note: Starting January 12, 2018, all EAPG Biweekly Meetings were moved to a new location at 303 E. 17th Ave, Denver, Conference Room 7B****

Contact Andrew Abalos at Andrew.Abalos@state.co.us or 303-866-2130 with any questions regarding the EAPG methodology.

Mass Adjustment of EAPG Claims Update

The Department has been performing mass adjustments of EAPG claims processed through Colorado interChange since mid-November. The intention behind these adjustments is to ensure that EAPG claims are adjudicating in alignment with intended payment policies. As the Department continues in this effort, more adjustments will be completed in the coming weeks.

For continuing up to date information regarding the scheduling of mass adjustments on EAPG claims, please review the information found on the [Outpatient Hospital Payment web page](#) or attend the biweekly EAPG Meetings.

Contact Andrew Abalos at Andrew.Abalos@state.co.us or 303-866-2130 for assistance in identifying claims which have been adjusted.

SPECIALTY HOSPITALS

Meetings

The next Specialty Hospital meeting in regard to the New Budget Neutral Rate will be February 2, 2018, starting at 1 p.m. Contact Elizabeth Quaife at Elizabeth.Quaife@state.co.us with any questions, concerns or feedback.

For more information, please go to the Specialty Hospital section on our [Hospital Engagement Meetings web page](#).

ALL HOSPITAL PROVIDERS

Hospital Engagement Meetings

The Department held multiple Hospital Engagement meetings in 2017 to discuss current issues regarding payment reform and operational issues moving forward. The next meeting is scheduled for Friday, March 2, 2018, at 303 E. 17th Ave, Denver, Conference Rooms 7B & 7C.



[Sign up to receive the Hospital Engagement Meeting newsletters.](#)

The agenda for upcoming meetings will be available on our [Hospital Engagement web page](#) in advance of each meeting.

Registration links for each session during the day will also be available prior to the meeting. Just click on the links to register for each session and a link will be received to connect to the webinar. For more information, please visit our [Hospital Engagement web page](#).

****Please note: Starting January 12, 2018, all Hospital Engagement Meetings were moved to a new location at 303 E. 17th Ave, Denver, Conference Rooms 7B & 7C****

Contact Elizabeth Quaife at Elizabeth.Quaife@state.co.us with any questions.

All Medication-Prescribing Providers and Pharmacies

Emergency Supply While Waiting for Prior Authorization (PA) Determination



PA requests are processed within 24 hours of receipt. The only time they may not be finalized within that 24-hour window is if additional information is required before a decision can be rendered. In that case, the prescriber is asked for the additional information. If the information needed is not received within that 24-hour window and the pharmacist determines that an emergency supply is needed by the member until a PA is processed and finalized, the pharmacist may request a 3-day override. This 3-day override may be allowed for most medications. Contact the Magellan Rx Pharmacy Call Center to request a 3-day override for emergency situations while a PA is being processed.

The Magellan Rx Pharmacy Call Center (1-800-424-5725) is available 24 hours a day, 7 days a week.

PAs and emergency 3-day supplies can be called or faxed to the Magellan Rx Pharmacy Call Center.

Phone: 1-800-424-5725 Fax: 1-888-424-5881

Reference: Appendix P (located under the Appendices drop-down section on the [Billing Manuals web page](#))

Drug Utilization Review (DUR) Updates

Telephone consults with specialists in the areas of child/adolescent psychiatry or pain management are available for complex Health First Colorado members.

If interested, email SSPPS.co-dur@ucdenver.edu.

These consults are provider-to-provider telephone consults and are available free of charge for Health First Colorado members.

The next DUR Board meeting is scheduled for February 13, 2018, and the following drug classes will be covered, among other individual agents TBD in the meeting agenda (available on the [DUR Home Page](#) approximately 30 days prior to the meeting):



Neurocognitive Disorder Agents, Atypical Antipsychotics, Growth Hormones, Insulin Products, Intranasal Corticosteroids, Leukotriene Modifiers, Agents for Multiple Sclerosis, Ophthalmic Allergy, Sedative Hypnotics, Statin and Combinations

Interested in providing testimony for agents within these classes? Please see the [DUR Home Page](#)!

For more information about the DUR's activities, please visit the DUR Home Page or email SSPPS.co-dur@ucdenver.edu.

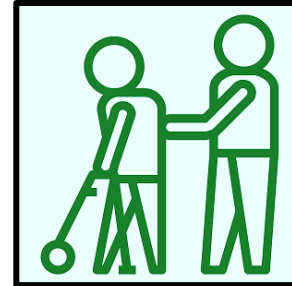
Outpatient Therapy Providers

Provider Type Restrictions

Providers are reminded of the allowed rendering provider type restrictions for outpatient physical, occupational and speech therapy services. The Colorado interChange will deny outpatient therapy claims that do not meet these requirements.

Allowed rendering providers are licensed or certified as:

- Physicians, Physician Assistants or Osteopaths
- Advanced Practice Nurses
- Physical therapists (PTs)
- Occupational therapists (OTs)
- Speech therapists



Reference the Physical and Occupational Therapy (PT/OT) and the Speech Therapy policy-billing manuals, located under the CMS 1500 drop-down section on the [Billing Manuals web page](#), for complete details.

Contact Alex Weichselbaum at Alex.Weichselbaum@state.co.us with questions.

Pediatric Behavioral Therapy Providers

New Provider Types

Great news! Effective January 1, 2018, there are now provider types specific to the services.

Provider Type	Description	Specialty	Description	Enrollment Type
83	Behavioral Therapy Clinic	830	Behavioral Therapy Clinic	Group
84	Behavioral Therapist	831	Behavioral Therapist	Billing Individual
84	Behavioral Therapist	832	Behavioral Therapist	Individual within a Group

The same provider qualifications are needed as those for provider type 24 Non-Physician Practitioner and provider type 25 Non-Physician Practitioner - Group.

Any new providers must use this new provider type. Any current providers may change their enrollment if they wish but do not need to at this time.

For more information please visit the [Pediatric Behavioral Therapies web page](#).

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

Pharmacy Providers

Drug Recall and Safety Alert: Clopidogrel 75 mg tablets

International Laboratories, LLC is voluntarily recalling Lot# 117099A of Clopidogrel Tablets (NDC# 54458-888-16), USP 75 mg, packaged in bottles of 30 tablets, to the consumer level due to mislabeling. The product is labeled as Clopidogrel Tablets USP, 75 mg but may contain Simvastatin Tablets USP 10 mg.

The product was distributed to retail stores in all US States. International Laboratories, LLC is notifying distributors and customers by letter and is arranging for return of all recalled products.

Healthcare professionals are encouraged to [report adverse events](#) or side effects related to the use of these products to the [FDA's MedWatch Safety Information and Adverse Event Reporting Program](#). Patients who have purchased this product should stop using and return the product to the location of purchase for a full refund.

[FDA's Safety Alert](#) - January 11, 2018



International Laboratories, LLC Clopidogrel tablets



International Laboratories, LLC Simvastatin tablets



Pharmacy Cost of Dispensing Survey

Mercer Health & Benefits LLC (Mercer) will be conducting a survey on the cost of dispensing prescription drugs to Health First Colorado members. The Department is required to conduct this survey every two state fiscal years per the Medicaid State Plan. Mercer will distribute survey packets to all pharmacy providers in the coming weeks. The Department strongly encourages pharmacy providers to participate because the survey findings will be a significant factor in reviewing the dispensing fees currently paid to pharmacies.

Contact Colorado.SMAC@state.co.us with questions related to the survey.

Date of Service Reminders

As a reminder, the date of service is the date that the prescription was filled by the pharmacy. Documentation housed within the pharmacy must substantiate the date of service for claims submitted in the pharmacy system, i.e. the dates should be the exact same.



Please see citation to rule for all information that should be included on pharmacy claims:

8.800.10.B. Each claim must identify the member, prescribing physician, **date of service**, National Drug Code (NDC) number of the drug actually dispensed, prescription number, quantity dispensed, days' supply, the Usual and Customary Charge and any other information required by the Department.

Unenrolled Prescribers: NEW Prescriptions Written by Prescribers Not Enrolled with Health First Colorado Began Denying on January 1, 2018

Health First Colorado will not pay for new prescriptions written on or after, January 1, 2018, if the prescriber is not enrolled with Health First Colorado. Refills written prior to January 1, 2018, by unenrolled prescribers will pay until the prescription expires or until there are no remaining refills. PAs requested by unenrolled prescribers will not be processed by the Magellan Rx Management Pharmacy Call Center beginning January 1, 2018.

If a prescriber would like more information on enrollment, please call the [Provider Services Call Center](tel:1-844-235-2387) at 1-844-235-2387, or visit the [Ordering, Prescribing or Referring Provider web page](#). After an enrollment or revalidation application is submitted, please use the [Provider Next Steps web page](#). To verify enrollment status, please review pages 135-141 in the [Provider Enrollment Manual](#).

If a prescriber does not wish to enroll with Health First Colorado, they should refer their patients to a prescriber that is enrolled. **Patients needing new prescriptions for their medications written on or after January 1, 2018, must be written by an enrolled prescriber for Health First Colorado to pay for and process the claims.**



Pharmacy providers can identify prescriptions filled by an unenrolled prescriber with a current message that is sent back on the pharmacy claim that says, "Prescriber not enrolled. Call DXC at 1-844-235-2387, to enroll."

In an emergency situation, the Department will place a 3-day override on a claim written by an unenrolled prescriber so that the member can obtain the medication(s) that they need. This will mirror the current override process (please refer to Appendix P, located under the Appendices drop-down section on the [Billing Manuals web page](#), for more information on the override process). 3-day overrides will be reviewed on a case by case basis which means that if a 3-day override is placed once it does not grant future approval. Please note that prescribers should either enroll with Health First Colorado or refer their patient to an enrolled prescriber immediately to prevent disruption in therapy.

Contact Kristina Gould at Kristina.Gould@state.co.us for additional information.

Upcoming Holidays

Holiday	Closed Offices/Offices Open for Business
Presidents' Day - Monday, February 19, 2018	State Offices, DentaQuest, DXC and the ColoradoPAR Program will be closed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks.

DXC Contacts

DXC Office

Civic Center Plaza
1560 Broadway Street, Suite 600
Denver, CO 80202

Provider Services Call Center

1-844-235-2387

DXC Mailing Address

P.O. Box 30
Denver, CO 80201