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## Did You Know? Checking Member Usage for Physical and Occupational Therapy (PT/OT) Services on Provider Web Portal

Member usage for PT/OT and other services can be found on the [Provider Web Portal](#). The Web Portal displays the remaining units under the Eligibility tab. After logging in to the Web Portal, click the Eligibility tab, then the Eligibility Verification link. Enter and submit the search criteria; then click "Expand All" to view Benefit Details, Coverage, Co-payments, Limit Details and Managed Care Assignment Details. More information can be found on page 6 of the [Verifying Member Eligibility and Co-Pay Provider Web Portal Quick Guide](#).

## All Providers

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

Providers are encouraged to monitor the [Centers for Medicare & Medicaid Services \(CMS\) website](#) for updates to 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 in October 2018. For more information, visit the [CMS NCCI website](#).

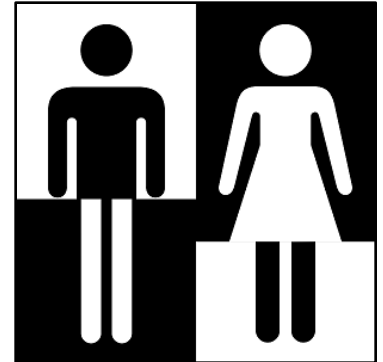
## Billing Gender-Specific Procedures for Transgender Members

Many procedures that are restricted to a transgender member's assigned sex at birth will still be medically necessary after legally changing their gender.

If a gender-specific procedure conflicts with the member's identified gender in the Colorado Benefits Management System (CBMS), please follow the billing guidance below:

- **CMS-1500/837P Claims:** Attach the KX modifier to the appropriate line items.
- **UB-04/837I Claims:** Attach condition code 45 to indicate a procedure is medically necessary despite a gender conflict.

These two identifiers are consistent with Medicare billing guidance.



The Colorado interChange will continue to deny these claims; however, the KX modifier and condition code 45 will allow the Department of Health Care Policy & Financing (the Department) to identify and reprocess these claims on a monthly basis. The Department will notify providers when this process becomes automated. Until that time, please follow the guidance outlined above.

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

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## Upcoming Improvements to Remittance Advice (RA) Financial Transactions Page

Many providers have contacted the Department and DXC Technology (DXC) with questions about how to reconcile claim adjustments reflected on RAs. Based on provider feedback, DXC and the Department are making updates to the Financial Transactions page of the RA to provide additional payment and recoupment information.

These changes will be implemented in the coming weeks, and updates will be provided in future provider bulletins and email communications.

[Sign up here and select email list "00 - All Provider Emails"](#) to receive future communications on these upcoming changes.

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## All Providers that Bill Medicare

### New Medicare Cards

The Centers for Medicare & Medicaid Services (CMS) has begun implementing a fraud prevention initiative that removes Social Security Numbers (SSNs) from all Medicare cards. The new Medicare Beneficiary Identifier (MBI) will replace the SSN-based Health Insurance Claim Number (HICN) on new Medicare cards for Medicare transactions such as billing, eligibility status and claim status. Much like an SSN, an MBI should be treated as Protected Health Information (PHI).

Each person enrolled in Medicare will be assigned a new MBI, which is an 11-character identifier made up of numbers and upper-case letters; and will be mailed a new Medicare card. CMS began mailing new Medicare cards in April 2018 and plans to meet the Congressional deadline for replacing all Medicare cards by April

2019. For more information on the MBI format and logic, refer to the [Understanding the Medicare Beneficiary Identifier \(MBI\) Format document](#). To see a full timeline for this initiative, refer to the [New Medicare Card Project Milestones document](#).

## CMS Transition Period

The [CMS Transition Period](#) began April 1, 2018, and will continue through December 31, 2019. During the Transition Period, providers can use either the HICN or the MBI to exchange data and submit claims.



### How will the MBI Affect Health First Colorado (Colorado's Medicaid Program)?

Starting January 1, 2020, providers that submit claims where Medicare is the primary payer will have to submit claims using MBIs, regardless of the date the service was rendered. The Department and DXC will keep providers and submitters informed of Colorado interChange updates as they are implemented and any corresponding deadlines throughout the transition period.

### How to Prepare for the Change

The Department and DXC are committed to ensuring that payments are not disrupted for the provider community, nor services for Health First Colorado members. Some suggested steps to prepare for this new change include:

- [Sign up](#) to receive provider emails from the Department.
- Visit the CMS [New Medicare Cards web page](#) and [subscribe](#) to receive the CMS MLN Connects® weekly newsletter.
- Attend CMS' quarterly calls to receive additional information. Upcoming calls will be announced in the MLN Connects® newsletter.
- Verify all Medicare members' addresses. Should the address on file differ from the Medicare address found on electronic eligibility transactions, kindly ask the member to contact the [Social Security Administration](#) and update his or her Medicare records.
- Help Medicare members adjust to the new Medicare cards. Helpful information can be displayed, such as posters hung around the office, about the new Medicare card once more information is available to help keep members informed.
- Test out the system changes and work with the practice's billing office staff to make sure the office is ready to use the new MBI format.

## Timeline

### April 1, 2018: CMS Transition Period Begins

- CMS began issuing new cards to beneficiaries.

### October 2018: Accepting MBI in the Colorado interChange

- The Colorado interChange will accept transactions containing either HICN or MBI based Medicare IDs. However, the submitted Medicare ID will not be used in processing of the incoming transaction.
- On the 834 and 271 transactions, if a member is enrolled in Medicare and their current Medicare ID is a HICN, then the HICN will be sent on the transaction. If the current ID is an MBI, then the member's current MBI will be sent.
- MBIs (if known to Colorado interChange) are returned on the Provider Web Portal and the Automated Voice Response System (AVRS) responses. If the MBI is not known, then the corresponding HICN will be returned.

### April 2019

- CMS will complete issuing new cards to beneficiaries.

January 1, 2020: CMS Transition Period Ends

- On the 834 and 271 transactions, if a member is enrolled in Medicare, only the current MBI will be returned. If a current MBI is not known for a member, then no Medicare ID will be returned.
- Only known MBIs will be returned on the Web Portal and AVRS responses.

Note: This implementation timeline is mandated by CMS and can change at any time.

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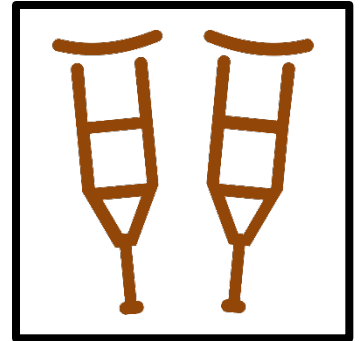
## **Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Providers:**

### **Prosthetics & Orthotics Prior Authorization Request (PAR) Announcement**

Effective November 1, 2018, the Department will implement PAR requirements for select prosthetic and orthotic codes, which will be reviewed for medical necessity by the Department's utilization management vendor, eQHealth Solutions, Inc.

Refer to the [Prosthetic and Orthotic Utilization Code List](#) for a complete list of codes for PAR review.

Contact the Department's DME division at [HCPF\\_DME@hcpf.state.co.us](mailto:HCPF_DME@hcpf.state.co.us) to provide feedback on the codes or to request additional information.




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## **Home and Community Based Service (HCBS) Providers**

### **Alternative Care Facility (ACF) Targeted Rate Increase Approved**

The targeted provider rate increase for ACF for the HCBS Elderly, Blind and Disabled, and Community Mental Health Supports waivers were approved by Centers for Medicare & Medicaid Services (CMS). The approved targeted rate increase (TRI) is 25% and the new rate effective October 1, 2018, is \$64.90.

The fee schedules located on the [Provider Rates & Fee Schedule web page](#) have been updated to reflect the approved 25% TRI. The Department has updated rates in the Colorado interChange and reimbursement for services on or after October 1, 2018, will reflect the increased rates.

Detailed information about the annual rate updates has been published in past provider bulletins as well as on the [Provider Rates & Fee Schedule web page](#). The Department will continue to publish updates in these locations when CMS approval is received for additional HCBS TRIs, rates have been loaded, and mass adjustments have occurred.

#### **"Lower of" Pricing Logic for Rate Increases**

If the Department implements rate increases, claims that were already billed with and paid at a rate lower than the new rate cannot be adjusted for the higher rate. The Department will always use the "lower of"

pricing logic. Providers are advised to bill their usual and customary charges. Not all codes are listed on the Health First Colorado Fee Schedule, so providers are advised to check [all fee schedules](#) which apply to their billing practices. If a code is not listed on the Health First Colorado Fee Schedule, it may be listed on a benefit-specific fee schedule.

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

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## Environmental Survey on Current Technology Usage of HCBS Providers



The Department is working with the Centers for Medicare & Medicaid Services (CMS) through a grant to establish national standards for the electronic sharing of data related to long-term services and supports (LTSS) among individuals who use LTSS, providers and case managers. The grant also supports the testing of a personal health record, which provides individuals access to their LTSS data, such as support plan data. As part of this grant and to further this work, the Department would like to collect some information from providers on their current electronic/information technology environment to better understand current capabilities, usage and what functionality providers think is most important in the sharing of data electronically.

[Click here to complete the Department's Environmental Survey for HCBS.](#)

Contact Steve House at [shouse@orchestratehealthcare.com](mailto:shouse@orchestratehealthcare.com) for more information.

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## Hospital Providers

### General Updates

#### Outpatient Hospitals

##### Monthly Enhanced Ambulatory Patient Group (EAPG) Meetings

The next EAPG Meeting is scheduled for **September 7, 2018, 11:00 a.m. - 12:30 p.m.** at **303 East 17<sup>th</sup> Ave, Denver, Conference Room 7B & 7C**. These meetings are intended to be an informal discussion where the Department and its hospital providers can discuss issues relating to billing, payment, and/or the EAPG methodology in general. For recordings of previous meetings, related meeting materials and the current schedule for future meetings, visit the [Outpatient Hospital Payment web page](#).

**Note:** Starting July 13, 2018, EAPG Meetings were rescheduled to a new time. EAPG Meetings are now held from 11:00 a.m. - 12:30 p.m. and on a bi-monthly schedule.

Contact Andrew Abalos at [Andrew.Abalos@state.co.us](mailto:Andrew.Abalos@state.co.us) or 303-866-2130 with any questions regarding the new EAPG rates or the EAPG methodology in general.

##### Proposed Rule Update for Certain Outpatient Specialty Drugs

The Department is proposing a permanent rule update to the Code of Colorado Regulations which will allow reimbursement for certain specialty drugs delivered in the outpatient hospital setting to be reimbursed using a non-EAPG methodology. The Medical Services Board approved this update as an emergency rule on

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August 10, 2018. Emergency rules are effective for 120 days, so the Department intends to present a permanent rule to the Medical Services Board on October 12, 2018.

The emergency rule can be found on the [Outpatient Hospital Payment web page](#). Send any questions or concerns regarding the rule to [hcpf\\_hospitalregulatory@state.co.us](mailto:hcpf_hospitalregulatory@state.co.us). For more information regarding the Medical Services Board, visit the [Medical Services Board web page](#).

### **Specialty Hospitals: Freestanding Long-Term Acute Care (LTAC) and Freestanding Rehabilitation**

The monthly Specialty Hospital Meetings have been placed on hold. When meetings resume, it will be communicated via email, Provider Bulletin, on the [Hospital Engagement Meetings web page](#) and announced in the Bi-monthly Hospital Engagement Meeting.

Contact Elizabeth Quaife at [Elizabeth.Quaife@state.co.us](mailto:Elizabeth.Quaife@state.co.us) with questions, concerns or feedback.

For more information, visit the Specialty Hospital section of the [Hospital Engagement Meetings web page](#).

### **All Hospital Providers**

#### **Hospital Engagement Meetings**

The Department will continue to host bi-monthly Hospital Engagement Meetings for 2018 to discuss current issues regarding payment reform and operational processing moving forward. The next meeting is scheduled for Friday, September 7, 2018, 9:00 a.m. - 10:30 a.m. at 303 East 17<sup>th</sup> Ave, Denver, Conference Room 7B & 7C.

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

Registration is not required for the Hospital Engagement Meeting. Providers are welcome to attend by conference line, webinar and/or in person. The agenda for upcoming meetings will be available on Monday the week of each meeting on the [Hospital Engagement Meeting web page](#). Visit the [Hospital Engagement Meeting web page](#) for more details and the meeting schedule.

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



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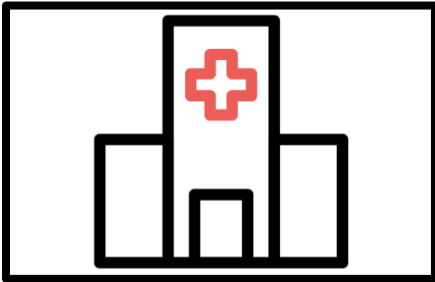
## **Hospital, Community Clinic, and Community Clinic and Emergency Center Providers**

### **Enrollment Now Open for Community Clinics (CC) and Community Clinic and Emergency Centers (CCEC) Providers**

The Public Rule Review meeting for the proposed CC/CCEC rule is currently set for Monday, August 27, 2018. The rule will be brought to the Medical Services Board for first reading on September 14, 2018. The target implementation date for this rule is December 1, 2018.

Details on these meetings and the rule making process can be found on the [Medical Services Board web page](#).

Enrollment for this new provider type will be limited to providers that are: (1) licensed as a CC or CCEC by the Colorado Department of Public Health and Environment; and (2) Medicare-certified by the Centers for Medicare & Medicaid Services (CMS) as part of a Medicare participating hospital.



In an effort to ensure a smooth transition, the Department has opened the enrollment process for the CC/CCEC provider type as of September 1, 2018, and is encouraging providers to enroll within the CC/CCEC provider type as soon as possible. Please note, however, that providers who do enroll early will not be able to submit claims under this new provider type until the CC/CCEC rule has been formally approved by the Medical Services Board. In the meantime, providers should continue billing as they have been under the hospital provider type.

For more information and step-by-step enrollment instructions, providers should consult the [Information by Provider Type web page](#). Additional billing instructions will be provided as the CC/CCEC rule moves through the regulatory approval process.

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

## Hospitals and Physician Services

### **Circumcision Prior Authorization Request (PAR) Requirements**

Circumcision has been a benefit of the Health First Colorado program since July 1, 2017. The following procedure codes are covered, reimbursable and do not require a PAR: 54150, 54160. Code 54161 is also covered and reimbursable but does require a PAR.

Refer to the [Health First Colorado Fee Schedule](#) for more information on rates and PAR requirements.

This change does not affect the Child Health Plan *Plus* (CHP+) Program.

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

## Pharmacy Providers

### **340B Drug Pricing Program**

Per Department policy, pharmacies which participate in the 340B Drug Pricing Program must choose either to provide only 340B-purchased drugs (carve-in) or to provide no 340B-purchased drugs (carve-out) to Health First Colorado members.

Providers that choose to carve-in must:

- 1) Have a National Provider Identifier (NPI) number listed on the HRSA 340B Medicaid Exclusion File,
- 2) Submit the 340B acquisition cost as the ingredient cost (NCPDP Field #409-D9) on each claim, and
- 3) Submit claims with "20" in the Submission Clarification field and "05" or "08" in the Basis of Cost Determination field.



Beginning September 1, 2018, noncompliant claims will trigger a notification:

- Claims which are noncompliant with the above requirements will pay but return a message to the point of sale indicating the issue. This transition period gives pharmacies 60 days to ensure 340B-purchased drugs are appropriately billed to Health First Colorado.

Beginning November 1, 2018, the Department will deny claims when:

- The Submission Clarification and Basis of Cost Determination fields indicate that the drug was purchased through the 340B Drug Pricing Program but the pharmacy NPI number is not listed on the HRSA 340B Medicaid Exclusion File.
- The pharmacy NPI number is listed on the HRSA 340B Medicaid Exclusion File but the Submission Clarification and Basis of Cost Determination fields did not include the correct values.
- The pharmacy NPI number is listed on the HRSA 340B Medicaid Exclusion File and the submitted ingredient cost on the claim exceeds the 340B ceiling price.

How to resolve denied claims:

- If a pharmacy is billing 340B-purchased drugs to Health First Colorado, then an NPI number must be listed on the HRSA 340B Medicaid Exclusion File: [340B Registration](#).
- If a provider is enrolled with the 340B Drug Pricing Program, claims must be submitted with "20" in the Submission Clarification field and "05" or "08" in the Basis of Cost Determination field.
- If the submitted ingredient cost for a 340B-purchased drug exceeds the 340B ceiling price, pharmacies must resubmit the claim with the correct 340B acquisition cost.

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

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## New 340B Policy and Procedures Manual

To assist 340B pharmacy providers with the intricacies of the 340B program, the Department has created a [policy and procedures manual](#) which is posted on the [Pharmacy Resources web page](#).

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

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## Rx Review Program Update



The Department will be starting a new cycle for the Rx Review Program in September 2018. Many local pharmacists have already participated in this program, and the Department is looking to recruit more for the growing population. The Rx Review Program is a patient-centered approach to ensuring that patients are well-informed about the medications being taken, finding effective ways to reduce side effects, and improving health outcomes. Participating pharmacists are compensated for providing one-on-one consultations to patients who have been referred to the program. This valuable service has been crucial in reducing risks of drug over-doses, dangerous drug interactions, and improving patient's knowledge about their prescriptions.

Pharmacists are reimbursed up to \$150 per patient consultation. Pharmacists are being recruited that can cater to a growing population of non-English speaking patients, as well as rural communities. If interested, visit the [Pharmacy Resources web page](#) for more information.

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For former participants in this program who would like to participate again, please send an email to the coordinator Samantha Jain at [Samantha.Jain@state.co.us](mailto:Samantha.Jain@state.co.us), and give a quick introduction and stating which zip codes/regions where the pharmacist is willing to provide services.

Contact Samantha Jain at [Samantha.Jain@state.co.us](mailto:Samantha.Jain@state.co.us) for more information regarding the Rx Review Program.

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## **Pharmacies and All Medication-Prescribing Providers**

### **October Preferred Drug List (PDL) Announcement**

The following drug classes and preferred agents will become effective October 1, 2018, for Health First Colorado:

#### **Anticoagulants**

Preferred products: Enoxaparin syringe, Lovenox vial (BNR), Pradaxa (2nd Line), Warfarin, Xarelto (2nd Line)

#### **Anticonvulsants**

Preferred products: Carbamazepine (all generic formulations with exception of suspension; brand Tegretol suspension preferred), Clonazepam, Divalproex, Dilantin capsules, Ethosuxamide, Felbatol, Lamotrigine tablet/chewable, Oxcarbazepine, Levetiracetam, Phenobarbital, Phenytek, Phenytoin, Primidone, Tegretol suspension, Topiramate tablet/sprinkle, Valproic Acid, Zonisamide

#### **Bone Resorption Suppression and Related Agents**

Preferred products: Alendronate 5mg, 10mg, 35mg, 70mg tablets

#### **Colony Stimulating Factors**

Preferred products: Neupogen vial/syringe

#### **Biguanides**

Preferred products: Metformin 500mg, 850mg, 1000mg tablets, Metformin ER 500mg tablets (generic Glucophage XR)

#### **Meglitinides**

Preferred products: No changes

#### **DPP4 Inhibitors**

Preferred products: Janumet, Janumet XR, Januvia, Tradjenta

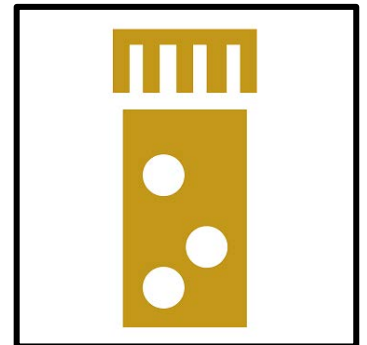
#### **GLP1 Agonists**

Preferred products: Byetta, Bydureon, Victoza (2nd Line)

#### **SGLT2 Inhibitors**

Preferred products: Farxiga, Invokana

#### **Thiazolidinediones**



Preferred products: Pioglitazone

### Erythropoiesis Stimulating Agents

Preferred products: Epogen

### GI Motility Agents, Chronic

Preferred products: Amitiza, Linzess, Movantik

### Hereditary Angioedema

Preferred products: Berinert, Firazyr, Haegarda

### Ophthalmic Immunomodulators

Preferred products: Restasis single dose

### Overactive Bladder Agents

Preferred products: Oxybutynin IR tablets, Oxybutynin ER tablets, Toviaz

### Stimulants and Related Agents

Preferred products: Atomoxetine, Amphetamine Salts IR, Amphetamine Salts ER, Concerta (BNR), Dexmethylphenidate IR, Focalin XR (BNR), Guanfacine ER, Methylphenidate IR (generic Ritalin IR), Vyvanse capsules

Prenatal Vitamins (preferred products)				
CITRANATAL ASSURE	CITRANATAL 90 DHA	CITRANATAL B-CALM	CITRANATAL HARMONY	CITRANATAL DHA
CONCEPT DHA	PNV2/IRON B-G SUC-P/FA/OMEGA-3 (generic Trust Natal DHA)	PNV2/IRON B-G SUC-P/FA/OMEGA-3 (generic Complete Natal DHA)	PRENATAL VIT 15/IRON CB/FA/DSS (generic Folivane-OB cap)	PRENATAL VIT 16/IRON CB/FA/DSS (generic Virt-C DHA softgel)
PRENATAL VIT 16/IRON CB/FA/DSS (generic Taron-C DHA cap)	PNV22/IRON CBN&GLUC/FA/DSS/DHA (generic PNV OB+DHA COMBO PACK)	PNV69/IRON, CARBONYL/FA/DSS/DHA (generic MACNATAL CN DHA SOFTGEL)	PRENATAL72/IRON FUM/FA/OM3/DHA COMBO. PKG (generic PRENATAL PLUS-DHA COMBO PACK)	PNV WITH CA, NO.72/IRON/FA (generic PNV Prenatal Plus MV tab)
PNV WITH CA, NO.72/IRON/FA (generic Prenatal Vitamin Plus Low iron)	PNV WITH CA, NO.72/IRON/FA (generic Preplus CA-FE 27 MG - FA 1mg tab)	PNV WITH CA, NO.72/IRON, CARB/FA	PNV NO.115/IRON FUMARATE/FA TAB CHEW (generic PNV-FERROUS FUMARATE-DOCU-FA)	PNV115/IRON FUMARATE/FA/DSS (generic Prenatal 19)
NESTABS	TRINATAL RX 1 (generic PRENATAL VIT27, CALCIUM/IRON/FA)	Generic PRENATAL VIT27&CALCIUM/IRON/FA		

Oral Contraceptives (preferred products)				
<b>Monophasic 28</b>				
Aubra 28 0.1-20	Aviane 28 0.1-20	Falmina 28 0.1-20	Larissa 28 0.1-20	Lessina 28 0.1-20
Levonor-Eth Estrad 28 0.1-20	Lutera 28 0.1-20	Orsythia 28 0.1-20	Sronyx 28 0.1-20	Vienva 28 0.1-20
Blisovi 28 FE 1-20	Junel 28 FE 1-20	Larin 28 FE 1-20	Microgestin 28 FE 1-20	Altaverra 28 0.15-30
Kurvelo 28 0.15-30	Levonor-Eth Estrad 28 0.15-30	Levora 28 0.15-30	Lillow 28 0.15-30	Marlissa 28 0.15-30
Portia 28 0.15-30	Cryselle 28 0.3-30	Elinest 28 0.3-30	Low-Ogestrel 28 0.3-30	Blisovi FE 28 1.5-30
Junel FE 28 1.5-30	Larin FE 28 1.5-30	Microgestin FE 28 1.5-30	Apri 28 0.15-30	Cyred 28 0.15-30
Desogest-Eth Estra 28 0.15-30	Emoquette 28 0.15-30	Enskyce 28 0.15-30	Isibloom 28 0.15-30	Juleber 28 0.15-30
Reclipsen 28 0.15-30	Drosperinone-Eth Estradiol 28 3-30	Ocella 28 3-30	Syeda 28 3-30	Zarah 28 3-30
Ethynodiol-Eth Estra 28 1-35	Kelnor 28 1-35	Estarylla 28 0.25-35	Femynor-28 0.25-35	Mono-Linya-28 0.25-35
Mononessa-28 0.25-35	Norg-Ethin Estra 28 0.25-35	Previfem 28 0.25-35	Sprintec 28 0.25-35	Necon 28 1-50
Balziva 28 0.4-35	Philith 28 0.4-35	Vyfemla 28 0.4-35	Necon 28 0.5-35	Nortrel 28 0.5-35
Wera 28 0.5-35	Alyacen 28 1-35	Cyclafem 28 1-35	Dasetta 28 1-35	Nortrel 28 1-35
Pirmella 28 1-35	Ethynodiol-Eth Estra 28 1-50	Nikki 28 3-20	Loryna 28 3-20	Vestura 28 3-20
Junel FE 24 1-20	Larin FE 24 1-20	Minastrin FE 24 1-20		
<b>Monophasic 21</b>				
Junel 21 1-20	Larin 21 1-20	Norethind-Eth Estrad 21 1-20	Junel 21 1.5-30	Larin 21 1.5-30
Nortrel 21 1-35				
<b>Biphasic</b>				
Lo Loestrin FE 28 1-10	Azurette 28	Bekyree 28	Kariva 28	Kimidess 28
Mircette 28	Pimtrea 28	Viole 28		
<b>Triphasic</b>				
Tri-Lo Estarylla 28	Tri-Lo Marzia 28	Tri-Lo Sprintec 28	Caziant 28	Velivet 28
Enpresse 28	Levonest 28	Levonor-Eth Estrad Triphasic 28	Myzilra 28	Ortho Tri-Cyclen 28
Tri-Estarylla 28	Tri-Femynor 28	Tri-Linyah 28	Trinessa 28	Tri-Previfem 28
Tri-Sprintec 28	Alyacen 7-7-7 28	Cyclafem 7-7-7 28	Dasetta 7-7-7 28	Pirmella 7-7-7 28
<b>Extended Cycle</b>				
Levonorgest-Eth Estrad 91 0.1-10-20	Levonorgest-Eth Estrad 91 0.15-20-25-30		Introvale 91 0.15-30	Jolessa 91 0.15-30
Quasense 91 0.15-30	Setlakin 91 0.15-30	Ashlyna 91 0.15-10-30		
<b>Continuous Cycle</b>			Levonorgest-Eth Estrad 28 0.09-20	
<b>Norethindrone Only</b>				
Camila 28 0.35	Deblitane 28 0.35	Errin 28 0.35	Heather 28 0.35	Jencycla 28 0.35
Jolivette 28 0.35	Lyza 28 0.35	Norethindrone 28 0.35	Norlyda 28 0.35	Ortho Micronor 28 0.35
Sharobel 28 0.35				

### Emergency 3-Day Supply While Waiting for Prior Authorization Request (PAR) Determination

In an emergency, when a PAR cannot be obtained in time to fill the prescription, pharmacies may dispense a 72-hour supply (3 days) of covered outpatient prescription drugs to an eligible member by calling the Magellan Rx Management Pharmacy Call Center at 1-800-424-5725 for approval. A 3-day emergency override

may be allowed for most medications. PARs and emergency 3-day supplies can be called into the Magellan Rx Management Pharmacy Call Center, which is available 24 hours a day, 7 days a week.

PARs 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, the pharmacist may request a 3-day override.

Refer to the [Pharmacy Billing Manual](#) for more information.

### Pharmacy and Therapeutics (P&T) Committee Meeting

Tuesday, October 2, 2018

1:00 - 5:00 p.m.

303 E 17th Ave Denver, CO 80203

11th Floor Conference Rooms

### P&T Committee Open Positions

The P&T Committee has openings for the following positions:

- Other Specialty Physician (actively practicing) (1 position)
- Member Representative (1 position)

The representatives shall serve two-year terms. Duties, membership and other term details are available on the [Pharmacy and Therapeutics \(P&T\) Committee web page](#) under the drop-down section labeled "Our Members."

Interested applicants should send a resume or CV along with a completed [Conflict of Interest Disclosure form](#) to Brittany Schock via email at [Brittany.Schock@state.co.us](mailto:Brittany.Schock@state.co.us), or mail to 1570 Grant Ave, Denver, CO 80203, or fax to 303-866-3590.

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## **Physicians, Nurse Practitioners, Certified Nurse Midwives, Dentists, Physician Assistants**

### **Colorado Medical Assistance Provider Incentive Repository (MAPIR) Accepting Health First Colorado-Eligible Professionals (EPs) and Eligible Hospitals (EHs) Attestations**

As a reminder, the Department is currently accepting attestations for EPs, EHs and Critical Access Hospitals for Program Year 2017 until October 12, 2018. Please visit the [CORHIO website](#) for more information.

# Provider Billing Training Sessions

## September and October 2018 Provider Billing Training Sessions

Providers are invited to participate in training sessions for an overview of Health First Colorado billing instructions and procedures. The current and following months' workshop calendars are shown below.

### Who Should Attend?

Staff who submit claims, are new to billing Health First Colorado services or need a billing refresher course should consider attending one or more of the following Provider Training Sessions.

The UB-04 and CMS 1500 training sessions provide high-level overviews of claim submission, prior authorizations, using the website and more. For a preview of the training materials used in these sessions, refer to the [UB-04 Beginning Billing Workshop](#) and [CMS 1500 Beginning Billing Workshop](#). Specialty training sessions provide more training for that particular provider specialty group.

For more training materials on navigating the Provider Web Portal, refer to the Provider Web Portal Quick Guides available on the [Quick Guides and Webinars web page](#).

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

### September 2018

Sunday 9	Monday 10	Tuesday 11	Wednesday 12	Thursday 13 <a href="#">UB-04 Webinar</a> 9:00 a.m. - 11:30 a.m. MT	Friday 14	Saturday 15
Sunday 16	Monday 17	Tuesday 18	Wednesday 19	Thursday 20 <a href="#">CMS 1500 Webinar</a> 9:00 a.m. - 11:30 a.m. MT	Friday 21	Saturday 22
Sunday 23	Monday 24	Tuesday 25	Wednesday 26	Thursday 27 <a href="#">PT/OT Specialty Webinar</a> 9:00 a.m. - 11:30 a.m. MT	Friday 28	Saturday 29

## October 2018

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7	8	9	10	11 <a href="#">CMS 1500 Webinar</a> 9:00 a.m. - 11:30 a.m. MT	12	13
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
14	15	16	17	18 <a href="#">UB-04 Webinar</a> 9:00 a.m. - 11:30 a.m. MT	19	20
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
21	22	23	24	25 <a href="#">HCBS Specialty Webinar</a> 9:00 a.m. - 11:30 a.m. MT	26	27

### Live Webinar Registration

Register for a live webinar by clicking the title of the desired training session in the calendar above and completing the webinar registration form.

For questions or issues regarding webinar registration, email [co.training@dxc.com](mailto:co.training@dxc.com) with the subject line "Webinar Help." Please include a description of the issue being experienced, name and contact information (email address and phone number), and the date and time of the webinar to be attended. Providers should allow 2-3 business days to receive a response.

### In-Person Training Registration

Providers who would like to attend a training session **in person** should RSVP to [co.training@dxc.com](mailto:co.training@dxc.com) by noon the day prior to the training, with the subject line "In-Person RSVP." Please include attendee name(s), organization, contact information (email address and phone number), and the date and time of the training to be attended. Providers should allow 2-3 business days to receive a confirmation for their in-person training reservations. Do not send an RSVP via email if not planning on attending **in person**.

In-person training sessions will be held at the following address:

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

## Parking and Transportation

Free parking is not provided, and parking is limited in the downtown Denver area. Commercial parking lots are available throughout the downtown area. The daily rates range between \$5 and \$20. Carpooling and arriving early are recommended to secure parking. Whenever possible, public transportation is also recommended.

Some forms of public transportation include:

[Light Rail](#)

[Free MallRide](#)

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## Upcoming Holidays

Holiday	Closed Offices/Offices Open for Business
<p><b>Labor Day - Monday, September 3, 2018</b></p>	<p>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.</p>
<p><b>Columbus Day - Monday, October 8, 2018</b></p>	<p>State Offices, DentaQuest, 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 will be open.</p>

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## 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