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Did you know...?

The 2016-2017 Synagis® and seasonal influenza season will begin November 30, 2016 and end April 30, 2017. More information is available in the October 2016 Special Provider Bulletin (B1600388). This special bulletin has been posted to the Department's [Provider Bulletins page](#).

All Providers

Revised Go Live Date for the New Colorado interChange, Provider Web Portal, and Pharmacy Benefits Management System

In October, the Department of Health Care Policy & Financing (the Department) announced its decision to postpone the Go Live date of the new Colorado interChange and Pharmacy Benefits Management System. **The new Go Live date is March 1, 2017.**

For more information about the postponement, please visit the Department's [Provider Resources page](#), watch [this webinar](#), or review the [frequently asked questions \(FAQs\) about the postponement](#).

A Sincere Thank You to Those Who Have Already Completed Revalidation

The Department would like to sincerely thank our providers, Managed Care Organizations, Behavioral Health Organizations, Regional Care Collaborative Organizations, and other partners for all the effort you have put into the revalidation and enrollment process over the past year and a half. We understand it has taken a lot of time and work to complete applications, participate in trainings, and prepare for business process changes.



The decision to postpone the Go Live date was made with the knowledge that many of our providers need extra time and support to complete their revalidation applications. The potential impact to our members' access to care was also carefully considered. We appreciate the 35,000 providers who have successfully completed the process. Additionally, we know there are providers who have yet to begin the process or who are attempting to complete their applications.

**Xerox State Healthcare
Denver Club Building
518 17th Street, 4th floor
Denver, CO 80202**

Contacts

Billing and Bulletin Questions
800-237-0757

Claims and PARs Submission
P.O. Box 30
Denver, CO 80201

Correspondence, Inquiries, and Adjustments
P.O. Box 30
Denver, CO 80201

Enrollment, Changes, Signature Authorization and Claim Requisitions
P.O. Box 1100 Denver, CO 80201

ColoradoPAR Program PARs
www.coloradopar.com

We are grateful for your continued commitment to serve the more than 1.3 million Coloradans covered by Health First Colorado (Colorado's Medicaid Program) and Child Health Plan *Plus* (CHP+).

What Should You Do Now?

The Department is in the process of reassessing all deadlines. Please disregard the deadlines that have been previously communicated. New deadlines will be announced and communicated in the coming weeks.



- Do not change any business processes. Until further notice, please continue business as usual. (Hospital providers, please read the Emergency Ambulatory Patient Grouping System article regarding changes to EAPGS billing due to the interChange Go Live date change.)
- Revalidate, revalidate, revalidate. All Health First Colorado and CHP+ providers should have already begun the process for enrolling/revalidating providers and sites into the new Medicaid Management Information System, the Colorado interChange. Visit Colorado.gov/HCPF/Provider-Resources for more information.

Stay in the Know – Sign up for Our Emails!

Sign-Up Today. Stay in the Know!



Receive important info specific to your provider type or business, straight to your email inbox.

Sign Me Up!

New Call Center for Revalidation and Enrollment Assistance

On October 31, 2016, our new fiscal agent partner, Hewitt Packard Enterprises (HPE), will assume operation of the Health First Colorado Enrollment & Revalidation Information Center. The transition of this call center from Xerox to HPE will:

- Reduce the average time needed for resolution of revalidation and enrollment issues.
- Increase collaboration between call center representatives and application analysts, increasing the ability to proactively identify and solve broader revalidation or enrollment issues.

The new call center opens on October 31, 2016. The phone number is 1-844-235-2387. Standard operating hours are 8:00 a.m. to 5:00 p.m. MT, Monday through Friday.

Please Note: For billing, claims, and Provider ID questions regarding the **current** Xerox system, please continue to call Xerox State Healthcare at: 1-800-237-0757.

Reminder About New Ordering, Prescribing, and Referring (OPR) Regulations

All OPR providers must be enrolled in the new Colorado interChange.

The Affordable Care Act (ACA) now requires physicians and other eligible practitioners to enroll in the Medicaid program to order, prescribe, and refer items or services for Medicaid members. Even when the eligible practitioner does not submit claims to Medicaid. **Claims listing an OPR provider who is not enrolled, cannot be paid.** Visit Colorado.gov/HCPF/OPR for more information.



If you need provider enrollment assistance, please call the new Health First Colorado Enrollment and Revalidation Information Center at 1-844-235-2387 on or after October 31, 2016.

ACC Phase II Update: Request for Proposals and Stakeholder Engagement Opportunities

Update on the Request for Proposals

The Department looks forward to sharing the **draft request for proposals (RFP) for stakeholder review and feedback around the first week of November.** The draft RFP will be posted on Colorado.gov/HCPF/ACCPhase2.

Kick Off Webinars

The Department will host **webinars to kick off our draft RFP stakeholder engagement on November 9 & 10, 2016.** The purpose, agenda, and content of each webinar will be the same. We encourage all stakeholders to participate. We will also post a recorded version by November 14.

Stakeholder Engagement In-Person Meetings

The Department will host a series of **stakeholder meetings across the state beginning in mid-November.** The purpose, agenda, and content of each stakeholder meeting will be the same. We encourage you to participate in the kick off webinars referenced above prior to attending a stakeholder meeting.

Stakeholder Engagement Webinars

The Department will host **stakeholder engagement webinars across the state beginning in mid-November.** The purpose, agenda, and content of each webinar will be the same and mirror the stakeholder meetings. We will also post a recorded version by November 21. We encourage you participate in the kick off webinars referenced above prior to the stakeholder engagement webinars.

Written Feedback

The Department is looking for targeted feedback on the draft RFP to help refine the content for the formal release of the RFP in the spring of 2017. All stakeholders can submit feedback to the Department using an online form. The deadline for feedback is January 13, 2017.

Stay Informed

For more information about the topics listed above and to register for any of the mentioned meetings, visit Colorado.gov/HCPF/ACCPhase2. Please continue to encourage members to sign up for the [ACC Phase II Stakeholder Updates](http://Colorado.gov/HCPF/ACCPhase2) list and check out our site, Colorado.gov/HCPF/ACCPhase2.

Telemedicine Policy Updates

Telemedicine is a means of providing select services, approved by the Colorado Medical Assistance Program, through live interactive audio and video telecommunications equipment. The Department has received multiple suggestions from providers to update the telemedicine policies that were implemented in 2009. As a result, the Department is revising the current policies:

Starting November 1, 2016:

- **Remove Originating Provider Requirement for Telemedicine Direct Member Services**
 - Telemedicine Direct Member Services can involve up to two (2) collaborating providers and must involve the member. For Telemedicine Direct Member Services appointments, the “originating provider” would be the provider present with the member. The “distant provider” would be the clinician located at a different site who acts as a consultant to the member and originating provider.
 - An originating provider is not required for all Telemedicine Direct Member Services. It is acceptable to use Telemedicine Direct Member Services to facilitate “live” contact directly between a member and a distant provider via telecommunications equipment.
 - Members must be advised of their right to privacy. The selection of a location to receive telemedicine services in private or public environments is at the member’s discretion.
 - The following provider types may still bill procedure code Q3014 (telemedicine originating site facility fee):
 - Physician
 - Clinic
 - Osteopath
 - Federally Qualified Health Center
 - Psychologist
 - MA Psychologist
 - Physician Assistant
 - Nurse Practitioner
 - Rural Health Clinic
 - Provider types not listed above may facilitate Telemedicine Direct Member Services with a distant provider, but may not bill procedure code Q3014. Examples include Nursing Facilities, Intermediate Care Facilities, Assisted Living Facilities, etc.
- **Telemedicine Direct Member Services Covered for Primary Care Providers**
 - A primary care provider can be reimbursed as the “originating provider” for any eligible Telemedicine Direct Member Services where the member is present with the provider at the “originating site”. Please see the [“Originating Site Billing”](#) section of the Telemedicine Billing Manual for further information on reimbursement requirements for providers at an originating site with a member.
 - In order for a primary care provider to be reimbursed for Telemedicine Direct Member Services as the “distant provider”, the primary care provider must be able to facilitate an in-person visit in the state of Colorado if necessary for treatment of member’s



condition. Please see the "[Distant Provider Billing](#)" section of the Telemedicine Billing Manual for further information.

- **Telemedicine Direct Member Services Covered for Specialty Care Providers**
 - A medical specialist provider can be reimbursed as the "originating provider" for any Telemedicine Direct Member Services where the member is present with the provider at the "originating site". Please see the "Originating Site Billing" section of the Telemedicine Billing Manual for further information on reimbursement requirements for providers at an originating site with a member.
 - A medical specialist provider can be reimbursed as the "distant provider". Please see the "Distant Provider Billing" section of the Telemedicine Billing Manual for further information.
- **Allowable Locations for Telemedicine Direct Member Services**
 - If no originating provider is present during a Telemedicine Direct Member Services appointment, then the location of the originating site is at the member's discretion and can include the member's home. However, members may be required to choose a location suitable to delivery of telemedicine services that may include adequate lighting and environmental noise levels suitable for easy consultation with a provider.
- **Stakeholder Input to Further Evaluate and Expand telemedicine will Include:**
 - Discussions regarding procedure codes that could be added to the list of allowed services through telemedicine
 - Possible new limits on usage of telemedicine services
 - Asynchronous telemedicine (eConsult)
 - Other

In the spring of 2017, the Department will announce the dates and times of stakeholder meetings and the process for submitting further feedback on the Telemedicine Benefit.

This Bulletin article stands as a policy document until the [Telemedicine Billing Manual](#) can be updated with the new policy. For questions regarding the implementation starting November 1, 2016, you may contact [Ana Lucaci](#).

eQHealth New Provider Reference Guides

eQHealth Solutions developed new provider reference guides to better support providers in managing Prior Authorization Requests (PARs) online. These guides are designed to provide user-friendly instructions on how to perform specific tasks and take appropriate action in eQSuite®.

The new provider guides are available on the ColoradoPAR website, under [Provider Resources](#) and include information on:

- How to request a Reconsideration on a PAR denial
- How to request a Peer to Peer (P2P) review on a PAR denial
- Finding the PAR number
- Checking the review status
- Review status notifications

Please be sure to regularly check the [ColoradoPAR](#) website for updates and additional provider guides.

Tax Season and 1099s



Reminder: Please ensure all addresses (billing, location, mail-to) on file with the Department's fiscal agent, Xerox State Healthcare, are current. 1099s returned for an incorrect address cause the account to be placed on hold and **all** payments to be suspended, pending a current W-9. Held payments can be released once the W-9 is processed. Claims for payments not released are voided out of the Medicaid Management Information System (MMIS) twice during the year, once on June 30 and again on December 31. Please contact the State Controller's office at 303-866-4090 if you have not received a 1099.

Attention Providers: Please Keep Information Up to Date

Updating provider information is **critically important**. Keeping the information updated assures that payments and communication are sent timely and appropriately, and that the information in the provider directory is current.

Legacy MMIS

- If you need to update your information (for billing purposes) prior to the March 1, 2017 Go Live date, you will need to do so by completing the appropriate update form:
 - [Change of Ownership or EIN](#)
 - [EDI Update Form](#)
 - [EFT Update Form](#)
 - [General Provider Information Update Form](#)

Please be aware that changes made using the forms above, **will only update your information with Xerox State Healthcare in the legacy MMIS.**

InterChange

In order to make these same changes in the Colorado interChange you will need to create a new Web Portal account and update your information online; this cannot be done until the new Web Portal goes live (closer to March 2017).

Please contact the State Controller's office at 303-866-4090 if you have not received a 1099.

November 2016 Holidays

Veterans Day

Due to Veterans Day Holiday on **Friday, November 11, 2016**, State, ColoradoPAR Program, DentaQuest, and Veyo offices will be closed. The receipt of warrants and Electronic Funds Transfers (EFTs) may potentially be delayed due to processing at the United States Postal Service or providers' individual banks.

Thanksgiving Day Holiday

Due to the Thanksgiving Day holiday on **Thursday, November 24, 2016**, State, ColoradoPAR Program, Xerox State Healthcare, DentaQuest, and Veyo offices will be closed. The receipt of warrants and Electronic Funds Transfers (EFTs) may potentially be delayed due to processing at the United States Postal Service or providers' individual banks. Additionally, Xerox State Healthcare will have limited business hours on **Friday, November 25, 2016** and will be closing at 3:00 p.m. MT.



Behavioral Health Organization (BHO) Providers

Behavioral Health Services at a Federally Qualified Healthcare Centers (FQHC)

Beginning on October 31, 2016, claims for encounters that include any Evaluation & Management (E&M) procedure code must be billed to the MMIS. The BHOs will not reimburse claims that include an E&M procedure code, even when the diagnosis code identifies the service as behavioral health.

Please contact [Richard Delaney](#) with further questions.

Hospice Providers

Notice of Skilled Nursing Facility (SNF) Change of Ownership – Cottonwood Care Center



The Department has been notified that Cottonwood Care Center changed ownership on May 1, 2016. Hospice providers are required to input the SNF Provider ID (PID) when submitting claims for hospice services provided in a SNF. When a SNF changes ownership, the Department issues a new SNF PID. Please discontinue the use of the old PID for all claims billed on or after May 1, 2016. Any hospice claims for revenue code 0659 using the previous PID may pay incorrectly and may require the provider to make adjustments.

To ensure correct payment, please begin using the new PID for all hospice services provided to members residing in Cottonwood Care Center on or after May 1, 2016.

To receive a current SNF room and board rate schedule, please contact [Jay Davenport](#).

Hospital Providers

Impact of interChange Launch Postponement on Enhanced Ambulatory Patient Grouping System (EAPGS) Implementation for Outpatient Hospital Services

Due to the decision to postpone the interChange launch to March 1, 2017, the Department will not be able to process claims using the EAPGS methodology until that date. As the effective date of the EAPG methodology will remain October 31, 2016, all paid outpatient hospital claims with dates of service beginning on or after October 31, 2016 will be reconciled to the EAPG methodology. As such, hospital providers are instructed to bill in accordance with EAPG payment policies. In particular, hospital providers will need to bill using Current Procedural Terminology/Health Care Common Procedure Coding System (CPT/HCPCS) codes on every detail as appropriate in order to maximize reimbursement. As the EAPG methodology relies on the presence of CPT/HCPCS codes for payment calculation, any line without a CPT/HCPCS code will either deny or not generate payment. For more information regarding these policies, please visit the [Department's Outpatient Hospital Payment page](#).



In the interim, outpatient hospital claims will be paid using the percent of charge methodology in Xerox's MMIS that relies on hospital-specific cost-to-charge ratios and the Health First Colorado's fee schedule. In the August 2016 Provider Bulletin, hospitals were instructed to

provide their most current outpatient cost-to-charge ratios prior to September 1, 2016. In accordance with the new interChange launch date, a new deadline will be established for when outpatient cost-to-charge ratios can no longer be updated. For information pertaining to the interim outpatient cost-to-charge ratio, please contact [Marguerite Richardson](#) or 303-866-3839. Faxed interim rate letters may be sent to 303-866-4411.

The Department invites hospital providers to provide feedback on any issues this action may present by emailing HCPF_HospitalRegulatory@state.co.us. The Department will make every effort to find solutions to problems discovered throughout this process.

Immunization Providers

Immunization Rate Schedule – Effective July 1, 2016

The Department has published the Immunization Rate Schedule for Fiscal Year 2016-17 with rates effective July 1, 2016 through June 30, 2017. Additionally, the Department published the Immunization Rate Schedule for Fiscal Year 2015-16 with rates effective July 1, 2015 through June 30, 2016.

These rate schedules are published on the Department's [website](#). All future Immunization Rates Schedules will be published here.

For questions about immunization benefit policy, please contact [Elizabeth Freudenthal](#).

Image Attribution:

User Thumbs Up by TMD

Question by Gregor Cresnar

Update by Tomer Maimoni

Telemedicine by Franco Scaramuzza

Taxes by Evgeniy Kozachenko

Thanksgiving Day by Artem Kovyazin

Wheelchair Patient by Gan Khoon Lay

Hospital Reception by Sergey Demushkin