COLORADO
Department of Health Care
Policy & Financing

Provider Bulletin

Reference: B1700398

May 2017

Did You Know?

Suspended claims only show up **once** on the Remittance Advice (RA). The claim won't appear again on the RA until the claim either denies or pays. Once the claim is finalized, it will be reported on the RA and the 835. Suspended claims are not reported on the 835, only on the RA.

All Providers

Name Change for HPE

As of April 3, 2017, the Enterprise Services business of Hewlett Packard Enterprise (HPE) merged with Computer Sciences Corporation (CSC) to form the DXC Technology (DXC) company. References to the current Fiscal Agent will now be DXC Technology. While Health First Colorado (Colorado's Medicaid Program) providers should be aware of the name change, this will not have any effect on provider billing or the processing of claims.

Extended Provider Service Call Center Hours

In an effort to accommodate call volume, DXC has extended the Provider Service Call Center hours to start at 7 a.m.

Until further notice, the call center hours will be 7 a.m. – 5 p.m. MST Monday, Tuesday and Thursday, and 10 a.m. - 5 p.m. MST Wednesday and Friday. Agents will be utilizing the time between 7 a.m. and 10 a.m. on Wednesdays and Fridays to return calls to providers.

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

Temporary Timely Filing Extension

The Department of Health Care Policy and Financing (the Department) recognizes some providers have had difficulties submitting claims during the transition to the new claims payment system, the Colorado interChange (iC).

In an effort to ensure providers are appropriately paid for services to our members, we are temporarily changing the limit for timely filing.

Effective May 12, 2017, the timely filing limit will be extended to 240 calendar days.

Therefore, we recommend providers hold claims with a Date of Service (DOS) after December 1, 2016 (that are outside the 120 days timely filing limit) and do not submit those claims until after May 12, 2017. The system will automatically calculate the additional time and providers do not need to take action to receive the extension during claims submission.

Effective November 1, 2017, the limit will be changed back to 120 calendar days.

On November 1, 2017, all claims with a DOS prior to July 4, 2017 will be outside the timely filing limit of 120 days, and providers will need to submit additional documentation to request a timely filing extension.

Examples:

- On May 1, 2017, a claim for DOS of December 1, 2016 will be outside the timely filing limit of 120 days, and will need to submit additional documentation to request a timely filing extension.
- On May 17, 2017, a claim for DOS of December 1, 2016 will be inside the extended timely filing limit of 240 days, and will not need to submit additional documentation to request a timely filing extension.
- On November 1, 2017, a claim for DOS of December 1, 2016 will again be outside the timely filing limit of 120 days, and will need to submit additional documentation to request a timely filing extension.

News and Updates for Known Issues

Go-Live Transition Special Bulletin

In March, the Department published the Go-Live Transition Special Bulletin (B1700396). This special bulletin contains information critical to providers about the new Colorado iC system.

New Web Page: Known Issues & Updates

Please visit the new [Known Issues & Updates](#) web page. This page will list all known issues, work arounds and resolutions for those issues.

Fingerprint – Federal Criminal Background Check

Federal regulations (42 CFR 455.434) established by the Centers for Medicare and Medicaid Services (CMS) require enhanced screening and revalidation of all Medicare, Medicaid, and Child Health Plan Plus (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 five percent (5%) or more of a high-risk provider) that they will still need to undergo fingerprinting and a Federal Criminal background check.

Providers must submit fingerprints within 30 days of a request from CMS, the Department, Department agents, or designated contractors.

This is not a request for fingerprint submission, just a reminder that fingerprinting requests and Federal Criminal background checks will likely begin in the near future. More information coming soon.

Claims Denied or Suspended Due to Multiple Rendering Enrollment Profiles

When a rendering provider within a group has more than one (1) provider program ID associated with a National Provider Identifier (NPI), the claim will be denied or suspended.

DXC is working to merge provider records so there is only one program provider ID for each rendering individual. While DXC is working to fix all of these records, a system enhancement will be implemented to populate the rendering provider that is affiliated with the billing provider, so the claim can be processed. For more information regarding the rendering provider system enhancement please contact the Provider Service Call Center at 1-844-235-2387.

Remittance Advices (RAs) and 835s

Remittance Advices are the new Provider Claim Reports (PCRs)

Remittance Advices will be available for download every Monday morning, by 12 p.m. MST. Providers can get to their RA by logging into the Provider Web Portal → "Resources" tab → "Report Download" → "MMIS Reports – RA" from the Report dropdown box. For more information on RAs, please review this Pulling your RA Provider Web Portal Cheat Sheet.

835 Availability

835s will be available the Thursday following the Friday financial cycle. If a provider has a registered Trading Partner ID (TPID), 835s can be found under "file exchange", "download files".

While RAs are automatically posted to each provider's web portal account, 835s will **only** be created and delivered if the provider has followed the steps to assign the 835 to their trading partner **prior** to the financial cycle running. The 835 files will not be reposted or recreated if this step is not followed. Trading partners will need to use the RA as an alternative solution.

Providers must use the "Manage Accounts" page within the Provider Web Portal to assign both functions and transactions to the trading partners working on the provider's behalf.

- To assign the RA to the trading partner, the provider must assign the Search Payment History and Resources → Download Reports functions to their trading partners.
- To assign the 835 to the trading partner, providers must assign the 5010 → 835 → Batch → X12 → Health Care Claim Payment/Advice transaction to their trading partner.

For more information on Trading Partners, please review the Trading Partners Provider Web Portal Cheat Sheet.

Providers who have a TPID and pull their own 835s can link that TPID to a Provider Web Portal account. Instructions on how to associate a TPID are available in the Linking your TPID and Pulling your 835 Provider Web Portal Cheat Sheet.

Updates Impacting Secondary Claims

Third Party Liability (TPL) Carrier Not on File

Provider Web Portal users may be experiencing an issue when submitting a claim and attempting to add a TPL carrier who is not on file. The portal will not allow the user to opt out of selecting an available carrier from the drop-down list provided. This will be rectified by an upcoming change in the portal to allow free-form text when the carrier is not on file. In the meantime, please submit these claims via Electronic Data Interchange (EDI) or paper.

Processing of Medicare Non-Covered Codes

The policy regarding Medicare crossover claims, for traditionally non-covered Medicaid services, is currently under review for potential changes and clarification. While this policy is under review, providers should continue to bill Medicare first for all crossover claims.

Provider Web Portal Update to Allow Submission of Medicare Information at the Claim Detail Level
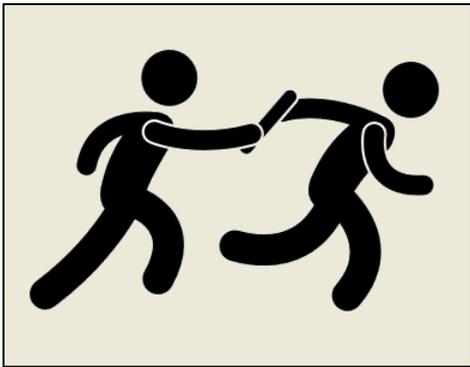
Providers may be experiencing an issue with claims where the timely filing was calculated using the DOS and not using the Explanation of Medicare Benefit (EOMB) date for Medicare. To correct this, changes are being made to the Provider Web Portal to allow providers to submit Medicare information at the claim detail level. With this change, providers will be able to correctly enter Medicare allowed amount, paid amount, co-insurance, deductible, and Medicare payment dates on service details via the portal. In the interim, please be sure to keep claims timely.

Qualified Medicare Beneficiary Program (QMB) Update

The Department initially elected to suspend QMB claims until a system update could be put in place. However, in an effort to pay providers sooner, the Department has now made the decision to unsuspend, process, and pay claims that have been suspended for Explanation of Benefits (EOBs) 4223 and 4253. Claims suspended for EOBs 4223 and 4253 were released on Friday March 31, 2017. The message that was sent to providers can be found on the Department's Provider Resources page.

Load Letters

The purpose of a Load Letter is to confirm that a member was approved for Health First Colorado retroactively or there was a delay in eligibility approval 120 days from date of service. If the member has been approved for Health First Colorado, the load letter will be issued to the provider to allow them to bill for the service. Providers will need to submit the claim with the attached load letter via the Provider Web Portal so it will not deny for timely filing.

As of June 1, 2017, Load Letters will only be accepted by DXC if they are granted by the Department. DXC will no longer accept any claims with a Load Letter that does not have the revision date of April 17, 2017.

To request a Load Letter from the Department, send a copy of the Load Letter Request Form to loadletterrequests@hcpf.state.co.us or fax the request to: 303-866-2082. The request will be processed by the Department within 10 business days. For any questions regarding load letters please email loadletterrequests@hcpf.state.co.us.

CMS 1500 Paper Claim Form Requirement Change

As part of the transition to our new Fiscal Agent, DXC Technology, Health First Colorado 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**.
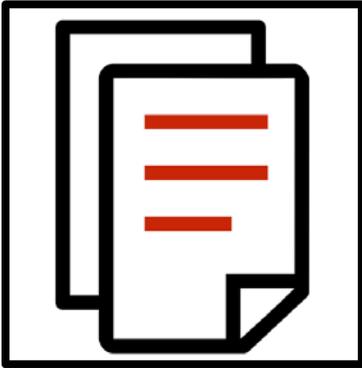
All black and white CMS 1500 claim forms received on or after April 17, 2017 will be returned to providers unprocessed. This includes claims submitted as originals, resubmissions, reconsiderations, appeals, and adjustments.

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.

Fall Screening & Risk Reduction Webinars

University of Colorado Gerontologist Dr. Skotti Church, MD will host two fall risk screening and fall prevention education and training webinars. One webinar will be for medical support staff and another for direct providers. These two webinars are brought to you in partnership with the Colorado Department of Public Health and Environment (CDPHE).

Support Staff Webinar, May 5 from 12:15-1:00 p.m.

For any medical office staff member, LCSW, RN, CNA or Care Coordinator

We will review:

- Fall Risk Assessment & Screening
- Positive Outcomes of Screening
- Promoting Awareness
- Community Support Services

Visit the Support Staff Webinar Registration website for registration information.

Provider Webinar, May 26 from 12:15-1:00 p.m.

Provider Webinar for Physicians, Physician Assistants or Nurse Practitioners

We will review:

- Assessments and Care Planning
- Data, Billing & Work-arounds for Billing
- Referrals to Fall Prevention Programs

Visit the Provider Webinar Registration website for registration information.

Hospital Providers

Hospital Engagement Meetings 2017

The Department will be holding 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, May 5, 2017, from 8 a.m. to noon. This meeting will discuss Hospital Inpatient Base Rates for Fiscal Year 2017-2018, a potential Outpatient Hospital Enhanced Ambulatory Patient Group (EAPG) Base Rate setting methodology, and other subjects.
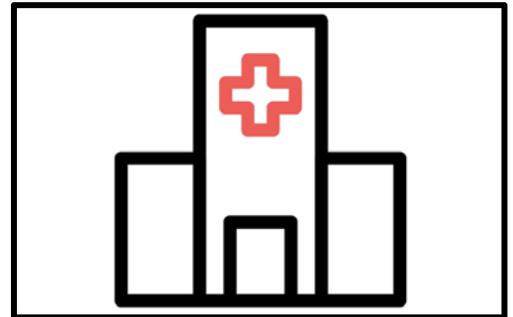
- The agenda for upcoming meetings will be available on our external website in advance of each meeting.

- Registration links for each session during the day will also be available prior to the meeting. Just click on the corresponding link for each session to register. Individuals will then receive a separate link to connect to the webinar.

- For more information, visit the Department's website or email Diana Lambe.

- Upcoming meeting dates are:
    - 5/5/2017
    - 7/7/2017
    - 9/1/2017
    - 11/3/2017

Please contact Diana Lambe if you have further questions.

Pharmacy Providers

Drug Utilization Review (DUR) Board

Drug Utilization Review Board Meeting:

**Tuesday, May 16, 2017**
6:00-9:00 p.m.

Skaggs School of Pharmacy and Pharmaceutical Sciences Building
12850 East Montview Blvd, Aurora CO 80045
Seminar Room - Room 1000; First Floor

Parking available in the Henderson/Visitor Parking Garage

Drug Utilization Review Board Open Positions:

Health First Colorado is recruiting to fill physician positions on the DUR Board. The term is two (2) years and the DUR board member's main role is to add input and to discuss medication use criteria to be applied to Colorado's Medicaid population.
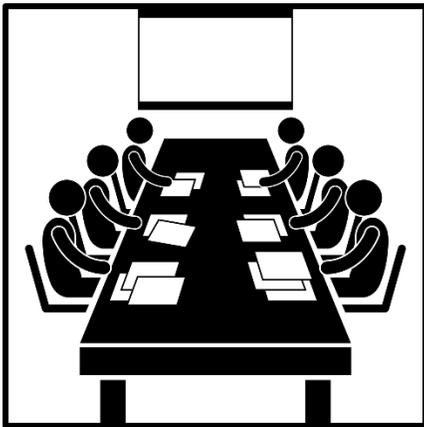
This is done during quarterly meetings at UC Denver's Anschutz Medical Campus, Skaggs School of Pharmacy and Pharmaceutical Sciences. The meetings are typically from 6:00-9:00 p.m. on a Tuesday. The next quarterly meeting is scheduled for May 16, 2017. Monetary compensation and dinner are provided for attendance to the quarterly meetings.

Information regarding the drug-class topics of the meeting is sent in advance for review. The Department is looking for DUR board members with a broad knowledge base in medicine for adult and/or pediatric population, who is outspoken, and an advocate for both Medicaid members and responsible medication use. If you would like more information, please email Robert Lodge or Brandon Utter. If you would like to apply to be a member of the DUR board, please email CV and a conflict of interest form to Robert Lodge or Brandon Utter. Interested members can also send information via fax, at (303) 866-3590.

Over-the-Counter (OTC) Products

Prescription prenatal vitamins, prescription strength vitamin D and vitamin K products, are covered and do not require a Prior Authorization.

Over-the-counter products, with some exceptions, are not a covered benefit for members. Polyethylene glycol 3350 (generic Miralax), Plan B, and aspirin are OTC products that are covered without a Prior Authorization.

Additionally, the following products are covered without a Prior Authorization:
- Generic Flonase - Fluticasone nasal spray – (Purrigo Co and Rugby)
- Generic Nasacort - Triamcinolone nasal spray for members ages 2-4 years (Purrigo Co)
- Generic Claritin - Loratadine tablets and oral solution (multiple manufacturers)
- Generic Zyrtec - Cetirizine tablets, chew tablets and syrup (multiple manufacturers)
- Humulin R vial
- Humulin N vial
- Humulin 70/30 vial

For OTC products to be covered for a Health First Colorado member, the product must be accompanied by a prescription and dispensed by a pharmacy.

Please see the Appendix P, in the Billing Manuals section of the Department's website, and the PDL, in the Forms section, for further details.

Note: This article was corrected after the original publication erroneously stated, "Additionally, the following products are covered with a Prior Authorization." The listed products do not require a Prior Authorization.

Upcoming Holidays

Holiday	Closed Offices/Offices Open for Business
Memorial Day Monday, May 29th	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.
Independence Day Tuesday, July 4th	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 Service Call Center
1-844-235-2387

DXC Mailing Address
P.O. Box 30
Denver, CO 80202