

## All Providers

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## Hewlett Packard Enterprise (HPE) is now Live with the New interChange System

Effective March 1, 2017, the new Colorado interChange (iC) was implemented, replacing the Legacy Medicaid Management Information System (MMIS).

Until further notice, the Provider Services call center, 1-844-235-2387, hours will be:

- 8 a.m. - 5 p.m. MST Monday, Tuesday, & Thursday 10 a.m. - 5 p.m. MST Wednesday & Friday
- The Provider Services call center, will be utilizing the time between 8 a.m. and 10 a.m. on Wednesdays and Fridays to return calls to providers.

As anticipated, the call center has seen a higher than normal call volume. Due to the high volume, providers have been experiencing long wait time and technical issues have caused some calls to drop. The technical issue is being addressed and Hewlett Packard Enterprise (HPE) is hiring additional call center staff to accommodate the increased call volume.

## Did You Know?

Each enrollment update will be assigned a new Application Tracking Number (ATN). Most enrollment updates require manual review and will not show as complete in the web portal until they are approved.



# CMS 1500 Paper Claim Form Requirement Change

As part of the transition to our new Fiscal Agent, Health First Colorado (Colorado's Medicaid Program) hopes to have all claims processed as quickly and efficiently as possible. For this to occur, **effective on or after April 17, 2017, only original red ink claim forms submitted to the Fiscal Agent will be accepted.** All black and white CMS1500 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 with fewer entry errors and faster. As a reminder, providers who submit claims through the provider web portal can send attachments with the claims.

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## What Does 'Suspended' Mean?

A "Suspended" claim status in the new provider web portal, is the same as the "In Process" status you would have seen on the legacy Provider Claim Report (PCR). Suspended claims require manual review by HPE claims staff before a final disposition (status) can be assigned.

Over the next couple of weeks, a percentage of claims will suspend. Both HPE and Department of Health Care Policy and Financing (the Department) staff are reviewing claims as they come in to ensure they are correct and identify any issues.

Over the coming weeks, the number of claims requiring manual review will be reduced, as will the number of suspended claims. Suspended claims require no further action on your part, and the claim status will be updated as soon as it's changed to "Paid" or "Denied".



### ***Qualified Medicaid Beneficiaries (QMB) Claims Suspended***

Claims suspended for QMB clients for the Explanation of Benefits (EOB) codes below will not be processed until an update is made to the Colorado iC system. The Department is developing an interim solution that will allow the claims to process and will communicate additional information as it becomes available.

EOB 4223 - Medical Review Restriction on Procedure Code Coverage Rule

EOB 4253 - Medical Review Restriction on Revenue Code Coverage Rule

# Are You Getting One of the Following Claim Messages?

## ***Remittance Advice (RA) Code 1454***

If you are getting the error 1454 - Procedure Code, Revenue Code, or Modifier is Invalid, please resubmit with the proper codes. While these are not marked as required on the web portal, they may be required for the claim to process correctly.

## ***Remittance Advice Code 1473***

Remittance Advice code 1473 is an indication that the system cannot determine under which unique program provider ID to process the claim. If you share a National Provider Identifier (NPI) with more than one (1) provider type or location address, additional steps are needed to ensure proper claims adjudication. A unique nine (9) digit zip code or taxonomy code is required to identify the correct billing provider ID.

There are several reasons that a provider may receive an RA code 1473, including an issue that caused single claims submitted via the provider web portal to incorrectly deny because the system wasn't processing the Zip Code + 4. This issue has been resolved, and providers may resubmit all claims that denied for RA code 1473. This fix was for claims submitted on the web portal only. Batch claims are processing as designed. Rebilling these claims is not a guarantee of payment, and some claims may still hit other edits and deny.

Providers are strongly encouraged to obtain a unique billing NPI for every location address and provider type. If you are receiving a claim error 1473, you should also [follow these instructions to ensure your service location includes the Zip Code + 4](#). While providers can update zip codes in the web portal, providers are not able to change their taxonomy code. Please contact HPE if you share a taxonomy and need to update the record to include a unique taxonomy code.

## ***Remittance Advice Code 0272***

For claims that have been denied for RA code 0272 - The Admit Date on the claim is prior to the member's Date of Birth, please resubmit the claim with the correct information. The eligibility information has been updated and claims should no longer incorrectly deny. However, rebilling these claims is not a guarantee of payment, and some claims may still hit other edits and deny.

## ***Remittance Advice Code 1470***

Are your Clearinghouses having trouble with your claims? Specifically, are their files being approved, but all your claims are denying? If you are getting the RA code 1470 - Denied, Invalid/Missing Payer ID on Claim, contact your vendor to correct the payer code.

Your Clearinghouse needs to add CO\_TXIX to their inbound transactions. Please refer them to the [companion guides](#) on the Department's website for more detail.

## ***Remittance Advice Codes 2021 and 2022***

The RA codes, 2021 and 2022, have been changed in our system for waiver providers only. These waiver claims have been recycled for payment and should no longer receive the EOB message.

2021 - A National Correct Coding Initiative (NCCI) procedure to procedure edit.

2022 - A National Correct Coding Initiative (NCCI) Medically Unlikely Edit (MUE).

### ***Remittance Advice Code 1040 and 1379***

Remittance Advice codes 1040 and 1379 are similar to the legacy edit for "category of service". Please check to make sure you are using the right provider type to bill your claims. Please also check to make sure you are selecting the right claim type that goes with your provider type.

### ***Remittance Advice Code 3110***

Currently the department is giving providers a grace period to make updates to their affiliations. RA code 3110 may appear on a claim, however it is only informational and will not cause the claim to deny.

### ***Waiver Claims with modifier 22***

Waiver claims with modifier 22 are currently denying. The department and HPE have corrected the issue in the system. Providers may now submit claims with the modifier 22 and should no longer receive incorrect denials for this reason.

### ***Billing vs. Rendering Providers***

For professional claim types, a billing provider is a group that receives payment on behalf of the individual who is providing the service. The rendering provider is an individual that performs the billed service. Check your specific [billing manual](#) to see if a certain rendering provider is required on a claim.

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## **Obtaining or Correcting an NPI on the Provider Web Portal**

### ***Existing Enrolled Provider with an NPI***

The Provider must contact HPE via secure correspondence link on the Portal to have the old NPI closed. The provider should then submit a new application with the new NPI number. This application will go through all of the standard enrollment checks including NNPEs, PECOS, Lexis Nexis. In the event that the application the provider is submitting requires an application fee, the provider can give us the previous ATN so that we can verify that the fee was paid. If the application requires attachments HPE will tie the applications together via enrollment comments.

### ***Existing Enrolled Provider with No NPI on File***

The Provider must contact HPE via secure correspondence link on the Portal to have the new NPI added. HPE will first verify that the provider has no existing NPI on file. The provider should give the new NPI and tax ID or Provider ID. The enrollment analyst will then conduct the standard manual checks to verify an NPI. This includes NNPEs and PECOS. The NPI will go through Lexis Nexis in the next monthly batch cycle.

### ***Provider that has not Completed the Enrollment Process***

The Provider should contact the Provider Call Center to request that the application be returned to them. They can then add the NPI and it will continue the enrollment process including all standard enrollment checks including NNPEs, PECOS, Lexis Nexis.

# Home Health and Nursing Facility Billing Changes

The Department has made changes in an effort to conform with the National Uniform Billing Committee (NUBC). The changes include, but are not limited to the following:

## ***Nursing Facility***

- Type of Bill 22X is a valid code for Skilled Nursing-Inpatient (Medicare Part B only) and is designated as outpatient in the NUBC manual.
- Type of Bill 28X should be utilized when billing for swing bed services.
- Type of Bill 21X should be utilized by nursing facility providers (PT 20) when billing for all other inpatient skilled nursing.
- Please reference your current provider [billing manual](#) to make sure the proper type of bill is being used.
- As of March 1, 2017, nursing facility claims no longer require prior authorization.
- Nursing Facility **PETI** Prior Authorization Requests (PARs) are now submitted through the Care Management portion of the new provider web portal.

## ***Home Health***

Type of Bill (TOB) 33X is no longer valid. The correct TOB to use is 32X. The NUBC originally started using the 032X TOB in 2013 and Health First Colorado must now enforce its use for home health claims submitted through the Colorado iC. Please refer to the new Home Health [Billing Manual](#) for required fields. Don't forget to include all applicable procedure codes for Private Duty Nursing (PDN) claims.

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# Enrollment

Most enrollment updates can be done through the provider [web portal](#). Currently, the backdate [form](#) and the legal name change [form](#) cannot be submitted through the provider web portal. All other provider changes should be done in the provider web portal.



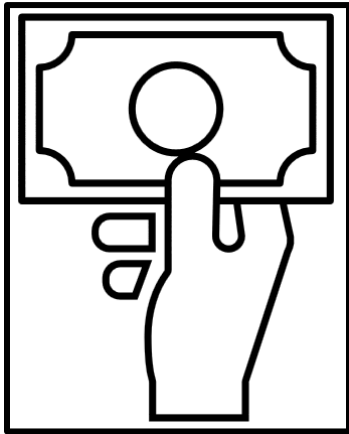
## ***Remittance Advice (Formerly PCR)***

Remittance Advice will be available for download every Monday morning, by 12 p.m. MST. You can get to your RA by logging into the Provider Web Portal → Resources Tab → Report Download → choose “MMIS Reports - RA” from the Report dropdown box.

## ***835 Availability***

835s will be available the Thursday following the Friday financial cycle. If you have a registered trading partner ID, 835s can be found under “file exchange”, “download files”.

# Payment Reminders



Paper checks are no longer being mailed directly from the department in Denver, Colorado. A new, out-of-state print center is distributing checks. Please allow for an additional 3-4 days to receive a paper check in the mail.

Is your electronic funds transfer (EFT) information up to date? EFT information did not transfer from the old system to the new system. Banking details that were entered into Colorado iC during enrollment and revalidation will be used for payments as of March 1, 2017. Please check your enrollment profile to make sure your payment information is still correct.

Electronic Funds Transfer updates via the provider web portal are not available for atypical providers. Providers that do not have an NPI must contact HPE directly to make EFT and ERA updates. HPE is working to update the functionality of the provider web portal.

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## Provider References

### *Provider Web Portal Cheat Sheets & FAQs*

We are regularly updating our [Provider Web Portal Cheat Sheets and FAQs](#) to the Department's website.

### *Provider Web Portal Webinars*

If you missed the provider web portal webinars, or need to review one for more explanation, the recorded webinars can be found on the [Provider Web Portal Cheat Sheets and FAQs](#) page.

Click the links below to access the recorded webinars:

[Session #1](#)- Access the new Portal, Portal Registration, Login, My Profile, Manage Accounts (including delegates)

[Session #2](#)- Provider Maintenance (including updates and affiliations), EFT/ERA Enrollment, Disenrollment

[Session #3](#)- Member Information and Eligibility Verification

[Session #4](#)- Remittance Advice, Search Payment History, Search for Accounts Receivable Records, Make a Payment

[Session #5](#)- Notify Me, Alerts, Secure Correspondence

[Session #6](#)- Files Exchange, Resources

[Session #7](#)- Search & Submit CMS 1500, UB-04, Emergency Dental Claims, Prior Authorizations (Nursing Facility PETI PARs only)

[Bridge](#)- Bridge training for Community Centered Boards (CCBs) only

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## **HPE Contacts**

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

**HPE Provider Call Center**  
1-844-235-2387

**HPE Mailing Address**  
P.O. Box 30  
Denver, CO 80202

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