



COLORADO

Department of Health Care
Policy & Financing

Dear Providers,

We want to thank you for your patience and cooperation over the past week during our transition to a brand new claims payment system and fiscal agent.

Since March 1st, we have processed more than two million claims in the Colorado interChange and have paid providers more than \$280 million.

However, as can be expected with any project of this size, some providers have experienced challenges. We want to thank you for bringing your concerns to us. With your help, we are continually identifying issues that need technical intervention and addressing them with HPE.

Please continue to be patient as we iron out the known issues. We are working around the clock to ensure you can provide services to our members and receive appropriate payments for those services.

To help you get paid faster for services to our members, we will be running an additional financial cycle this week. For this cycle, submit claims by noon Tuesday (3/14).

Here is a brief overview of some of the top claims denial reasons, reminders, and other items you need to know.

Claims Submission

Are your Clearinghouses having trouble with your claims?

Specifically, are their files being approved, but all your claims are denying? Your Clearinghouse needs to add CO_TXIX to their inbound transactions. Depending on the inbound transaction type, they may need to add this as either the:

- Payer Identifier Information
- Receiver Identifier
- Information Source Primary Identifier

Please refer them to the companion guides at Colorado.gov/HCPF/EDI-Support for more detail.

General Updates

Provider Web Portal Availability

Due to scheduled maintenance, the HPE Provider Web Portal will be unavailable from 7:00 PM MST until 7:00 AM MST, every night the week of March 13.

Provider Services Call Center Hours

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.

Remittance Advice (RAs) are the new Provider Claim Reports (PCRs)

RAs 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 Monday following the Friday financial cycle, almost a week earlier than previously available.

Provider Web Portal Cheat Sheets & FAQs

We are regularly updating our Provider Web Portal Cheat Sheets and FAQs. Please check them out at: [Colorado.gov/HCPF/Web-Portal](https://colorado.gov/HCPF/Web-Portal).

HPE Billing Manuals

Please make sure you're referring to the [new HPE Billing Manuals](#) for claims submission instructions. While certain fields **may not** be required in the Provider Web Portal, they **might be** required for the claim to process correctly.

Claims Denials

EOB 1473 Multiple Provider Locations for Billing Provider Specialty.

Why You're Getting this Error:

In general, EOB 1473 is an indication that the system cannot determine which of your locations to look at. 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.

How to Fix It:

There are several reasons that a provider may receive EOB 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 particular cause has been resolved, and providers may resubmit all claims that denied for EOB 1473. Note: Rebilling these claims is not a guarantee of payment, and some claims may still hit other edits and deny.

There were approximately 60 providers receiving EOB 1473 because two or more of their locations have the same address, and (incorrectly) have the same taxonomy codes. The fix for this particular issue is in place, and these claims will automatically be recycled for the effected providers. However, please remember that some claims may still hit other edits and deny.

If you are receiving EOB 1473, you should also follow these instructions to ensure your service location includes the Zip Code + 4. Note: a change (or update) of address will generate a new Application Tracking Number (ATN) for the update request. The change will take a few days to process so it will not show-up immediately, please do not submit multiple requests for the same update.

Claims Suspension

Qualified Medicare Beneficiary program (QMB)

Claims suspended for QMB clients for the EOB codes below will not be processed until an update is made to the Colorado interChange 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.

Thank you,

Health First Colorado and Child Health Plan *Plus* (CHP+)

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