



Dear Provider,

We are about nine months into our implementation of the Colorado interChange system. The Department of Health Care Policy & Financing (the Department) and its vendor, DXC Technology (DXC) appreciate your partnership during this transition and modernization. The Colorado interChange has demonstrated the importance of continuous collaboration to provide quality health care to the more than 1.3 million Coloradans covered by Health First Colorado (Colorado's Medicaid Program) and Child Health Plans *Plus* (CHP+).

The Colorado interChange has processed 32 million claims and paid more than \$5 billion to providers since March 2017. While we are proud of the progress we have made, we recognize some providers continue to struggle with navigating the new Provider Web Portal, understanding newly implemented or enforced billing policies, using new processes for claims processing, and countless other changes that are inherent in a technical and operational transition of this size.

We appreciate your ongoing service to our members during this process, and outline below the major steps the Department and DXC are taking to guarantee a return to smooth operations.

Upcoming Resources

The Department is working with our stakeholders to bring important information to you and your practice about the new Colorado interChange.

This critical information will come to you in two different forms:

1. Quick Guides to assist billers with common billing issues

The first of these Quick Guides is the [Revalidation and Enrollment Quick Guide](#). Download this Quick Guide if you are beginning a revalidation application, are having difficulties with the process, or if your claims are denying for EOBs 0091, 1025, 1026, 1205 or 3040.

2. Virtual forums by provider type

The Department will also be hosting virtual forums by provider type. The purpose of these virtual meetings is to provide training, resources or updates about top issues and for providers to bring issues to the Department that have not yet been identified.

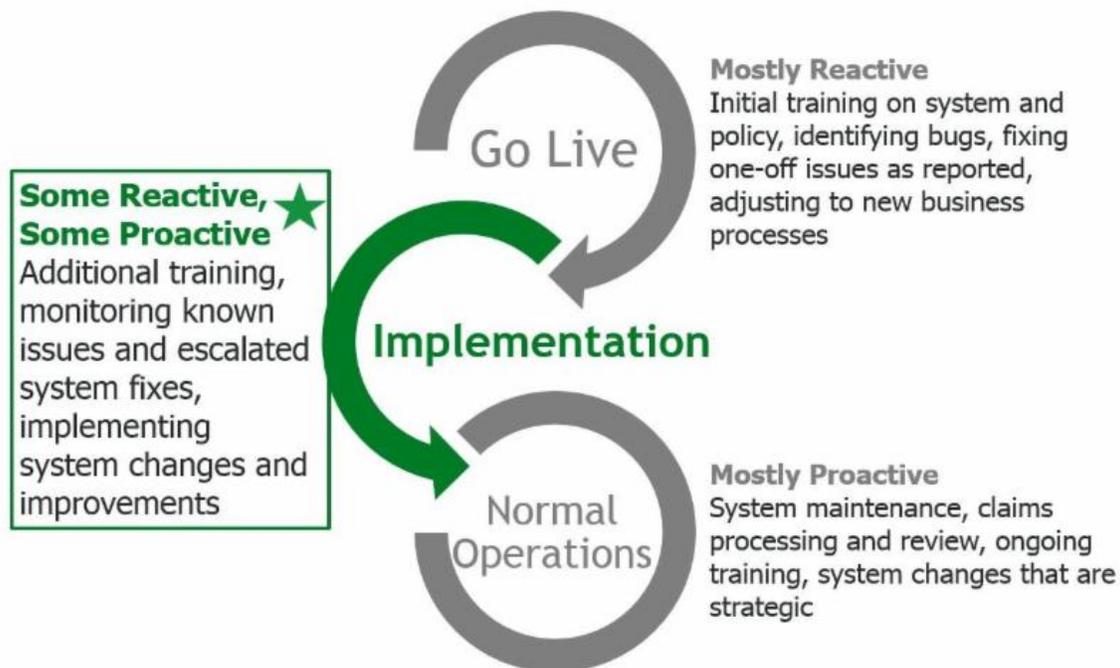
Please be on the lookout for an invitation from the Department with the link to register for the webinar. This email invitation will arrive in your inbox later this week. The capacity for each webinar is 200 participants for the live forum, but it will be recorded, posted on the Department's [Provider Resources page](#), and shared with you the following week.

Please note the virtual forums will not provide individual support for provider issues. The best way for providers to address individual claim questions is to call the Provider Services Call Center at 1-844-235-2387, 7 a.m. – 5 p.m. Monday, Tuesday, & Thursday; 10 a.m. – 5 p.m. Wednesday & Friday.

Colorado interChange Implementation: Where Are We?

The Department and DXC anticipated a phased approach for the Go Live of the Colorado interChange — there were never expectations the system would perform perfectly on day one, as it is common to see a period of 6-9 months before operations get to a “normal” state.

Implementation Phases



Right now, we’re in phase two (the “Implementation” phase). This means we are able to be more proactive with system updates and enhancements, but continue to be reactive to identify issues. We anticipate reaching phase three of the interChange launch (the “Normal Operations” phase) in January 2018. The following completed and upcoming system updates help guide the path toward normal operations.

Progress Towards Normal Operations

Recent System Updates

Timely Filing Extension

In an effort to ensure providers are appropriately paid for services to our members, [the Department is extending the temporary timely filing extension for an additional six \(6\) months](#). Effective May 12, 2017, the timely filing limit was extended to 240 calendar days. Effective May 1, 2018, the limit will be changed back to 120 calendar days. On May 1, 2018, all claims with a date of service (DOS) prior to January 1, 2018, will be outside the timely filing limit of 120 days, and providers will need to submit additional documentation to request a timely filing extension.

Manual Pricing of Multiple Surgery Suspended Claims

As with the previous system, these claims are suspended since they are currently manually priced. The Department and DXC could not manually price these claims until the October 6, 2017, financial cycle. More than 29,500 claims were priced and processed in that financial cycle.

The Department will continue this manual process on a weekly basis until a new, completely automated process can be implemented.

OB Services Denying Incorrectly for EOB 0260

Claims were previously denying for EOB 0260 – “The OB services are billed incorrectly. Refer to the OB billing instructions in the Provider Manual.” The issue was resolved on September 22, 2017, and DXC will reprocess affected claims from dates of service March 1, 2017, to present.

Laboratory Codes with BHO Covered Diagnoses

Claims for laboratory codes 80047 - 89398 provided to members for some ICD-10 diagnoses were incorrectly denying for EOB 2580 – “The services must be billed to the HMO/PHP/BHO listed on the eligibility inquiry.” These codes are not part of the BHO contract and need to be billed Fee-for-Service (FFS). This issue was resolved on September 28, 2017, and affected claims will be reprocessed by DXC.

Claim Submission Method for Claims with Attachments

All claims with attachments should be sent via the Provider Web Portal. Providers submitting less than five (5) claims per month may submit a request form; otherwise, all providers should be billing electronically, even with attachments.

The Department recognizes that providers have encountered issues with the Provider Web Portal and is giving providers a grace period to submit paper claims, even if they do not submit less than five (5) per month.

Upcoming System Updates

Nursing Facility Claims Patient Liability

Based on feedback from our Nursing Facility providers, [the Colorado interChange will use data submitted on claims, rather than using the data from the Colorado eligibility system, the Colorado Benefits Management System \(CBMS\)](#). This update is scheduled for implementation by the end of the calendar year.

How to Stay Informed About System Updates and Changes

For more information on resolved issues, system updates and operational improvements, [subscribe to receive our weekly publication](#) *Last Week in Review: Known Issues & Updates* and other important updates from the Department and DXC.

Provider Services Call Center Improvements

The Department and DXC recognize the Provider Services Call Center continues to be an area of frustration for providers and are working to improve training for agents and increase the available resources to reach our goal of “one call resolution.” We have already made great progress in reducing the wait time issues; the average wait time is normally less than 60 seconds. Now we are focusing on improving the quality of the calls.

Here are a few steps we are taking to reach this goal:

- Call center supervisor with extensive call center experience has joined the team
- Additional staff has been added to perform call quality control reviews
- Department staff will be spending time in the call center to help give callers real-time quality answers
- Department program managers will train call center staff on program basics

Department and DXC Provider Communications

The Department and DXC regularly send out provider communications via email regarding system issues, issue resolutions, and other important updates. You can see an archive of these

messages on our [Provider Resources web page](#), including general announcements for all providers as well as communications targeted towards specific provider types. We also send out the *Last Week in Review: Known Issues & Updates* newsletter on a weekly basis, which summarizes the previous week's activity on the [Known Issues & Updates web page](#).

There are two ways to ensure you receive these communications:

1. Verify your contact information is correct in the Provider Web Portal ([click here for instructions](#)).
2. [Subscribe to our mailing list here](#). Please ensure all necessary personnel in your organization are subscribed to receive our emails.

Provider Resources

We are constantly working to support providers struggling with the transition to the new Colorado interChange system.

- [DXC will soon be launching regional field representatives](#). These individuals are currently in training. We will announce regional training sessions for providers later this fall. Please check out the web page and identify your representative.
- Enrolled providers experiencing financial distress can call the Provider Services Call Center at 1-844-235-2387 and select option 2 to "speak with an agent" and then option 4 to learn about interim payment options. Interim payments are meant to provide temporary relief to providers until their claims are processed correctly, not to pay an outstanding balance. Interim payments are available to **every** provider regardless of the volume of members they serve. **We cannot issue an interim payment to non-enrolled providers.** [Find more information here](#).
- Our [Known Issues & Updates](#) web page is updated frequently with known issues, estimated time resolutions and any needed action.
- As always, our [Billing Manuals](#) are the first resource for billing policy when providers submit claims. The monthly [Provider Bulletins](#) advise providers of major policy and/or system changes. To receive the monthly Provider Bulletin and other important email notifications, providers should make sure their email address is up to date in the Provider Web Portal ([click here for instructions](#)).

Quick Guides

[Aid Code and Benefit Plan Acronyms](#)

[Are you Billing from the Correct Account?](#)

[Copy, Adjust, or Void a Claim](#)

[Delegates](#)

[Delegate Access Definitions](#)

[Provider Maintenance, including:](#)

- Updating contact information
- Opt-out of Provider Directory
- Managing Affiliations

[Pulling your 835 - linking to your own TPID](#)

[Pulling your Remittance Advice \(RA\)](#)

[Reading your Remittance Advice \(RA\)](#)

- [Internal Control Number \(ICN\) Information Sheet](#)
- [Region Code Information Sheet](#)

[Updating your EFT/ERA Information](#)

[Validating a Trading Partner ID \(TPID\)](#)

[Verifying Member Eligibility, including:](#)

- Managed Care Assignments
- Primary Care Provider
- Medicare Coverage
- Member Co-pay amounts

[Viewing Prior Authorizations in the Portal](#)

[Web Portal Registration](#)

[Entering Other Insurance or Medicare Crossover Information on a Claim](#)

Thank you,

Health First Colorado (Colorado's Medicaid Program)

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