



Dear Providers,

This email summarizes last week's additions to the [Known Issues & Updates web page](#).

We frequently update our Known Issues & Updates web page, so make sure to check it for updates on a regular basis. Click the button below to visit the Known Issues & Updates web page. Please note that the Known Issues page is not an all-inclusive list of known issues.



Known Issues Web Page

Provider Web Portal updates,
known issues, work-arounds,
resolved issues, & general updates

Take me there!

Hot Topics

Timely Filing Frequently Asked Questions (FAQs)

Providers frequently ask questions about timely filing rules and timely filing overrides.

Question: How can a provider keep the claims timely without obtaining a waiver? What if the provider is waiting for additional information such as a prior authorization or research from the fiscal agent?

Answer: Providers must submit the initial claim within 240 days from the date of service, even if the claim submission will result in a denial. **The provider then must resubmit the claim every 60 days after the initial 240 days to keep the claim timely.** Each time the provider submits, they must include the previous ICN (claim number) on the claim.

For more Timely Filing FAQs, please visit the [Provider FAQ Central web page](#) and click the drop-down section titled "Timely Filing FAQs."

Featured Provider Resources

Updated January 2018 Health First Colorado Fee Schedule - Now Available
Updated versions of the [January 2018 Fee Schedule Instructions](#) and [January 2018 Fee Schedule Data File](#) are now available on the [Provider Rates & Fee Schedule web page](#).

March Provider Bulletin - Now Available

The [March Provider Bulletin \(B1800411\)](#) was published on 3/1/18 on the [Bulletins web page](#).

Co-Pay Information for Providers - New Web Page Now Available

Please visit the new [Co-Pay Information for Providers web page](#), a central repository for co-pay amounts, facts and other helpful resources.

Navigate to the new web page using the following steps:

1. From the [Colorado Department of Health Care Policy & Financing home page](#), click For Our Providers in the black horizontal menu.
2. From the [For Our Providers web page](#), click the grey and green button in the bottom right corner, labeled "Resources: Quick Guides, FAQs, Co-pay Info, EDI, Training and More!"
3. From the [Provider Resources web page](#), click the green button labeled "Provider Co-pay Info."

Recently Added Issues

Border Provider Claim Denials for Prior Authorization Requirement

Border provider claims are denying due to a system issue which currently requires a Prior Authorization for these claims. However, Prior Authorization is not required for these claims by Health First Colorado (Colorado's Medicaid Program) policy.

DXC and the Department are working to fix this issue.

Claims will be reprocessed by DXC.

Recently Resolved Issues

Resolved 3/1/18: Inpatient Claims Denying for EOB 3891 – The Assigned DRG is not on File

When submitted via Provider Web Portal, some inpatient hospital claims were denying or suspending incorrectly for EOB 3891 – "The assigned DRG is not on File."

Claims will be reprocessed by DXC.

Issue resolved 3/1/18

Resolved 2/28/18: Third Party Liability – Carrier Not Listed

When adding Third Party Liability to a claim in the Provider Web Portal, providers were previously unable to type in the carrier name if the member's carrier wasn't one of the options available. Providers were previously unable to submit the claim correctly via the web portal and had to submit on paper or batch.

Providers can now submit the TPL carrier on the web portal or continue to submit on batch. Paper claims do not need to be sent. For TPL carriers not listed, select the Other Carrier option, which [now includes the Effective From date as a required field](#).

Resolved 2/28/18: Changes to Rendering or Referring Provider on Service Detail Line Not Saving

A Provider Web Portal error was occurring where the provider was attempting to change the rendering or referring provider on the Service Detail line of a claim after the initial entry, but the portal did not save the change.

The following workaround was given until the issue was resolved: If the provider wished to modify the entry, the line should have been removed and re-entered. The line could be removed by clicking Remove in the Action column or clicking the Reset button at the bottom of the window.

Issue resolved 2/28/18

Resolved 2/7/18: Claim Denials for EOB 2580 for Hospice Providers

Some hospice claims were incorrectly denying for Explanation of Benefits (EOB) 2580 - "The services must be billed to the HMO/PHP/BHO listed on the eligibility inquiry" when the member is

enrolled with Denver Health. Hospice services are not covered under Denver Health and should be billed directly to Colorado Medicaid.

Claims will be reprocessed by DXC.

Issue resolved 2/7/18

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