



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

Recent Rate Increases for Home & Community Based Services (HCBS) Providers
Long Term Supports and Services (LTSS) HCBS providers were notified in the [October 2017 Provider Bulletin \(B1700404\)](#) (page 5) of across-the-board rate increases, effective 10/1/17, for the following LTSS waivers:

- HCBS - Elderly, Blind and Disabled (EBD)
- HCBS - Brain Injury (BI)
- HCBS - Spinal Cord Injury (SCI)
- HCBS - Children with Life Limiting Illness (CLLI)
- Children's HCBS (CHCBS)

Please note that these rates will not be updated retroactive to 7/1/17.

Providers were notified in the [July 2017 Provider Bulletin \(B1700400\)](#) (page 1-2) and the [January 2018 Provider Bulletin \(B1800409\)](#) (page 1-4) of across-the-board rate increases, effective 7/1/17, for the following HCBS waivers:

- HCBS – Developmental Disabilities (DD)
- HCBS - Supported Living Services (SLS)
- HCBS - Children Extensive Support (CES)
- HCBS - Children Residential Habilitation Program (CRHP)

Mass adjustments initiated by the Department can only be performed if the original submitted charge on a claim is greater than the newly revised rate. Any claim on or after the date new rates are effective, with a submitted charge lower than the revised rate, must be adjusted by the provider. It is recommended that providers submit charges based on Usual & Customary rates, when applicable.

Featured Provider Resources

Colorado interChange Common Questions Special Provider Bulletin - Now Available

The [Colorado interChange Common Questions Special Provider Bulletin \(B1800413\)](#) was published on 4/6/18 on the [Bulletins web page](#).

The Department recognizes that this past year has brought significant changes for providers. Based on the provider questions most frequently submitted to the Department and DXC, the Department has published this special bulletin as a helpful resource. In addition to answering the most frequently-asked provider questions, this bulletin also serves as a collection of previously published important information, with links to the original sources.

Providers and billing agents are encouraged to print out this bulletin as a reference for some of the key questions of the past year's transition to the new Colorado interChange system.

Recently Added Issues

No new Known Issues posted to the website this week. DXC and the Department are aware of several newly identified issues and are in the process of developing content to be posted on the Known Issues page as soon as possible.

Recently Updated Issues

Resolved 11/22/17: Modification to the Source of Nursing Facility Patient Liability Data

For nursing facility and hospice claims received on or after 3/1/2017, Patient Liability was calculated using data from the Colorado Benefits Management System (CBMS). It has been determined the claim data from Value Code 31 (Patient Liability Amount) is generally more accurate; therefore, the Colorado interChange system has been updated to calculate Patient Liability using the Value Code 31 data submitted on the claim.

Nursing facility claims have been reprocessed. Some affected hospice claims have been reprocessed by DXC on 03/30/2018, while other claims are still under review.

Issue resolved 11/22/17

UPDATE 4/9/18: This entry has been updated to reflect current claims reprocessing status for hospice providers.

Resolved 2/23/18: Claims Denying for Vision Providers for Codes V2025, V2626 and 92015

Vision providers claims were denying for V2025, V2626 for EOB 1381 - "No billing rule for procedure"92015 was denying for EOB 3280 - "The client's age is invalid for this procedure code. Verify the client's birth date/procedure code."

Claims were reprocessed by DXC on 3/30/18.

Issue resolved 2/23/18

UPDATE 4/3/18: This entry has been updated to reflect completed claims reprocessing.

Recently Resolved Issues

Resolved 4/6/18: Paper Claim Adjustment or Void Denials for EOB 0100 - "Denied as Duplicate Claim"

Claim adjustments (reason code 7) or voids (reason code 8) submitted on paper were previously denying for EOB 0100 - "Denied as duplicate claim" because the system was not processing them as an adjustment or void, but as an original claim. These claims were being held for

processing until the issue was resolved. Providers are advised to resubmit affected claims.

Providers are reminded that if they are submitting more than 5 claims a month and have not signed up for paper claim submission then they must submit all adjustments electronically.

Issue resolved 4/6/18

Please do not reply to this email; this address is not monitored.