



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

Provider Web Portal Eligibility Page – Additional Required Verification Step (CAPTCHA)

Effective 11/30/17, the Eligibility page on the Provider Web Portal will require users to complete a [CAPTCHA human verification step by identifying which images fit the given description](#).

CAPTCHA (an acronym for "Completely Automated Public Turing test to tell Computers and Humans Apart") is a type of challenge-response test used in computing to determine whether or not the user is human. Requests from scripted code or robots will no longer be allowable. This change is intended to minimize issues and slowness affecting all portal users.

Batch submitters must utilize the X12 270 for large eligibility requests. For information on submitting batch 270 Eligibility, visit the [EDI Support web page](#).

For additional questions on how to use the portal or to verify eligibility, please call the [Provider Services Call Center](#) at 1-844-235-2387.

The Department and DXC are aware that some portal users are experiencing issues with this new required verification step. We are looking into these reported issues and will provide an update once more information is available.

Co-Pay Policy Update and Co-Pay Limits for Health First Colorado Members

Refer to the [December Provider Bulletin \(B1700407\)](#) for updated co-pay information and policy. See the article titled "Co-Pay Limit for Health First Colorado Members" on page 4 and the "Co-Pay Policy Update" (effective January 1, 2018) article on page 5.

Community Clinics with Emergency Centers - Hospital Stakeholders

The Department extends its gratitude for participation in the September 1, 2017, stakeholder meeting regarding the creation of a new Medicaid provider type for facilities licensed by the Colorado Department of Public Health and Environment (CDPHE) as "Community Clinics" or

"Community Clinics with Emergency Centers" (collectively, "CCs/CCECs") that are hospital-owned and Medicare-certified.

As discussed in the meeting, the Department is pursuing a multi-stage process for seeking approval and implementing the proposal outlined on page 8 of the [December Provider Bulletin \(B1700407\)](#).

Featured Provider Resources

December Provider Bulletin - Now Available

The [December Provider Bulletin \(B1700407\)](#) was published on 11/30/17 on the [Bulletins web page](#).

How to Tell When a Claim Was Received by DXC and What Type of Claim it Was

Do you know how to tell when a claim was received by the fiscal agent or what type of claim it was? The first two digits of the Internal Control Number (ICN) specify the region code, which indicates the claim type. The next five digits give the year and Julian date the claim was received.

Refer to the following documents, located on the [DXC and interChange Resources web page](#), for more information:

- [Internal Control Number \(ICN\) Information Sheet](#) (located under "[Quick Guides](#)")
 - [Region Code Information Sheet](#) (located under "[Quick Guides](#)")
 - [Julian Calendar](#) (located under "[For Reference](#)")
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Sign Up for Provider Email Communications

If you are receiving this email, you are already signed up to receive Provider Bulletins and general announcements. If you would also like to receive emails specific to your provider type, you can [sign up here](#).

[Keeping your contact information up to date in the Provider Web Portal](#) will also help us to ensure that you receive emails specific to your organization's claims.

Many of the emails sent out to providers are also posted on the [Provider News and Implementations web page](#), under the "Emails to Providers" heading (please note this is a recent change, as these communications were previously stored on the [Provider Resources web page](#)). Please be aware that this is not an all-inclusive list of emails sent to providers, as some contain sensitive information and therefore are not made available to the public.

Recently Added Issues

Vision Claims Denying for EOB 3280 – "The client's age is invalid for this procedure code"

Vision claims billed with the 55 modifier are incorrectly denying for EOB 3280 - "The client's age is invalid for this procedure code. Verify the client's birth date."

DXC and the Department are working to fix this issue.

Claims will be reprocessed by DXC.

HCBS Providers - How to Look Up a PAR on the Provider Web Portal

Providers can now view a member's Prior Authorization Request (PAR) status in the Provider Web Portal. In order to look up a PAR on Web Portal, users should choose the "Care Management" option from the home page and click on "View Authorization Services." Next, users should enter the member identification number and approved PAR number into Web Portal to search for the PAR status. Providers should still be receiving PAR letters and/or PAR numbers from the case managers. Providers may also call the Provider Services Call Center (1-

844-235-2387) to obtain a PAR number. PARs that are visible in the Web Portal are finalized PARs in the interChange. PARs that are in process in the Bridge cannot be viewed through the Web Portal. For more information on viewing PARs on the Web Portal, refer to the [Viewing Prior Authorizations in the Portal](#) quick guide.

The Department and DXC are working on an additional enhancement to allow provider to see the modifiers for billing. Until the enhancement is made, providers should ask the case manager for the modifiers. Providers may also call the Provider Services Call Center (1-844-235-2387) to ask for the modifiers. As a reminder, modifiers vary by waiver. If you have questions, refer to the billing manual for HCBS services which can be found at www.colorado.gov/hcpf/billing-manuals.

Recently Resolved Issues

Resolved 11/30/17: Claims with Valid CLIA Licenses Denying – EOB 3660

Claims submitted with valid CLIA licenses were incorrectly denying for EOB 3660 – “The service is not within the scope of the billing provider's CLIA certification. Please update the MMIS provider records with the correct CLIA number”.

DXC has made progress on this issue, and some affected claims were reprocessed by DXC 11/3/17. This issue was previously reported as resolved on 6/7/17; however, it was determined that further research was required for complete resolution of the issue. The Department and DXC completed work on the issue and the remaining claims were reprocessed by DXC 11/30/17.

Providers that submit lab claims without having a CLIA license on file or with an expired CLIA license will continue to deny. Providers should ensure all current CLIA information is added in Provider Maintenance and a copy of the CLIA license is attached on the last page. The update request must be approved before denied claims can be resubmitted.

Issue Resolved 11/30/17

Resolved 11/30/17: Claim Denials for Some CLIA Waived Codes

Claims for some CLIA waived codes were incorrectly denying for EOB 3660 – “The service is not within the scope of the billing provider's CLIA certification. Please update the MMIS provider records with the correct CLIA number.”

DXC has made progress on this issue, and some affected claims were reprocessed by DXC 11/3/17. This issue was previously reported as resolved on 10/21/17; however, it was determined that further research was required for complete resolution of the issue. The Department and DXC completed work on the issue. DXC will reprocess the remaining claims.

For more information on billing CLIA waived codes and the link to a complete list of codes on the CMS website, refer to the article titled “Clinical Laboratory Improvement Amendments (CLIA) System Issues Resolved” in the [July 2017 Provider Bulletin](#).

Issue Resolved 11/30/17

Resolved 11/22/2017: Modification to the Source of Nursing Facility Patient Liability Data

For nursing facility 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.

DXC and the Department have updated the system. Claims were reprocessed by DXC with results showing on RAs from the week of 12/4-12/8/17.

Issue Resolved 11/22/17

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