COLORADO
Department of Health Care Policy & Financing

Last Week in Review:
Known Issues & Updates web page

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, & non-issues

Take me there!

Hot Topics

The 2016 and 2017 Healthcare Common Procedure Coding System (HCPCS) codes have been updated in the Colorado interChange.

- The 2016 HCPCS codes were updated on July 12, 2017. All associated denied and suspended claims were reprocessed by DXC Technology (DXC) on July 14, 2017.

- The 2017 HCPCS codes were updated on August 10, 2017. All associated denied and suspended claims were reprocessed by DXC on August 11, 2017.

For additional details about these codes, please refer to the 2016 Practitioner HCPCS Special Bulletin and 2017 Practitioner HCPCS Special Bulletin.

Note: Claims may still deny for other reasons.

The Department and DXC Technology (DXC) are aware of an issue where co-pays were not being deducted appropriately on claims billed by clinic providers. This issue was posted to the Known Issues & Updates web page on May 24, 2017, notifying providers that claims will be reprocessed by DXC and funds will be recouped.

This issue was resolved in three parts, with the first fix occurring on July 12, 2017, and the remaining two fixes occurring on July 20, 2017. Clinic providers are advised that DXC will be reprocessing claims on August 25, 2017, as a result of these three fixes. Providers should anticipate seeing fund recoupments reflected on the Remittance Advice (RA) the following week. For instructions on reading your RA, refer to the Reading Your Remittance Advice (RA) Quick Guide.

Please also continue to check the "Clinic Claims Not Deducting Co-Pays" entry on the Known Issues web page, as more details will be added as information becomes available.

Recently Added Issues

Provider Maintenance Request Error - Location Name Must be ≤ 30 Characters in Length
Provider Web Portal users are receiving the following error message upon submitting a Provider Maintenance Request with a Location Name that is greater than 30 characters: "Error: A failure occurred during a database insert. Location Name must be less than or equal to 30 characters in length." Please note that in this context, "Location Name" refers to the Pay To Name field and/or the Mail To Name field. This error message appears even if no changes have been made to the Name or Address fields. This is occurring due to a data conversion issue with transferring location names longer than 30 characters from the previous MMIS into the new Colorado interChange system.

In order to bypass this error, portal users must take the following steps:

1. From within the Provider Maintenance Request in the portal, go to the Address Changes panel
2. Update the Pay To Name field (as shown under the Billing drop-down) to a value that is less than 30 characters
3. Update the Mail To Name field (as shown under the Mailing drop-down) to a value that is less than 30 characters.

After these changes are made, any other field(s) within the maintenance record can be updated as needed before submitting.

DXC is working to fix the issue.

Recently Updated Issues

Secure Correspondence Tool Not Functioning Correctly
The Secure Correspondence tool in the Provider Web Portal may not display responses from DXC in the Correspondence area if the DXC agent marked the Call Tracking Number (CTN)* as closed. If a CTN is marked as closed, DXC responded to the inquiry, but the response message may not have populated.

As a workaround until the issue is resolved, DXC is now responding to Correspondence messages without closing the CTN. This will allow the portal user to view DXC's response. Once the issue is resolved, DXC will close these CTNs and any responses that previously did not populate will be restored.

Portal users may also notice multiple lines associated with a single CTN in the Correspondence area. This is due to more than one response being sent by the DXC agent. If there is more than one line for a single CTN, only the latest response from DXC will appear.

DXC expects these issues to be resolved within the next 1-2 weeks.

*Note: Although the Secure Correspondence tool is for written communication rather than by phone, Secure Correspondence messages are given CTNs for tracking.

UPDATE 8/14/17: This entry has been updated to clarify the nature of the known issue and the current workaround.

Claim Denials for EOB 2580 - Services Must be Billed to HMO/PHP Listed on Eligibility Inquiry
Claim denials for Explanation of Benefits (EOB) 2580 – "The services must be billed to the HMO/PHP listed on the eligibility inquiry" may appear for a medical or mental health service. The definition of Health Maintenance Organization (HMO) or Managed Care Organization (MCO) now includes Behavioral Health Organization (BHO). In the previous MMIS, there was an EOB code for HMO and a separate EOB code for the BHO. The new Colorado interChange combines these two EOB codes into one. Providers may see this EOB code when there is an HMO, Prepaid Health Plan (PHP), or BHO listed on the eligibility inquiry. DXC and the Department are working to update the description of this EOB code to more clearly define the EOB.

If the client has a BHO listed on the eligibility inquiry, providers should refer to the 2017 Uniform Service Coding Standards Manual to verify that the services are covered under the BHO. If the services are listed as covered by the BHO, providers should bill to them.

This issue is affecting all claim types with the exception of Home and Community Based Services (HCBS).

The Department and DXC are aware that some claims are continuing to deny incorrectly for hospital

providers. DXC is working to resolve this issue.

UPDATE 8/16/17: This entry has been updated to provide clarification and context in comparison with the previous MMIS.

ATTENTION HOSPITAL PROVIDERS - UPDATE 8/18/17: This entry has been updated to note specific impact to hospital providers.

Recently Resolved Issues

Resolved 8/3/17: Claim Suspended for EOB 2861 – No Rate on File for the Date(s) of Service
Claims with the following procedure codes were suspending for EOB 2861 – "No Rate on File for the Date(s) of Service."

This issue has been resolved and claims were recycled by DXC on 8/4/17.

Procedure codes have been listed by the affected provider communities below.

DME: E0486, E0635, E0639, E0676, K0462, L8699, S0395
Laboratories: 89259, 81205, 81281, 81287, 81355
Physician Services: 26418, 59898, 69631, 90662, 99100, 99135, 99140, 99288, 01996, G0452, J1050, J3490, J8499, Q2039, S0316, S0613, S4993, S9083, S9088, S9141
Vision: S0590, V2702, V2790

Issue resolved 8/3/17

Resolved 7/17/17: Updated EAPG Schedule Settings
The Colorado interChange system was not updated with the Colorado-specific Enhanced Ambulatory Patient Group (EAPG) schedule settings. Claims processed since the transition to Colorado interChange were processed under the default EAPG settings which may have resulted in inaccurate payments.

Claims will be reprocessed by DXC in November 2017. All claims submitted after 7/17/17 should pay correctly.

Issue resolved 7/17/17

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