



## 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

Please note that the Known Issues & Updates web page has been restructured to categorize issues by specific provider types.

### Featured Provider Resources

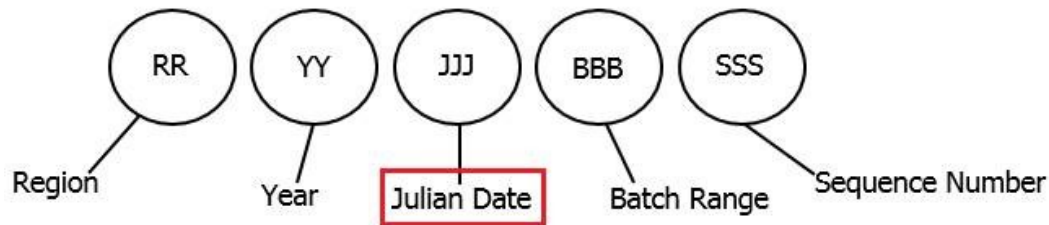
Last week a widespread outage affected the Department of Health Care Policy & Financing (HCPF) main website. The website was down for approximately one hour.

The website outage did not affect access to the Provider Web Portal, however, providers who had not saved a direct link may not have been able to navigate to the web portal. Please bookmark this link for easy access to the web portal in the event the website is down: <https://colorado-hcp-portal.xco.dcs-usps.com/hcp/provider>

An important change in the new Colorado interChange system is the way Remittance Advice (RA) is reported. It is imperative that providers take the time to learn about this change in order to understand the claims system and facilitate resolution for any issues that may arise.

To help providers learn about the new RA, the Department has published an easy-to-use, line-by-line [Quick Guide to Reading Your Remittance Advice \(RA\)](#).

The Internal Control Number (ICN) of a claim contains the Julian Date, a three-digit number that indicates the day of the year that Health First Colorado received the claim or adjustment request. A Julian calendar is used to convert the Julian Date to a more common month and day format.



## Recently Added Issues

### Claim Denials for Hospital Providers Due to Admit Date

Claims for Hospital providers are denying when the admit date falls after the "from" date for any of the following EOBs: 1730, 1731, 1393, 1395, 1920, 1930 and 1702. Policy currently allows one day before the admit date to cover bundle/pre-admit services or one day after the "to" date/discharge date on Inpatient claims.

DXC is working to resolve the issue.

## Recently Updated Issues

### Physical and Occupational Therapy Units Displayed in the Provider Web Portal

The Provider Web Portal displays physical and occupational therapy (PT/OT) total dollars and service units "used" from claims processed in the Colorado interChange system only (claims processed on or after 3/1/17). Dollars and service units used in the legacy MMIS system are not calculated into the amount displayed on the web portal, however, they are still counted towards limits when claims are adjudicated. The amounts displayed on the portal may not reflect the total amount of units the member has used.

**UPDATE 9/7/17:** This entry previously stated that the portal text where the Limit Details are displayed would be updated to clarify that the units displayed pertain only to units processed in the Colorado interchange system. That statement has been removed from this entry because the text on the provider portal has now been updated with this information.

---

### Resolved 8/18/17: Outpatient Hospital Denials for EOB 0393 - Revenue/Procedure Code Conflict

Outpatient claims for Hospital – General providers with Type of Bill 13x were denying for EOB 0393 - "The revenue code and procedure code are in conflict. Please verify whether a HCPC can be used with this revenue code and ensure the procedure code is appropriate for the revenue code used."

The majority of the affected claims were submitted prior to 8/18/17 and were reprocessed by DXC on 8/25/17. Some additional claims submitted on 8/18/17 were also affected by this issue and were reprocessed by DXC on 9/1/17.

Please note that claims may still deny appropriately for this EOB for reasons not related to this issue. Claims with dates of service before 10/31/16 were not affected by this issue.

Issue resolved 8/18/17

**UPDATE 9/6/17:** This entry has been updated to reflect completed claims reprocessing.

## Recently Resolved Issues

### Resolved 9/6/17: Provider Maintenance Request Error - Location Name Must be ≤ 30 Characters in Length

Provider Web Portal users were 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 appeared even if no changes were made to the Name or Address fields. This occurred 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 were advised 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 were made, any other field(s) within the maintenance record could be updated as needed before submitting.

Issue resolved 9/6/17

---

#### **Resolved 8/11/17: Claim Denials for DME Providers for EOB 2658**

Claims for DME providers were denying for EOB 2368 – “DME Rent to Own - Purchase Price limit” for the following procedure codes: B9000, B9002, B9004, B9006, E0193-E0194, E0202, E0445, E0462, E0500, E0603, E0619, E0691-E0694, E0720, E0730, E0762, E0770, E0779-E0780, E0935, E1841, E2402, K0462 and S9001.

This issue was affecting Professional and Professional Crossover claims.

Claims were reprocessed by DXC on 8/18/17.

Issue resolved 8/11/17

---

#### **Resolved 8/30/17: Secure Correspondence Tool Not Functioning Correctly**

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

As a workaround, DXC responded to Correspondence messages without closing the CTN. This allowed the portal user to view DXC’s response. Now that the issue is resolved, DXC will close these CTNs, and past responses (which were previously not populating) will be restored.

Portal users may have noticed multiple lines associated with a single CTN in the Correspondence area. The original message and DXC’s response will now be displayed when viewing the CTN detail.

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

The Provider Services Call Center (1-844-235-2387) is the recommended method of initial contact with DXC and is best for urgent and time-sensitive issues. The Provider Services Call Center is open from 7 a.m. – 5 p.m MT on Mondays, Tuesdays and Thursdays, and from 10 a.m. – 5 p.m. on Wednesdays and Fridays.

Issue resolved 8/30/17

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