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## Did you know...?

The deadline for provider revalidation is rapidly approaching! Providers who have not begun the enrollment/revalidation process put themselves at serious risk for delayed payments, as revalidation may take several weeks. Starting March 1, 2017, providers that are not enrolled in the Colorado interChange will not be able to submit claims or PARs, receive payments, or verify member eligibility.

Instructions on how to start the [enrollment/revalidation](#) process can be found on the Department’s website.

## All Providers

### Frequently Asked Questions About Medicaid Expansion

Since the November election, there has been speculation among media, politicians, policy makers, etc. on whether the Medicaid expansion will continue under the new administration.

Here are answers to some [Frequently Asked Questions \(FAQs\)](#) to clarify the current landscape and minimize further speculation. The Department of Health Care Policy and Financing (the Department) will update this FAQ document and welcomes you to share this link on your websites and/or in your publications. The Department will use the same URL when updating the FAQ, so the hyperlink will always be correct.



The Department’s job is to implement **current** law. The Affordable Care Act (ACA) is still current law, and until new legislation at both the **federal and state level** is passed, we will continue to implement the ACA. The Department monitors conversations at the federal and state level closely and will update these resources as new information becomes available.

### 2017 Health Care Procedural Coding System (HCPCS) Codes Annual Update

The Department is updating the Medicaid Management Information System (MMIS) with 2017 HCPCS billing codes. Once the updates are complete, notification will be provided in future communications. Please contact the Department’s fiscal agent, [Conduent\\*](#), at 800-237-0757 with questions.

**Conduent Incorporated**  
**Denver Club Building**  
518 17th Street, 4th floor  
Denver, CO 80202

#### Contacts

**Billing and Bulletin Questions**  
800-237-0757

**Claims and PARs Submission**  
P.O. Box 30  
Denver, CO 80201

**Correspondence, Inquiries, and Adjustments**  
P.O. Box 30  
Denver, CO 80201

**Enrollment, Changes, Signature Authorization and Claim Requisitions**  
P.O. Box 1100 Denver, CO 80201

**ColoradoPAR Program PARs**  
[www.coloradopar.com](http://www.coloradopar.com)

## Clearinghouse Enrollment & Testing

Your Clearinghouse **MUST** apply for an interChange Trading Partner ID (TPID) and pass test transactions for HIPAA compliance. Clearinghouses without an interChange TPID **will not be able to submit batch claims** or receive reports beginning March 1, 2017. If your Clearinghouse hasn't started the enrollment and testing process by **January 15, 2016**, it's **UNLIKELY** the process will be complete by Go Live March 1, 2017.

Is YOUR Clearinghouse Ready?



If your Clearinghouse hasn't started the enrollment and testing process by **1/15/17**, it's **UNLIKELY** the process will be complete by Go Live (3/1/17).

Check the List Now!

Please check [this list](#) to see if your Clearinghouse has enrolled and passed testing. If your Clearinghouse has not started or has not completed their testing, we recommend that you reach out and **remind them to do so immediately**. Your Clearinghouse can learn more information about applying for a new TPID at [Colorado.gov/HCPF/EDI-support](http://Colorado.gov/HCPF/EDI-support).

## Clarification of Breast Cancer Susceptibility Gene (BRCA) Testing for Men

Prior Authorization Requests (PARs) must be completed for all BRCA testing. A male client must have a personal history of breast cancer to meet medical necessity criteria for BRCA testing. Additional billing information can be found on in the [Independent Laboratory Billing Manual](#). PAR information can be found at the [ColoradoPAR](#) website.

For further questions regarding BRCA testing policy, please contact Benefit Manager, [Raine Henry](#).

## Timely Filing Reminder and Changes to Late Bill Override Dates in the New System

As of March 1, 2017, Hewlett Packard Enterprise (HPE) will no longer use the late bill override date. It is imperative that providers submit claims within the 120-day submission period and every 60 days thereafter, if necessary. The new system, interChange, will then verify the previous claim was submitted within the timely filing guidelines.

Timely filing for Colorado Medical Assistance Program claim submission is **120 days from the date of service**. A claim is considered filed when the fiscal agent documents receipt of the claim.

The provider is responsible for contacting the fiscal agent to determine the status of the claim and **resubmitting the claim, if necessary, within the 120-day period**. Holidays, weekends, and dates of business closure do not extend the timely filing period.



**Waiting for prior authorization correspondence from the Department or the fiscal agent is not an acceptable reason for late filing. Phone calls or other correspondence are not proof of timely filing. The claim must be submitted, even if the result is a denial or rejection.**

Issues, including agent or software failure to transmit accurate and acceptable claims or failure to identify transmission errors in a timely manner, need to be resolved between the provider and the agent or software vendor.

If the original timely filing period expires, the next submission must be received within 60 days of the last adverse action.

Adverse action is any claim-specific action that does not result in Colorado Medical Assistance Program-authorized reimbursement for services rendered. The following are examples of adverse action:

- Claim rejection
- Claim denial
- Disputed payment on the Colorado Medical Assistance Program Provider Claim Report (PCR)
- Fiscal agent correspondence (including form letters) that identifies specific claims
- Claims that have been date-stamped by the fiscal agent or the Department and returned to the provider

Further information on timely filing can be found in the [General Billing Manual](#) on the Department's website.

## **Accountable Care Collaborative Phase II Update – Draft Request for Proposals (RFP)**

The Department has released the Accountable Care Collaborative Phase II draft RFP for stakeholder and potential bidder comment.

**The draft RFP is available at [Colorado.gov/HCPF/ACCPhase2](http://Colorado.gov/HCPF/ACCPhase2)**

The Department is looking for targeted comments on the draft of the Accountable Care Collaborative Phase II RFP to help refine the content for the formal release of the RFP in the spring 2017. All stakeholders can submit comments to the Department using an [online form](#). Upon submission of the form, comments will be [posted publicly here](#).

The deadline for comments is Jan. 13, 2017; however, please consider submitting your comments earlier. The sooner we receive your comments, the more time we have to review and give thoughtful consideration for the final RFP.

The Department has also made an online [recorded overview presentation](#) available about the draft RFP.

For more information, go to [Colorado.gov/HCPF/ACCPhase2](http://Colorado.gov/HCPF/ACCPhase2).

## **Tax Season and 1099s**



**Reminder:** Please ensure all addresses (billing, location, and mail-to) on file with the Department's fiscal agent, Conduent, are current. 1099s returned for an incorrect address cause the account to be placed on hold and **all** payments to be suspended, pending a current W-9. Held payments can be released once the W-9 is processed. Claims for payments not released are

voided out of MMIS twice during the year, once on June 30 and again on December 31. Please contact the State Controller's office at 303-866-4090 if you have not received a 1099.

## Attention Providers: Please Keep Your Info Up to Date

Updating provider information is **critically important**. Keeping information updated assures that payments and communications are sent in a timely, appropriate manner, and that the information in the provider directory is current.

### Legacy MMIS

If you need to update your information (for billing purposes) prior to the March 1, 2017 Go Live date, you will need to do so by completing the appropriate update form:

- [Change of Ownership or EIN](#)
- [EDI Update Form](#)
- [EFT Update Form](#)
- [General Provider Information Update Form](#)

Please be aware that changes made using the forms above, **will only update your information with Conduent in the legacy MMIS.**

### InterChange

In order to make these same changes in the Colorado interChange, you will need to create a new Web Portal account and update your information online. This cannot be done until the new Web Portal goes live (closer to March 2017).

## January and February 2016 Holidays

### New Year's Day Holiday

Due to the New Year's Day holiday, State offices, Conduent, DentaQuest, HPE, and the ColoradoPAR Program offices will be closed **Monday, January 2, 2017**. The receipt of warrants and Electronic Funds Transfers (EFTs) may potentially be delayed due to the processing at the United States Postal Service or providers' individual banks.



### Martin Luther King, Jr. Day Holiday

Due to the Martin Luther King Day holiday on **Monday, January 16, 2017**, State offices, DentaQuest, and the ColoradoPAR Program offices will be closed. Conduent and HPE are conducting business during regular business hours. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United States Postal Service or providers' individual banks.

### Presidents' Day Holiday

Due to the Presidents' Day holiday on **Monday, February 20, 2017**, State offices, DentaQuest, HPE, and the ColoradoPAR Program offices will be closed. Conduent is conducting business during regular business hours. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United States Postal Service or providers' individual banks.

## **Dental Providers**

### **Billing and Program Updates from DentaQuest**

The latest edition, Vol. 11 – January 2017, of the Colorado Summit, the DentaQuest quarterly e-newsletter for Health First Colorado’s dental providers, is available on the DentaQuest Colorado Providers website. Please check the [DentaQuest Health First Colorado Provider Page](#) for more information, related updated documents, and billing guidance. Please contact DentaQuest Provider Services at 1-855-225-1731 for more information.



### **HCPSC Updates for 2017 – Current Dental Terminology (CDT) Changes**

On January 1, 2017, the Colorado Medical Assistance Program implemented the annual 2017 HCPSC deletions, changes, and additions effective for dates of service on or after January 1, 2017.

### **Changes to Orthodontia Process: Effective January 1, 2017**

The effective span of authorizations for Orthodontia treatment will move from 180 days to 1080 days. Orthodontia providers will be subject to all limitations applied to all services as listed in the DentaQuest Health First Colorado Office Reference Manual (ORM). Exceptions in accordance with the Early and Periodic Screening Diagnostic and Treatment (EPSDT) program will be allowed, as listed in the ORM. Exams and x-rays performed after the start of comprehensive orthodontia treatment (D8070, D8080, and D8090) will be included in the orthodontia case rate and will not be separately reimbursed.

### **Interim Therapeutic Restorations (ITR) Added to Registered Dental Hygienist (RDH) Scope of Practice: Effective January 1, 2017**



Beginning January 1, 2017, Medicaid will reimburse for Protective Restorations and ITRs provided by a permitted dental hygienist after a dentist has provided instructions to perform the procedure. The provision of the procedure does not require prior authorization. HB15-1309, the legislation that added these procedures to the dental hygienist scope of practice, also authorized the provision of the dentist supervision and instruction to treat, utilizing telehealth store-and-forward transfer. The Department will allow for reimbursement for the supervising dentist utilizing code D0391 – interpretation of diagnostic image by a professional that did not capture the image.

Supervising dentists and hygienists with the applicable permit from DORA must contact [Gail Reeder](#) or their DentaQuest Provider Relations Representative and provide documentation of this permit to be allowed this reimbursement.

## **Home Health Providers**

### **Discontinuation of Home Health Type of Bill 33X: Effective March 1, 2017**

Effective for home health services billed with dates of service on or after **March 1, 2017**, Health First Colorado will no longer accept institutional claims submitted with Type of Bill 033X. The 032X Type of Bill has been redefined to mean "Home Health Services under a Plan of Treatment" and should be used to bill home health services. The National Uniform Billing Committee (NUBC) originally started using the 032X Type of Bill in 2013, and Health First Colorado must now enforce its use for home health claims submitted through the interChange.



Please review the [CMS Claims Processing Manual](#) document for more information, or contact [Alexandra Koloskus](#) with questions.

#### ***\*Xerox Transition to Conduent Incorporated***

*Xerox State Healthcare LLC. is now Conduent Incorporated. References to the current fiscal agent will now be Conduent. While Health First Colorado providers should be aware of the name change, this transition will not have any effect on provider billing or the processing of claims. Conduent will continue to be the fiscal agent until HPE takes over on March 1, 2017*

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