COLORADO
Department of Health Care Policy & Financing

Dear Providers,

This email summarizes additions to the Known Issues & Updates web page from the past two weeks. The Known Issues & Updates web page is frequently updated. Please note that the Known Issues web page is not an all-inclusive list of known issues.

Hot Topics

Provider Enrollment Updates Limited to One per Service Location
The Provider Web Portal limits the number of open/outstanding provider enrollment updates per unique service location as follows:

- One (1) open Provider Maintenance or Revalidation update and
- One (1) open Electronic Funds Transfer (EFT) update

Refer to the examples below:

- If the service location has previously submitted an EFT enrollment application and the application is still under review, the location will be unable to submit another EFT enrollment application.
- If the service location has previously submitted a provider maintenance request and the request is still under review, the location will be unable to submit another provider maintenance request or a revalidation application.

Refer to the Provider Maintenance Quick Guide, Provider Maintenance – License Update Quick Guide, Provider Maintenance – Adding an NPI Quick Guide, and Provider Maintenance – Hospital Providers Adding an NPI Quick Guide available on the Quick Guides and Webinars web page for more information.

Contact the Provider Services Call Center at 1-844-235-2387 with questions.

Explanation of Benefits (EOBs) Filtering for Home and Community Based Services (HCBS) Providers

The Provider Web Portal has been updated to simplify Explanation of Benefits (EOBs) returned to Home and Community Based Services (HCBS) providers. With this update, EOBs are filtered before they are delivered to HCBS providers. As a result, when claims or details deny for HCBS providers, only EOBs that pertain to HCBS benefit plans will be shown.

Upcoming Mass Adjustment of Certain 13X Type of Bill Claims with Medicare Primary

The Centers for Medicare & Medicaid Services (CMS) is now required to reprocess/mass adjust approximately 6 million 13x Type of Bill (TOB) 837 institutional claims over the course of the next four (4) months. The specific criteria for the mass adjustment action are as follows:

- Type of Bill=13x (Outpatient); and
- The claim contains a Healthcare Common Procedure Coding System (HCPCS) code G0463 **and** associated modifier "PO"; and
- The claim's line item date of service (LIDOS) is on or after January 1, 2019.

These adjustments will not automatically crossover to the Colorado interChange. Providers may submit affected claims directly.

Provider Services Call Center New Hours
Providers are reminded that the Provider Services Call Center new hours of operation are as follows: Monday, Tuesday, Wednesday and Thursday 7:00 a.m. – 5:00 p.m. MT and Friday 10:00 a.m. – 5:00 p.m. MT. Previously, the Call Center did not open until 10:00 a.m. MT on Wednesday.

The Provider Services Call Center utilizes the time between 7:00 a.m. and 10:00 a.m. MT on Fridays to return calls to providers.

Recoupment of Funds Complete for Overpayment of Surgery Claims Performed by Assistant Surgeons
As previously communicated, some surgery claims billed with the 80, 81 or 82 modifiers that were paid between 3/1/17, and 3/1/19, were overpaid. Per program policy, these modifiers indicate procedures performed by assistant surgeons and should be reimbursed at 20% of the allowed amount.

All affected claims have been reprocessed by DXC and funds were recouped on 1/31/20. This appeared on remittance advices beginning on Monday, 2/3/20 and ending Monday, 2/24/20.

Featured Provider Resources

Electronic Health Records (EHR) Incentive Program Year 2019 Attestation Dates
Attention Electronic Health Records (EHR) Program Participants: The Health First Colorado EHR Incentive Program opens for Program Year 2019 attestations on March 23, 2020, at 8:00 a.m. and closes June 22, 2020, at 11:59 p.m. MT.

Contact medicaidEHR@CORHIO.org with any questions on attestations..

Health First Colorado (Colorado Medicaid) Selected for Federal Program to Reduce Maternal Opioid Misuse
The Department of Health Care Policy & Financing (the Department) has been awarded federal funding under the Maternal Opioid Misuse (MOM) Model. The MOM Model is intended to improve the quality of care and reduce expenditures for pregnant and postpartum women with Opioid Use Disorder (OUD) as well as their infants.

The MOM Model also increases access to treatment while creating sustainable coverage and payment strategies that support the ongoing coordination and integration of care. Care-delivery partners will have the opportunity to apply as regionally-specific sub-awardees to implement the MOM Model into primary and obstetric care sites that are appropriate in their community.

Providers, care sites and community resources within the health neighborhood will have increased support services to foster improved coordinated and integrated care delivery, leverage use of existing Health First Colorado flexibility to pay for sustainable care, and strengthen capacity and infrastructure.

View the press release for additional information.

Calendar Year 2020 Provider Enrollment Application Fee Amount
The Affordable Care Act (ACA) requires certain providers to remit an application fee. The Centers for Medicare & Medicaid Services (CMS) sets the fee annually. This fee is assessed at initial enrollment, revalidation, and change of ownership, as required, and is assessed in full for each service location enrolled in Health First Colorado.

Effective January 1, 2020, the Provider Enrollment Application Fee has been set at $595 for the 2020 calendar year.

Contact the Provider Services Call Center at 1-844-235-2387 with questions.

Recently Added Issues

Durable Medical Equipment (DME) Claim Denials for EOB 5110
Claims billed for procedure codes A4225, L8691 and L8692 are incorrectly denying for EOB 5110 - "The prior authorization does not match the services billed on your claim. Please correct services or submit a new prior authorization for the services billed." These procedure codes do not require a prior authorization.

The Department and DXC are working to resolve the issue. Affected claims will be reprocessed by DXC.

Recently Resolved Issues

Resolved 2/13/20: Incorrect Quantity of Physical and Occupational Therapy Units Displayed in the Provider Web Portal
The quantity of physical and occupational therapy units displayed on the Provider Web Portal Coverage Details screen may not have reflected the total amount of units the member has used.

Providers are still encouraged to obtain and submit a PAR to eQHealth Solutions, the Department's prior authorization vendor, even if all the previous PAR units are not exhausted.

Issue Resolved 2/13/20

Resolved 2/13/20: Provider Web Portal Eligibility Display and Short-Term Behavioral Health Service Limits
The eligibility responses on the Provider Web Portal were incorrectly calculating a fiscal year (July 1 to June 30) as a two-year span rather than a one-year span when calculating and displaying some short-term behavioral health visit benefit claims. This caused the "Used" units under the Limit Details panel to incorrectly show greater than the "Limit".

Claims were not denying due to this eligibility response issue. If providers receive EOB 5807 - "The short-term behavioral health service limit has been met, please submit the service to the Member's RAE." denials on the procedure codes below, those claims should be billed to the member's Regional Accountable Entity (RAE) and not to DXC:

- 90791
- 90832
- 90834
- 90837
- 90846
- 90847

Providers are reminded to reference the Short-term Behavioral Health Services in the Primary Care Setting Fact Sheet regarding policy for the short-term behavioral health

benefit.

Issue resolved 2/13/20

Resolved 2/13/20: Provider Web Portal Error when Atypical Providers Add Taxonomy Using the Additional Taxonomies Section

The Provider Web Portal displayed an error when Atypical providers attempted to add a taxonomy using the Additional Taxonomies section of the Provider Maintenance Specialty and Contact panel. This error affected current providers that are updating an existing enrollment record, not for new enrollments. Only Atypical providers, such as Home and Community Based Services (HCBS) or Transportation providers, were affected.

Note: If an Atypical provider has an National Provider Identifier (NPI), they**must** add a taxonomy using the Additional Taxonomies section. If an Atypical provider does not have an NPI, a taxonomy cannot be entered in the Additional Taxonomies section.

Issue resolved 2/13/20

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