COLORADO
Department of Health Care Policy & Financing

Provider News & Resources

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Upcoming Holidays:

Memorial Day - Monday, May 31 - State Offices, the ColoradoPAR Program, DentaQuest and Gainwell Technologies will be closed.

Provider Responsibility to Review Delegate Provider Web Portal Accounts

A delegate is a person who has been given access to perform certain Provider Web Portal functions on the provider's behalf. Providers are responsible to review the status of delegate accounts and the functions delegates are authorized to access in the Provider Web Portal.

A delegate's status and functions should be kept up to date in accordance with current job duties and employment status. Only delegates with a valid, current business reason should have Provider Web Portal access. A delegate account that has an outdated status presents a security risk to program integrity. Visit the General Provider Information Billing Manual web page for more information.

Visit the Delegates Provider Web Portal Quick Guide web page for more information on adding, linking and managing delegates. Visit the Delegates Access Definitions Provider Web Portal Quick Guide web page for more information on delegate functions.

Reminder - License Update Requirement

Federal screening regulations found at 42 CFR § 455.412 require providers to maintain current licenses, without limitations, throughout the term of their agreement. A license update is required when the license on file is expiring soon, or already has. To remain actively enrolled, update the license information in the Provider Web Portal by clicking Provider Maintenance and following the steps under Provider Identification Changes. **A copy of the license showing the effective and end dates must be attached.**

More information can be found in the Provider Maintenance Quick Guide – License Update located on the Quick Guides and Webinars web page.

The Top Five Reasons Enrollment Applications are Returned to Providers

Half of all enrollment applications are returned to providers due to errors. Providers are encouraged

to review the list below for faster applications approval.

1) Missing or Non-Matching License or Certification Attachment
The license attachment is missing, or the effective dates or end dates provided on the application do not match the documents provided as proof of licensure/certification.**Note**: Legal entity information on the application must match the documents provided as proof of legal entity status.

2) Answer to Supplemental Question #7 (located in the 'Other Information' section) "Do you hold all licenses and certifications as required based on your provider type?"
Providers are encouraged to carefully read each question prior to answering. All enrolling providers must answer this question regardless of license and certification requirements for the provider enrollment type. If licenses or certifications are not required for the provider enrollment type, this question must still be acknowledged.

3) National Plan and Provider Enumeration System (NPPES) Address Mismatch
The address in the National Plan and Provider Enumeration System (NPPES) does not match the address on the application.

4) W-9 Address Mismatch
The address entered on the W9 attachment is required to match the mail to, pay to, or service location address in the application.

5) Supplemental Questions (located in the 'Other Information' section)
Provider did not complete this section at all.

Visit the Common Reasons Enrollment Applications Are Returned to Providers web pagefor more information.

Featured Resources: Internal Control Number (ICN) & Region Codes Guides

Each claim and adjustment in Colorado interChange is assigned a unique claim number, known as the Internal Control Number (ICN). The Region Code, the first two digits of the ICN, indicates how Health First Colorado received the claim or adjustment request.

Refer to the resources below for more information on the ICN and Region Code:

- Internal Control Number (ICN) Guide
- Region Codes Guide

Recently Published Billing Manuals

- Inpatient/Outpatient (IP/OP) Billing Manual
- Medical Surgical Billing Manual
- Appendix X

Visit the Billing Manuals web page to locate all published manuals.

Resolved Issues

Resolved 5/6/21

Overpayment of Acute Home Health, Long-Term Home Health and Private Duty Nursing (PDN) Claims

Some Acute Home Health, Long-Term Home Health and Private Duty Nursing (PDN) claims with dates of service on or after 7/1/20 were overpaid due to a rate decrease in the maximum daily allowed amount for these claim types. Refer to the Home Health and PDN Rate Schedules available on the Provider Rates & Fee Schedule web pagefor more information on current rates and revenue

codes.
Affected claims will be reprocessed and funds recouped in the coming week.

Issue resolved 5/6/21

Resolved 5/4/21

Supply Claims for E2361 Billed with KR, RR or RB Modifiers Denying for Explanation of Benefits (EOB) 1381 or 4211

Some supply claims for procedure code E2361 with dates of service on or after 10/1/20 billed with the KR, RR or RB modifiers are denying for:

- EOB 1381 – "No billing rule for procedure." or
- EOB 4211 – "Modifier is invalid for procedure code. Refer to the Provider Manual, Help Screens, CPT or HCPCS listing for valid modifiers."

Affected claims will be reprocessed.

Issue resolved 5/4/21

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