



# Provider News & Resources

December 5, 2022 Issue 58

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## **Did You Know?**

### **Electronic Claims Requirement**

Providers are required to submit all claims electronically. Claims with attachments must be sent via the [Provider Web Portal](#). Attachments cannot be processed with batch transactions.

A denied claim should be resubmitted electronically as a new claim once corrections have been made.

Resubmissions should not be sent on paper, even if the claim has surpassed the 365-day timely filing period.

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### **Member Benefit Plan Codes Displaying on Remittance Advice (RA)**

Effective November 16, 2022, the RAs and Electronic Data Interchange (EDI) X12

Updated Billing Manuals

***Featured Resources:***

[CDPHE Syphilis in Colorado](#)

[Special Provider Bulletin - Synagis®  
Vaccine Benefit \(B2200486 - 11/22\)](#)

[Synagis® Prior Authorization  
Request \(PAR\) Form](#)

***Upcoming Holidays:***

**Christmas Day -  
Monday, December 26, 2022**

State Offices, the ColoradoPAR  
Program, Gainwell Technologies and  
DentaQuest will be closed.

835 transactions will report which member benefit plan was used to process and reimburse the claim.

Refer to page 10 in the [835 Companion Guide](#) to review the **new** Reference Segment RF002.

Refer to the [November 2022 Provider Bulletin \(B2200485\)](#) for more information.

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**Reminder: Update Address for Internal Revenue Service (IRS)  
Form 1099 in Provider Web Portal**

Providers are encouraged to ensure the IRS 1099 form mailing address on file with Health First Colorado is accurate and current prior to January 2023. Providers may add, view or modify the IRS 1099 form mailing address through the Provider Maintenance option in the Provider Web Portal. A confirmation letter will be sent to all linked provider service locations when an update is completed.

The letter will contain:

- The provider service location ID
  - The user information who completed the change
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- The details of the address changes made (previous and new)

**Note:** The IRS 1099 form mailing address is linked to the associated tax ID. If multiple provider IDs share the same tax ID, and one provider changes the 1099 address, that address will change for all providers with that tax ID.

Visit the [Provider Maintenance - Provider Web Portal Quick Guide web page](#) and view [Address Changes](#) for instructions to update an address in the Provider Web Portal.

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## **Provider Services Call Center: Virtual Agent Routing Tips and Instructions**

A virtual agent named GABBY™, designed to listen to the caller and respond, was implemented to assist providers contacting the [Provider Services Call Center](#). A phased implementation began on Friday, November 4, 2022. As of December 2, 2022, all callers will interact with the Provider Services Call Center virtual agent, which is available 24 hours a day, 7 days a week.

### **Enrolled Providers**

The virtual agent works best with the Health First Colorado provider ID. If an NPI is preferred and the provider has multiple locations or provider types, the virtual agent will ask for the 9-digit ZIP code. The virtual agent asks the caller what is needed, analyzes what is said, and responds accordingly. It can answer the following inquiries:

- **Member Eligibility** - The virtual agent can search for a date of service up to five years in the past, compared to the IVR system's one-year window. The caller can choose specifics about member eligibility such as Lock-in, Third Party Insurance (TPL), Managed Care, etc. rather than hearing the information all at once.
- **Warrant** - The virtual agent can give weekly payment amounts.
- **Claim Status** - The virtual agent can give the Explanation of Benefits (EOB) associated with the claim.

If the request cannot be supported, the virtual agent will transfer the call to a live agent.

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### **Phrases to Reach a Live Agent**

Callers can say “details, detailed information, or more details” to reach a live call center agent any time after verification.

### **Additional Tips**

- Callers can use terms or phrases such as “EDI, Prior Authorization, I’m not enrolled, application, or password” to be transferred to the appropriate queue.
- When checking a claim status by member ID and date span, speak the date by saying the name of the month, the date and the year. For example, 1/20/2022 would be spoken, “January 20 2022.”
- Provider IDs and ICNs may be keyed in. This is often faster and more accurate than speaking the numbers.

Visit the [Provider Services Call Center Virtual Agent Fact Sheet web page](#) for more information. Refer to the [November 2022 Provider Bulletin \(B2200485\)](#) for more information.

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### **Claim Adjustments or Voids**

Providers are reminded that all voids and adjustments should be submitted electronically so the amounts can be retracted and reported on the Remittance Advice (RA). Electronic adjustments can be submitted via the [Provider Web Portal](#) or Batch. Claims should not be sent on paper. Providers are strongly encouraged to avoid submitting paper checks for adjustments.

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### **Home and Community-Based Services (HCBS) Providers Reminder: Enrollment Specialty**

Providers are reminded to enroll in the particular specialty to render each type of service. If providers are not enrolled and approved for the correct specialty, claims could be denied. Refer to the [Add a Specialty](#) section on the [Provider Maintenance Quick Guide web page](#) for more information.

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Contact the [Provider Services Call Center](#) for enrollment questions.

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## **Reminder: Enrollment License Requirements and Updates**

Current Health First Colorado (Colorado's Medicaid program) providers that are required to maintain a license as part of their enrollment will receive a letter from the Department of Health Care Policy & Financing (the Department) when the primary license is approaching expiration or has reached its expiration date.

Providers are reminded that Health First Colorado enrollment may be inactivated if the provider's license, certification, or accreditation has expired or is subject to conditions or restrictions.

Providers will see this message on the Remittance Advice (RA) if the license is not current: Explanation of Benefits (EOB) 3385 - "Provider license not active on date of service".

Visit the [Provider Maintenance - Update License & CLIA Quick Guide web page](#) for license instructions and information.

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## **Physician-Administered Drug (PAD): Prior Authorization Update**

Effective January 1, 2023, a select number of additional physician-administered drugs (PADs) listed below will be subject to prior authorization (PA) requirements. These codes are in addition to the PADs that have required prior authorization since January 18, 2022, and October 1, 2022.

Providers should ensure that any Health First Colorado member due to receive any of the following PADs have an approved prior authorization (PA) on file prior to administration.

All PAD PA procedures, clinical criteria and PADs subject to PAR is listed on Appendix Y: Physician Administered Drug Medical Benefit Prior Authorization Procedures and Criteria drop-down located on the [Physician-Administered Drugs web page](#).

Visit the [ColoradoPAR: Health First Colorado Prior Authorization Request Program web](#)

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[page](#) and the [Physician-Administered Drugs web page](#) for additional information regarding PAD PA requirements.

Contact [HCPF\\_PAD@state.co.us](mailto:HCPF_PAD@state.co.us) for PAD questions.

Drug Class	HCPCS	Drug Name
	J1602	Simponi (golimumab)
	J3357 J3358	Stelara (ustekinumab)
	J0129	Orencia (abatacept)
	J2356	Tezspire (Tezepelumab-ekko)
	J0224	Oxlumo (lumasiran)
Duchenne Muscular Dystrophy	J1427	Viltepso (viltolarsen)
	J1428	Exondys 51 (eteplirsen)
	J1429	Vyondys 53 (golodirsen)

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### Reminder: Sign Up for Provider Email Communications

Recipients of this email are already signed up to receive Provider Bulletins and general announcements. To receive emails specific to provider type, [sign up by selecting the email list\(s\) that best apply](#).

Keeping provider contact information up to date in the Provider Web Portal will help to ensure that providers receive emails specific to their organization's claims. The email address associated with the mailing address in the Web Portal will be used for provider communications. Visit the [Provider Maintenance Provider Web Portal Quick Guide web page](#) for instructions on how to access and update the email address on file.

Looking for a recent newsletter or email? Newsletters and many of the emails sent to providers are posted on the [Provider News web page](#).

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### Recently Updated Billing Manuals

- [Appendix R - Remittance Advice \(RA\) Messages](#)
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- [Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs](#)
- [Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\)](#)
- [DME Healthcare Common Procedure Coding System \(HCPCS\)](#)
- [Early Intervention Program](#)
- [Gender-Affirming Care Services](#)
- [General Provider Information](#)
- [Immunization Benefits](#)
- [Inpatient/Outpatient \(IP/OP\)](#)

#### Home and Community-Based Services (HCBS)

- [HCBS - Adult - BI, CMHS, and EBD](#)
- [HCBS - Complementary and Integrative Health \(CIH\)](#)
- [HCBS - Children's - CHCBS and CLI](#)
- [HCBS - Children's Habilitation Residential Program \(CHRP\) Waiver Program](#)
- [HCBS for Persons with Intellectual and/or Developmental Disabilities Waiver Programs](#)

Visit the [Billing Manuals web page](#) to locate all published manuals.

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

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