COLORADO
Department of Health Care Policy & Financing

Provider News & Resources

May 2, 2025 Issue 115

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Did You Know?
Submitted Claims with Medicare Advantage Primary

If a member has a Medicare Health Maintenance Organization (HMO) known as an advantage plan or replacement plan, the primary billing information should be reported on a claim in the Medicare fields and not in the Third-Party Liability (TPL) fields. A Medicare Advantage plan (such as an HMO or Preferred Provider Organization [PPO]) is another Medicare health plan choice a member may have as part of Medicare. Refer to the Submitting a Claim with Other Insurance or Medicare Crossover Information quick guide for more information.

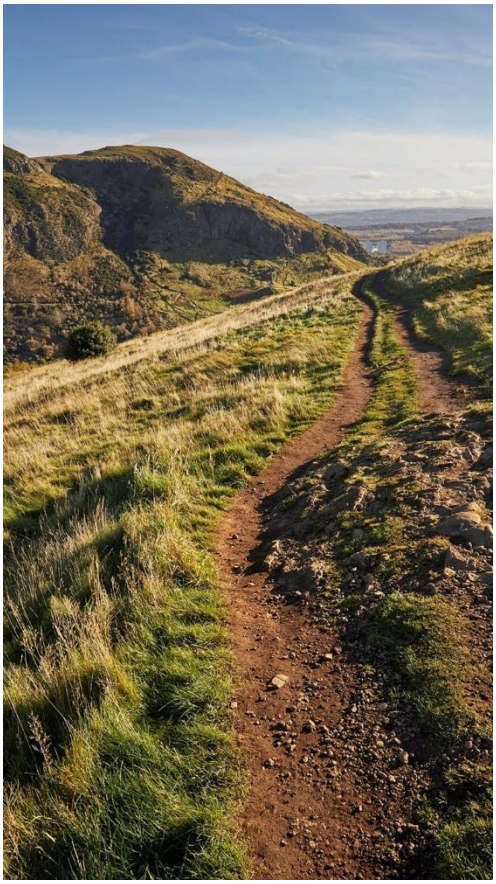
Resolved 04/29/25: Some HCBS Professional Claims Were Denying Due to Incorrect Benefit Plans or Eligibility

Physician Services/Clinics Providers: Resolved 04/25/25: Some Practitioner and Clinic Services Billed with Procedure Codes 97161, 97162, 97163, 97164, 97165, 97166 and 97168 on Professional Claims are Denying for Explanation of Benefits (EOB) 1997

Women's Health Providers: Resolved 04/23/25: Claims billed with the lactation support services procedure code S9443 were denying for Explanation of Benefits (EOB) 2022

Featured Resources

May 2025 Provider Bulletin (B2500523)



Provider Services Call Center Vendor Transition

Effective May 1, 2025, OptumInsight (Optum) is the operator of the Provider Services Call Center.

What is Different:

- **Phone Number:** The Provider Services Call Center phone number has changed. The new phone number is 1-833-468-0362. The phone number has been updated on the Provider Contacts web page.
- **Business Hours:** The business hours for the Provider Services Call Center are 8:00 a.m. - 5:00 p.m. MT Monday – Friday.
- **Change of Vendor:** Providers will no longer contact Gainwell Technologies (Gainwell) for assistance.

What is the Same:

Provider Processes: Although the vendor answering calls, the phone number, and a one (1)-hour change to the hours of operation for the Provider Services Call Center are different, provider processes for working with Colorado Medicaid are the same.

Optum agents have been trained to assist providers with questions about all topics that are important to providers. Providers will continue to receive assistance with topics typically asked of the Provider Services Call Center. These include billing and claims submissions, member eligibility, enrollment, revalidation or technical support for the Provider Web Portal.

There are no changes to the Provider Web Portal for claims submission, provider payments, provider enrollment and revalidation. However, Secure Correspondence is no longer available in the Provider Web Portal. Providers may contact the Provider Services Call Center with any questions they would otherwise have sent through secure correspondence.

What to Expect During the Provider Services Call Center Transition:

The Department of Health Care Policy and Financing (the Department), in partnership with Gainwell and Optum, has worked to minimize disruption to providers.

Given the complexity and breadth of information that call center agents must assist with, there may be an initial phase during which agents need additional time to research caller questions. ***The Provider Services Call Center is currently experiencing higher-than-average wait times.*** To reduce wait times, providers can select the new "virtual hold" option to hang up the phone while keeping their place in line and receive a call back when an agent is available.

Providers are encouraged to note the "case number" given by the agent during a call. The

case number can be referenced by the provider and by the call center agent if the agent needs to conduct additional research, or if the provider needs to place a follow-up call.

The Department is committed to supporting providers through this transition and will publish updates through regular provider communications.

Password Reset Process Change to Self-Service Web Form

A new self-service web form for the password reset process is now available on the home page of the Provider Web Portal and the Quick Guides web page. This web form replaces the process that required providers to attach a letter to an email. The web form will make the password reset process quicker and easier for providers.

Providers are advised to verify the following prior to submitting a password reset request:

1. Ensure the provider is already registered on the Provider Web Portal
2. Answer security questions for a self-service password reset
3. Ensure the user is the main administrator, not a delegate

Password reset requests will continue to be limited to administrators. Administrators are defined as individuals who maintain provider profile information in the Provider Web Portal. Delegate password resets must be done by the administrators within the provider's organization and should not be sent on the web form.

Note: The Provider Services Call Center will not be able to reset passwords.

Administrators for group or facility provider types will receive a phone call from a representative of Gainwell Technologies to verify web form information. Individuals within a group will not require a verification phone call.

Administrators are reminded to maintain updated contact information, especially phone numbers and email addresses, to reduce any delays in the password reset process.

Refer to the Provider Web Portal Password Reset web page for additional details. The

administrative password reset link is also available on the home page of the Provider Web Portal.

New "Primary Owner" and "Primary Employer" Fields Required in the Provider Web Portal

Group and facility providers are now required to identify their "Primary Owner" and Individual Within a Group (IWG) and Ordering, Prescribing and Referring (OPR) providers are required to identify their "Primary Employer" the first time they make any changes to their profile during Maintenance or during Revalidation in the Provider Web Portal.

New drop-down fields are populated with the names of major health systems to make selection easy. Providers may also select "N/A", "Self-Employed" or "Other" if the names in the drop-down list do not apply. Selections will be saved and subsequent provider profile changes will not require any additional selections or actions.

Contact the Provider Services Call Center with questions.

Third Party Liability (TPL)

Providers cannot bill members for co-pays or deductibles assessed by third-party resources or bill members for the difference between commercial health insurance payments and their billed charges when Health First Colorado (Colorado's Medicaid program) does not make an additional payment.

A member's commercial health insurance must be billed first, and lower-of pricing is used to calculate reimbursement from Health First Colorado.

Visit the Third-Party Liability and Recoveries web page and refer to the General Provider Information Manual for more information.

Recently Updated Billing Manuals and Fee Schedules

Billing Manuals

- Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Billing Manual
- Durable Medical Equipment (DME) HCPCS Codes
- Immunizations Billing Manual
- Lactation Support Services Billing Manual
- Pharmacists Services Billing Manual
- Provider Enrollment Manual
- Provider Revalidation Manual

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

Fee Schedules

Visit the Provider Rates and Fee Schedule web page to locate all published fee schedules.

Resolved Known Issues

Home & Community-Based Services (HCBS) Providers

Resolved 4/29/25: Some HCBS Professional Claims Were Denying Due to Incorrect Benefit Plans or Eligibility

Some professional claims submitted for HCBS services were denying due to the member not having the correct benefit plan or eligibility at the time of the claim submission. Members' waiver benefit plans have been corrected, and the Department worked with the fiscal agent to ensure all records were updated.

Claims were reprocessed on 4/29/25.

Issue resolved on 4/29/25.

Physician Services/Clinics Providers

Resolved 04/25/25: Some Practitioner and Clinic Services Billed with Procedure Codes 97161, 97162, 97163, 97164, 97165, 97166 and 97168 on Professional Claims were Denying for Explanation of Benefits (EOB) 1997

Some Practitioner and Clinic services billed with procedure codes 97161, 97162, 97163, 97164, 97165, 97166 and 97168 on professional claims billed from March 22, 2025 through April 24, 2025 were denying for EOB 1997 – "The referring, ordering, prescribing or attending provider is missing or not enrolled. Please resubmit with a valid individual National Provider Identifier (NPI) in the attending field."

Affected claims were reprocessed on 04/30/25.

Issue resolved 04/25/25.

Women's Health Providers

Resolved 04/23/25: Claims billed with the lactation support services procedure code S9443 were denying for Explanation of Benefits (EOB) 2022 – "A National Correct Coding Initiative (NCCI) Medically Unlikely Edit (MUE) that sets when the units of service are billed in excess of established standards for services that a member would receive on a single date of service for a given CPCS/CPT code."

A second position modifier and corresponding rate have been added to procedure code S9443 to reflect the time spent in direct member contact. Refer to the Lactation Support Services billing manual for further information.

Providers may update denied claims with the new modifiers and resubmit electronically as new claims.

Subscribers to the Maternal Child and Reproductive Health Listserv should be receiving an invitation to register for a provider meeting to assist providers with new billing protocols. Lactation Services providers are encouraged to subscribe.

Contact HCPF_MaternalChildHealth@state.co.us with any questions.

Issue resolved 4/23/2025.

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