



Automated Medical Payments

Medicaid Bulletin

Colorado Title XIX

Fiscal Agent

CONSULTEC

600 Seventeenth Street
Suite 600 North
Denver, CO 80202

Medicaid Provider Services

303-534-0146
1-800-237-0757

Mailing Addresses

Claims & PARs
P.O. Box 30
Denver, CO 80201-0030

Correspondence, Inquiries & Adjustments

P.O. Box 90
Denver, CO 80201-0090

Provider enrollment, Provider information, Changes, Signature authorization, and Claim requisitions

P.O. Box 1100
Denver, CO 80201-1100

Medicaid Fiscal Agent Information on the Internet

WWW.CONSULTEC-GCRO.COM

Medicaid bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medicaid Provider Services.

Distribution: Hospital providers

March 2000

Reference: B000053

CFMC discontinues notification for low DRGs

The Colorado Foundation for Medical Care (CFMC) contracts with the State to review inpatient hospital services provided to Medicaid clients. The review determines if services meet medically acceptable standards of care, are medically necessary, and are delivered in the most appropriate setting. CFMC uses the medical record to verify DRG accuracy.

If the reimbursed DRG is too high, providers receive a letter that identifies the reimbursed DRG and what the appropriate DRG should be. The fiscal agent adjusts the claim to reimburse at the appropriate DRG.

Currently, providers also receive a letter if the reimbursed DRG is too low. Providers may submit adjustments for these claims based on the notification.

Effective April 1, 2000, CFMC will no longer review for and notify providers when a reimbursed DRG is too low. Providers may still submit adjustments for these claims so they will regroup to the higher-weighted DRG if they discover the error through internal quality assurance processes.

CFMC will continue to notify Providers when the reimbursed DRG is too high and the fiscal agent will continue to adjust those claims.

Reviews conducted prior to April 1, 2000 are not affected by this change.

Please direct questions about Medicaid billing or the information in this bulletin to Medicaid Provider Services at:

303-534-0146 or

1-800-237-0757 (toll free Colorado).