



Automated Medical Payments

Medicaid Bulletin

Colorado Title XIX

Fiscal Agent

CONSULTEC

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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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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

April 2000

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Urgent Read Immediately

“Intent to Retract” letters identify Inpatient and Outpatient claims incorrectly processed without commercial insurance information

Beginning April 24, 2000, inpatient and outpatient services providers will receive “Intent to Retract” letters identifying claims that have been incorrectly paid.

Medicaid is the payer of last resort. Federal regulations require that all available health insurance benefits be pursued before Medicaid considers payment. The fiscal agent has identified inpatient and outpatient claims for clients with known Third Party Resources (TPR) that have paid without required payment or denial information. Claims with dates of service on and after July 1, 1999 (Statement covers period “from” date) are targeted for correction through the Intent To Retract (ITR) process.

The ITR process allows providers to submit required commercial insurance payment and denial information without having the claim recovered.

The ITR letter identifies the involved claim(s) and gives information to allow the provider to submit the claim(s) to the appropriate insurance carrier. Sixty days after the date of the letter, the Medicaid payment is automatically retracted (recovered) unless the provider takes further action.

- If the third party resource denies the claim, providers stop the recovery process by sending a copy of the denial notice to the fiscal agent as instructed in the ITR letter.
- If the third party resource pays the claim, but pays less than the allowed Medicaid benefit, sending a copy of the insurance explanation of benefits also stops the recovery process. The claim will be adjusted to show the third party payment. If the commercial insurance payment is the same or more than the Medical allowed benefit, Medicaid makes no additional payment.

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

Medicaid Provider Services

303-534-0146 or

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