



Automated Medical Payments

Medicaid Bulletin

Colorado Title XIX

Fiscal Agent



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

coloradomedicaid.consultec-inc.com

Distribution: Hospital providers

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Reference: B0000078

New Version of Grouper

Effective December 1, 2000, the following versions of the Health Care Financing Administration (HCFA) Grouper will be used to process Medicaid inpatient hospital claims:

Discharge Date	Grouper
On or after December 1, 2000	Version 18.0
February 1, 2000 through November 30, 2000	Version 17.0
February 1, 1999 through January 31, 2000	Version 16.0
January 1, 1990 through January 31, 1999	Version 15.0

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).

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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

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