



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

coloradomedicaid.consultec-inc.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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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: All Providers

February 2001

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Urgent Read Immediately

Eligibility Errors for Foster Care Clients

A recent upgrade to the State's foster care eligibility system created errors in the eligibility records for some foster care clients. Since January 22, 2001, the Medicaid eligibility file information for foster care clients has been, in some instances, incorrect. Clients are shown as ineligible instead of eligible. The Colorado Department of Health Care Policy and Financing is aware of the problem and is working with the Colorado Department of Human Services to correct the situation as soon as possible. Changes were made to the system to update the eligibility data for February and the Departments anticipate a solution by early March. By April 16, 2001, all counties will utilize the new eligibility system.

Please remember that if the client presents a Medicaid Authorization Card (MAC) showing eligibility on the dates of service, the MAC is a guarantee of coverage. Providers should retain a copy of the MAC in their files. Paper claims submitted with a copy of the MAC confirm Medicaid eligibility. The copy of the MAC allows claim submission on paper even if the provider is required to file claims electronically.

Please note that even though you have a MAC showing eligibility, the following may occur:

- Electronic claims may reject with the message 0271, client ineligible on date of service.
- Eligibility verification through the Automated Medical Payments (AMP) System, the Colorado Medicaid Eligibility Response System (CMERS), and fax back eligibility may state that the client is not eligible.
- The Medicaid fiscal agent may not be able to verify eligibility for some foster care clients.

Options for providers are:

1. File the claim electronically and use the claim rejection as proof of timely filing until the claim is accepted. Periodically continue to file the claim electronically until the eligibility file is corrected.
2. If you have a copy of the MAC, submit the claim on paper with a copy of the MAC. This allows most claims to be processed. Paper inpatient claims will be held until they can be processed.

Providers will be notified when the eligibility file is corrected by a message on the remittance statement and a notice on the internet at:

www.coloradomedicaid@consultec-inc.com.

The Department of Health Care Policy and Financing appreciates your continued patience with the systems conversion. We apologize for any inconvenience this has caused.

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)