



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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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

April 2001

Reference: B0100095

Claims denied for ineligibility from 07/01/97 - 08/31/99 may be paid

Between July 1, 1997, and August 31, 1999, approximately 40,000 Medicaid clients may have improperly lost Medicaid benefits when they stopped receiving Temporary Aid to Needy Families (TANF) cash assistance.

The Colorado Department of Health Care Policy and Financing (HCPF) may be able to pay claims for Medicaid benefit services provided to these clients during their period of ineligibility.

In May 2001, qualified clients will receive letters notifying them about this situation.

- Clients will be advised that Medicaid may be able to pay for health care costs that were incurred during the period of ineligibility. They will be asked to present medical bills to document the services that they have received. Clients may contact providers to ask for billing statements and receipts. Your assistance to these clients is appreciated.
- Clients will also be able to ask for current Medicaid eligibility reinstatement.

Eligibility Reinstatement: Eligibility reinstatement allows the individual to have access to full Medicaid benefits for up to 120 days while ongoing eligibility is being determined. Clients will receive a current Medicaid card during this period and all regular Medicaid benefit and filing requirements will be applied.

Payment of Past Bills: For consideration to be given to payment of old bills, clients must submit bills to HCPF. HCPF will determine if the services can be paid and will advise clients in writing if providers can submit old bills.

It is important for providers to note that the Medicaid client must ask to have old bills considered for payment and initiate the reinstatement process. Medicaid providers cannot submit claims until the client advises them that they have been given approval to submit old claims.

Clients are responsible for notifying providers that their request to pay old bills has been approved. Upon notification from the client, providers should submit claims as quickly as possible. In any case, the fiscal agent must receive all of the old bills on or before December 31, 2001. Timely filing will be approved for these claims. The claim(s) must be submitted to the Fiscal Agent, Consultec, on paper and must be clearly marked with the notation, "TANF Reconsideration."

If the client has already paid the bill:

- Please refund the full amount of the client's payment. Upon receiving notification from the client that old bills may be submitted, send a claim to Medicaid as noted above.

If the client has not paid the bill:

- Upon notification from the client that old bills may be submitted, send a claim to Medicaid as noted above.

Please remember:

- Clients cannot be billed for the difference between the provider's charges and the Medicaid payment. Providers must follow applicable Colorado State Laws (26-4-403) regarding the billing of Medicaid clients.
- Timely filing will be waived on submitted TANF Reconsideration claims if they are received no later than December 31, 2001, and are appropriately marked with the notation, "TANF Reconsideration."
- Providers who are not currently enrolled in the Medicaid Program will be given the opportunity to enroll temporarily and sign the participating provider agreement for the past period if so desired.

The Colorado Department of Health Care Policy and Financing appreciates the assistance providers give to these Medicaid clients.

Please direct questions about the information in this bulletin to:

Medicaid Provider Services
303-534-0146 or 1-800-237-0757 (toll free Colorado)