



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](http://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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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: Pharmacy Providers

June 2001

Reference: B0100103

## Pricing changes for the pharmacy program

Effective July 1, 2001 the reimbursement calculation for payments to Colorado Medicaid Pharmacy providers is changing. Dispensing fees and copay changes also begin July 1, 2001.

### Reimbursement formula change

Colorado Medicaid is raising the discount to 11% for the Average Wholesale Price (AWP). The reimbursement for all Colorado Medicaid Pharmacy Providers will be the AWP minus 11%.

All other reimbursement formulas remain the same.

Colorado Medicaid uses pricing methodology that allows the lowest price.

### Prescription dispensing fee

The retail pharmacy dispensing fee will be reduced from \$4.08 to \$4.00.

### Copay

The current required client copay is increasing. The \$0.50 copay for each generic prescription will be \$0.75. Brand name prescription copay will increase from \$2.00 to \$3.00. Clients who are exempt from copay, reside in a Nursing Facility, are pregnant, or are age 18 and under are not affected by the copay increase.

**Please direct provider questions about these program  
changes to PDCS Pharmacy Support at:  
1-800-365-4944**

**Please direct client questions to  
the Colorado Medicaid Information Line at:  
303-866-3513 or  
1-800-221-3943**