



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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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

June 2001

Reference: B0100104

## New Medicaid eligibility procedure

Effective July 1, 2001, a new procedure will determine disability-based Medicaid eligibility. The new procedure will affect eligibility for some new Medicaid applicants and some existing Medicaid clients.

Counties now use the "Med 9" form to determine a client's disability status. To receive federal funds Colorado must meet federal regulations. The Med 9 does not satisfy federal regulations and Colorado will no longer use it for disability-based Medicaid eligibility determination. Federal regulations require that all Medicaid clients who receive Medicaid based on a disability be evaluated according to the Social Security regulations defining disability. The rules are stricter than the current Med 9 procedure.

Beginning July 1, 2001, the new procedure will be used to evaluate the approximately 1,440 new applications for disability-based Colorado Medicaid received annually. About 600 currently enrolled Medicaid clients will be re-evaluated according to the new criteria during the 2001-2002 fiscal year.

The State will contract with Disability Determination Services (DDS) to make the disability determinations for Medicaid clients and applicants. This is the same agency that determines disability for SSI and SSDI applicants. According to federal regulations, disability determinations must be completed within 90 days for Medicaid.

Applicants and clients **not** affected by the change include:

1. Those eligible for, or receiving, Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)
2. Aid to the Needy Disabled clients - will continue to use the Med 9 for disability determination.

Applicants and clients **affected by** the change include:

1. Individuals under the age of 65 who are not eligible for, or receiving, SSI or SSDI and are applying for Medicaid based on a disability.
2. Individuals who are applying for, or receiving, long term care services and have been admitted in a hospital, nursing facility or Home and Community Based Services (HCBS) program for over 30 days.
3. Aliens whose immigrant status limits their eligibility to Emergency Medicaid services only.
4. Children who are applying for, or receiving, services in an HCBS program.

Rules to implement this change will be added to Volume 8 regulations and be effective July 1, 2001. The Department is working with DDS to minimize eligibility uncertainty and expedite determinations.

Please direct questions about Medicaid billing or this bulletin to:

## Medicaid Provider Services

(303) 534-0146  
1-800-237-0757