

**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.acs-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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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 July 2002

Reference: B0200137

# Urgent - Read Immediately!

Claim Filing, Remittance Statement and Payment Changes Remittance statements

**E**FFECTIVE AUGUST 1, 2002 Providers are required to retrieve their Remittance Statements electronically if they have notified the Medicaid program of Internet access. **Providers with electronic capability will no longer receive paper Remittance Statement from the fiscal agent.** 

**Electronic filing** 

Colorado Medicaid providers currently submitting *five or more claims per month* <u>must</u> submit claims electronically beginning *SEPTEMBER 1, 2002.* WINASAP interactive billing software is supplied at no charge to the provider. WINASAP is available from the fiscal agent's website: coloradomedicaid.acs-inc.com or by contacting EDI support at: 1-800-987-6721.

Electronically mandated claims submitted on paper are processed and denied with the message "Electronic Filing Required."

### **Electronic claim submission exceptions**

- Claims from providers who consistently submit *fewer than five* claims per month.
- Claims with service dates more than 365 days old.
- Claims that, by federal or state policy or regulation, require attachments.
- Reconsideration claims.

### **Electronic Funds Transfer (EFT)**

Medicaid-enrolled providers are encouraged to receive their Medicaid payments through  $\underline{\mathbf{E}}$  lectronic  $\underline{\mathbf{F}}$  unds  $\underline{\mathbf{T}}$  ransfer (EFT). EFT is easy to set up and allows the Colorado Medicaid program to deposit Medicaid payments directly into the provider's bank account. The Authorization Agreement for Automatic Deposits (ACH Credits) form is available:

- On the fiscal agent website: coloradomedicaid.acs-inc.com under Forms in the Provider Services section or
- By calling Medicaid Provider Services at: 303-534-0146 or 1-800237-0757.

#### **EFT Benefits**

- 1. EFT is efficient and cost effective.
- 2. EFT reduces payment turn-around time.
- 3. EFT authorizes the Colorado Medicaid program to deposit payments directly into the provider's designated bank account.
- 4. EFT authorization does **not** allow the Colorado Medicaid program to remove funds from the provider's bank account. Erroneous transactions (duplicate deposits) are electronically reversed.

Please complete the Colorado Authorization Agreement for Automatic Deposits (ACH Credits) form and mail to:

Provider Enrollment PO Box 1100 Denver, CO 80201-1100

Please direct questions about information in this bulletin to:

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