



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

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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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: Hospital providers &
Single Entry Point agencies

November 2001

Reference: B0100115

**Urgent
Read Immediately**

Verification of Single Purpose Eligibility Application (SPA) for Client Disability Determinations

Effective July 1, 2001, all clients who apply for Medicaid based on disability must complete a Medicaid Disability Application. Disability determinations are made by Disability Determination Services (DDS). A disability determination cannot be initiated by DDS until the county receives Part I of the SPA.

The county assigns a Medicaid application date and a technician to the client's case. The county then faxes the Confirmation of Receipt of SPA form to your office to be included with the Disability Application. A Confirmation of Receipt of SPA form is attached for reference. To ensure expedited processing of Medicaid applications, please follow these four steps:

1. Make sure the client completes Part I of the SPA. Please assist as necessary.
2. Fax the SPA with Part I completed to the client's County Department of Social Services. Please include your fax number on the cover sheet to the county. Send the original to the county by mail.
3. Make sure the client completes the Medicaid Disability Application. Please assist as necessary.
4. Upon receipt of the Confirmation of Receipt of SPA form from the county, fax the confirmation form and the completed Disability Determination Application to DDS at 303-752-5761. Please mail the original Medicaid Disability Application to DDS at:

DDS
2530 S. Parker Rd., Suite 500
Aurora, Colorado 80014

Please direct questions about information in this bulletin to:

Julia Friedman-Peremel
303-866-5600

OR

julia.friedman-peremel@state.co.us

CONFIRMATION OF RECEIPT OF SPA MEDICAID APPLICATION
(to be completed by county)

CLIENT NAME: _____

CLIENT SSN: _____ **DATE OF BIRTH:** _____

**STATE ID OR HOUSEHOLD
NUMBER (IF AVAILABLE):** _____

APPLICATION DATE: _____

**IS THE CLIENT ELIGIBLE FOR FAMILY AND CHILDREN'S MEDICAID
(1931, TMA, or BC/KC)?** no____ yes____ (if yes, no DDS determination
needed)

COUNTY NAME AND ADDRESS: _____

ASSIGNED TECHNICIAN NAME: _____

PHONE NUMBER: _____

Instructions

County: Complete this form and fax to provider.

Provider: Fax this form with the Disability Application and medical release
forms to DDS at 303-752-5761. Please also send the original
disability application to DDS:
2530 S. Parker Rd., Suite 500
Aurora, Colorado 80014

Colorado Department of Health Care Policy & Financing
Office of Medical Assistance/Eligibility Section
1575 Sherman St.
Denver, Colorado 80203