Medical Assistance Program Bulletin

Colorado Title XIX

Fiscal Agent

A C S

600 Seventeenth Street
Suite 600 North
Denver, CO 80202

Medical Assistance Program
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

Medical Assistance Program
Fiscal Agent Information
on the Internet
www.chcpf.state.co.us

Click on the Provider Services tab at the top of the web page

Medical Assistance Program bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medical Assistance Program 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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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 Medical Assistance Program Provider Services.

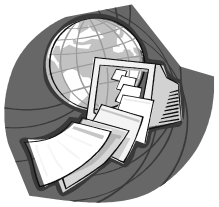
Distribution: All providers **May 2005**

Reference: B0500194

Table of Contents

All Providers

Transactions Now Available through the Web Portal



Starting May 2, 2005, Providers will be able to bill the 837 Professional and 837 Dental claims through the Web Portal. Prior to May 2, 2005, providers had the ability to check eligibility, check claim status, and retrieve reports. Pilot testers for the 837 P and 837D have been pleased with the Web Portal's new functionality.

Like WINASAP, claims must be submitted interactively one at a time.

Also on May 2, 2005, eligibility verification through WINASAP will end.

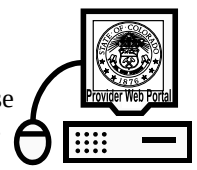
The trading partner administrator for providers are encouraged to log-on to the Web Portal and set up user access for to these services. On-line training as well as user guides are available for each of these HIPAA transactions.

Look for 278 (PAR) and 837 Institutional transactions to become available at the end of June or July. WINASAP software will be completely inactivated 30 days after these last two transactions become available through the Web Portal.

WINASAP Eligibility Verification Ends

Beginning Monday, May 2, 2005, the WINASAP eligibility function is no longer available.

If you have signed up for the Web Portal *and* you are still using WINASAP for Medical Assistance Program eligibility verification, you should be using the Web Portal. If you have *not* signed up for the Web Portal, you must sign up as soon as possible in order to continue Medical Assistance Program electronic transactions. Please complete and submit the EDI enrollment form located at: http://www.chcpf.state.co.us/ACS/Pdf_Bin/Submitter_Enroll120804.pdf as soon as possible. The State will follow-up on the enrollment process and send you the necessary user names and passwords for accessing the portal.



The Web Portal is available for eligibility verification, claim status and the File and Report Service. The Web Portal will soon replace all WINASAP functions because WINASAP is not HIPAA compliant and cannot process the new X12N transactions.

All Provider Satisfaction Survey

The Department of Health Care Policy and Financing is conducting a provider survey to get your feedback on the services offered by our fiscal agent (ACS) and EDI. Your answers will enable us to be aware of the areas needing improvement. This in turn will help us to adapt new and/or improved ways to communicate with and assist our provider community.

It will take a short amount of time to answer the questions on the survey that was sent by mail during the week of April 25, 2005. Please return the questionnaire no later than Tuesday, May 31, 2005 by fax as directed.

We hope that you will use the survey as a tool to voice your opinion of the services currently being offered.

Have You Signed-up for Electronic Publications Notification Yet?

The Department and the fiscal agent are developing a provider email notification system for new bulletins and website updates. Email notifications with a link to the new or updated website document will be available in the near future. Currently enrolled providers who do not have their email on file with the fiscal agent should complete the attached form (Attachment C). *Providers are responsible for ensuring that the fiscal agent has their current publications email address on file. The Colorado Medical Assistance Program is not responsible for undeliverable notifications due to incorrect email addresses.* Please fax or mail the completed form to the fiscal agent at the fax number/address on the form. We appreciate your prompt completion of the form.

HCBS Providers

New Waiver Program

The HCBS-Consumer Directed Care for the Elderly (CDCE) is a new waiver that will be offered to clients 55 years and older. Waiver services include homemaker, personal care, respite, adult day, electronic monitoring, home modification, alternative care facility and self directed personal support services. The Department will implement the CDCE program statewide over a three-year period. The projected program implementation is scheduled for August 2005 and will be offered to clients residing in Adams, Arapahoe, Denver, Douglas, Elbert, Mesa, San Juan, La Plata and Archuleta counties.

New HCBS Waiver Prior Authorization Form

The HCBS Waiver prior authorization form has been revised to add new services and include two additional waivers. The form combines prior authorization requests for BI, EBD, CHCBS, CDCE, MI, and PLWA waivers.

The added waivers are:

1. Consumer Directed Care for the Elderly (CDCE) and
2. Children's Home and Community Based Services (CHCBS).

The new services are:

In Home Support Services (IHSS)	
Health Maintenance Activities	H0038
IHSS Personal Care	T1019 KX
IHSS Relative Personal Care	T1019 HR KX
IHSS Homemaker	S5130 KX

These services are available only to CHCBS and EBD waiver clients.

Community Transitions (T2038) is a new EBD waiver benefit.

Personal Support Service (T2025) and Personal Support Service Administration (T2025 52) are CDCE waiver benefits.

The new form includes instructions. The form and instructions can be found in the Forms section of the Provider Services section of the Department's website. Please print or download the form from this website. A copy of the revised form and instructions are included in this bulletin (Attachment A). Effective October 1, 2005, the HCBS PAR form with Reference # B0400168 will no longer be accepted.

Physician and Pharmacy Providers

Pharmacy Changes

Proton Pump Inhibitors

Effective December 1, 2004, the Department changed some of the prior authorization (PA) criteria for Proton Pump Inhibitors (PPIs). The changes are as follows:

1. The PA criteria for non-complicated diagnoses are changed so the client no longer needs to step down to an H2 Blocker on an annual basis. When a client initially begins on a PPI, he or she may receive the medication for 90 days without a PA. After 90 days, the client must step down to an H2 Blocker for eight weeks unless the provider can document that H2 Blockers have been used at high doses in the past year and have failed to work. If the H2 Blocker does not work after eight (8) weeks of therapy or the client has failed previous H2 Blocker treatment, a PA for the PPI will be approved for six (6) months. Thereafter, a PA may be approved for non-complicated doses every six (6) months. A child who turns two years old and is currently taking a PPI will not be required to step down to an H2 Blocker.
2. The required documentation for a complicated diagnosis now requires either a test or a diagnosis by a GI specialist. If a test is performed, the provider must provide the date of the test and sign a statement verifying that the test was completed instead of sending in a copy of the test results.
3. The complicated diagnosis of "GERD with risk of aspiration pneumonia in elderly" is clarified to apply to clients who are 65 years and older and to clients with Down Syndrome.
4. Acid Pulmonary Syndrome/Recurrent Aspiration Syndrome is added as a complicated diagnosis.
5. Pediatric esophagitis is added as a complicated diagnosis.
6. It clarifies that Prevacid Solutabs can be used for clients with feeding tubes.

For more details about the prior authorization criteria, please refer to Appendix P, Colorado Medical Assistance Program Prior Authorization Procedures and Criteria, which located at: http://www.chcpf.state.co.us/HCPF/Pharmacy/phmindex.asp.

Zorbtive

Zorbtive was added to the PA list. A PA will be approved if the client is diagnosed with short bowel syndrome and is receiving specialized nutritional support.

May 2005 Statewide

Provider Billing Workshop Schedule

General Information

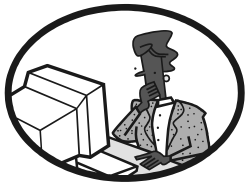
Provider billing workshops include both Medical Assistance Program billing instructions and a review of Medical Assistance Program billing procedures. There are specific classes for new billers to the Medical Assistance Program and for specialty training for different provider types. The schedule for May 2005 workshops follows.

Who Should Attend?

New and experienced receptionists, front desk personnel, admission personnel, office managers, billing services, and other billers should attend the appropriate workshops.

Do I need Reservations?

Yes, reservations are necessary for ***all workshops***. We are currently requesting reservations for both Statewide and Denver workshops to ensure that adequate space is available for all workshops.



Email reservations to: workshop.reservations@acs-inc.com
or
Call Medical Assistance Program Provider Services to make reservations.
1-800-237-0757 or 303-534-0146

Press "**5**" to make your workshop reservation. This transfers you to a voice mail where you must leave the following information:

- Medical Assistance Program provider billing number
- The date and time of the workshop
- The number of people attending and their names
- Contact name, address and phone number

Without all of the requested information, your reservation will not be processed successfully.

Your confirmation will be mailed to you within one (1) week of making your reservation. If you do not receive a confirmation within one (1) week, please contact Provider Services and talk to a Provider Relations Representative.

Class Descriptions

Please see bulletin B0500191, January 2005 for complete class descriptions.

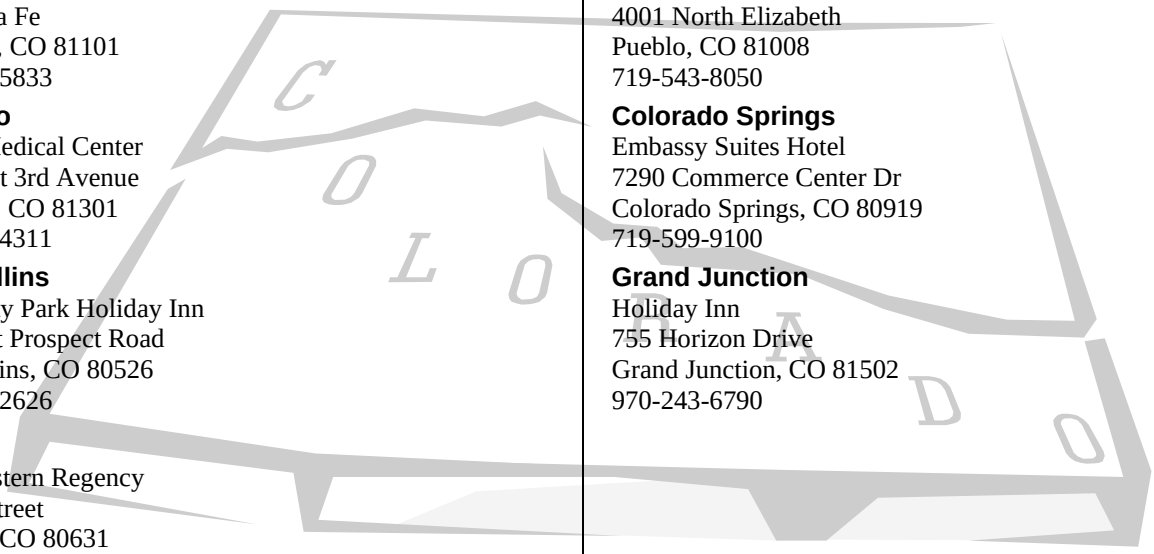
Statewide Locations

Alamosa
Clarion of the Rio Grande Hotel
333 Santa Fe
Alamosa, CO 81101
719-589-5833

Durango
Mercy Medical Center
1800 East 3rd Avenue
Durango, CO 81301
970-247-4311

Fort Collins
University Park Holiday Inn
425 West Prospect Road
Fort Collins, CO 80526
970-482-2626

Greeley
Best Western Regency
701 8th Street
Greeley, CO 80631
970-353-8444



Pueblo
Ramada Inn and Conference Center
4001 North Elizabeth
Pueblo, CO 81008
719-543-8050

Colorado Springs
Embassy Suites Hotel
7290 Commerce Center Dr
Colorado Springs, CO 80919
719-599-9100

Grand Junction
Holiday Inn
755 Horizon Drive
Grand Junction, CO 81502
970-243-6790

Statewide Beginning Billing
8:30 am-1:00 pm
(Unless Otherwise Noted)
Beginning Training CO-1500/UB-92

05/12/05— Alamosa-- Thursday
05/16/05 – Ft. Collins Monday, 9:00 am-1:30 pm
05/24/05 – Greeley – Tuesday, 9:00 am-1:30 pm
05/10/05 – Grand Junction – Tuesday
05/17/05 – Pueblo – Tuesday
05/18/05 – Colorado Springs – Wednesday

Statewide Specialty Training

Reminder:
You must attend a Beginning Billing session for your claim type prior to attending a Specialty class. Beginning Billing provides the basic information on which the Specialty classes are based.

Home Health/ Private Duty Nursing
05/12/05 – Alamosa – Thursday, 2:00 pm-4:00 pm

Supply
05/12/05 – Alamosa – Thursday, 2:00 pm-4:00 pm

Occupational Physical and Speech Therapies
05/16/05 - Fort Collins – Monday, 2:00 pm-4:00 pm

RTC
05/16/05 - Fort Collins – Monday, 2:00 pm-4:00 pm

HCBS
05/24/05 – Greeley – Tuesday, 2:00-3:30

Hospital
05/10/05 – Grand Junction – Tuesday, 2:00-4:00

Practitioner
05/10/05 - Grand Junction – Tuesday, 2:00-4:00

RHC/FQHC
05/17/05 – Pueblo– Tuesday, 2:00-3:30

Occupational Physical and Speech Therapies
05/18/05 – Colorado Springs – Wednesday, 2:00-4:00

Hospital
05/18/05 – Colorado Springs – Wednesday, 2:00-4:00

Please direct questions about Medical Assistance Program billing or the information in this bulletin to Medical Assistance Program Provider Services at: 303-534-0146 or-800-237-0757 (Toll free Colorado)

Remember to check the Provider Services section of the Department's website at: http://www.chcpf.state.co.us for Provider Updates and News

STATE OF COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

REQUEST FOR HCBS PRIOR APPROVAL AND COST CONTAINMENT

Check the appropriate waiver program with modifier:

☐ **BI**-U6, ☐ **EBD**-U1, ☐ **CHCBS**-U5, ☐ **CDCE**-UC, ☐ **MI**-UA, ☐ **PLWA**-U2

REVISION? Yes ☐ No ☐

PA Number being revised

1. CLIENT NAME	2. CLIENT ID NUMBER	3. SEX ☐ M ☐ F	4. BIRTH DATE

5. REQUESTING PROVIDER #	6. CLIENT'S COUNTY	7. CASE NUMBER (AGENCY USE)	8. DATES COVERED FROM	THROUGH

STATEMENT OF REQUESTED SERVICES

9. Description	10. Modifier	11. Max # Units	12. Cost Per Unit	13. Total $ Authorized	14. Comments
A S5105 Adult Day Care					
B T2001 Non-medical Transportation					
C S5130 Homemaker					
D T1019 Personal Care					
E T1019 Relative Personal Care	HR				
F S5165 Home Modifications					
G S5161 Electronic Monitoring					
H S5160 Electronic Monitor Install/Purchase					
I T2031 Alternative Care Facility					
J H0045 Respite Care NF					
K T1005 Respite Care (ACF -U1, UA, U2) or (Indiv -U6)					
L T2016 Transitional Living, per day, U6					
M T2029 Assistive Technology, per service, U6					
N H0004 Mental Health Counseling, U6					
O T1006 Substance Abuse Counseling – Family, U6					
P H0047 Substance Abuse Counseling– Group/Indiv, U6					
Q T2013 Independent Living Skills Training, U6					
R H2018 Day Treatment, U6					
S H0025 Behavioral Management, U6					
T T2025 Personal Support Services (PSS), UC					
U T2025 Personal Support Services Administration, 52					
V T2038 Community Transitions, U1					
W T2033 Supported Living Program, U6					
X H0038 In-Home Support Services, U1					

15. TOTAL AUTHORIZED HCBS EXPENDITURES (SUM OF AMOUNTS IN COLUMN 13 ABOVE) $

16. PLUS TOTAL AUTHORIZED HOME HEALTH EXPENDITURES (SUM OF AUTHORIZED HOME HEALTH SERVICES DURING THE HCBS CARE PLAN PERIOD) – Excludes In-Home Support Services amounts $

17. EQUALS CLIENT'S MAXIMUM AUTHORIZED COST (HCBS EXPENDITURES + HOME HEALTH EXPENDITURES) $

18. NUMBER OF DAYS COVERED (FROM FIELD 8 ABOVE) $

19. AVERAGE COST PER DAY (Client's maximum authorized cost divided by number of days in the care plan period) $

A. Monthly State Cost Containment Amount $

B. Minus Client's Monthly Income $

C. Minus Client's Monthly HCA Warrant Amount $

D. Equals Client's Monthly Cost Containment $

E. Divided by 30.42 days = Daily Cost Containment Ceiling $

20. Immediately prior to HCBS enrollment, this client lived in a Nursing Facility ☐ YES ☐ NO

21. CASE MANAGER SIGNATURE	22. AGENCY	23. DATE

DO NOT WRITE BELOW - AUTHORIZING AGENT USE ONLY

24. CASE PLAN: ☐ Approved - Date _____ ☐ Denied - Date _____ ☐ Returned for Correction - Date _____

25. REGULATION(S) upon which Denial or Return is based:

26. AUTHORIZING AGENT SIGNATURE	27. DATE

PAR Completion Instructions

FORM MUST BE COMPLETED IN BLACK BALLPOINT OR TYPEWRITER - PLEASE PRINT

Complete this form for Prior Authorization Requests for **BI**, **EBD**, **CHCBS, CDCE, MI**, **and PLWA**. Submit the PAR to the HCBS program's authorizing agent listed at the bottom of the instructions.

Complete the Revision section at the top of the form ***only*** if you are revising a current approved PAR.

For PAR revisions you must add the number of units being requested to the original number of units approved and include all services that were approved on the original PAR.

Complete the following fields

Check the type of program (☐ **BI**-U6, ☐ **EBD**-U1, ☐ **CHCBS**-U5, ☐ **CDCE**-UC, ☐ **MI**-UA, ☐ **PLWA**-U2) at the top of the PAR form for which you are requesting services - **Required**

1. **Client Name – Required**: Enter the client's name.
2. **Client ID number – Required**: Enter the client's Medical Assistance Program ID number.
3. **Sex**: Check M or F.
4. **Birth Date – Required**: Enter the client's date of birth.
5. **Requesting Provider # - Required**: Enter the requesting provider's Medical Assistance Program provider number.
6. **Client's County – Required**: Enter the client's county of residence.
7. **Case Number**: Enter the agency's case number for this PAR.
8. **Dates Covered (From and Through) – Required**: Enter the PAR start date and PAR end date.
9. **Description**: List of approved procedure codes.
10. **Modifier**: Enter all applicable modifiers.
    For PCP and Homemaker services, in addition to IHSS H0038, please add the modifier KX.
    Example: T1019 U1 HR KX
    When the CDCE waiver authorizes Personal Care Administration, use UC and 52. For PSS services, use UC.
    Modifiers for BI Mental Health and Substance Abuse Counseling (N, O and P) are listed below:

Brain Injury Mental Health Counseling Codes and Modifiers		Brain Injury Substance Abuse Counseling Codes and Modifiers	
H0004, U6, HR	Mental Health Counseling, Family	T1006	Substance Abuse Counseling, Family
H0004, U6, HQ	Mental Health Counseling, Group	H0047, HQ	Substance Abuse Counseling, Group
H0004, U6	Mental Health Counseling, Individual	H0047, HF	Substance Abuse Counseling, Individual

11. **Max # Units**: Enter the number of units next to the services for which you are requesting reimbursement.
12. **Cost Per Unit**: Enter the cost per unit of service.
13. **Total # Authorized**: Enter the total amount authorized for the service.
14. **Comments**: Enter any additional useful information.
15. **Total Authorized HCBS Expenditures** (Sum of Amounts in Column 13): Enter the total of all amounts listed in column 13.
16. **Plus Total Authorized Home Health Expenditures** (Sum of Authorized Home Health Services during the HCBS Care Plan Period): Enter the total Authorized Home Health expenditures.
17. **Equals Client's Maximum Authorized Cost**: Enter the sum of the HCBS Expenditures + Home Health Expenditures.
18. **Number of Days Covered:** Enter the number of days covered from Field 8.
19. **Average Cost Per Day:** Enter the client's maximum authorized cost divided by number of days in the care plan period.
20. **Immediately prior to HCBS enrollment, this client lived in a Nursing Facility**: Check Yes or No.
21. **Case Manager Signature**: Enter the signature of the Case Manager.
22. **Agency**: Enter the name of the agency.
23. **Date**: Enter the date signed.

Do ***not*** enter anything below the shaded area "**DO NOT WRITE BELOW - AUTHORIZING AGENT USE ONLY"**. This is for the authorizing agency use only.

Send only *New*, CSRs and Required PARs to:

BI PARs	**EBD, CHCBS, CDCE, MI, PLWA PARs**
Send to:	**Send to:**
The Department of Health Care Policy and Financing	ACS
Waiver Coordinator	PARs
1570 Grant Street	PO Box 30
Denver CO 80203-1714	Denver, CO 80201-0030

Colorado Medical Assistance Program Prior Authorization Form for Proton Pump Inhibitors

PPI: Aciphex, Nexium, Omeprazole, Prevacid, Prilosec (10mg & 40mg), Prilosec 20mg OTC, Protonix

Prescribing physician: Please send the completed request form to PDCS by mail or by fax.

Pharmacy Help Desk Toll Free: 1-800-365-4944

Pharmacy Help Desk Fax: 1-888-772-9696

Mail: 365 Northridge Road
Northridge Center 1, Suite 400
Atlanta, GA 30350
Attention: Colorado DUR Desk

Physician Information

Physician DEA #/License #: _____

Physician Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Client Information

Client Medical Assistance Program ID #: _____

Client Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Client's Date of Birth: ____/____/____

Requested Drug	Dosage Form	Strength	Quantity	Directions for Use

DIAGNOSIS:

Complicated:

- ☐ Complicated duodenal or gastric ulcer*, (i.e.: active bleeding ulcer, gastric outlet obstruction)
- ☐ GERD with erosive esophagitis*
- ☐ Pediatric esophagitis*
- ☐ GERD w/risk of aspiration pneumonia in clients 65 years old or older or clients with Down Syndrome
- ☐ Hypersecretory conditions (e.g., Zollinger- Ellison syndrome)*
- ☐ Erosive or Ulcerative GERD*
- ☐ Barrett's esophagitis*
- ☐ Acid Pulmonary Syndrome/Recurrent Aspiration Syndrome*
- ☐ Other (specify)*: _____

* Diagnosed by:

☐ X-Ray ☐ Endoscopy ☐ Biopsy ☐ GI Specialist (name of specialist) _____

☐ Other _____ Date of test/diagnosis by GI specialist: _____

Non-Complicated:

- ☐ GERD
- ☐ Non-complicated duodenal or gastric ulcer, acute or recurring

Failed PPI or H2 Blocker Therapy

Failed Drug	Strength	Directions for Use	Treatment Dates

- ☐ Risk reduction of NSAID-Associated Gastric Ulcer
- ☐ Other (specify) _____

Helicobacter pylori:

- ☐ H. Pylori**

******Diagnosed by: ☐ breath test ☐ blood test ☐ tissue test Date of test: _____

Medical Justification/Other Information: _____

_____ Physician's signature

_____ Date

(By signature, the physician confirms the criteria information above is accurate and verifiable in client records.)

Revised 04/2005

Instructions

Please complete the form completely and sign and date the form before submitting it for consideration. Indicate the client's diagnosis on the form and provide the requested information required for that diagnosis. If there is any additional information that should be considered when reviewing the prior authorization request, please include that information in the "Medical Justification/Other Information" section.

PA Criteria

Clients can receive up to 90 days of therapy of Aciphex, Prevacid (capsules or suspension) or Protonix with once daily dosing without a prior authorization. After 90 days, a prior authorization is required for these drugs. All other drugs and dosing schedules require a prior authorization. In addition, for a non-complicated diagnosis, a Med Watch form must be submitted indicating that Aciphex, Prevacid (capsules and suspension), and Protonix are contraindicated before a client may receive Nexium, Omeprazole or Prilosec (10mg/40mg).

Non-Complicated Diagnoses: After 90 days of therapy, a client must step down to generic H2 Blocker therapy at high doses for eight weeks or the prescriber must document that the client has tried H2 Blockers at high doses in the past year and failed. Upon documentation of failure on high dose H2 Blockers and meeting any other applicable criteria, prior authorizations may be granted for six months. Notwithstanding the foregoing, prior authorizations for Prilosec 20mg OTC may be approved for 12 months without clients stepping down to H2 Blockers or documenting that those clients have failed on H2 Blocker therapy.

Complicated Diagnoses: Upon meeting all applicable criteria, prior authorizations will be granted for one year.

Diagnoses of Helicobacter Pylori: Prior authorizations for 14-day supplies of Aciphex, Nexium, Omeprazole, Prevacid, PrevPac or Prilosec (10mg or 40mg) will be granted for diagnoses of H. Pylori.

Children under the age of two: No prior authorization is required to fill prescriptions for clients under the age of two.

Prevacid Suspension will be reserved for clients less than 12 years of age and clients who have difficulty swallowing. Prior authorization will be denied for clients who have feeding tubes.

Feeding tubes: Regardless of diagnosis, clients with feeding tubes may receive Prevacid (capsules or solutabs) or Prilosec (10mg/40mg) /Prilosec OTC 20mg/omperazole.

Additional details about the prior authorization criteria for PPIs may be found at the Colorado Medical Assistance Program's website:
http://www.chcpf.state.co.us/HCPF/Pharmacy/phmindex.asp

Publication Preferences

Publication and Notification Preference

Medical Assistance Program updates and billing instructions are communicated through Medical Assistance Program publications. *An email notification with a link to the publication will be sent to providers when new bulletins, publication revisions and program updates are posted on the Provider Services Section of the Department's website. Providers are responsible for ensuring that the fiscal agent has their current publications email address on file. The Colorado Medical Assistance Program is not responsible for undeliverable notifications due to incorrect email addresses.*

All publications are available in the Provider Services section of the Department's website:

http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp

Please complete the following information:

Provider Name: _____ Medical Assistance Program Provider Number: _____

Contact Name: _____ Telephone Number: ( ) _____

Address: _____ (Street/PO Box) _____ (State) _____ (Zip Code)

Provider Publications Email Address: _____

Publications Media:
(Please check one)

- ☐ *Email notification with link to publication*
- ☐ *Another provider will receive email notification on my behalf. I understand that I am responsible for obtaining the notification from this provider and that I will **not** receive an email notification from the Colorado Medical Assistance Program.*
- ☐ *None (I understand that I am responsible for retrieving publications from the website and that I will **not** receive an email notification from the Colorado Medical Assistance Program).*

_____ (Authorized Signature) _____ (Date)

Please complete all of the above information and

Fax to: Medical Assistance Program Provider Enrolment 303-534-0439

or

Mail to: Medical Assistance Program Provider Enrolment PO Box 1100 Denver, CO 80201-1100

Revised 04/26/05