



Medical Assistance Program Bulletin

Colorado Title XIX

Fiscal Agent



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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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

October 2005

Reference: B0500199

Table of Contents

ALL PROVIDERS.....	1
WINASAP/NECS ENDS NOVEMBER 5, 2005.....	1
WEB PORTAL UPDATE.....	2
EMERGENCY PROCESSING UNIT.....	2
COLUMBUS DAY HOLIDAY PROCESSING SCHEDULE.....	2
HCPF HAS A NEW EXECUTIVE DIRECTOR.....	3
OLD PROVIDER APPLICATIONS.....	3
HAVE YOU SWITCHED YET?.....	3
DENTAL PROVIDERS.....	3
PAPER DENTAL CLAIMS.....	3
MASS ADJUSTMENT TO DENTAL CLAIMS PAID PRIOR TO OCTOBER 1, 2005.....	3
HOSPITAL PROVIDERS.....	4
REMINDER: THE COLORADO MEDICAL ASSISTANCE PROGRAM'S POLICY REGARDING DISTINCT PART UNITS (DPUs).....	4
NEW VERSION OF THE GROUPER.....	4
NURSING FACILITY PROVIDERS.....	7
NEW NF PETI FORMS.....	7
DENVER FALL 2005 PROVIDER BILLING WORKSHOP SCHEDULE.....	7
DENTAL PROVIDER CERTIFICATION.....	ATTACHMENT A
PUBLICATION PREFERENCES FORM.....	ATTACHMENT B

All Providers

WINASAP/NECS Ends November 5, 2005

The Department will complete the replacement of NECS and WINASAP software October 3, 2005. The Web Portal application is in the final stages of pilot testing. In October 2005, all of Medical Assistance Program software access will be switched to the Web Portal. Once the conversion to the Web Portal is completed, NECS/WINASAP will function for an additional 30 days. The 30 days allows providers who still do not have Web



Portal access to obtain a Portal log on and password. NECS and WINASAP will be officially turned off on November 5, 2005. To apply for Web Portal access, complete the Provider EDI Enrollment and Agreement form at:

[http://www.chcpf.state.co.us/ACS/Pdf_Bin/Revised EDI Provider Enroll Form.pdf](http://www.chcpf.state.co.us/ACS/Pdf_Bin/Revised%20EDI%20Provider%20Enroll%20Form.pdf)

Or if you are already enrolled with EDI, complete the Provider EDI Update form found at

[http://www.chcpf.state.co.us/ACS/Pdf_Bin/Enrollment/Revised EDI Update form.pdf](http://www.chcpf.state.co.us/ACS/Pdf_Bin/Enrollment/Revised%20EDI%20Update%20form.pdf).

The Portal application is an exciting replacement for those older personal computer (pc) based products. The application allows all medical claim transactions, eligibility verification (both interactive and batch), and all reporting to be available in one place. With the specially customized main page, all the information you need is at your fingertips.

Providers who choose to not use the Web Portal for their electronic claims/transactions can use a clearinghouse or billing service. With proper authorization, these submitters can transmit claims/transactions on your behalf. You can also authorize the clearinghouse or billing service to retrieve your electronic reports, available only from the Web Portal.



As a reminder, according to State rules pertaining to electronic transactions, providers who bill five (5) or more claims per month must submit them electronically and receive payment through electronic funds transfer (EFT).

Providers will receive their claim reports electronically. To date, this plan has been very successful and HIPAA compliance only strengthens the Department's position on electronic transactions and communications.

Eligibility may be verified interactively through the Web Portal, by using CMERS (an automated phone system) or by FaxBack. If you do not already use these systems, information is located on our website at: http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp. You may contact fiscal agent Provider Services for eligibility access help at 303-534-0146 or 800-237-0757 (toll free Colorado).



Web Portal Update

In addition to Eligibility Inquiries, Claim Status Inquiries, Batch Eligibility, Professional and Dental claims, *providers may now submit Institutional claims through the Portal.*

Enhancement services available now include:

1. **Provider Specialty Lookup** for searching Medical Assistance Program Providers for referral purposes,
2. **Dashboard on the Main Menu page** for system and transaction status Information.
3. **Provider Inquiry/Update** for updating provider information in the Medical Assistance Program Provider File (e.g., address, phone number, email address)

In early October, the Web Portal will also offer:

1. **A Claim Activity Tracing Report** for reporting your trading partner's claims submitted through the Portal. This report displays the TCN, Date Submitted, Claim Status and Total Charges.
2. **View and download** from the File and Report System (FRS) the submitted HIPAA transaction in the ASCII X12N format.
3. **Prior Authorization Request (PAR) and Response** for Medical, Dental, Supply and Home Health PARs.
4. **PAR Inquiry** for obtaining the PAR status on any PAR submitted to the Medical Assistance Program.

Please note that the Batch Eligibility response is returned in the FRS in the ASCII X12N format. The Department is looking into a functionality that will assist providers in formatting the response into a readable format.

State of Colorado Web Portal Minimum Browser Requirements

In order to access all functions and transmit your information securely on the State of Colorado Web Portal, we recommend only Microsoft® Internet Explorer 5.5 or higher or Netscape browsers, versions 5.0 or higher (except 8.0). Microsoft Internet Explorer 5.5 or higher with 128-bit encryption provides the best customer experience and compatibility. Colorado Web Portal compatibility can degrade if browsers other than Internet Explorer are used.

The browser must allow both enabled cookies and java to use the Web Portal.

Please check the Web Portal FAQ link for additional browser tips and settings.

Emergency Processing Unit

On December 30, 2004 an emergency call center was opened to help process applications for Coloradoans whose applications for Medicaid or Child Health Plan Plus benefits are overdue and are in an emergency situation due to lack of benefits. The call center was established pursuant to a court order concerning the Colorado Benefits Management System (CBMS).

The Call Center is open Monday through Friday except for holidays from 7:00 a.m. to 6:00 p.m. The number is 1-800-536-5298.



The Call Center serves those individuals who are in emergencies as defined below:

- Their applications have not been timely processed within the timeframes set forth in federal and state law; or a County Department of Social Services determines that, under the applicable eligibility standards, their benefits have been improperly reduced, terminated, or suspended;
- And
- The State verifies to its satisfaction that the applicant or recipient; is facing immediate hunger; is without medical treatment when such absence endangers the applicant or recipients health or life; is without shelter or is facing imminent risk of eviction or foreclosure; is without utilities or is at imminent risk of utility shut-offs; is facing any other circumstance that puts the applicant or recipient in imminent peril of physical injury, harm or extreme hardship.

Please refer any individuals who are facing any of these circumstances to the call center.

Columbus Day Holiday Processing Schedule



Due to the Columbus Day holiday on Monday, October 10, 2005, claim payments will be processed on Thursday, October 6, 2005. The processing cycle includes electronic claims accepted before 6:00 P.M. on Thursday.

HCPF has a new Executive Director

On August 18, 2005, Governor Owens appointed Steve Tool as Executive Director for the Colorado Department of Health Care Policy & Financing (HCPF). Steve was elected to the Colorado General Assembly in 1994 and reelected in 1996 and 1998. In his last term of office, he served as Chairman of the House Appropriations Committee and as Chairman of the Joint Budget Committee. In addition to serving on the Medical Services Board for four years and most recently as president, Steve's experience in the General Assembly and on the JBC gives him the necessary knowledge and perspective on the issues facing the department.



Old Provider Applications



Effective September 01, 2005, the Colorado Medical Assistance Program will only accept provider enrollment applications with a revision date of July 2005 or later. The fiscal agent will not process older versions of the enrollment application and will return them to the providers. The new version of the enrollment application is located at: http://www.chcpf.state.co.us/ACS/Pdf_Bin/Enrollment/Enrollment_Application.pdf

Have You Switched Yet?

The Department and the fiscal agent have implemented a provider email notification system for new bulletins and website updates. Email notifications contain a link to the new or updated website document. Medical Assistance Program enrolled providers who do not have their email on file with the fiscal agent should complete the attached form (Attachment A). *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. Thank you for your prompt completion and submission of the form.



Dental Providers

Paper Dental Claims

Effective immediately, all dental providers who submit paper claims on American Dental Association (ADA) forms, are required per 42 C.F.R. 445.18(a)(1-2) to submit the Department's Dental Provider Certification form with the claim. The certification form states that the information submitted on the claim is true, accurate, and complete. All paper claims received by the fiscal agent on and after **November 1, 2005** without the signed attachment will deny for "no signature on file" regardless of the dates of service. The certification form is attached to this bulletin and available in the Provider Services Forms section of the Department's website at: http://www.chcpf.state.co.us/ACS/Pdf_Bin/Dental_Cert.pdf.

Mass Adjustment to Dental Claims Paid Prior to October 1, 2005

The Department of Health Care Policy and Financing (Department) has found that some dental claims have been submitted and processed with multiple units for dental codes which cannot be billed with multiple units. Please see the Current Dental Terminology (CDT) Manual descriptions. As an example, the following is an actual claim that was submitted:

D7210 (surgical removal of erupted tooth requiring elevation), was billed for tooth number 16 with 9 units. This claim submission tells the claims processing system that tooth number 16 was extracted 9 times and resulted in an overpayment. The appropriate claim would have shown tooth number 16 with 1 unit.



As a result of excessive payments for dental claims such as this, the Department must adjust paid claims for proper payment, as per CRS 26-4-403.(2).

(2) Any overpayment to a provider, including those of personal needs funds made pursuant to section 26-4-504, shall be recoverable regardless of whether the overpayment is the result of an error by the department of health care policy and financing, a county department of social services, an entity acting on behalf of either department, or by the provider or any agent of the provider...

System changes will occur as follows:

- On October 1, 2005, maximum allowed units for dental procedure codes will be changed in the system.
- During the October 29, 2005 processing cycle claim adjustments will occur to correct claims that were overpaid prior to October 1, 2005.

If you have questions, please contact Provider Services at 303-534-0146 or 1-800-237-0757.

Hospital Providers

Reminder: The Colorado Medical Assistance Program's Policy Regarding Distinct Part Units (DPUs)

Since July 1, 1997, the Colorado Medical Assistance Program has not recognized Distinct Part Units (DPUs) separately from the general acute hospital under which they are licensed. As stated in the August 1997 Bulletin (B9702291): One of the reasons for this change is that many admissions to DPUs are for rehabilitation care that is part of the recovery from an immediately preceding inpatient stay in the general acute hospital. The Medical Assistance Program payment to the general acute hospital for these cases is designed to cover the cost of this "recovery rehabilitation."



Since the Medical Assistance Program does not recognize DPUs, hospitals may not submit two claims for a client who is admitted to a general acute hospital and then transferred to the hospital's DPU. A single claim should be submitted for this scenario covering the dates of service from the admission to the general acute facility through the discharge from the DPU.

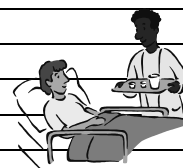
New Version of the Grouper

In December 2005, DRG Grouper 23 will be installed in the Medical Assistance Program claims processing system and will be effective retroactively to October 1, 2005. The following versions of the Center for Medicare and Medicaid Services (CMS) Grouper will be used to process Medical Assistance Program inpatient hospital claims:

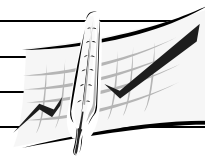
Discharge Date	Grouper
On or after October 1, 2005	Version 23.0
October 1, 2004 to September 30, 2005	Version 22.0
October 1, 2003 to September 30, 2004	Version 21.0
October 1, 2002 to September 30, 2003	Version 20.0
October 1, 2001 to September 30, 2002	Version 19.0
December 1, 2000 to September 30, 2001	Version 18.0

Claims with dates of service on or after October 1, 2005, using the following DRGs will suspend from October 1, 2005 until DRG Grouper 23 is installed. Claims will be processed when DRG Grouper 23 is installed. In an upcoming bulletin, changes to the relative weights, average lengths of stay and trim points will be published. The changes will be effective October 1, 2005.

DRG	Description
7	Periph & Cranial Nerve & Other Nerv Syst Proc With CC
8	Periph & Cranial Nerve & Other Nerv Syst Proc W/O CC
14	Intracranial Hemorrhage or Cerebral Infarction
15	Nonspecific CVA & Precerebral Occlusion w/o Infarct
34	Other Disorders Of Nervous System With CC
35	Other Disorders Of Nervous System W/O CC
46	Other Disorders Of The Eye Age >17 With CC
47	Other Disorders Of The Eye Age >17 W/O CC
48	Other Disorders Of The Eye Age 0-17
73	Other Ear, Nose & Throat Diagnoses Age >17
74	Other Ear, Nose & Throat Diagnoses Age 0-17
99	Respiratory Signs & Symptoms With CC
100	Respiratory Signs & Symptoms W/O CC
101	Other Respiratory System Diagnoses With CC
102	Other Respiratory System Diagnoses W/O CC
103	Heart Transplant
104	Cardiac Valve & Other Maj Cardiothoracic Proc w/ Card Cath
105	Cardiac Valve & Other Maj Cardiothoracic Proc w/o Card Cath
106	Coronary Bypass With PTCA
107	Coronary Bypass With Cardiac Catheterization
108	Other Cardiothoracic Procedures



DRG	Description
109	Coronary Bypass without Cardiac Catheterization
110	Major Cardiovascular Procedures With CC
111	Major Cardiovascular Procedures W/O CC
113	Amputation For Circ System Disorders Except Upper Limb & Toe
116	Other Cardiac Pacemaker Implantation
130	Peripheral Vascular Disorders With CC
131	Peripheral Vascular Disorders W/O CC
138	Cardiac Arrhythmia & Conduction Disorders With CC
139	Cardiac Arrhythmia & Conduction Disorders W/O CC
146	Rectal Resection With CC
147	Rectal Resection W/O CC
185	Dental & Oral Dis. Exc Extractions & Restorations, Age >17
186	Dental & Oral Dis. Exc Extractions & Restorations, Age 0-17
187	Dental Extractions & Restorations
188	Other Digestive System Diagnoses Age >17 With CC
189	Other Digestive System Diagnoses Age >17 W/O CC
190	Other Digestive System Diagnoses Age 0-17
209	Major Joint And Limb Reattachment Procedures
217	Wnd Debrid & Skn Grft Exc Hand, For Muscskeletal & Conn Tiss Dis.
233	Other Musculoskelet Sys & Conn Tiss O.R. Proc With CC
234	Other Musculoskelet Sys & Conn Tiss O.R. Proc W/O CC
249	Aftercare, Musculoskeletal System & Connective Tissue
292	Other Endocrine, Nutrit & Metab O.R. Proc With CC
293	Other Endocrine, Nutrit & Metab O.R. Proc W/O CC
296	Nutritional & Misc Metabolic Disorders Age >17 With CC
297	Nutritional & Misc Metabolic Disorders Age >17 W/O CC
298	Nutritional & Misc Metabolic Disorders Age 0-17
300	Endocrine Disorders With CC
301	Endocrine Disorders W/O CC
315	Other Kidney & Urinary Tract O.R. Procedures
316	Renal Failure
331	Other Kidney & Urinary Tract Diagnoses Age >17 With CC
332	Other Kidney & Urinary Tract Diagnoses Age >17 W/O CC
333	Other Kidney & Urinary Tract Diagnoses Age 0-17
370	Cesarean Section With CC
371	Cesarean Section W/O CC
372	Vaginal Delivery With Complicating Diagnoses
373	Vaginal Delivery W/O Complicating Diagnoses
374	Vaginal Delivery With Sterilization And/Or D&C
375	Vaginal Delivery With O.R. Proc Except Steril And/Or D&C
383	Other Antepartum Diagnoses With Medical Complications
384	Other Antepartum Diagnoses W/O Medical Complications
397	Coagulation Disorders
410	Chemotherapy
432	Other Mental Disorder Diagnoses
442	Other O.R. Procedures For Injuries With CC
443	Other O.R. Procedures For Injuries W/O CC
461	O.R. Proc With Diagnoses Of Other Contact With Health Services
462	See DRGs 860-871
463	Signs & Symptoms With CC



DRG	Description
464	Signs & Symptoms W/O CC
467	Other Factors Influencing Health Status
468	Extensive O.R. Procedure Unrelated To Princ Diagnosis
469	Pdx Invalid As Discharge Diagnosis
471	Bilateral Or Multiple Major Joint Procedures Of The Lower Ext.
477	Non-Extensive O.R. Procedure Unrelate To Princ Diagnosis
478	Other Vascular Procedures With CC
479	Other Vascular Procedures W/O CC
482	Tracheostomy With Mouth, Larynx, Pharynx Disorder
485	Limb Reattachment, Hip & Femur Proc For Mult Sign Trauma
486	Other O.R. Procedures For Multiple Significant Trauma
490	Hiv With Or W/O Other Related Condition
492	Chemotherapy With Acute Leukemia As Secondary Dx
496	Combined Anterior/Posterior Spinal Fusion
497	Spinal Fusion Except Cervical with CC
498	Spinal Fusion Except Cervical without CC
499	Back & Neck Procedures Except Spinal Fusion With CC
500	Back & Neck Procedures Except Spinal Fusion W/O CC
512	Simultaneous Pancreas/Kidney Transplant
513	Pancreas Transplants
515	Cardiac Defibrillator Implant without Cardiac Catheterization
516	Percutaneous Cardiovascular Procedures with Acute Myocardial Infarction (AMI)
517	Percutaneous Cardiovascular Procedures without AMI, with Coronary Artery Stent Implant
518	Percutaneous Cardiovascular Procedures without AMI, without Coronary Artery Stent Implant
519	Cervical Spinal Fusion with CC
520	Cervical Spinal Fusion without CC
521	Alcohol/Drug Abuse or Dependence with CC
523	Alcohol/Drug Abuse or Dependence without CC, without Rehabilitation Therapy
525	Other Heart Assist System Implant
526	Perc Card Pro w/Drug Eluting Stent w/AMI
527	Perc Card Pro w/Drug Eluting Stent w/o AMI
531	Spinal Procedures w CC
532	Spinal Procedures w/o CC
535	Cardiac Defib Implant w Cardiac Cath w AMI/HF/Shock
536	Cardiac Defib Implant w Cardiac Cath w/o AMI/HF/Shock
541	Trach w/ MV 96+ Hours or PDX Exc. Face, Mouth, and Neck DX w/ Major OR
860	Rehab - Head Injury - Mild
861	Rehab - Head Injury - Moderate
862	Rehab - Head Injury - Severe
863	Rehab - Spinal Injury C1-C4
864	Rehab - Spinal Injury C5-C7
865	Rehab - Spinal Injury T12-T1
866	Rehab - Spinal Injury, Lumbar Sacral
867	Rehab - Cerebrovascular Disorder (Stroke)
868	Rehab - Other Neurological Disorder
869	Rehab - Ventilator
871	Rehab - Not Elsewhere Classified
932	Other Mental Disorder Diagnoses Age < 21



Grouper Version 23 also contains changes for DRGs 387, 389, and 390. DRGs 387, 389, and 390 may be regrouped to Colorado specific DRGs 801, 802, 803, 804, 805, and 810. Claims with dates of service on or after October 01, 2005 for these DRGs will continue to pay using coding from Grouper Version 22 until Grouper Version 23 is implemented.

DRG	Description
387	See DRGs 801-810
389	Full Term Neonate With Major Problems
390	Neonates With Other Significant Problems
801	Neonates < 1,000 Grams
802	Neonates, 1,000 - 1,499 Grams
803	Neonates, 1500 - 1,999 Grams
804	Neonates, > 2,000 Grams With Rds
805	Neonates > 2,000 Grams, Premature W/ Major Problems
810	Neonate, Low Birthweight Dx, Over 28 D. Old At Admission

Nursing Facility Providers

New NF PETI Forms

Effective October 1, 2005, revised NF PETI forms will be posted on the ACS website. The forms include the NF PETI Request form and medical necessity forms. Nursing facility staff shall begin using these forms immediately.

To access the forms, use the following link: http://www.chcpf.state.co.us/ACS/Provider_Services/Forms/Forms.asp

DENVER FALL 2005 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 Fall 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 Call Center agent.

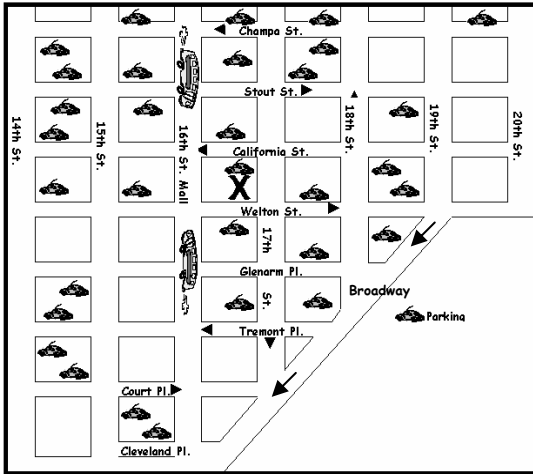
Class Descriptions

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

Locations - Denver

All Denver workshops are located at:

ACS
 600 Seventeenth Street
 Suite 600 N
 (6th Floor, North Tower)
 Denver, CO 80202



Driving directions:

Take Interstate 25 to Exit 210 A – Colfax. Go East
 Take Colfax 0.8 miles to Welton – seventh light. Go North
 Take Welton 0.4 miles to 16th Street – Third light.
 ACS is located in the Dominion Plaza, on the west side of Welton, between 16th and 17th Streets.

Parking:

Parking is not provided and is limited in the Downtown Denver area. Providers attending workshops are urged to carpool and arrive early to secure parking or use public transportation. Commercial parking lots are available throughout the downtown area and the daily rates range from approximately \$5 - \$10.

Denver Beginning Billing Schedule

9:00 – 3:00

(Unless Otherwise Noted)

Beginning Billing CO-1500/837P
 11/08/05 – Tuesday

Beginning Billing UB-92/ 837I
 11/10/05 – Thursday

Beginning Billing CO-1500, UB-92, ADA Format (837D, 837I & 837P)
 10/13/05 - Thursday

Denver Specialty Training Schedule

Practitioners

10/18/05 – Tuesday, 8:30-11:30

Dental

10/20/05 – Thursday, 10:00-11:00

EPSDT

10/18/05 – Tuesday, 12:30-1:30

FQHC/RHC

10/21/05 – Friday, 2:00-4:00

HCBS

10/19/05 – Wednesday, 1:30-2:30

Home Health

10/17/05 – Monday, 11:45-12:45

Hospice

10/17/05 – Monday, 10:30-11:30

Hospital

10/19/05 – Wednesday, 11:00-12:00

Nursing Facility

10/17/05 – Monday, 8:30-10:30

Physical/ Occupational and Speech Therapy

10/21/05 – Friday, 11:00-1:00

Pharmacy

10/20/05 – Thursday, 1:00-2:00

RTC

10/18/05 – Tuesday, 2:00- 4:00

Supply/DME (Date and Time Change)

10/20/05 – Thursday, 2:30-4:30

Transportation

10/21/05 – Friday, 8:30-10:30

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





Colorado Medical Assistance Program

Dental Provider Certification

This is to certify that the foregoing information is true, accurate and complete.

This is to certify that I understand that payment of this claim will be from Federal and State funds and that any falsification, or concealment of material fact, may be prosecuted under Federal and State Laws.

Signature: _____ **Date:** _____

This document is an addendum to ADA Dental Claim forms and this document is required per 42 C.F.R. 445.18 (a)(1-2) to be attached to dental claims that are submitted for payment by paper.

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:** *Email notification with link to publication*
 (Please check one) *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: _____ **or** _____ **Mail to:**

Medical Assistance Program Provider Enrollment 303-534-0439 Medical Assistance Program Provider Enrollment
 PO Box 1100
 Denver, CO 80201-1100