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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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 **December 2006**
Reference: B0600220

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All Providers

NPI: Get It. Share It. Use It.

Over 1 Million National Provider Identifiers (NPIs) have been issued. Do you have yours?

If you are a health care provider who bills for Colorado Medical Assistance Programs, an NPI is needed.

As of November 23, 2006, **only six months remain** until the NPI compliance date. The implementation of the NPI is a complex process that will impact all business functions pertaining to your practice, office or institution including: billing, reporting and payment. This is why providers are urged to get, share, and use their NPI **NOW** to avoid a **disruption in cash flow**.

If you do not have an assigned NPI, now is the time to apply and get one. If and NPI has already been assigned, start the testing process with your health plan and use it on your claims and other transactions.

The Centers for Medicare and Medicaid Services (CMS) continue to urge providers to include legacy identifiers on their NPI applications. This information is critical for health plans and health care clearinghouses in the development of crosswalks to aid in the transition to the NPI.

Sharing NPIs

Once providers have received their NPIs, they should share their NPIs with other providers with whom they do business, and with health plans that request it. In fact, as outlined in current regulation, all providers must share their NPI with other providers, health plans, clearinghouses, and any entity that may need it for billing purposes – including designation of ordering or referring physician. Providers should also consider letting health plans, or institutions for whom they work, share their numbers for them.

NPIs are FREE!

Health care providers should know that getting an NPI is free. Providers do not need to pay an outside source to obtain an NPI. All CMS education on the NPI is also free. CMS does not charge for its education or materials.

Getting your NPI

Providers can apply for an NPI online at https://nppes.cms.hhs.gov or call the NPI enumerator to request a paper application at 1-800-465-3203.

NPI Questions

The Provider Services Web Page has a new FAQ section for NPI!
This is located at http://www.chcpf.state.co.us/ACS/FAQ/Faq.asp
Providers should remember that the NPI Enumerator can **only** answer/address the following types of questions/issues:

- Status of an application
- Forgotten/lost NPI
- Lost NPI notification letter
- Trouble accessing NPPES
- Forgotten password/User ID
- Need to request a paper application
- Need clarification on information that is to be supplied in the NPI application

Providers needing this type of assistance may contact the enumerator at 1-800-465-3203.

Upcoming WEDI Events

The Workgroup for Electronic Data Interchange (WEDI) has several NPI events scheduled in the upcoming month. Visit http://www.wedi.org/npioi/index.shtml to learn more about these events. Please note that there is a charge to participate in WEDI events.

Still Confused?

Not sure what an NPI is and how to get it, share it and use it? As always, more information and education on the NPI can be found at the CMS NPI page www.cms.hhs.gov/NationalProvIdentStand on the CMS website. Providers can apply for an NPI online at https://nppes.cms.hhs.gov or call the NPI enumerator to request a paper application at 1-800-465-3203.

Getting an NPI is free - not having one can be costly.

Web Portal Update

Modifications to Transactions

Changes to the Medical, Dental, and Supply Prior Authorization (PAR) transactions to allow 25 detail lines and all miscellaneous procedure codes was implemented on November 11, 2006.
An “Additional Provider Comment” field has been added to the PAR request page.
Please review the online Training, User Guide, and the Help feature for additional information.

New Purge Functionality

The new Purge Service will be implemented in December 2006. Trading Partner Administrators (TPA) will have the authority to purge (delete) large numbers of their portal claims and PAR transactions based on the date of submission. The link for the Purge Service will be called “Claims/PARs Purge” and will be found under Administration in the Main Menu. Claims and PARs that are not deleted by the TPA will automatically purge every two years based on the date of submission. For additional information, please review the online Training, User Guide, and the Help feature once the service is implemented. Information will be posted on the Web Portal regarding implementation.

Portal Tips

Internet Explorer 7 Upgrades

Please note: If you are using the Internet Explorer 7 (IE 7) browser to access the Web Portal, you may notice security warnings about the certificate issued to the portal. This is a security feature available with IE 7. In order to proceed with using the Web Portal, you must select "Continue to this website."

Understanding the Difference between Provider Maintenance and (MMIS) Provider Data Maintenance

Provider Maintenance is located under Data Maintenance in the portal Main Menu. The maintenance associated with this service allows users to add provider information to the trading partner provider database for data entry use in transactions. For example, this service allows a user to enter the billing provider information that can later be selected for use in a claim.

(MMIS) Provider Data is the heading for the link “Inquiry/Update Provider Data.” Use the “Inquiry/Update Provider Data” link to update demographic data that is stored in the Medicaid Management Information System (MMIS). For example, use this link if your provider’s address has changed or an affiliation to your group needs to be added. The data is sent to the Fiscal Agent and updated overnight. The next day you can verify the update by clicking this link again. If the data has not changed, go to the File and Report Service (FRS) and review the Provider Error report. For additional assistance please review the User Guide for this service.

The Improper Payments Information Act (IPIA) of 2002

The Improper Payments Information Act (IPIA) of 2002 requires the Centers of Medicare and Medicaid Services (CMS) to produce national payment error rates for Medicaid and the Child Health Plan Plus (CHP+). To comply with the IPIA, CMS will be implementing the Payment Error Rate Measurement (PERM) Program. CMS will work with a national contractor to produce error rates for Medicaid and CHP+ for improper fee-for-service and managed care payments. The federal contractor will be reviewing states for improper payments once every three years. Colorado will be part of PERM project beginning January 2007.

The federal contractor will be conducting a review on a random sample of claims. Providers whose claims are included in the random sample will be contacted by the federal contractor. The federal contractor will request the medical records. Providers must comply with the federal contractor's request.

The federal contractor will review the documentation in the medical record as well as determine if the claim was accurately processed. The federal contractor will report all errors. The Department of Health Care Policy and Financing will follow-up on any claims determined to be in error.

For additional information around the PERM project, please visit the CMS website at: http://www.cms-perm.org/

New Rule Becomes Effective January 1, 2007: 8.012 - Providers Prohibited From Collecting Payment from Recipients

Any person, group or entity that renders services or provides items to a Medicaid recipient is prohibited from collecting, or attempting to collect payment through a third party, from recipients. For the purposes of 8.012 and pursuant to 25.5-4-301(II), this shall apply regardless of whether Medicaid has actually reimbursed the provider and regardless of whether the person, group or entity is enrolled in the Colorado medical assistance program, excluding long-term care facilities licensed pursuant to Section 25-3-101, C.R.S. Section 25-3-101, C.R.S.

The provider shall be liable to the recipient or the estate of the recipient if the provider knowingly receives or seeks collections through a third party of an amount in payment for Medical Assistance Program covered items or services. Providers shall be liable for the amount unlawfully received, statutory interest on the amount received from the date of receipt until the date of repayment, plus a civil monetary penalty equal to one half of the amount unlawfully received.

Pursuant to 25.5-4-304 through 306, C.R.S. (2006), at section 8.012, clients may file a Claim for Penalty (Claim) with the Department of Health Care Policy and Financing (Department) and with the provider that unlawfully collected payment. The provider has an opportunity to be heard by either requesting a telephone conference with the Department or a signed written position statement. The Department shall investigate and determine whether the Claim has been substantiated and shall send the recipient and the Provider named in the Claim a written determination.

The Department will track all client Claims filed, the providers named in Claims and final determination of the Claims. Trends identified by the Department may result in further action pursuant to 10 CCR 2505-10, 8.000 et seq.

Previous Medical Assistance Program Provider Bulletins, 10 CCR 2505-10, 8.000 et seq. and billing manuals are to be used for determining whether Medical Assistance Program clients can be billed for services rendered. If you have any questions regarding this article, please contact Nancy Downes, Health Care Policy and Financing Program Integrity Manager, at 303-866-5421

2007 Holiday Processing Schedule

Standard processing

The Colorado Medical Assistance Program processes claim payments every Friday evening. The weekly Provider Claim Report identifies claims that have been submitted for processing during the week.

Each week, Medical Assistance Program payment information is reported to the Colorado Financial Reporting System (COFRS) and Medical Assistance Program warrants (paper checks) and Electronic Funds Transfers (EFT) are processed.

Electronic Provider Claim Reports (PCRs) may be retrieved on Monday morning of the week following payment processing. Paper PCRs for EFT payments are mailed on Wednesday of the week following payment processing. Paper PCRs with accompanying warrants are mailed on Thursday of the week after payment processing.

Holiday processing

For some State and Federal holidays, payment processing dates are changed to avoid payment delays. When the holiday falls on a Monday or Friday, claim payments are processed on Thursday instead of Friday. The processing cycle includes electronic claims accepted before 6:30 P.M. on Thursday.

The following schedule shows the holiday processing cycles for 2007.

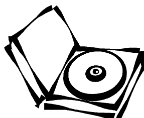
Holiday	Holiday Processing Date
New Year's Day, Monday, January 1	Thursday, December 28, 2006
Martin Luther King, Jr. Day, Monday, January 15	Thursday, January 11, 2007
Presidents' Day, Monday, February 19	Thursday, February 15, 2007
Memorial Day, Monday, May 28	Thursday, May 24, 2007
Labor Day, Monday, September 3	Thursday, August 30, 2007
Columbus Day, Monday, October 8	Thursday, October 4, 2007
Veterans Day, Monday, November 12 (Observed)	Thursday, November 8, 2007

The following holidays will affect the receipt of warrants or EFTs:

Independence Day, Wednesday, July 4
Thanksgiving Day, Thursday, November 22
Christmas Day, Tuesday, December 25

Please retain the holiday processing schedule for reference for 2007

2007 CMS Codes



The 2007 CMS Practitioner, Radiology and Laboratory, Vision and Supply and the 2007 Immunization codes bulletins will be posted under the Bulletins option in the Provider Services section of the Department's website by December 31, 2006. Providers who do not have an email address on file with the fiscal agent will receive a CD containing these bulletins in January 2007.

CPT and HCPCS codes Fee Schedules

A CD with the fee schedule in three different formats (Word, Access, and Excel) along with instructions for reading the fee schedule is available from the Department of Healthcare Policy and Financing. To obtain a copy of the CD, please send a written request including a mail-to address and a $25 check payable to DHCPF to:

HCPF
Attn: Fee Schedule
1570 Grant Street
Denver, CO 80203

It's Time to Sign-up for Electronic Bulletin Notification!

Did you know you can stop receiving paper bulletins and start receiving your Colorado Medical Assistance Program bulletins by email notification? Email notifications contain a link to the latest bulletin and allow providers to receive bulletin information up to a week sooner than bulletins sent by mail. *Medical Assistance Program enrolled providers who do not have their email on file with the fiscal agent should complete and submit their information through the Inquiry/Update Provider Data option located at the main menu within the Web Portal.*

Providers may also complete and submit the attached Publication Preferences form (Attachment B). Please fax or mail the completed form to the fiscal agent at the fax number/address on the form. Thank you for promptly completing and submitting the Publication Preferences form.

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 Remember: *Providers may have* ***only one*** *email address on file with the fiscal agent. The person receiving the email notification should forward the email to all additional people needing the updated information.*

Home and Community Based Services for Children with Autism (HCBS-CWA) Waiver Providers

New Waiver Program

Home and Community Based Services for Children with Autism (HCBS-CWA) is a new waiver that will serve children with a medical diagnosis of Autism. Children eligible for the waiver shall be between birth and six years of age and must meet the institutional level of care for an ICF/MR. HCBS-CWA waiver services include behavioral therapies provided by lead therapists, senior therapists and line staff. The HCBS-CWA waiver is effective as of July 1, 2006 and regulations for the waiver can be found at 10 C.C.R. 2505-10, Section 8.519. Please call 303-866-3674 if you are interested in becoming an HCBS-CWA waiver provider.

Home Health/Private Duty Nursing Providers

Home Health Advisory Committee Updates

The Home Health Advisory Committee meets every other month at the Department of Public Health and Environment, 4300 Cherry Creek Drive South, Denver, Colorado, from 1:00pm to 3:00pm. Effective January 1, 2007, broadcast faxes and email delivery of minutes will no longer take place. Meeting minutes are available on the Department of Public Health and Environment's website, www.cdphe.state.co.us/hf/static/hha.htm. Scroll down and select Home Health Agencies. Then select Home Health Advisory Committee on the left side of the page. The minutes are listed by date.

Private Duty Nursing

The Private Duty Nursing (PDN) rule was re-written and approved by the Medical Services Board with an effective date of August 1, 2006. The amended rule can be accessed at www.chcpf.state.co.us/HCPF/msb/msbAgendas.asp. Select the meeting agenda for June 9, 2006.

The amended rule includes the following changes:

Discharges

A Prior Authorization Request (PAR) shall be submitted when a PDN client discharges from private duty nursing services. The discharge PAR shall revise the end date and the number of service units. The end date for the discharge PAR is the date of the discharge from private duty nursing services at 12 midnight. The units requested on the discharge PAR should be the actual units used within the revised time period.

Transfers

When a client is transferring from one PDN provider to another, the current provider shall discharge the client and send a discharge PAR to the Department's long term care utilization review contractor, Dual Diagnosis Management (DDM). DDM shall coordinate the transfers by having the new provider submit a PAR before services are started or at least by the start of care date. PAR dates shall not overlap; the discharge PAR must end before the next PAR begins. Claims cannot be filed under the new PAR until the discharge PAR has been processed.

PAR period change

A PDN client may be approved for services for up to six months with the initial PAR. Ongoing care may be approved for periods of up to a year. Requests for ongoing care shall be submitted on a PAR form to DDM.

Third Party Liability

PDN services will not be processed by DDM without communication from the third party insurer indicating that the client does not have a PDN benefit available. The communication may be an explanation of benefits, a denial letter, or other form of communication.

Please direct questions about PDN changes to Janet Dauman at 303-866-4654.

Hospital Providers

New Version of the Grouper

The Department is in the process of completing the testing of the new Version 24.0 DRG Grouper and anticipates installing the new DRG grouper on January 9, 2007. Upon implementation, the suspended Medicare cross-over claims and claims suspended due to DRG grouping edits will be released. These claims will process through the DRG grouper that corresponds to the dates of service on the claim.

Additionally, approximately one week after the new Version 24.0 DRG Grouper is installed, **all inpatient hospital claims paid October 1, 2006 or later will be reprocessed.** The reprocessing will ensure that claims with a last date of service October 1, 2006 or later are processed according to the new Version 24.0 DRG Grouper.

Example: If the last date of service on the claim is October 1, 2006 or later, claims that originally grouped to a DRG that is no longer valid under the new Version 24.0 Grouper will group to the newly assigned DRG.

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, 2006	Version 24.0
October 1, 2005 to September 30, 2006	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

The Department is in the process of calculating the weights, average lengths of stay, and trim points for the new and changed DRGs. The Department plans to publish the new DRGs effective October 1, 2006 in the January bulletin to coincide with the implementation of the new Version 24.0 DRG Grouper.

The Department will also add the new DRGs effective October 1, 2006 to the website at: http://www.chcpf.state.co.us/HCPF/refmat/DRG/drgindex.asp. The Department anticipates having a link for these DRGs on the website by the time the new Version 24.0 DRG Grouper is implemented.

If you have any questions regarding this article, please contact Marguerite Richardson, Health Care Policy and Financing Hospital Liaison, at 303-866-3839.

Practitioners

Synagis Immune Globulin

Synagis (Palivizumab) is used to prevent serious lower respiratory tract disease caused by Respiratory Syncytial Virus (RSV) in pediatric patients at high risk for RSV disease. Synagis is administered by intramuscular injections, at 15 mg per kg of body weight, once a month during expected periods of RSV frequency in the community.

When Administered in a Provider's Office or Outpatient Hospital:

Synagis does not require Prior Authorization under the following circumstances:

- The client is under age 3 at the start of the current RSV season or at the time of the first injection for the current RSV season, with a chronic lung or respiratory condition, and was either full term or premature.
- The client was born prematurely, less then 28 weeks, and is under the age of 12 months at time of first injection, with or without a chronic lung or respiratory condition (e.g., ICD9 765.0).
- The client was born prematurely, 29-35 weeks, and is under the age of 6 months at time of first injection, with or without a chronic lung or respiratory condition (e.g., ICD9 765.1).

Prior authorization is required for:

1. Children ages 3 or older at the start of each RSV season, or
2. Children who do not meet the above criteria but whose physician believes that they medically require Synagis.
3. The client's risk is increased due to one or more of the following conditions, as recommended by the American Academy of Pediatrics:
   - Body Mass <5kg
   - Congenital Heart Disease
   - Low Socioeconomic Status
   - T-cell immunodeficiency
   - Passive smoke exposure
   - Birth within 6 months before onset of RSV season
   - Day care attendance
   - Two or more individuals sharing a bedroom
   - School age siblings
   - Multiple births

Providers administering Synagis in the office must furnish the immune globulin and must use CPT code 90378 to bill Synagis on the CO 1500 or 837 professional claim format. Bill one unit per 50mg vial; limit 6 units per day. Providers may not ask clients to obtain Synagis from a pharmacy and bring it to the practitioner's office for administration. Outpatient hospitals should bill using the appropriate revenue code.

Prior Authorization Requests (PARs) should be sent to:

PARs,
P.O. Box 30
Denver, CO 80201-0030.

For questions, providers may contact the fiscal agent's prior authorization line at

303-534-0279 or 1-800-237-7647

When Administered At Home Or In a Long-Term Care Facility:

A **prior authorization is required** when Synagis is dispensed by a pharmacy and administered at home or in a long-term care facility. The prior authorization will be approved for six months for a diagnosis of RSV or the prevention of RSV. Only physicians and pharmacists from long-term care pharmacies and infusion pharmacies, who are acting as the agents of the physicians, may request a prior authorization. When the prior authorization is approved, the pharmacy should bill the Medical Assistance Program electronically at the point of sale.

Prior authorizations may be requested by calling or faxing a Prior Authorization Request (PAR) to the *ACS* prior authorization help desk:

Phone number: 1-800-365-4944
Fax number: 1-888-772-9696

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 1-800-237-0757 (Toll free Colorado)

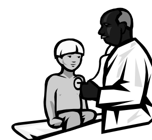
Remember to check the Department's website at: http://www.chcpf.state.co.us for Provider Updates and News

EPSDT Periodicity Schedule

The EPSDT (Early and Periodic Screening Diagnosis and Treatment) program for children and youth 20 and under adheres to the following periodicity schedule:

Comprehensive Screenings:

- 2-4 days after birth IF the newborn leave the hospital less than 48 hours after delivery
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- Once ***every year*** for ages 2 through 20



Dental Referrals

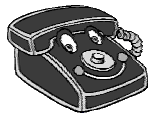
- Every six months, starting no later than age 1

Hearing Screenings

- Prior to release from hospital
- 1-2 months
- 6-9 months
- After each middle ear effusion
- 4-5 years

Vision Screenings

- 4 months
- 6 months
- 2.5 years
- Once ***every year*** for ages 3-8
- 10 years
- 12 years
- 14 years



If you have any questions or concerns, please feel free to contact the EPSDT staff at 303-866-6167 or 303-866-6006.

Out-of-State DME Providers

In response to HB 06-1299, 25.5-1-301 through 25.5-1-303, C.R.S. (2005) Section 25.5-4-416, C.R.S. (2006) effective January 1, 2007, all out-of-state Colorado DME providers will be deactivated from the Medical Assistance Program. All active DME providers must have one or more physical location(s) within the State of Colorado or within fifty (50) miles of any Colorado border. Physical locations must have a street address, local business telephone number, inventory, and sufficient staff to service or repair products.

Out-of-state providers may request an exemption and apply as a Medical Assistance Program provider if the equipment supplied cannot otherwise be purchased within the State of Colorado.

No new out-of-state providers will be enrolled unless they meet the criteria for an exemption. Out-of-state providers requesting exemption from this requirement are advised to submit an enrollment form with detailed product information. The form is located at:

http://www.chcpf.state.co.us/ACS/Pdf_Bin/Enrollment/Enrollment_application_110906_Final.pdf. All out-of state applications will be approved on a case-by-case basis.

January 2007
Denver 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 types of providers. The schedule for January 2007 workshops follows. The complete 2007 workshop schedule will be posted on the website by the end of December 2006 and included with the January 2007 bulletin.

Who Should Attend?

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

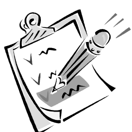
Do I need Reservations?

Yes, reservations are necessary for ***all workshops***. We are currently requesting reservations for both Statewide and Denver workshops in order to provide adequate space in 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.

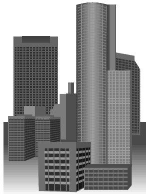
Your confirmation will be mailed to you within one (1) week of making your reservation. If you do not receive a confirmation within one (1) week please contact Provider Services and talk to a Provider Relations Representative.

Class Descriptions

Beginning Training – CO1500/837P, and UB92/837I
This class is for new billers to the Colorado Medical Assistance Program. The class covers in-depth information on resources, eligibility, timely filing, reconciling your remittance statements and claim completion for the UB-92 and the CO1500.

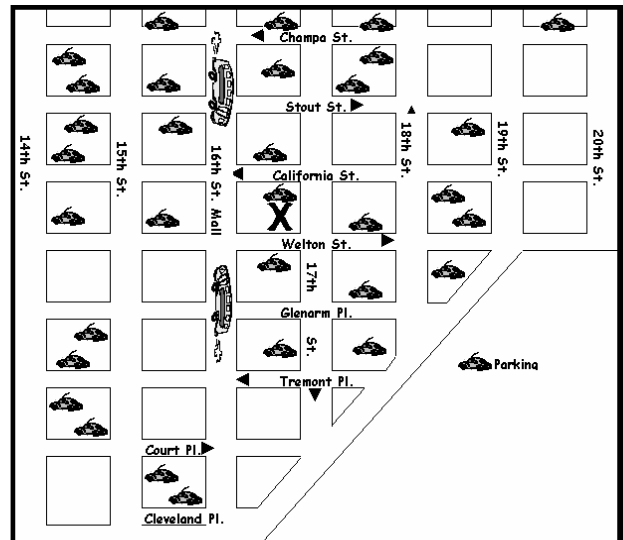
Dental
The class is for billers using the ADA/837D claim format. The class covers billing procedures, claim formats, common billing issues and guidelines specifically for the following provider types: Dentists, Dental Hygienists (In January 2007 the class will concentrate on Billing on the ADA/837D format including the Dental Provider Certification requirement)
(This is not the class for Nursing Facilities or FQHC/RHCs- or Nursing Facilities – please refer to the Nursing Facility and FQHC/RHC Classes)

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.

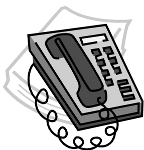
January Denver Beginning Billing
9:00 – 3:00

Beginning Training CO-1500/837P
01/16/07 – Tuesday

Beginning Training UB-92/ 837I
01/17/07 - Wednesday

January Denver Specialty Training

Dental
01/26/07— Friday- 9:00-11:00



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 1-800-237-0757 (Toll free Colorado)
Remember to check the Provider Services section of The Department's website at:
http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp
For Provider News and Updates

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.*
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Medical Assistance Program Provider Enrollment
303-534-0439

Medical Assistance Program Provider Enrollment
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