



colorado.gov/hcpf

Provider Bulletin

Reference: B0800255

December 2008



Did you know...?

The ACS Provider Services Call Center will close at 3:00 P.M. on the following days:

- Wednesday, December 24, 2008
- Regular operating hours, 7:00 a.m. to 6:00 P.M., will resume on Friday, December 26, 2008.
- Wednesday, December 31, 2008
- Regular operating hours, 7:00 a.m. to 6:00 P.M., will resume on Friday, January 2, 2009.

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Title II of the Americans with Disabilities Act (the ADA)

The Department of Health Care Policy and Financing (the Department), its Providers and the Americans with Disabilities Act



Title II of the Americans with Disabilities Act (the ADA) requires all programs and services offered by State and local governments to be accessible to persons with disabilities. The ADA protects the civil rights of persons with disabilities and also requires State and local government contractors to adhere to the tenets of the ADA.

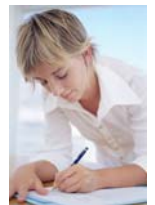
The Department encourages effective communication between Medicaid service providers and Medicaid clients. Further, the Department encourages all providers to refrain from speculation and generalization about persons with disabilities.

For technical assistance about the ADA, providers can access the Disability and Business Technical Assistance Center for the Rocky Mountain region at www.adainformation.org.

The Department offers the services of George deCurnou, Client/ADA Liaison, to Department clients, providers and the community for ADA issues. George can be reached at 303-866-6010 or George.deCurnou@state.co.us.

Clarification to PARs Processed by Single Entry Point (SEP) Agencies

SEPs do not process Nursing Facility (NF) PARs. SEPs provide the ULTC 100.2 certification which is one of the documents that constitutes the PAR request sent to Ascend Management Innovations LLC (Ascend). Ascend processes all NF PARs.



Billing the Client for Colorado Medical Assistance Program Services (Originally published in May 2004, Bulletin B0400175)

The Colorado Medical Assistance Program and fiscal agent representatives frequently address questions as to what can be billed to Colorado Medical

Assistance Program clients. Please share this information with your billing offices and use the following questions (Q) and answers (A) as a guide for determining whether clients can be billed for services rendered.



Denver Club Building
518 17th Street, 4th floor
Denver, Colorado 80202

ACS Contacts

Billing and Bulletin Questions
303-534-0146
1-800-237-0757

Claims and PARs Submission
P.O. Box 30
Denver, CO 80201

Correspondence, Inquiries, and Adjustments
P.O. Box 90
Denver, CO 80201

Enrollment, Changes, Signature authorization and Claim Requisitions
P.O. Box 1100
Denver, CO 80201

Q: Can Colorado Medical Assistance Program clients be charged for services covered by the Colorado Medical Assistance Program?

A: No. Participating providers agree to accept the Colorado Medical Assistance Program payment as payment in full for benefit services rendered. Required deductibles, co-insurance or copayments and those specific to specialty areas of practice are described in the billing manuals located in the Provider Services Billing Manuals section of the Department's website.

Q: What if the Colorado Medical Assistance Program payment does not cover all of my costs? Can I charge the difference to the client?

A: No. All providers submitting medical services claims to the Colorado Medical Assistance Program certify that, "I accept as payment in full, payment made under the Colorado Medical Assistance Program, and certify that no supplemental charges have been, or will be billed to the patient, except for those non-covered items or services, if any, which are not reimbursable under the Medical Assistance Act."

Q: What if I no longer want to be a Colorado Medical Assistance Program provider? Can I bill the Colorado Medical Assistance Program clients for my services?

A: No. Clients may not be billed if the failure to obtain Colorado Medical Assistance Program payment is caused by the provider's failure to comply with Colorado Medical Assistance Program billing procedures. Constraints against billing Colorado Medical Assistance Program clients for benefit services apply whether or not Colorado Medical Assistance Program makes or has made payment and whether or not the provider participates in the Colorado Medical Assistance Program.

Q: Can I use a collection agency or execute a lien against assets to get payment from Colorado Medical Assistance Program clients?

A: No. Collection agencies cannot submit Colorado Medical Assistance Program claims for payment and cannot collect payment from Colorado Medical Assistance Program-eligible clients. Providers may not assert a lien – including a hospital lien – on any money, settlement, recovery, or judgment paid to the client or to the client's estate as the result of a personal injury lawsuit.

Colorado law prohibits providers from billing Colorado Medical Assistance Program clients or the estates of deceased Colorado Medical Assistance Program clients for Colorado Medical Assistance Program benefit services.

Q: Can I bill Colorado Medical Assistance Program clients for missed appointments?

A: No. Providers may not bill the Colorado Medical Assistance Program clients for missed appointments, telephone calls, completion of claim submission forms, or medication refill approvals. Primary care physicians participating in a managed care program may dismiss an enrolled client from their practice for cause at any time. The primary care physician shall give no less than 45 days notice to both the Department and the client. Cause shall be defined as any of the following:

- The client misses multiple scheduled appointments.
- The client fails to follow the recommended treatment plan or medical instructions.
- The primary care physician cannot provide the level of care necessary to meet the client's needs.
- The client and /or client's family is abusive to the provider and/or staff in compliance with 42 CFR 438.56(a)(2).
- The physician moves out of the service area.
- Other reasons satisfactory to the Department.

Q: Can I bill Colorado Medical Assistance Program clients for services not covered by the Colorado Medical Assistance Program?

A: Yes. Before providing services that will not be covered by the Colorado Medical Assistance Program, providers shall have the client sign an acknowledgment of financial responsibility. Only if a written agreement is developed do clients have the following responsibilities:

- If the service is not a covered benefit of the Colorado Medical Assistance Program, clients may be billed for the service.
- Clients are responsible for Colorado Medical Assistance Program co-payment. By federal law, providers may not refuse services if the client cannot pay co-payment when services are rendered.

Clients may be billed for unpaid co-payment. Providers may apply standard collection policies if the client fails to satisfy co-payment obligations.

- Clients in nursing facilities are responsible for patient payment when under Medicare A (skilled nursing) coverage. If the patient payment amount exceeds the Medicare A co-insurance due, the difference is refunded to the client.
- Colorado Medical Assistance Program clients enrolled in a Colorado Medical Assistance Managed Care Program must follow the rules of the Prepaid Health Plan (PHP). Clients who insist upon obtaining care outside of the PHP network may be charged for non-covered services.
- Colorado Medical Assistance Program clients enrolled in the Primary Care Physician (PCP) Program are required to follow PCP Program rules. Non-emergency care in a setting that is not authorized by the primary care physician is not a benefit of the Colorado Medical Assistance Program. Clients who insist upon obtaining non-emergency care in an emergency or urgent care setting without PCP authorization may be charged for the cost of those services.
- Colorado Medical Assistance Program clients who have commercial insurance coverage that requires them to obtain services through a provider network must obtain all available services through the network.
- Clients who insist upon obtaining non-managed-care covered services outside the network may be charged for such services.

Refer to the following sites for questions concerning charging Medical Assistance Program clients for services rendered:

- Code of Federal Regulations: Title 42 Section 447.15 - Acceptance of State payment as payment in full. <http://www.gpoaccess.gov/cfr/index.html>
- Colorado Revised Statutes: 26-4-403 - Recoveries—overpayments—penalties—interest—adjustments—liens. <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1223548942896>
- Colorado Code of Regulations (State Rules Concerning the Medical Assistance Program): 10 CCR 2505-10, 8.000 et seq. 10 CCR 2505-10, section 8.012 10 CCR 2505-10, section 8.205.4.I <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1223548942896>
- Colorado Medical Assistance Program Provider Participation Agreement, Page 2 Item G. <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542696393>
- Colorado Medical Assistance Program General Provider Information section <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542320888>
- Medical Assistance Program Bulletin #B9900020, July 1999 <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542321017>

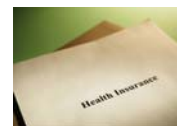
Home Health Providers

Dual Eligibility Policy Clarification

Dual Eligible Beneficiaries are beneficiaries who carry both Medicare (A and /or B) and Medicaid benefits.

Both payer sources must be indicated on the OASIS in the appropriate MO item.

- The Colorado Medical Assistance Program can be billed without a Medicare denial if the client is **only** receiving Medication Box fills, CNA-only services and/or occupational therapy services only, lab draws only or a combination of these services.
- Clients with Medicare eligibility for skilled services shall be given a Home Health Advance Beneficiary Notice (HHABN) in the CMS required format. The client **shall not** be given the option of **not** submitting a bill to Medicare if Medicaid is the secondary payer.
- The documentation must state specifically and with as much detail as possible the reason Medicare is expected to not pay, and must be retained in the clinical record. Medicaid is **always** the payer of last resort.
- The Medicare denial must be kept on file in the client's record.



- The denial shall be renewed yearly if there are **no** changes in the client's condition. A new Medicare denial shall be obtained with any change of condition for which a skilled service is being given.

Please also be aware that Occupational Therapy, Physical Therapy and Speech Therapy ordered as "EVAL AND TREAT" is only for a **one-time visit**. Orders must be obtained from the physician, dated and signed as to duration, frequency and treatment plan for these therapies after the initial visit by the therapist.

For any questions please contact Liz Svedek at 303-866-3674 or elizabeth.svedek@state.co.us.

Supply/DME Providers

Changes to the Oral & Enteral Nutrition Formula Questionnaire #10

Questionnaire #10, Oral and Enteral Nutrition Formulae, has been updated. By answering all questions completely, requests for additional information from providers to determine medical necessity should be reduced significantly. Usage of the revised Questionnaire #10 can begin immediately. A copy of the Questionnaire can be found as Attachment A of this bulletin.



Laboratory Providers

Clinical Laboratory Improvement Amendments (CLIA)

The Centers for Medicare & Medicaid Services (CMS) regulates all laboratory testing (except research) performed on people in the U.S. through the Clinical Laboratory Improvement Amendments (CLIA). The objective of the CLIA program is to ensure quality laboratory testing. All clinical laboratories must be properly certified to receive payments through the Colorado Medical Assistance Program.



Effective January 2, 2009, this requirement will be strictly enforced. For complete information on CLIA, including how to obtain certification, please visit the following web sites: www.cms.hhs.gov/CLIA and <http://www.cdphe.state.co.us/lr/index.htm>.

The types of CLIA certificates required to provide specific laboratory services are listed on the CMS website at http://www.cms.hhs.gov/CLIA/10_Categorization_of_Tests.asp#TopOfPage. In order to receive payment for these services, providers must have a valid CLIA identification number and certificate type required for the laboratory procedure codes being billed. Claims submitted by providers not meeting these requirements will be denied.

Once a provider has a new or updated CLIA certificate on file with CMS, the Colorado Medicaid Management Information System (MMIS) is automatically updated with the provider's CLIA identification number and certificate type. A manual update process has been implemented in the event that a provider's CLIA information is missing or inaccurate in the MMIS.

If you receive an edit message of "0320 Rend Prov/Lab Class Cnflt" and/or "1710 Prov Miss CLIA Num for Lab" on a claim for laboratory procedures for which you have a valid CLIA identification number and certificate type, please submit the CLIA Update Form included in this bulletin (Attachment B) and a photocopy of your official CLIA certificate to:

Provider Enrollment
PO Box 1100
Denver, CO 80201-1100

Please allow 10 calendar days from the postmark date for your update request to be processed. After the information is updated, you may resubmit any claims that deny with edits 0320 and/or 1710.

Pharmacy Providers

Do you know Medicare-only individuals who are having trouble paying for prescription drugs?

If an individual is eligible for Medicare and has limited income and resources, they may qualify for extra help from Medicare. It could be worth over \$3,300 in savings on prescription drug costs per year.

Encourage people with Medicare to file for extra help online at <https://s044a90.ssa.gov/apps6z/i1020/main.html> or by calling Social Security at 1-800-772-1213 to apply over the phone.

State Health Insurance Information Program (SHIP) offices can also assist with the application. Find contact information for a local SHIP Counselor at <http://www.medicare.gov/contacts/static/allStateContacts.asp> or by calling 1-800-MEDICARE (1-800-633-4227).

Albuterol Inhalers

The U.S. Food and Drug Administration (FDA) has mandated the removal of the exemption granted to chlorfluorocarbon-based (CFC) metered-dosed albuterol inhalers and the transition to the environmentally-friendly hydrofluoroalkane-based (HFA) albuterol inhalers by December 31, 2008. Please talk to clients as soon as possible about transitioning to a HFA inhaler so they can successfully make the switch by the end of the year.



Payer of Last Resort

Medicaid is always the payer of last resort. In order to bill the Colorado Medicaid Program for claims where the client has a third party insurer, pharmacies must first bill the third party insurer prior to billing the Colorado Medicaid Program.

When billing the Colorado Medicaid Program with the 'Other Coverage Code' available values, one of the following codes is required for claims submitted for third party eligible clients:

- 2 - Other coverage exists and payment collected (must include other payer date and other payer amount)
- 3 - Other coverage exists - claim not covered (must include other payer date)
- 4 - Other coverage exists - payment not collected (must include other payer date)

If health care claims have been paid solely by the Colorado Medicaid Program when a liable third party exists, Federal law requires that the Department recover payments from providers.

Colorado Cares Rx program

The Colorado Cares Rx program has been revised so that participants can save more money! Colorado Cares Rx is a program that provides low-income Colorado residents a way to buy generic prescription medicines at a discounted price. On October 15, 2008, the program was revised to allow participants to order prescriptions for a longer period of time and save money. Now, approximately 60 different generic drugs are available at the cost of \$20 for a 6-month supply. Other generic drugs are available at prices ranging from \$15-\$55 for 3 months and \$45-\$95 for 6 months, depending on the drug. Go to www.coloradocaresrx.com to obtain more information.



December 2008 and January 2009 Holidays



Christmas Day Holiday

Due to the Christmas Day holiday on Thursday, December 25, 2008, the receipt of warrants and EFTs will be delayed by one or two days.

New Year's Day Holiday

Due to the New Year's Day holiday on Thursday, January 1, 2009, the receipt of payments, warrants and EFTs will be delayed by at least one day.

Martin Luther King, Jr. Holiday

Due to the Martin Luther King, Jr. holiday on Monday, January 19, 2009, claim payments will be processed on Thursday, January 15, 2009. The processing cycle includes electronic claims accepted before 6:30 P.M. on Thursday.

2009 Holiday Processing Schedule

Standard processing

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

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

Electronic 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.

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 2009:

Holiday	Holiday Processing Date
Monday, January 19, 2009 Martin Luther King Day	Thursday January 15, 2009
Monday, February 16, 2009 President's Day	Thursday February 12, 2009
Monday, May 25, 2009 Memorial Day	Thursday May 21, 2009
Friday, July 3 Independence Day (Observed)	Thursday July 2, 2009
Monday, September 7, 2009 Labor Day	Thursday September 3, 2009
Monday, October 12, 2009 Columbus Day	Thursday October 8, 2009
Friday, December 25, 2009 Christmas Day	Thursday December 24, 2009
Friday, January 1, 2010 New Year's Day	Thursday December 31, 2009

Receipt of warrants or EFTs will be delayed by one or two days due to the following holidays:

Holiday	Date
New Year's Day	Thursday, January 1, 2009
Veterans Day	Wednesday, November 11, 2009
Thanksgiving Day	Thursday, November 26, 2009
Christmas Day	Friday, December 25, 2009

Please retain the holiday processing schedule for reference.

Receive the Bulletin Earlier and Help Save the Environment!

Receive important information up to a week sooner than those receiving bulletins via mail by receiving an electronic notification containing a link to the most recent publication. Colorado Medical Assistance Program enrolled providers who are not receiving electronic notifications can complete and submit their information through the "(MMIS) Provider Data Maintenance" option via the Web Portal.

Providers may also complete and submit the Publication Preferences form located in the Provider Services Forms section through the Department's website at colorado.gov/hcpf.

Please fax or mail the completed form to the fiscal agent at the fax number or address on the form.

The Colorado Medical Assistance Program will not be responsible for undeliverable notifications due to incorrect email addresses.

Please Remember: Providers may have only one email address on file with the fiscal agent.

Go Green and Enjoy the Benefits of Direct Deposit



Providers who use EFT can receive payments up to a week sooner than those receiving paper checks (warrants). EFT eliminates payment delays due to inclement weather or post office mishaps.

Remember that banking holidays may also cause delays for paper warrants – another reason to sign up for EFT.

Sign-up to receive payments via EFT today! Complete the EFT form located in the Provider Services Forms section through the Department's website.

You may also use the same form noted above to update your bank account information. Simply indicate "Change" in the top-right corner and complete the form as directed.

Please allow 30 days to process your EFT request.

- You will receive paper warrants until EFT has been established or your update request has been processed.
- After 30 days, check with your bank to verify that EFT has been setup.

Please contact the Department at 303-866-4372 with any EFT questions.

January 2009 Denver Provider Billing Workshops

Provider billing workshops include both Colorado Medical Assistance Program billing instructions and a review of Colorado Medical Assistance Program billing procedures.

The January 2009 workshop calendar is included with this bulletin and is posted in the Provider Services section of the Department's website.

Who Should Attend?

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

Do I need Reservations?

Yes, reservations are necessary for ***all workshops***.

Email reservations to:

workshop.reservations@acs-inc.com

Or

Call Provider Services to make reservations at

1-800-237-0757 or 303-534-0146

Press "5" to make your workshop reservation. You must leave the following information:

- Colorado 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.

All Workshops held in Denver are located at:

**ACS
Denver Club Building
518 17th Street, 4th floor
Denver, Colorado 80202**



Beginning Billing Class Description



This class is for new billers, billers who would like a refresher, and billers who would like to network with other billers about the Colorado Medical Assistance Program. Currently, the class covers in-depth information on resources, eligibility, timely filing, reconciling remittance statements, and paper claim completion for the UB-04 and the Colorado 1500. *This class does **not** cover any specialty billing information.* The fiscal agent

provides specialty training throughout the year in their Denver office.

The classes do not include any hands-on computer training.

Specialty Classes Descriptions

Practitioner

This class is for providers using the Colorado 1500/837P format. The class covers billing procedures, common billing issues and guidelines specifically for the following provider types:

- Anesthesiologists
- ASC
- Family Planning
- Independent Labs
- Independent Radiologists
- Nurse Practitioner
- Physician Assistant
- Physicians, Surgeons

IP/OP Hospital

This class is for billers using the UB-04/837I format. The class covers billing procedures, common billing issues and guidelines specifically for In-patient and Out-patient Hospitals.

(This is **not** the class for FQHC/RHC)

Driving directions to ACS, Denver Club Building, 518 17th Street, 4th floor, Denver, CO:

Take I-25 toward Denver

Take exit **210A** to merge onto **W Colfax Ave (40 E)**, 1.1 miles

Turn **left** at **Kalamath St**, 456 ft.

Continue on **Stout St**, 0.6 miles

Turn **right** at **17th St**, 0.2 miles

ACS is located in the Denver Club Building on the west side of Glenarm Place at 17th Street (Glenarm is a two-way street).

Parking: Parking is not provided by ACS and is limited in the Downtown Denver area.

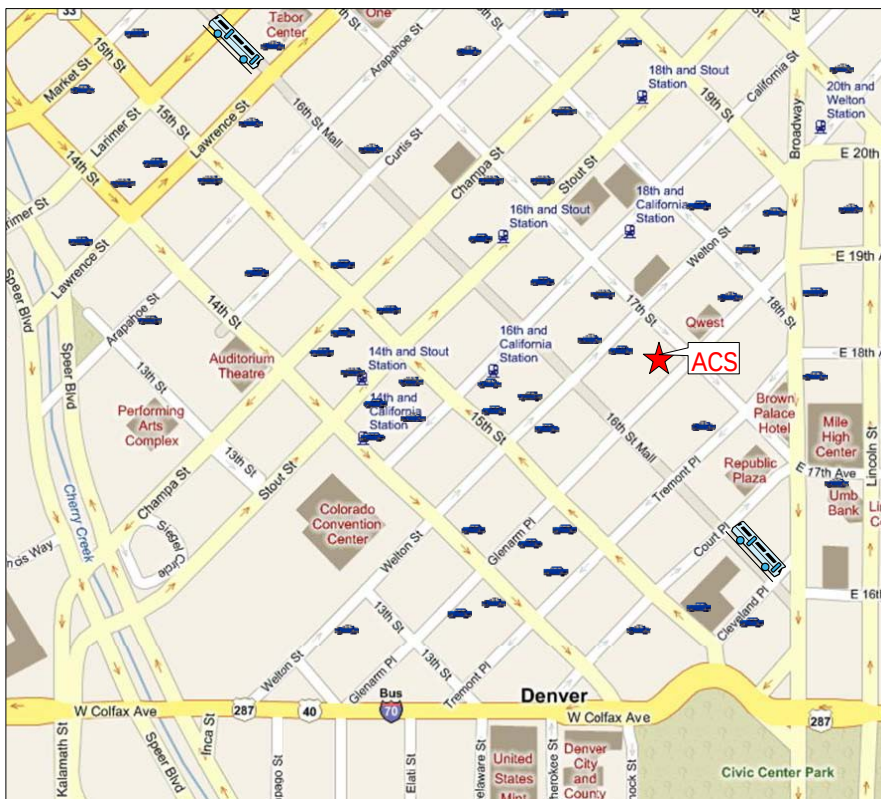
Providers attending workshops are urged to carpool and arrive early to secure parking or use public transportation.

 = Light Rail Station: A Light Rail map is available at:

<http://www.rtd-denver.com/LightRail/lrmap.htm>

 = **Free MallRide:** MallRide stops are located at every intersection between RTD's Civic Center Station and Union Station.

 = Commercial parking lots: Lots are available throughout the downtown area. The daily rates are between \$5 and \$20.



January 2009

Sun	Monday	Tuesday	Wednesday	Thursday	Friday	Sat
				1 New Year's Day	2	3
4	5	6	7	8	9	10
11	12	13 Beginning Billing - Colorado 1500/837P 9:00 am-3:00 pm	14 Beginning Billing – UB-04/837I 9:00 am-3:00 pm	15 Practitioner 9:00 am-11:30 am IP/OP Hospital 1:00 pm-3:30 pm	16	17
18	19 Martin Luther King Day	20	21	22	23	24
25	26	27	28	29	30	31



Please direct questions about Colorado Medical Assistance Program billing or the information in this bulletin to Provider Services at 303-534-0146 or 1-800-237-0757 (toll free).
Please remember to check the Provider Services section of the Department's Web site at
<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1197969485906>.



Prior Authorization Request
PO Box 30
Denver CO 80201-0030

Fiscal Agent for
Colorado Medicaid
ACS
Medical Review Department

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

QUESTIONNAIRE #10
ORAL & ENTERAL NUTRITION FORMULA

Please note that all questions must be answered in order for a decision on the Prior Authorization Request to be made.

DME Vendor Name: _____ Client Name: _____

Address: _____ CO Medicaid ID#: _____

Telephone #: _____ DOB: _____

1. Relevant Diagnosis (es): _____

2. Physical reasons and/or diagnosis why client cannot consume a regular diet to meet their nutrition needs: _____

3. Underlying conditions/circumstances if any, that prevents client from consuming adequate nutrition: _____

4. Client's height: _____ Client's current weight: _____ Client's BMI: _____

(For pediatric 2 years or under, please attach growth chart)

5. Last 2 years weight history: Stable ☐ Increase ☐ Decrease ☐ Unknown ☐ Amount change: _____

6. Does client have difficulty chewing/swallowing: Yes ☐ No ☐

If yes, describe: _____

7. Is therapy intended to serve as a protein supplement? Yes ☐ No ☐

If yes, what is the serum albumin level? _____ Date of lab value: _____

8. Brand formula (s) requested:

Name: _____ Cal/day _____

Name: _____ Cal/day _____

9. Route of Administration: Oral ☐ Tube Feeding ☐

10. Is formula a supplement or sole source for nutrition? Supplement ☐ Sole Source ☐

11. Has client received supplemental feeding in prior two years: Yes ☐ No ☐ Unknown ☐

If yes, weight and BMI when product previous started: Weight: _____ BMI: _____

Has client condition changed? Yes ☐ No ☐

If yes, please explain: _____

Physician Printed Name: _____

Physician Signature: _____ Date: _____



Colorado Medical Assistance Program

CLIA Update Form

Provider Name: _____ NPI #: _____

Provider ID: _____

Contact Name: _____ Contact Telephone #: _____

Laboratory testing services providers are required to keep CLIA information current. Enter your *current* CLIA registration number(s). Attach a photocopy of your CLIA certificate that indicates the effective date and the expiration date for changes to all current and new CLIA numbers. (Attach additional pages if necessary)

CLIA Registration Information

I want to update the information for the CLIA number(s) listed below.

Change ☐ Addition ☐

CLIA Number	Certification Type	Effective Date	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CERTIFICATION STATEMENT – Please read the following, sign, and date.

I certify by my signature below that I am fully authorized to sign and execute this CLIA Update on behalf of the aforementioned Provider. I understand that any information requested and provided on this form does not change or alter the terms of my executed Provider Participation Agreement. I further understand that any false claims, statements, documents, or concealment of material fact may be grounds for termination as a Colorado Medical Assistance Program Provider, and/or may be prosecuted under applicable federal and state laws.

Name: _____ Title: _____

Signature: _____ Date: _____

An authorized agent must sign if you are a group provider or the actual provider must sign if you are an individual provider. ***Unsigned forms will not be processed and will be returned.***

Only one provider may be updated per form.

Please mail to: Provider Enrollment, PO Box 1100, Denver, CO 80201-1100.

Please allow 10 calendar days from date of mailing to process your update.