

Introducing the **NEW** Referral/Prior Authorization Form

Colorado Choice has improved the *Referral/Prior Authorization Form* at the request of you, our providers!

Please take a moment to review and download our new form at www.cochoice.com/resources/providers. Once this form is saved and downloaded, you may use the form as a template, rather than filling it out by hand.

We will continue to accept our old form for the next few months, but will no longer be able to accept this form after **March 1, 2017**.

If you need assistance with our form, or if you do not have internet access and therefore cannot download the new form, please contact our Medical Department at **719-589-3696**. We would be happy to assist you and/or fax a copy of the new form to your office.

RETRO-AUTHORIZATION

For your authorization to be considered, it must be submitted within 10 days from the date of service.

Payspan

Colorado Choice has required providers to sign up for Payspan since January 2016. We no longer mail reimbursement vouchers, as ***providers must access their vouchers online.***

While providers can still receive payment by traditional paper check, we encourage you to make the change to ***Electronic Funds Transfer***, if you have not already done so.

If you are a new provider, you will need your Tax ID number, NPI and zip code to create an account, just visit www.Payspanhealth.com.

If you need assistance, please contact Payspan Provider Services at ***877-331-7154 option 1.***

Claim Status

As a reminder to our providers, ***skip the hold time*** and check claim status online. You can sign up for a **CHOICEConnect** account to access claim status, referrals/authorizations and verify eligibility.

If you have any questions about how to sign up for CHOICEConnect, please call us at ***719-589-3696*** or send us an e-mail at ***providers@cochoice.com.***

Adding a Provider to your Practice?

Contracted providers must notify Colorado Choice of any additions, terms or changes. Claims will be denied for providers who have not gone through the credentialing process with Colorado Choice. The ***Provider Change Request Form*** is available online at www.cochoice.com/resources/providers.

Colorado Choice utilizes CAQH to credential providers. Your CAQH application should be complete and in the Colorado format. If we can't reach you to complete your credentialing application, we may terminate the credentialing process.

INPATIENT STAYS

Notification is required for any stays, including birth of baby or changes from outpatient to inpatient.

Colorado Choice Contact Information:

phone 719-589-3696
fax 719-589-4901

Provider Relations
✉ providers@cochoice.com

Medical Department
✉ medicalproxy@cochoice.com
fax 719-589-4995

Credentialing
✉ credentialing@cochoice.com

