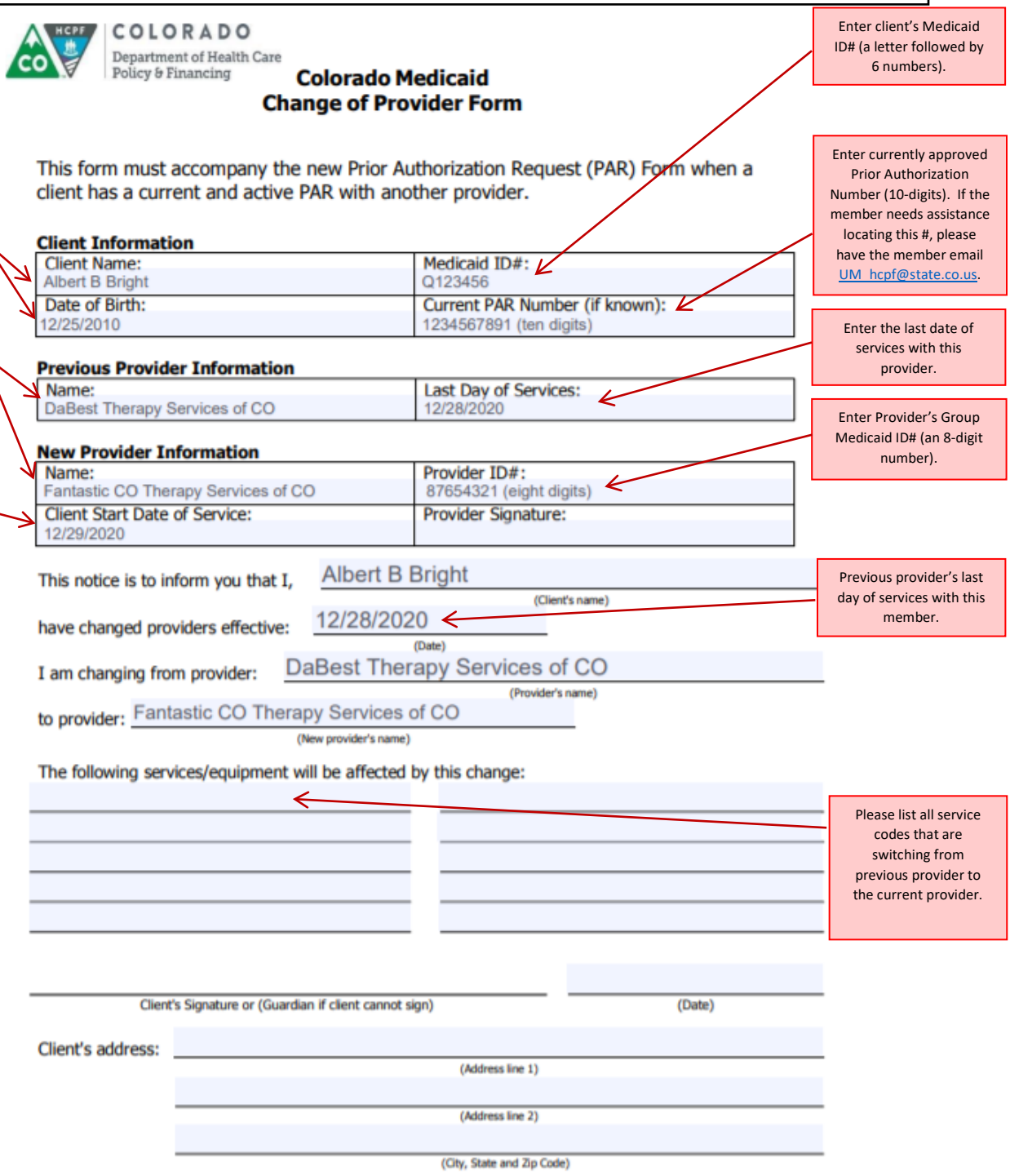
CHANGE OF PROVIDER (COP) GUIDANCE

The Change of Provider (COP) form ***must be fully completed with appropriate signatures*** and accompanied with the Prior Authorization form if submitting to eQHealth via fax. Please refer members with questions on previous provider information to UM_hcpf@state.co.us.



COLORADO
Department of Health Care Policy & Financing

Colorado Medicaid
Change of Provider Form

This form must accompany the new Prior Authorization Request (PAR) Form when a client has a current and active PAR with another provider.

Client Information

Client Name: Albert B Bright	Medicaid ID#: Q123456
Date of Birth: 12/25/2010	Current PAR Number (if known): 1234567891 (ten digits)

Previous Provider Information

Name: DaBest Therapy Services of CO	Last Day of Services: 12/28/2020

New Provider Information

Name: Fantastic CO Therapy Services of CO	Provider ID#: 87654321 (eight digits)
Client Start Date of Service: 12/29/2020	Provider Signature:

This notice is to inform you that I, Albert B Bright (Client's name)

have changed providers effective: 12/28/2020 (Date)

I am changing from provider: DaBest Therapy Services of CO (Provider's name)

to provider: Fantastic CO Therapy Services of CO (New provider's name)

The following services/equipment will be affected by this change:

Client's Signature or (Guardian if client cannot sign) (Date)

Client's address: (Address line 1) (Address line 2) (City, State and Zip Code)

Enter client's Medicaid ID# (a letter followed by 6 numbers).

Enter currently approved Prior Authorization Number (10-digits). If the member needs assistance locating this #, please have the member email UM_hcpf@state.co.us.

Enter client's name and date of birth as it appears in the system

Please list the company/group name, not the individual therapist that treats the client.

Enter the last date of services with this provider.

Enter Provider's Group Medicaid ID# (an 8-digit number).

Enter the date the member will start to receive the requested Medicaid benefit or service.

Previous provider's last day of services with this member.

*For **eQSuite**® portal PAR submissions, you will need to upload the COP form along with the supporting clinical documentation. If you are unable to upload it electronically, you can fax it in but will need to generate a fax cover sheet in **eQSuite**® to be included with the COP form.

* For **eQSuite**® faxed submissions, be sure to include the COP and PAR forms mentioned above.

Please list all service codes that are switching from previous provider to the current provider.

For any questions on this form, please send an email to eQHealth Solutions at co.pr@eqhs.com. Prior to submission, please ensure you have the correct signatures from both the provider and member.