

# THE COLORADO MEDICAL ASSISTANCE PROGRAM

Provider Enrollment  
P.O. Box 1100  
Denver, CO 80201-1100

1-800-237-0757  
Fax: 303-534-0439

## Re: Electronic Monitoring

Dear Medical Assistance Program Provider Applicant:

Thank you for your interest in becoming a Colorado Medical Assistance Program Electronic Monitoring provider.

Please submit a letter of application, along with the completed Provider Enrollment forms, to the fiscal agent with the following information:

- Services you are certified to provide
- Qualifications to provide such services
- List of counties in service area
- Copies of license (if applicable)
- Proof of insurance

We have enclosed the following:

- 1) A list of Single Entry Point Agencies and Community Mental Health Centers,
- 2) Minimum insurance requirements, and
- 3) Colorado Medicaid Rules and Regulations order form (Rules are also available on-line at <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1223548942896>, Code of Colorado Regulation for Medicaid - 10 CCR 2505-10, Volume 8).

Providers are reminded that a transfer of ownership terminates the Medical Assistance Program Provider Participation Agreement. New owners must re-apply and complete a new Medical Assistance Program Provider Participation Agreement in order to participate in the Colorado Medical Assistance Program.

For further assistance, please contact Medical Assistance Program Provider Services at 1-800-237-0757.

Sincerely,

*The Colorado Medical Assistance Program*