



Dear Case Manager,

The purpose of the load letter is to allow providers to submit claims outside of the timely filing period if the member was retroactively enrolled. Load letters will only be granted for cases where the member's eligibility was backdated.

The load letter is not intended to provide proof of eligibility.

If the member was enrolled on the date of service but failed to inform the provider of existing coverage, the provider must obtain that information within 365 days.

The [Load Letter Request Form](#) is available under the Claim Forms and Attachments drop-down list on the [Provider Forms web page](#). All load letter requests should be faxed to the Department of Health Care Policy & Financing (the Department) at 303-866-2082 or sent via encrypted email to LoadLetterRequests@hcpf.state.co.us with the subject line "Load Letter Request." Do not use the member's State ID in the subject line.

Due to the [timely filing extension](#), requests are not necessary if the date of service is within 365 days.

Requests will not be granted if the member has a commercial insurance (third-party liability) as primary. All claims where the member has commercial insurance must be paid within 365 days.

If a load letter is issued by the Department, providers have 60 days from the date of the load letter to submit the claim with the attached form for review by the fiscal agent. Claims should be submitted via the Provider Web Portal and not on paper. **Only load letters issued from the Department will be considered for claim payment.**

For all other questions related to timely filing, refer to the [General Provider Information Manual](#).

Thank you,

Department of Health Care Policy & Financing

Please do not reply to this email; this address is not monitored.

See what's happening on our social sites

