## PeakPro Electronic Med-9 Form: Provider Training

A provider portal was added to the PeakPro website, which means providers are now able to submit electronic Med-9 (medical certification) forms to the county department for clients that are applying for the Adult Financial (AF) Aid to the Needy Disabled (AND) program. Here's how providers can complete and submit the Med-9 form.

**Step 1**: Begin by going to the *PeakPro Website* (<u>https://coloradopeak.secure.force.com/PRHME</u>). Then select *"Med-9 Form" button* at the top of the page.



Step 2: Now you're on the Provider Med-9 Portal. Click the "Complete the Med-9 Form" button.



**Step 3:** Search for the patient by entering their information (name and date of birth are mandatory fields). Please note that the patient must have requested that the county department allow an electronic Med-9 for their case. If they did not, they will not be able to be found in the provider portal.

COLORADO Departement of Human Services	Home	
Dation Court		
Patient Search		
An electronic Med-9 request was not made for this individual.		
*Name	551	
Member/State ID	* Date of Birth	
Required Fields : Name, Date of Birth and SSN or Member/State ID		
	Next	



**Step 4:** This screen has instructions for completing the Med-9 form. Click *Next* to advance to the next screen.

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Med-9 Form	
he Aid to Needy and Disabled (AND) Program provides fear-cial benefits to Colorado residents who are disabled and have a disability that precludes them from working. This form is used by the county Department of Human Serv	ices to determine medical eligibility for the AND Program.
he Med 9 Form has to be completed by one of the Medical Professionals licensed in Colorado.	
section Histometics: In client has applied for Ald to the Needy Disable (SAD). AND provides a monthly parment to individuals that cannot maintain paintal employment due to a disability on the saudity. Smalled provider "matt certify the applicant disability by filling and the blow Med F form based on an assessment of the applicant in edical condition. New York Transford and the same technical form and provides a provides and the same technical provides and the same technical parts of the applicant in edical condition.	
In melical provider is a dector of medicine or outerparty, postatist, dentist, chirapractor, clinical porchologist, optioned ist, nurse practitioner, nurse-miduello, or a clinical social worker who is authorized to practice by the State an Christian Science practitioner.	d performing within the scope of their practice as defined by State
structions: aulust the client's disability, audited as lanced on the Made From Balow,	

**Step 5:** Enter your provider license/certification information. All of the fields on this screen are mandatory fields. Then click next to advance to the next screen.

COLDEAD 0 Important of Rame Instance		Home
Med-	9 Form	
License/Certification		
* Please select one option that convesions to your license bertification		
-None- :		
Please enter more details around your license/certification:		
*Printed Name	* Date of Exem	-
*Ucerse Number	* State of Medical License	
	-None-	:
* Provider Phone		
0005-000-0000		
*Address Line 1	Address Line 2	
10%	*Sute	
	-None-	:
- 20		
By typing my name below, I approve the use of my electronic signature to submit the Med 9 Form.		
PER NAME	ABL CHEVER	
		Ment

**Step 6:** Select the patient's medical diagnosis(es) and expected length of disability. Then select *Next* to advance to the next screen.

Department of Human Services		Home
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dividual Diagnosis(es)		
Please select the individuals diagnosis(es):		
Alcohol/Controlled Substance Addiction		
Cancer		
Cardiovascular disorders		
Digestive disorders		
Genitourinary disorders		
Immune System disorders		
Mental or Cognitive disorders		
Musculoskeletal disorders		
Neurological disorders		
Respiratory disorders		
Other		
Please specify other individual diagnosis(es):		
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**COLORADO** Healthcare & Economic Security Staff Development Division **Step 8:** The Social Factors page captures additional information that contributes to the individual's inability to obtain employment. At least one value is required. When "Other" is selected, the provider is required to provide a reason supporting their other findings/observation.

Click Next to initiate the submission of the Med-9 form.

\*Review or edits must be done prior to clicking Next from this page. The provider will NOT have the ability to make edits if the submission is successful.

	Home
	Med-9 Form
Social Factors  *Please identify the social factors that are preventing the individual from employment: Age Training Social Setting C Other  *Please specify	
	Previous Next

**Step 9: Submissions Page** If your electronic Med-9 submission was successfully submitted, this page will say "Success!" If not, you will need to direct your patient to their county department for assistance if technical issues arise and the submission was not successful.

COLORADO Department of Human Services	Home
Med-9 Form	
Success! The electronic Med 9 request is submitted successfully!	

