Tips & Instructions for Completing CO Medicaid Enrollment Application

Resident/Fellow

CO Medicaid Enrollment is a requirement for ALL Residents and Fellows. If you have specific questions about the application process please contact ACECredentialing@cumedicine.us.

If you are unsure of your enrollment status, it can be confirmed one of two ways:

1. Enrollment Tracking Tool (requires application tracking number and SSN)
2. Contact CO Medicaid directly at 1-844-235-2387 (requires name, SSN, NPI)

Before beginning the CO Medicaid enrollment application process, please review pages 1-6 below to ensure you have gathered the necessary supporting documents and saved electronic copies. These copies will need to be uploaded to the attachment and fees page of the application. Step-by-step enrollment instructions begin on page 7. Please make sure to enroll as an ORDERING, PRESCRIBING, REFERRING enrollment type.

Supporting Documentation:

- **License Information (Issue and Expiration Dates):** Go to https://www.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx to look up your license information and to save a copy.

- **Malpractice Letter:** Your malpractice letter can be accessed via MedHub → Review Records → Shared Files section → Malpractice Confirmation 2018. *Attach the malpractice letter to the application before submitting.*

- **NPI Information:** Go to http://www.npinumberlookup.org/ to find your current NPI. The name and taxonomy code associated with your NPI number must match what is entered on this application. If you have had a name change, update your NPI information before submitting this application. **If you have a training license, ensure your NPI taxonomy code is set to the student provider type (39) with a taxonomy code of “390200000X”, and that the same taxonomy code is used for this application.**

**Malpractice/General Liability Insurance Information:**

- **Carrier Name:** Self Insured
- **Policy ID:** None
- **Effective Date:** Training start date
- **Expiration Date:** Training end date

**Addresses:** There are 3 addresses that you will enter into the application:

- **Address Service Type** = Hospital Address
- **Billing Address** = Hospital Address
- **Mailing Address** = Program Office Address (Do not use home address)
**Contact Information:** In this section you may want to enter a specific program contact to track all application status. If you list yourself as the contact, please forward your final enrollment approval notification to your program coordinator.

**Submitting the Application:** Once the application has been submitted, save the confirmation number. In order to check enrollment status you will need your Tax ID number and the confirmation number.

**Making Corrections:** Read the denial letter from the Department of Healthcare Policy & Financing for specific denial reasons. *Note: Before submitting your corrections, verify that your supporting documentation is still attached to your application. If not you may need to upload them again before submitting your corrections.

**If you enrolled as a provider for moonlighting you do not need to enroll as an ordering, prescribing and referring physician**
Ordering, Prescribing, and Referring (OPR) Enrollment Type

Revalidation/Enrollment Checklist

Request Information Page - You will need to know:

- **Your Provider Type**
  - See a complete list of provider types on our Information by Provider Type web page.

- **Requesting Enrollment Effective Date**
  - If your effective date will be a future date, you can select that future date in the application.
  - **TIP:** If your effective date will be a past date, you will need to complete and submit the Backdating form. You can find this form on our Provider Next Steps web page.

- **National Provider Identifier (NPI)**
  - You will need to know your individual (Type-1) NPI & zip code.
  - Don’t have an individual NPI? Please visit the National Plan & Provider Enumeration System web site to obtain one.
  - **TIP:** Your application will be returned, for correction, if you use an organizational (Type-2) NPI on your Ordering, Prescribing, and Referring application.

- **Primary Taxonomy Code**
  - You will need to know the Individual’s primary taxonomy code.
  - You can find a complete Health Care Provider Taxonomy Code Set on the Washington Publishing Company’s web site.
Our mission is to improve health care access & outcomes for the people we serve while demonstrating sound stewardship of financial resources.

www.colorado.gov/hcpf

- **TIP:** At least one of the taxonomy codes you include in your application must match at least one of the taxonomy codes associated to your NPI in NPPES.

- **TIP:** Colorado Medicaid does not offer advice about which taxonomy code(s) you should use, but you can use the [NPPES NPI Registry lookup](https://www.ncbi.nlm.nih.gov/sites/entrez) to see the taxonomy codes that are currently associated with your NPI.

**Social Security Number (SSN)**
- Effective date for your SSN is optional (individual’s birth date).
- **TIP:** An Ordering, Prescribing, and Referring application must list the individual’s SSN.

**Current CO Medicaid ID**
- Please do not include an existing provider ID on an Ordering, Prescribing, and Referring application.

**Previous CO Medicaid ID**
- Please do not include a previous provider ID on an Ordering, Prescribing, and Referring application.

**Contact Information**
- This “Contact” email address will receive notifications about the status of your application.

**Specialties Page - You will need to know:**

**Your Specialty**
- From our [Information by Provider Type web page](https://www.colorado.gov/hcpf). (1)
- **TIP:** There are many instances where the only specialty option is the provider type you choose. If this is the case for you, select the only option available and then use the “Taxonomy” drop down to indicate your area of specialty.

**Additional Taxonomy Codes (optional)**

**Addresses Page - You will need to know:**

**Service Location Address Information (including zip code + 4)**
- You will also need a primary email address and office phone number for this address.
- **TIP:** Each service location requires a separate application.
- **TIP:** Service Location must be a physical address and cannot be a PO Box.

**Billing Address Information (including zip code + 4)**
- You will also need a primary email address and office phone number for this address.
- **TIP:** The “Pay to Name” is required, but does not indicate any payments will be made.

**Mailing Address Information (including zip code + 4)**
- You will also need a primary email address and office phone number for this address.
- **TIP:** This address also asks for a “Mail to Name”; i.e. Attn: Front Desk.
Provider Identification Page - You will need to know:

- **Provider Legal Name**
- **Gender and Birth Date**
- **Degree Information (if applicable)**
  - Degree, school, year of graduation
  - **TIP:** Do not forget to attach a copy of your degree on the *Attachment and Fees* page of the application.
  - **TIP:** Transcripts are not sufficient and they will not be accepted as proof of education.
- **License Information (if applicable)**
  - License #, effective date, end date, and license state.
  - **TIP:** Do not forget to attach a copy of your license on the *Attachment and Fees* page of the application.
- **Medicare Number (if applicable)**
  - You will also need the Effective Date for your Medicare number and the Medicare Type.
  - **TIP:** You can find this information on the [PECOS website](http://www.colorado.gov/hcpf).vi
  - **TIP:** The Medicare information you include in your application should match what is in PECOS.
- **Drug Enforcement Administration (DEA) information (if applicable)**
  - DEA # and effective date.
  - **RECOMMENDATION:** Do not list your DEA number even if applicable. This item can often cause problems with the approval of your enrollment application. It is not required and leaving it off will not inhibit your enrollment or payables, so it is strongly recommended that you exclude it.

Other Information Page - You will need to know:

- **Insurance Information**
  - Carrier name, policy ID, effective date, and expiration date.
  - **TIP:** Do not forget to attach a copy of your “Malpractice” insurance face sheet on the *Attachment and Fees* page of the application. *GME will email Program Coordinators the second week of May to indicate that the letters are completed.*
- **Board Certification Information (if applicable)**
  - Specialty, certification, effective date, end date, and certification #.
  - **TIP:** If your certification does not have an end date, use 12/31/2299. If there is no certification number write N/A.
  - **RECOMMENDATION:** Do not list your Board Certification Information even if applicable. This item can often cause problems with the approval of your enrollment application. It is not required and leaving it off will not inhibit your enrollment or payables, so it is strongly recommended that you exclude it.

- **Supplemental Question Answers**

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[www.colorado.gov/hcpf](http://www.colorado.gov/hcpf)
Are you currently enrolled in Medicaid or CHIP in any other state?
Are you currently applying for enrollment in Medicaid or CHIP in any other state?
Have you ever been denied enrollment for Medicaid or CHIP in any other state?
Has your enrollment in Medicaid or CHIP in any other state ever been terminated?

Web Site Address (optional)

Disclosures Page - You will need to know:

Disclosure Information
- Colorado Medicaid cannot advise providers on how to determine owner data and controlling interest requirements, but we can provide the following resources:
  - Disclosure Completion Definitions and Instructions for Enrollment using a Social Security Number (SSN).

Attachment and Fees Page:
You will need to scan and attach:

- Insurance face sheet
- Board certifications and/or licenses (if applicable)
  - Please see our Information by Provider Type web page for a list of requirements for your provider type.
- Proof of education (if applicable)
  - TIP: Transcripts are not sufficient and they will not be accepted as proof of education.

i www.co.gov/hcpf/information-provider-type
ii www.co.gov/hcpf/provider-next-steps
iii https://nppes.cms.hhs.gov/
iv www.wpc-edi.com/reference
v https://npiregistry.cms.hhs.gov
vi https://pecos.cms.hhs.gov/
vii https://www.colorado.gov/pacific/sites/default/files/Disclosure%20Instructions%20SSN.pdf
Step-by-Step CO Medicaid Enrollment Instructions

Direct your web browser to: https://colorado-hcp-portal.xco.dcs.usps.com/hcp/provider/Home/ProviderEnrollment/tabid/477/Default.aspx

Click on: Enrollment Application

Click Continue. On the next page, under enrollment type, select “Ordering, Prescribing, and Referring” from the drop down menu.

Complete the following information:

**Initial Enrollment Information:**
- Enrollment Type: Ordering, Prescribing, Referring
- Provider Type: Physician

**Provider Information:**
- NPI – This section MUST mirror your NPPES record
- NPI Zip Code
- Taxonomy Code (start typing in your specialty and it will auto-fill in the taxonomy code) Click here to see Taxonomy Codes
  - If you have a Training license, you MUST have your taxonomy listed as 390200000X - Student in an Organized Health Care Education/Training Program. If not, go here to update -https://nppes.cms.hhs.gov/#/
- Tax ID Number: Enter SSN
- Tax ID Type: SSN
- Effective date: Choose today’s date
- Do you have a current CO Medicaid ID? Select No
- Were you previously enrolled as a provider? Select No
Contact Information: (the person you want notified about enrollment; could be yourself)

- Last Name
- First Name
- Phone/Fax
- Contact Email
- Publication Email

![Contact Information Form]

Click Continue

Specialties:

- Specialty: Click the drop-down menu (You should only have one option)
- Effective Date: Select today’s date, or the date you began this specialty
- Taxonomy: Select the appropriate specialty in the drop down list
- Click Add

![Specialties Table]

Click "*" to view or update the details in a row. Click "-" to collapse the row. To add a new row, enter all the required fields and click the “Add” button. Click “Remove” to remove the entire row.
Click **Continue** unless you want to add another Specialty in the Additional Taxonomies section

**Provider Addresses:**

Three addresses **must** be entered for Service Location, Billing Address, and Mailing Address. One address has to be selected as the primary address.

- **Address Type:** Select Service Location (this will be the hospital address)
- **Location Code:** Select In-State
- **Address:** Type in the Address, City, State Zip
- **Email:** Type in the email address
- **Phone:** Select the type and input the number
- **Click on “Primary Address”**
- **click Add**

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<table>
<thead>
<tr>
<th>Address Type</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Location</td>
<td>12605 E 16TH AVE</td>
<td>AURORA</td>
<td>Colorado</td>
<td></td>
</tr>
</tbody>
</table>

**Service Address Information**

If 'Address Type' is changed from 'Service', the service information below will be lost upon Add or Save of address.

- **Opt Out of Provider Directory**
- **Accepting New Members**
- **ADA Compliant**
- **Accepting New Members with Special Needs**
- **TDD Capability**
- **TTY Capability**

[Add] [Reset]
• Click COPY – This will open a message – click OK

![Message from webpage]

• Select the copied address as the Billing Address
• Add the Hospital Name
• Follow the steps above for email and phone.
• CLICK ADD
• Add the Mailing address – click on the + symbol
• Service location and Billing address to be the same (the hospital) the mailing address – should be GME Office
• CLICK ADD

![Provider Addresses]

Click Continue
Provider Identification – self-explanatory; enter information:

- Legal Last Name
- Legal First Name
- Gender
- DOB
- Degree
- Medical School School Attended
- Year of Graduation
- CLICK  ADD
- Medical License Date
- Medical License Original Issue Date
- Medical License Expiration Date
- Medical License State
- CLICK  ADD
- Leave Medicare information blank
- Enter DEA if applicable, or leave blank (recommend leaving blank even if applicable)

Click Continue
Malpractice/General Liability Insurance – MedHub homepage → Review Records → Malpractice Confirmation 2018 (Shared Files section)

- Enter the Carrier Name – Self Insured
- Policy ID - None
- Effective Date – Training Start Date listed on GME malpractice letter
- Expiration Date – Training End Date listed on GME malpractice letter
- CLICK ADD

Note: A copy of the face sheet will have to be attached.

Board Certification: Can be completed or left blank if n/a (recommend leaving blank even if applicable)
- Specialty
- Certification
- Effective Date
- End Date
- Certificate #

Medicaid Participation
- Most common answer is NO to all 4 questions

Malpractice/General Liability insurance
Click “+” to view or update the details in a row. Click “-” to collapse the row. To add a new row, enter all the required fields and click the “Add” button. Click “Remove” to remove the entire row.

<table>
<thead>
<tr>
<th>Name</th>
<th>Policy ID</th>
<th>Effective Date</th>
<th>Expiration Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Carrier Name</td>
<td>Self Insured</td>
<td>*Effective Date</td>
<td>*Expiration Date</td>
<td>Add</td>
</tr>
</tbody>
</table>

Dates should match those listed on your GME Malpractice letter

Board Certification
Click “+” to view or update the details in a row. Click “-” to collapse the row. To add a new row, enter all the required fields and click the “Add” button. Click “Remove” to remove the entire row.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Certificate #</th>
<th>Certification</th>
<th>Effective Date</th>
<th>End Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Specialty</td>
<td>*Certificate #</td>
<td>*Certification</td>
<td>*Effective Date</td>
<td>*End Date</td>
<td>Add</td>
</tr>
</tbody>
</table>

Medicaid Participation
Provider Enrollment Medicaid Participation Questionnaire

Medicaid Participation
Click Continue

Disclosures - Click through Disclosure A-F to answer the questions. The status will change from “new” to “Completed” after answering.
- A – Ownership/Controlling Interest – Answer NO to 1 & 2, CLICK ADD, CLICK SUBMIT
- B – Subcontractor Ownership - Answer NO to 1 & 2, CLICK ADD, CLICK SUBMIT
- C – Individual Relationships - Answer NO to 1, CLICK ADD, CLICK SUBMIT
- D – Managing Employees - Answer NO to 1, CLICK ADD, CLICK SUBMIT
- E – Business Relationships - Answer NO to 1 & 2, CLICK ADD, CLICK SUBMIT
- F – Convictions of a Criminal Offense - Answer NO to 1 & 2, CLICK ADD, CLICK SUBMIT

Available Enrollment Disclosures

Click the disclosure name to open the disclosure for editing. After completing the disclosure, select "Add". When you have completed the disclosure, click "Submit" to return to the main Disclosures page. All Disclosures must be completed to Continue.

<table>
<thead>
<tr>
<th>Disclosure Name</th>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Ownership or Control Interest</td>
<td>Persons (individual or corporation) with an ownership or control interest in the disclosing entity, fiscal agent or managed care entity having direct or indirect ownership of 5% or more.</td>
<td>Completed</td>
</tr>
<tr>
<td>B. Subcontractor Ownership</td>
<td>Persons or entities with an ownership or controlling interest in any subcontractor in which the disclosing entity has direct or indirect ownership of 5% or more.</td>
<td>New</td>
</tr>
<tr>
<td>C. Individual Relationships</td>
<td>Persons mentioned in Disclosure A and Disclosure B related to one another as a spouse, parent, child, or sibling.</td>
<td>New</td>
</tr>
<tr>
<td>D. Managing Employees</td>
<td>Persons who hold a position of managing employee within the disclosing entity, fiscal agent or managed care entity.</td>
<td>New</td>
</tr>
<tr>
<td>E. Business Relationships</td>
<td>Persons, businesses, organizations or corporations with an ownership or control interest (identified in Disclosure A) that have an ownership or controlling interest of 5% or more in any other provider, fiscal agent or managed care entity.</td>
<td>New</td>
</tr>
<tr>
<td>F. Convictions of Criminal Offense</td>
<td>Persons who have an ownership or control interest in the provider, or is an agent or managing employee of the provider who has been convicted of a criminal offense related to that person’s involvement in any program under Medicare, Medicaid, Childrens Health Insurance Program or the Title XX services since the inception of these programs.</td>
<td>New</td>
</tr>
</tbody>
</table>

Click Continue
Supporting Documentation

- Submit a Copy of the Colorado Medical License (DORA)
  
  [https://apps.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx](https://apps.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx)
  
  - Select Browse, Navigate to the attachment, and select.
  - The attachment type is “DORA”
  - CLICK ADD

- Submit a Copy of the Malpractice Insurance face sheet or letter
  
  - Click the + to add another document
  - Select Browse, Navigate to the attachment, and select.
  - The attachment type is “Proof of Malpractice/Liability”
  - CLICK ADD

<table>
<thead>
<tr>
<th>#</th>
<th>Transmission Method</th>
<th>File</th>
<th>Attachment Type</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>FT-File Transfer</td>
<td>W9.pdf (135K)</td>
<td>Other</td>
<td>Remove</td>
</tr>
<tr>
<td>2</td>
<td>FT-File Transfer</td>
<td>Evidence-of-insurance_University-Physician.pdf (35K)</td>
<td>Proof of Malpractice/Liability</td>
<td>Remove</td>
</tr>
</tbody>
</table>

- Click Continue

Terms of Agreement

- Click on the Provider Participation Agreement, which will open a new page
- Navigate back to the enrollment application
- click I accept
- Sign the application
- CLICK Review
Print the review or keep a copy for your records

Submit

You May “Finish Later” – you will enter a password and challenge questions

Click Submit